

Everybody benefits

with simple, affordable and accessible health care.

A guide to your Medicare options



Group Name

Geneva Board of Education

Plan Type

- Medicare Blue Choice \$15/\$15 - \$5/\$15/\$30 Rx
- Medicare Blue Choice \$10/\$15 - \$10/\$30/\$60 Rx
- Medicare Blue PPO \$15/\$15 - \$5/\$15/\$30 Rx
- Medicare Blue PPO \$10/\$15 - \$10/\$30/\$60 Rx

Excellus   **MEDICARE**



With Excellus BlueCross BlueShield, you get

- Many doctors, specialists, and hospitals to choose from
- Silver&Fit® for access to fitness facilities, online digital fitness classes, and home fitness accessories and equipment.
- A broad provider network for both HMO and PPO plans, plus worldwide urgent and emergency care coverage
- Access to our Member Care Management team to assist with everything from answering little questions to supporting members with chronic condition management, and complex condition management
- Local customer service
- Coverage for routine hearing exams and TruHearing® hearing aids
- 24/7 access to doctors and telehealth
- \$0 copays for most preventive services such as a routine physical exam each year, select vaccines, mammography, prostate, and colorectal screenings.

In this booklet you will find:

- A chart that summarizes this plan's unique benefits and coverage
- A glossary of terms to help you understand your coverage and options

Geneva Board of Education

Medicare Blue Choice
\$15/\$15 - \$5/\$15/\$30

Plan Features

Primary Care Physician (PCP)	Required
Referrals	Not Required
Out of network benefits	Covered
Domestic Partner	Not Covered
Coverage Period	01/01/26-12/31/26
Office visit copay (Primary Care Physician)	\$15
Office visit copay (Specialist)	\$15
Out of pocket maximum	\$3,400 In-Network
Lifetime maximum	None

Questions? For assistance call ,
Call our TTYphone at 1 (800) 421-1220,

Medicare Blue Choice Copay Plan
 Prepared for Geneva Board Of Education
 Effective: 01/01/2026

MBC HMO LG 2 - \$5/\$15/\$30 3x Rx - Dental

Plan Feature Highlights	Medicare Blue Choice Copay Plan	
	In-Network	Out-of-Network
Type of Care/Plan Benefits		
Annual deductible	None	None
Annual out-of-pocket maximum (medical services only, does not include prescription drugs)	\$3,400 in network	N/A
Out-of-network benefits	N/A	20% coinsurance up to a maximum of \$5,000
Lifetime maximum	None	
Physician Office Services		
Office visit copay (PCP)	\$15 copay	20% coinsurance up to a maximum of \$5,000
Office visit copay (Specialist)	\$15 copay	20% coinsurance up to a maximum of \$5,000
Chiropractor office visit (manual manipulation to correct subluxation)	\$15 copay	20% coinsurance up to a maximum of \$5,000
Podiatrist office visit (for medically necessary foot care)	\$15 copay	20% coinsurance up to a maximum of \$5,000
Allergy tests/injections	\$15 copay if performed in PCP office, \$15 copay if performed in a specialist office	20% coinsurance up to a maximum of \$5,000
Lifestyle and Wellness benefits		
Ways to help you and your family live healthier every day	Silver&Fit® is an Exercise Program that gives you the choice of: <ul style="list-style-type: none"> • Membership in a fitness club/exercise center (\$0 annual fee) • You can also participate in the Silver&Fit Home Fitness Program (\$0 annual fee) • Access to Health Coaching and other tools to be active and stay healthy Blue 365: Exclusive online discounts to health-related products and services	
Preventive health care services (office visit copay may apply)		
Annual wellness exam	Covered in full, limited to one per year	20% coinsurance up to a maximum of \$5,000
Immunizations (flu, pneumonia, COVID, Hepatitis B, and other vaccines if patient is at risk)	Covered in full for flu, pneumonia, COVID and Hepatitis B. All other vaccines 20% coinsurance	Covered in full for Flu, COVID and pneumonia. Hepatitis B and other vaccines 20% coinsurance up to a maximum of \$5,000

This is not a contract. It is intended to highlight the coverage of this plan. Benefits are determined by the terms of the Evidence of Coverage (contract). All benefits are subject to medical necessity.

Plan Feature Highlights	Medicare Blue Choice Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Preventive mammography	Covered in full for preventive mammography, limited to one per year	20% coinsurance up to a maximum of \$5,000
Pap smear/pelvic exam	Covered in full, limited to one every 24 months, if high risk covered once every 12 months	20% coinsurance up to a maximum of \$5,000, limited to one every 24 months, if high risk covered once every 12 months
Routine GYN exam	Covered in full, limited to one every 24 months, if high risk covered once every 12 months	20% coinsurance up to a maximum of \$5,000, limited to one every 24 months, if high risk covered once every 12 months
Prostate cancer screening	Covered in full, limited to one per year	20% coinsurance up to a maximum of \$5,000
Bone density screening	Covered in full, limited to one every 24 months	20% coinsurance up to a maximum of \$5,000, limited to one every 24 months
Colorectal screening	Covered in full for preventive colonoscopies, limited to one every 24 months	20% coinsurance up to a maximum of \$5,000, limited to one every 24 months
Smoking cessation	Covered in full	20% coinsurance up to a maximum of \$5,000
Routine hearing exam	\$0 copay per visit, limited to one exam per year. Must use a TruHearing Provider.	Not covered
Hearing Aid(s)	\$499 Copay for Advanced Hearing Aids or \$799 Copay for Premium Hearing Aids. Limit of 2 per year. Must use a TruHearing Provider. TruHearing Copays are not included in the Out of Pocket Maximum.	Not covered
Routine vision exam	\$15 copay per visit, limited to one exam per year	20% coinsurance up to a maximum of \$5,000
Eyewear allowance	\$100 allowance available once every calendar year.	
Preventive dental	The plan will pay up to a maximum allowable benefit for each service covered. If your dentist does not participate in the health plan's network and charges more than the maximum allowable benefit, you will be responsible for the additional costs.	

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Plan Feature Highlights	Medicare Blue Choice Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Inpatient hospital benefits		
Hospital benefits	\$100 copay per admission for unlimited days (maximum 3 copays per year)	20% coinsurance up to a maximum of \$5,000
In-Hospital Physician Visits	Covered in full	20% coinsurance up to a maximum of \$5,000
Anesthesia	Covered in full	20% coinsurance up to a maximum of \$5,000
Inpatient chemical dependence	\$100 copay per admission (maximum 3 copays per calendar year)	20% coinsurance up to a maximum of \$5,000
Inpatient mental health care	\$100 copay per admission (maximum 3 copays per calendar year)	20% coinsurance up to a maximum of \$5,000
Skilled Nursing Facility		
Skilled nursing facility (3 day inpatient stay is not required)	\$0 copay per day, days 1-20. \$218 copay per day, days 21-100. Not covered, days 101 and beyond	20% coinsurance per day, days 1-100. Not covered, days 101 and beyond
Emergency care		
Emergency room care (covered worldwide)	\$65 copay per visit unless admitted within 23 hours	\$65 copay per visit unless admitted within 23 hours
Urgent care (covered worldwide)	\$15 copay	\$15 copay
Ambulance	\$65 copay	\$65 copay
Outpatient benefits		
Surgical care	\$50 copay	20% coinsurance up to a maximum of \$5,000
Ambulatory surgical center	\$50 copay	20% coinsurance up to a maximum of \$5,000
Hospital Observation Stay	\$50 copay	20% coinsurance up to a maximum of \$5,000
Office surgery	\$15 copay if performed in PCP office, \$15 copay if performed in specialist office	20% coinsurance up to a maximum of \$5,000
Diagnostic tests and laboratory services	Covered in full	20% coinsurance up to a maximum of \$5,000
X-rays (film) and radiation Therapy	\$15 copay	20% coinsurance up to a maximum of \$5,000
Advanced Diagnostic Imaging (MRI, MRA, CT, PET, etc)	\$15 Copay	20% coinsurance up to a maximum of \$5,000

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Plan Feature Highlights	Medicare Blue Choice Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Chemotherapy (office visit)	\$15 copay; Additional cost share may apply for Medicare Part B drugs	20% coinsurance up to a maximum of \$5,000
Outpatient mental health care	20% coinsurance, unlimited visits	20% coinsurance up to a maximum of \$5,000
Partial hospitalization	20% coinsurance, unlimited visits	20% coinsurance up to a maximum of \$5,000
Outpatient chemical dependence care	20% coinsurance, unlimited visits	20% coinsurance up to a maximum of \$5,000
Other services		
Rehabilitation therapy (physical, occupational and speech)	\$15 copay	20% coinsurance up to a maximum of \$5,000
Cardiac rehabilitation	Covered in full	20% coinsurance up to a maximum of \$5,000
MDLIVE Telehealth	MDLive Provider: \$15 copay Behavioral Health Provider: \$15 copay	Not Covered
Telehealth	Covered – follows base benefit	Covered – follows out-of-network base benefit
Acupuncture	50% coinsurance, up to 20 visits per year for chronic lower back pain and 10 additional visits for any other diagnosis	Not covered
Medicare Part B drugs including chemotherapy drugs	20% coinsurance	20% coinsurance up to a maximum of \$5,000
Diabetic education	Covered in full	20% coinsurance up to a maximum of \$5,000
Diabetic supplies	Meters and test strips: \$5 copay per 30 day supply, from a preferred manufacturer	20% coinsurance up to a maximum of \$5,000
Part B Insulin used in a traditional insulin pump	\$35 copayment	\$35 copayment
Durable medical equipment	20% coinsurance	20% coinsurance up to a maximum of \$5,000
Prosthetic devices	20% coinsurance	20% coinsurance up to a maximum of \$5,000
Home care	Covered in full	20% coinsurance up to a maximum of \$5,000
Hospice	Covered by Original Medicare	Covered by Original Medicare

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Plan Feature Highlights	Medicare Blue Choice Copay Plan	
Type of Care/Plan Benefits	In-Network	
Kidney dialysis	Covered in full	Covered in full
Prescription drugs		
Prescription drug coverage	<p>Prior Authorization and Step Therapy apply. Quantity Limits Apply.</p> <p><u>Deductible:</u> \$0</p> <p><u>Initial Coverage:</u></p> <p>30 day supply: \$5/\$15/\$30</p> <p>90 day supply:</p> <p>Subject to 3 times the copay</p> <p>Annual Out-Of-Pocket costs will be capped at \$2,100 for Medicare Part D Drugs.</p> <p><u>Catastrophic Coverage:</u></p> <p>The member pays \$0 copays for all Medicare Part D Drugs once the \$2,100 Annual Out-Of-Pocket is reached.</p>	Covered at in-network cost sharing in emergency situations only.

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A nonprofit independent licensee of the BlueCross BlueShield Association

Geneva Board of Education

Medicare Blue Choice
\$10/\$15 - \$10/\$30/\$60

Plan Features

Primary Care Physician (PCP)	Required
Referrals	Not Required
Out of network benefits	Covered
Domestic Partner	Not Covered
Coverage Period	01/01/26-12/31/26
Office visit copay (Primary Care Physician)	\$10
Office visit copay (Specialist)	\$15
Out of pocket maximum	\$3,400 In-Network
Lifetime maximum	None

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Medicare Blue Choice Copay Plan
 Prepared for Geneva Board Of Education
 Effective: 01/01/2026

Custom MBC HMO LG 7 - \$10/\$30/\$60 3x Rx - Dental

Plan Feature Highlights	Medicare Blue Choice Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Annual deductible	None	None
Annual out-of-pocket maximum (medical services only, does not include prescription drugs)	\$3,400 in network	N/A
Out-of-network benefits	N/A	20% coinsurance up to a maximum of \$5,000
Lifetime maximum	None	
Physician Office Services		
Office visit copay (PCP)	\$10 copay	20% coinsurance up to a maximum of \$5,000
Office visit copay (Specialist)	\$15 copay	20% coinsurance up to a maximum of \$5,000
Chiropractor office visit (manual manipulation to correct subluxation)	\$10 copay	20% coinsurance up to a maximum of \$5,000
Podiatrist office visit (for medically necessary foot care)	\$15 copay	20% coinsurance up to a maximum of \$5,000
Allergy tests/injections	\$10 copay if performed in PCP office, \$15 copay if performed in a specialist office	20% coinsurance up to a maximum of \$5,000
Lifestyle and Wellness benefits		
Ways to help you and your family live healthier every day	<p>Silver&Fit® is an Exercise Program that gives you the choice of:</p> <ul style="list-style-type: none"> • Membership in a fitness club/exercise center (\$0 annual fee) • You can also participate in the Silver&Fit Home Fitness Program (\$0 annual fee) • Access to Health Coaching and other tools to be active and stay healthy <p>Blue 365: Exclusive online discounts to health-related products and services</p>	
Preventive health care services (office visit copay may apply)		
Annual wellness exam	Covered in full, limited to one per year	20% coinsurance up to a maximum of \$5,000
Immunizations (flu, pneumonia, COVID, Hepatitis B, and other vaccines if patient is at risk)	Covered in full for flu, pneumonia, COVID and Hepatitis B. All other vaccines 20% coinsurance	Covered in full for Flu, COVID and pneumonia. Hepatitis B and other vaccines 20% coinsurance up to a maximum of \$5,000

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Plan Feature Highlights	Medicare Blue Choice Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Preventive mammography	Covered in full for preventive mammography, limited to one per year	20% coinsurance up to a maximum of \$5,000
Pap smear/pelvic exam	Covered in full, limited to one every 24 months, if high risk covered once every 12 months	20% coinsurance up to a maximum of \$5,000, limited to one every 24 months, if high risk covered once every 12 months
Routine GYN exam	Covered in full, limited to one every 24 months, if high risk covered once every 12 months	20% coinsurance up to a maximum of \$5,000, limited to one every 24 months, if high risk covered once every 12 months
Prostate cancer screening	Covered in full, limited to one per year	20% coinsurance up to a maximum of \$5,000
Bone density screening	Covered in full, limited to one every 24 months	20% coinsurance up to a maximum of \$5,000, limited to one every 24 months
Colorectal screening	Covered in full for preventive colonoscopies, limited to one every 24 months	20% coinsurance up to a maximum of \$5,000, limited to one every 24 months
Smoking cessation	Covered in full	20% coinsurance up to a maximum of \$5,000
Routine hearing exam	\$0 copay per visit, limited to one exam per year. Must use a TruHearing Provider.	Not covered
Hearing Aid(s)	\$499 Copay for Advanced Hearing Aids or \$799 Copay for Premium Hearing Aids. Limit of 2 per year. Must use a TruHearing Provider. TruHearing Copays are not included in the Out of Pocket Maximum.	Not covered
Routine vision exam	\$15 copay per visit, limited to one exam per year	20% coinsurance up to a maximum of \$5,000
Eyewear allowance	\$100 allowance available once every calendar year.	
Preventive dental	The plan will pay up to a maximum allowable benefit for each service covered. If your dentist does not participate in the health plan's network and charges more than the maximum allowable benefit, you will be responsible for the additional costs.	

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Plan Feature Highlights	Medicare Blue Choice Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Inpatient hospital benefits		
Hospital benefits	\$0 copay per admission for unlimited days (maximum 3 copays per year)	20% coinsurance up to a maximum of \$5,000
In-Hospital Physician Visits	Covered in full	20% coinsurance up to a maximum of \$5,000
Anesthesia	Covered in full	20% coinsurance up to a maximum of \$5,000
Inpatient chemical dependence	\$0 copay per admission (maximum 3 copays per calendar year)	20% coinsurance up to a maximum of \$5,000
Inpatient mental health care	\$0 copay per admission (maximum 3 copays per calendar year)	20% coinsurance up to a maximum of \$5,000
Skilled Nursing Facility		
Skilled nursing facility (3 day inpatient stay is not required)	\$0 copay per day, days 1-20. \$218 copay per day, days 21-100. Not covered, days 101 and beyond	20% coinsurance per day, days 1-100. Not covered, days 101 and beyond
Emergency care		
Emergency room care (covered worldwide)	\$65 copay per visit unless admitted within 23 hours	\$65 copay per visit unless admitted within 23 hours
Urgent care (covered worldwide)	\$15 copay	\$15 copay
Ambulance	\$50 copay	\$50 copay
Outpatient benefits		
Surgical care	\$0 copay	20% coinsurance up to a maximum of \$5,000
Ambulatory surgical center	\$0 copay	20% coinsurance up to a maximum of \$5,000
Hospital Observation Stay	\$0 copay	20% coinsurance up to a maximum of \$5,000
Office surgery	\$10 copay if performed in PCP office, \$15 copay if performed in specialist office	20% coinsurance up to a maximum of \$5,000
Diagnostic tests and laboratory services	Covered in full	20% coinsurance up to a maximum of \$5,000
X-rays (film) and radiation Therapy	\$15 copay	20% coinsurance up to a maximum of \$5,000
Advanced Diagnostic Imaging (MRI, MRA, CT, PET, etc)	\$15 Copay	20% coinsurance up to a maximum of \$5,000

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Plan Feature Highlights	Medicare Blue Choice Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Chemotherapy (office visit)	\$15 copay; Additional cost share may apply for Medicare Part B drugs	20% coinsurance up to a maximum of \$5,000
Outpatient mental health care	20% coinsurance, unlimited visits	20% coinsurance up to a maximum of \$5,000
Partial hospitalization	20% coinsurance, unlimited visits	20% coinsurance up to a maximum of \$5,000
Outpatient chemical dependence care	20% coinsurance, unlimited visits	20% coinsurance up to a maximum of \$5,000
Other services		
Rehabilitation therapy (physical, occupational and speech)	\$15 copay	20% coinsurance up to a maximum of \$5,000
Cardiac rehabilitation	Covered in full	20% coinsurance up to a maximum of \$5,000
MDLIVE Telehealth	MDLive Provider: \$10 copay Behavioral Health Provider: \$15 copay	Not Covered
Telehealth	Covered – follows base benefit	Covered – follows out-of-network base benefit
Acupuncture	50% coinsurance, up to 20 visits per year for chronic lower back pain and 10 additional visits for any other diagnosis	Not covered
Medicare Part B drugs including chemotherapy drugs	20% coinsurance	20% coinsurance up to a maximum of \$5,000
Diabetic education	Covered in full	20% coinsurance up to a maximum of \$5,000
Diabetic supplies	Meters and test strips: \$5 copay per 30 day supply, from a preferred manufacturer	20% coinsurance up to a maximum of \$5,000
Part B Insulin used in a traditional insulin pump	\$35 copayment	\$35 copayment
Durable medical equipment	20% coinsurance	20% coinsurance up to a maximum of \$5,000
Prosthetic devices	20% coinsurance	20% coinsurance up to a maximum of \$5,000
Home care	Covered in full	20% coinsurance up to a maximum of \$5,000
Hospice	Covered by Original Medicare	Covered by Original Medicare

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Plan Feature Highlights	Medicare Blue Choice Copay Plan	
Type of Care/Plan Benefits	In-Network	
Kidney dialysis	Covered in full	Covered in full
Prescription drugs		
Prescription drug coverage	Prior Authorization and Step Therapy apply. Quantity Limits Apply. <u>Deductible: \$0</u> <u>Initial Coverage:</u> 30 day supply: \$10/\$30/\$60 90 day supply: Subject to 2 times the copay Annual Out-Of-Pocket costs will be capped at \$2,100 for Medicare Part D Drugs. <u>Catastrophic Coverage:</u> The member pays \$0 copays for all Medicare Part D Drugs once the \$2,100 Annual Out-Of-Pocket is reached.	Covered at in-network cost sharing in emergency situations only.

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A nonprofit independent licensee of the BlueCross BlueShield Association

Geneva Board of Education

Medicare Blue PPO
\$15/\$15 - \$5/\$15/\$30

Plan Features

Primary Care Physician (PCP)	Not Required
Referrals	Not Required
Out of network benefits	Covered
Domestic Partner	Not Covered
Coverage Period	01/01/26-12/31/26
Office visit copay (Specialist)	\$15
Coinsurance	\$15
Out of pocket maximum	\$1,250 In-Network
Lifetime maximum	None

Questions? For assistance call ,
Call our TTYphone at 1 (800) 421-1220,

Medicare Blue PPO Copay Plan

Prepared for Geneva Board Of Education

Effective: 01/01/2026

MB PPO LG 2 - \$5/\$15/\$30 3x Rx - Dental

Plan Feature Highlights	Medicare Blue PPO Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Annual deductible	None	\$250
Annual out-of-pocket maximum (medical services only, does not include prescription drugs)	\$1,250 in network	\$8,000 combined in network and out-of-network annual out-of-pocket maximum
Out-of-network benefits	N/A	Benefits are available, but additional costs may apply
Lifetime maximum	None	
Physician office services		
Office visit copay (PCP)	\$15 copay	\$25 copay
Office visit copay (Specialist)	\$15 copay	\$25 copay
Chiropractor office visit (manual manipulation to correct subluxation)	\$15 copay	\$25 copay
Podiatrist office visit (for medically necessary foot care)	\$15 copay	\$25 copay
Allergy tests/injections	\$15 copay if performed in PCP office, \$15 copay if performed in a specialist office	\$25 copay if performed in PCP office, \$25 copay if performed in specialist office
Lifestyle and wellness benefits		
Ways to help you and your family live healthier every day	<p>Silver&Fit® is an Exercise Program that gives you the choice of:</p> <ul style="list-style-type: none"> • Membership in a fitness club/exercise center (\$0 annual fee) • You can also participate in the Silver&Fit Home Fitness Program (\$0 annual fee) • Access to Health Coaching and other tools to be active and stay healthy <p>Blue365: Exclusive discounts on health-related products and services</p>	
Preventive health care services (office visit copay may apply)		
Annual wellness exam	Covered in full, limited to one per year	\$25 copay, limited to one per year
Immunizations (flu, pneumonia, COVID, Hepatitis B, and other vaccines if patient is at risk)	Covered in full flu, COVID, pneumonia and Hepatitis B. All other vaccines 20% coinsurance	Covered in full for Flu, COVID and pneumonia. Hepatitis B and other vaccines 20% coinsurance, subject to the deductible

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Plan Feature Highlights	Medicare Blue PPO Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Preventive mammography	Covered in full for preventive mammography, limited to one per year	20% coinsurance, subject to the deductible, limited to one per year
Pap smear/pelvic exam	Covered in full, limited to one every 24 months, if high risk covered once every 12 months	20% coinsurance, subject to the deductible, limited to one every 24 months, if high risk covered once every 12 months
Routine GYN exam	Covered in full, limited to one every 24 months, if high risk covered once every 12 months	\$25 copay, limited to one every 24 months, if high risk covered once every 12 months
Prostate cancer screening	Covered in full, limited to one per year	20% coinsurance, subject to the deductible, limited to one per year
Bone density screening	Covered in full, limited to one every 24 months	20% coinsurance, subject to the deductible, limited to one every 24 months
Colorectal screening	Covered in full for preventive colonoscopies, limited to one every 24 months	20% coinsurance, subject to the deductible, limited to one every 24 months
Smoking cessation	Covered in full	\$25 copay
Routine hearing exam	\$0 copay, limited to one exam per year. Must use a TruHearing Provider.	Not covered
Hearing Aid(s)	\$499 Copay for Advanced Hearing Aids or \$799 Copay for Premium Hearing Aids. Limit of 2 per year. Must use a TruHearing Provider. TruHearing Copays are not included in the Out of Pocket Maximum.	Not covered
Routine vision exam	\$15 copay per visit, limited to one exam per year	\$25 copay, limited to one exam per year
Eyewear allowance	\$100 allowance available once every calendar year.	
Preventive dental	The plan will pay up to a maximum allowable benefit for each service covered. If your dentist does not participate in the health plan's network and charges more than the maximum allowable benefit, you will be responsible for the additional costs.	

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Plan Feature Highlights	Medicare Blue PPO Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Inpatient hospital benefits		
Hospital benefits	\$250 copay per admission for unlimited days (maximum 3 copays per year)	20% coinsurance, subject to the deductible per admission, unlimited days
In-Hospital Physician Visits	Covered in full	20% coinsurance, subject to the deductible
Anesthesia	Covered in full	20% coinsurance, subject to the deductible
Inpatient chemical dependence	\$250 copay per admission (maximum 3 copays per year)	20% coinsurance, subject to the deductible per admission
Inpatient mental health care	\$250 copay per admission (maximum 3 copays per year)	20% coinsurance, subject to the deductible per admission
Skilled nursing facility		
Skilled nursing facility (3 day inpatient stay is not required)	\$0 copay per day, days 1-20. \$218 copay per day, days 21-100. Not covered, days 101 and beyond	50% coinsurance, subject to the deductible, days 1-100. Not covered, days 101 and beyond
Emergency care		
Emergency room care (covered worldwide)	\$65 copay per visit; unless admitted within 23 hours	\$65 copay per visit; unless admitted within 23 hours
Urgent care (covered worldwide)	\$15 copay	\$15 copay
Ambulance	\$65 copay	\$65 copay
Outpatient benefits		
Surgical care	\$50 copay	20% coinsurance, subject to the deductible
Ambulatory surgical center	\$50 copay	20% coinsurance, subject to the deductible
Hospital Observation Stay	\$50 copay	20% coinsurance, subject to the deductible
Office surgery	\$15 copay if performed in PCP office, \$15 copay if performed in specialist office	\$25 copay if performed in PCP office, \$25 copay if performed in specialist office
Diagnostic tests and laboratory services	Covered in full	20% coinsurance, subject to the deductible
X-rays (film) and radiation therapy	\$15 copay	20% coinsurance, subject to the deductible
Advanced Diagnostic Imaging (MRI, MRA, CT, PET, etc)	\$15 copay	20% coinsurance, subject to the deductible
Chemotherapy (office visit)	\$15 copay; Additional cost share may apply for Medicare Part B drugs	20% coinsurance, subject to the deductible

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Plan Feature Highlights	Medicare Blue PPO Copay Plan	
Type of Care/Plan Benefits	In-Network	
Outpatient mental health care	20% coinsurance, unlimited visits	20% coinsurance, subject to the deductible
Partial hospitalization	20% coinsurance, unlimited visits	20% coinsurance, subject to the deductible
Outpatient chemical dependence care	20% coinsurance, unlimited visits	20% coinsurance, subject to the deductible
Other services		
Rehabilitative therapy (physical, occupational and speech)	\$15 copay	\$25 copay
Cardiac rehabilitation	Covered in full	\$25 copay
MDLIVE Telehealth	MDLive Provider: \$15 copay Behavioral Health Provider:\$15 copay	Not Covered
Telehealth	Covered – follows base benefit	Covered – follows out-of-network base benefit
Acupuncture	50% coinsurance, up to 20 visits per year for chronic lower back pain and 10 additional visits for any other diagnosis	50% coinsurance, up to 20 visits per year for chronic lower back pain and 10 additional visits for any other diagnosis
Medicare Part B drugs including chemotherapy drugs	20% coinsurance	20% coinsurance, subject to the deductible
Diabetic education	Covered in full	\$25 copay
Diabetic supplies	Meters and test strips: \$5 copay per 30 day supply, from a preferred manufacturer	20% coinsurance, subject to the deductible
Part B Insulin used in a traditional insulin pump	\$35 copayment	\$35 copayment
Durable medical equipment	20% coinsurance	20% coinsurance, subject to the deductible
Prosthetic devices	20% coinsurance	20% coinsurance, subject to the deductible
Home care	Covered in full	20% coinsurance, subject to the deductible
Hospice	Covered by Original Medicare	Covered by Original Medicare
Kidney dialysis	Covered in full	Covered in full

This is not a contract. It is intended to highlight the coverage of this plan. Benefits are determined by the terms of the Evidence of Coverage (contract). All benefits are subject to medical necessity.

A nonprofit independent licensee of the BlueCross BlueShield Association

Plan Feature Highlights	Medicare Blue PPO Copay Plan	
Type of Care/Plan Benefits	In-Network	
Prescription drugs		
Prescription drug coverage	Prior Authorization and Step Therapy apply. Quantity Limits Apply. <u>Deductible:</u> \$0 <u>Initial Coverage:</u> 30 day supply: \$5/\$15/\$30 90 day supply: Subject to 3 times the copay Annual Out-Of-Pocket costs will be capped at \$2,100 for Medicare Part D Drugs. <u>Catastrophic Coverage:</u> The member pays \$0 copays for all Medicare Part D Drugs once the \$2,100 Annual Out-Of-Pocket is reached.	Covered at in-network cost sharing in emergency situations only.

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A nonprofit independent licensee of the BlueCross BlueShield Association

Geneva Board of Education

Medicare Blue PPO
\$10/\$15 - \$10/\$30/\$60

Plan Features

Primary Care Physician (PCP)	Not Required
Referrals	Not Required
Out of network benefits	Covered
Domestic Partner	Not Covered
Coverage Period	01/01/26-12/31/26
Office visit copay (Primary Care Physician)	\$10
Office visit copay (Specialist)	\$15
Out of pocket maximum	\$1,250 In-Network
Lifetime maximum	None

Questions? For assistance call ,
Call our TTYphone at 1 (800) 421-1220,

Medicare Blue PPO Copay Plan

Prepared for Geneva Board Of
Education Effective: 01/01/2026

Custom MB PPO LG 5 - \$10/\$30/\$60 2x - Dental

Plan Feature Highlights		Medicare Blue PPO Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network	
Annual deductible	None	\$250	
Annual out-of-pocket maximum (medical services only, does not include prescription drugs)	\$1,250 in network	\$8,000 combined in network and out-of-network annual out-of-pocket maximum	
Out-of-network benefits	N/A	Benefits are available, but additional costs may apply	
Lifetime maximum	None		
Physician office services			
Office visit copay (PCP)	\$10 copay	\$25 copay	
Office visit copay (Specialist)	\$15 copay	\$25 copay	
Chiropractor office visit (manual manipulation to correct subluxation)	\$10 copay	\$25 copay	
Podiatrist office visit (for medically necessary foot care)	\$15 copay	\$25 copay	
Allergy tests/injections	\$10 copay if performed in PCP office, \$15 copay if performed in a specialist office	\$25 copay if performed in PCP office, \$25 copay if performed in specialist office	
Lifestyle and wellness benefits			
Ways to help you and your family live healthier every day	<p>Silver&Fit® is an Exercise Program that gives you the choice of:</p> <ul style="list-style-type: none"> • Membership in a fitness club/exercise center (\$0 annual fee) • You can also participate in the Silver&Fit Home Fitness Program (\$0 annual fee) • Access to Health Coaching and other tools to be active and stay healthy <p>Blue365: Exclusive discounts on health-related products and services</p>		
Preventive health care services (office visit copay may apply)			
Annual wellness exam	Covered in full, limited to one per year	\$25 copay, limited to one per year	
Immunizations (flu, pneumonia, Hepatitis B, and other vaccines if patient is at risk)	Covered in full flu, COVID pneumonia and Hepatitis B. All other vaccines 20% coinsurance	Covered in full for Flu, COVID and pneumonia. Hepatitis B and other vaccines 20% coinsurance subject to the deductible	

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Plan Feature Highlights	Medicare Blue PPO Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Preventive mammography	Covered in full for preventive mammography, limited to one per year	20% coinsurance, subject to the deductible, limited to one per year
Pap smear/pelvic exam	Covered in full, limited to one every 24 months, if high risk covered once every 12 months	20% coinsurance, subject to the deductible, limited to one every 24 months, if high risk covered once every 12 months
Routine GYN exam	Covered in full, limited to one every 24 months, if high risk covered once every 12 months	\$25 copay, limited to one every 24 months, if high risk covered once every 12 months
Prostate cancer screening	Covered in full, limited to one per year	20% coinsurance, subject to the deductible, limited to one per year
Bone density screening	Covered in full, limited to one every 24 months	20% coinsurance, subject to the deductible, limited to one every 24 months
Colorectal screening	Covered in full for preventive colonoscopies, limited to one every 24 months	20% coinsurance, subject to the deductible, limited to one every 24 months
Smoking cessation	Covered in full	\$25 copay
Routine hearing exam	\$0 copay, limited to one exam per year. Must use a TruHearing Provider.	Not covered
Hearing Aid(s)	\$499 Copay for Advanced Hearing Aids or \$799 Copay for Premium Hearing Aids. Limit of 2 per year. Must use a TruHearing Provider. TruHearing Copays are not included in the Out of Pocket Maximum.	Not covered
Routine vision exam	\$15 copay per visit, limited to one exam per year	\$25 copay, limited to one exam per year
Eyewear allowance	\$100 allowance available once every calendar year.	
Preventive dental	The plan will pay up to a maximum allowable benefit for each service covered. If your dentist does not participate in the health plan's network and charges more than the maximum allowable benefit, you will be responsible for the additional costs.	
Inpatient hospital benefits		
Hospital benefits	\$0 copay per admission for unlimited days (maximum 3 copays per year)	20% coinsurance, subject to the deductible per admission, unlimited days
In-Hospital Physician Visits	Covered in full	20% coinsurance, subject to the deductible
Anesthesia	Covered in full	20% coinsurance, subject to the deductible

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Plan Feature Highlights	Medicare Blue PPO Copay Plan	
Type of Care/Plan Benefits	In-Network	
Inpatient chemical dependence	\$0 copay per admission (maximum 3 copays per year)	20% coinsurance, subject to the deductible per admission
Inpatient mental health care	\$0 copay per admission (maximum 3 copays per year)	20% coinsurance, subject to the deductible per admission
Skilled nursing facility		
Skilled nursing facility (3 day inpatient stay is not required)	\$0 copay per day, days 1-20. \$218 copay per day, days 21-100. Not covered, days 101 and beyond	50% coinsurance, subject to the deductible, days 1-100. Not covered, days 101 and beyond
Emergency care		
Emergency room care (covered worldwide)	\$65 copay per visit; unless admitted within 23 hours	\$65 copay per visit; unless admitted within 23 hours
Urgent care (covered worldwide)	\$15 copay	\$15 copay
Ambulance	\$50 copay	\$50 copay
Outpatient benefits		
Surgical care	\$0 copay	20% coinsurance, subject to the deductible
Ambulatory surgical center	\$0 copay	20% coinsurance, subject to the deductible
Hospital Observation Stay	\$0 copay	20% coinsurance, subject to deductible
Office surgery	\$10 copay if performed in PCP office, \$15 copay if performed in a specialist office	\$25 copay if performed in PCP office, \$25 copay if performed in specialist office
Diagnostic tests and laboratory services	Covered in full	20% coinsurance, subject to the deductible
X-rays (film) and radiation therapy	\$15 copay	20% coinsurance, subject to the deductible
Advanced Diagnostic Imaging (MRI, MRA, CT, PET, etc)	\$15 copay	20% coinsurance, subject to the deductible
Chemotherapy (office visit)	\$15 copay; Additional cost share may apply for Medicare Part B drugs	20% coinsurance, subject to the deductible
Outpatient mental health care	20% coinsurance, unlimited visits	20% coinsurance, subject to the deductible
Partial hospitalization	20% coinsurance, unlimited visits	20% coinsurance, subject to the deductible
Outpatient chemical dependence care	20% coinsurance, unlimited visits	20% coinsurance, subject to the deductible
Other services		
Rehabilitative therapy (physical, occupational and speech)	\$15 copay	\$25 copay

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Plan Feature Highlights	Medicare Blue PPO Copay Plan	
Type of Care/Plan Benefits	In-Network	
Cardiac rehabilitation	Covered in full	\$25 copay
MDLIVE Telehealth	MDLive Provider: \$10 copay Behavioral Health Provider: \$15 copay	Not Covered
Telehealth	Covered - follows base benefit	Covered - follows out-of-network base benefit
Acupuncture	50% coinsurance, up to 20 visits per year for chronic lower back pain and 10 additional visits for any other diagnosis	50% coinsurance, up to 20 visits per year for chronic lower back pain and 10 additional visits for any other diagnosis
Medicare Part B drugs including chemotherapy drugs	20% coinsurance	20% coinsurance, subject to the deductible
Diabetic education	Covered in full	\$25 copay
Diabetic supplies	Meters and test strips: \$5 copay per 30 day supply, from a preferred manufacturer	20% coinsurance, subject to the deductible
Part B Insulin used in a traditional insulin pump	\$35 copayment	\$35 copayment
Durable medical equipment	20% coinsurance	20% coinsurance, subject to the deductible
Prosthetic devices	20% coinsurance	20% coinsurance, subject to the deductible
Home care	Covered in full	20% coinsurance, subject to the deductible
Hospice	Covered by Original Medicare	Covered by Original Medicare
Kidney dialysis	Covered in full	Covered in full

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A nonprofit independent licensee of the BlueCross BlueShield Association

Plan Feature Highlights	Medicare Blue PPO Copay Plan	
Type of Care/Plan Benefits	In-Network	
Prescription drugs		
Prescription drug coverage	<p>Prior Authorization and Step Therapy apply. Quantity Limits apply.</p> <p><u>Deductible:</u> \$0</p> <p><u>Initial Coverage:</u></p> <p>30 day supply: \$10/\$30/\$60</p> <p>90 day supply: Subject to 2 times the copay</p> <p>Annual Out-Of-Pocket costs will be capped at \$2,100 for Medicare Part D Drugs.</p> <p><u>Catastrophic Coverage:</u> The member pays \$0 copays for all Medicare Part D Drugs once the \$2,100 Annual Out-Of-Pocket is reached.</p>	<p>Covered at in-network cost sharing in emergency situations only.</p>

This is not a contract. It is intended to highlight the coverage of this plan. Benefits are determined by the terms of the Evidence of Coverage (contract). All benefits are subject to medical necessity.

A nonprofit independent licensee of the BlueCross BlueShield Association

How do you find providers in your area?



Excellus BlueCross BlueShield Group PPO plans have a nationwide network. This means with any Group Medicare Blue PPO plan you can live permanently anywhere in the United States.

This depends on where you live

The local **Excellus BCBS** network is shaded in blue on the map on the back.

To find a provider, visit [Medicare.ExcellusBCBS.com/FindADoctor](https://www.Medicare.ExcellusBCBS.com/FindADoctor) to use our Find a Doctor tool or visit [ExcellusMedicare.com/Providers](https://www.ExcellusMedicare.com/Providers) for a printed directory. You can also call Customer Care at **1-877-883-9577 (TTY 711)**, Monday – Friday, 8 a.m. – 8 p.m. From October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week.

If your provider participates in our local Excellus BCBS network, you will be responsible for in-network copayments for your plan. If you see an out-of-network provider your costs may be higher.

Please see the map on the back. **States where only some counties participate in the network** are shaded in light blue. For a complete list of participating Blue Medicare Advantage PPO counties, please see Chapter 1, Section 3.2 of the Evidence of Coverage or contact Customer Care. States where all counties participate in the network are shaded in orange.

To find a provider in a participating county, call **1-800-810-BLUE** or go to the “Blue National Doctor and Hospital Finder” website at [Provider.BCBS.com](https://www.Provider.BCBS.com). Please have your member number available.

The **Blue Medicare Advantage PPO** network covers 48 states, DC and one territory (Puerto Rico). In some of the states listed, the network only is available in portions of the state. Network counties can change from year to year.

If your provider participates in the Blue Medicare Advantage PPO network, you will be responsible for in-network copayments for your plan. If you see an out-of-network provider your costs may be higher.

For providers in areas in white or in counties that do not participate, call a provider directly when you need care. Share the information on your member card.

- Ask:**
- Do you participate with Original Medicare (i.e., accept Medicare assignment)?
 - Do you accept Medicare patients and will you accept me as a new patient?

If the provider answers these questions with a yes, you will be responsible for in-network copayments for your plan. If you see a provider who does not participate with Original Medicare your costs may be higher.

Urgent and Emergency Coverage

We offer worldwide coverage if you ever need urgent care or emergency care whenever and wherever you travel.

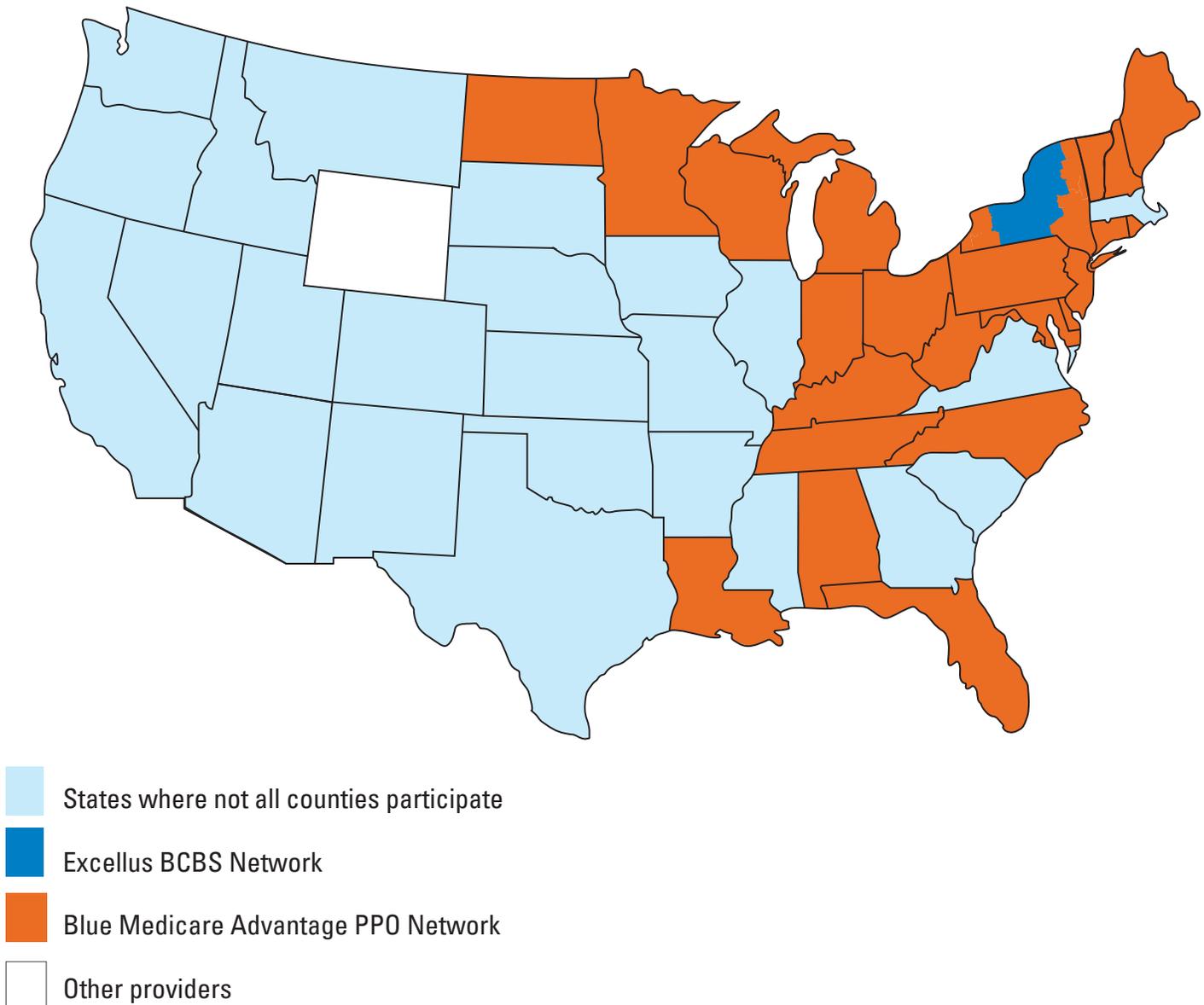
Find a Pharmacy

To find a pharmacy, visit our website at [ExcellusMedicare.com/Pharmacy](https://www.ExcellusMedicare.com/Pharmacy) or call Customer Care at **1-877-883-9577 (TTY 711)**, Monday – Friday, 8 a.m. – 8 p.m. From October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week.

Please see your Evidence of Coverage for plan details.

This information is not a complete description of benefits. Call **1-877-883-9577** for more information.

Out-of-network/non-contracted providers are under no obligation to treat Excellus BCBS members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.



Talking to your doctor

Before the visit

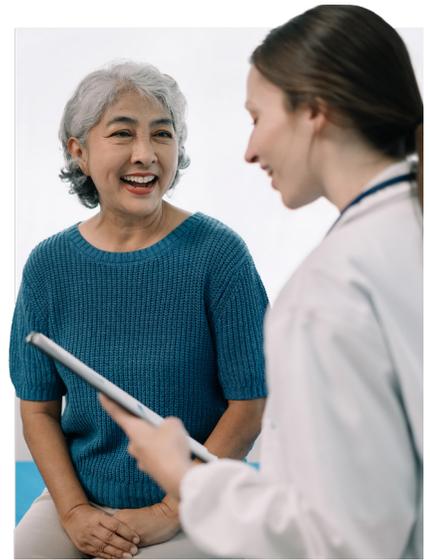
Bring a list of questions. Also make a list of medications you are currently taking or bring the medicines with you on your appointment.

During the visit

- Offer information. Don't wait to be asked.
- Ask anything. There's nothing your doctor hasn't already heard.
- Bring a pad and pen to take notes
- Talk to your doctor about ways to improve the quality of your life. Some important questions and topics to start the conversation are listed below:
 - » **Depression and anxiety:** Ask how you can keep feelings of sadness from hampering your daily activities.
 - » **High blood pressure:** Know your numbers.
 - » **Trouble with bladder control:** Do you suffer from urinary leakage when you cough or sneeze? It's not the easiest subject to bring up. But treatments that can help are available. Tell your doctor, "It's harder for me to hold it: What can I do?"
 - » **Physical health:** If you are bothered by stress, poor sleep or alcohol and tobacco use, ask your doctor to help you find solutions.
 - » **Exercise and physical fitness:** Ask if you can begin a program, or change your current program. Ask about the best choices for you. Even a small increase in exercise can make a big difference in your physical and mental well-being.
 - » **Falls, balance and walking:** Check your risk for bone diseases and your need for a bone density test. Ask your doctor about any fall, even ones where you weren't hurt. If you've fallen, ask for a full evaluation including vision, balance, walking, muscle strength, heart function, and blood pressure.
 - » **Managing Diabetes:** Talk to your doctor about watching your glucose level and having annual exams for your eyes, kidneys, and cholesterol level, plus, other regular checkups for your feet, blood pressure and more.
 - » **Smoking cessation:** Ask your doctor for help to quit smoking.
 - » **Sleep:** If you aren't getting enough sleep, or a full night's sleep, let your doctor know and ask, "Why do I feel tired all the time?"
 - » **Drug interactions:** They can be serious. If you take more than one medicine, or even over the counter drugs, make a list and talk to your doctor about risks of interactions.

After the visit

- Follow your doctor's advice.
- Schedule another appointment if needed.
- Remember if you're not happy with your doctor, be direct. Work out the problem or find a new doctor.



Better hearing, Better health



Your Excellus BlueCross BlueShield hearing aid benefit provides you with high-quality hearing aids and local professional care at a fraction of the cost. Most health plans – including traditional Medicare – don’t offer a hearing aid benefit, leaving you to pay \$3,000 - 4,000 per hearing aid on the retail market.

Excellus BlueCross BlueShield’s in-network hearing aid benefit is offered through TruHearing, Inc., an independent company offering a network of audiologists and hearing aid providers.

Hearing aid coverage

Your plan covers up to two hearing aids per year. (provided by an in-network TruHearing provider)

<p>Routine hearing exam Scheduled by TruHearing and performed by a TruHearing provider.</p>	<p>\$0 Exam Copayment</p>	 <p>Call TruHearing to learn more and schedule an appointment 1-855-205-5519 For TTY, dial 711 Hours: 8am - 9pm, Monday - Friday</p>
<p>TruHearing advanced* Advanced Features 32 channels/6 programs/8 styles Retail Price: \$2,720</p>	<p>\$499 Copayment per aid</p>	
<p>TruHearing premium* Premium Features 48 channels/6 programs/11 styles Retail Price: \$3,250</p>	<p>\$799 Copayment per aid</p>	

*Rechargeable battery option is available on select styles for an additional \$50 per hearing aid.

How to take advantage of your hearing benefit

1 Call
TruHearing

2 Schedule a
hearing exam

3 Order your
hearing aid

4 Return
for fitting

Your TruHearing Purchase Includes:

- A comprehensive hearing exam with 1-year of follow up visits*
- Extended 3-year manufacturer warranty for repairs and one-time loss and damage replacement
- 60-day trial period*
- 80 batteries per aid for non-rechargeable models

* Follow-up visits must be used within one year after the date of initial purchase. Sixty-day trial and hearing aid returns, repairs, and replacements subject to provider and manufacturer fees. For questions regarding fees, contact TruHearing customer service.

All TruHearing Hearing Aid Models Feature:

- Smartphone compatibility**
- Latest technology for a more natural hearing experience
- High performance in noisy situations
- 2.4 GHz wireless connectivity
- 6 programs
- Up to 11 styles in a variety of colors

** Smartphone-compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Some TruHearing models connect to Android® phones directly. Connectivity also available to many Android phones with use of an accessory. TV streaming available through most TVs with use of an accessory.



Excellus   **MEDICARE**

Excellus BlueCross BlueShield is an HMO plan and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal. The provider network may change at any time. You will receive notice when necessary.

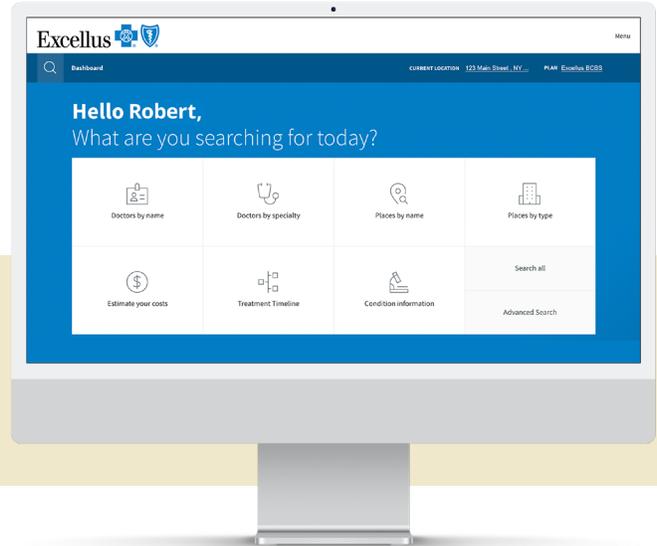
Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY:711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-877-883-9577 (TTY: 711)

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TruHearing® is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Retail pricing average based on a survey of national retail hearing aid prices.

Find doctors. Compare costs. Connect with confidence.

Our online search tool lets you estimate medical costs and find providers in your neighborhood and across the country. Now you can connect more quickly to care and better plan for medical expenses.

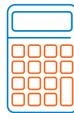


Log in for results personalized to your plan, spending, and deductible.



Find a doctor who fits all your needs

- Search doctors, specialists, urgent care, hospitals, and more in our local and national networks
- Filter results by specialty, languages spoken, if accepting new patients, and more
- See a side-by-side comparison of providers and create a PDF of results to save, share, or print
- Share your experiences by reading and leaving provider reviews



Estimate costs to help budget for expenses

- Log in for estimated out-of-pocket medical costs
- Research estimated medical costs across more than 1,600 treatment categories and 400+ procedures
- Filter results by cost, treatments provided, location, and more
- Access treatment timelines to understand the stages of care and costs

Get started at [Medicare.ExcellusBCBS.com](https://www.Medicare.ExcellusBCBS.com)

Excellus  **MEDICARE**

Network coverage may vary based on your plan. Estimate Medical Costs tool may not be available to all plans. Copyright © 2025, Excellus BlueCross BlueShield, a nonprofit independent licensee of the Blue Cross Blue Shield Association. All rights reserved.



*Living Boldly*TM Together

With the Silver&Fit[®] Healthy Aging and Exercise program, eligible members can enjoy:

Fitness Network Choices

You can access a network of participating fitness centers. You also have access to Premium locations, including fitness centers, studios, and unique fitness experiences, for a buy-up price.¹



On-Demand Workout Videos

You can view yoga, strength, Pilates, walking, cardio, and many other workout videos at ExcellusBCBS.com/Fitness.



Home Fitness Kits

You can pick one kit per benefit year from the available options.²



Workout Plans

By answering a few online questions, you can get a custom exercise plan that focuses on goals like getting stronger, staying fit during recovery, and chronic condition management.



Well-Being Coaching

You can get support in areas like fitness, healthy eating, stress, and sleep. Trained coaches are available by phone, video, or chat.³



Well-Being Club

You can learn new skills and focus on your well-being by connecting with others, joining live virtual classes and events, and viewing exclusive articles and videos.

For questions, call Excellus BlueCross BlueShield at **1-800-659-1986 (TTY 711)**,
Monday to Friday, 8 a.m. to 8 p.m.

From Oct. 1 – Mar. 31, representatives are also available weekends, 8 a.m. to 8 p.m.
Closed Thanksgiving Day, Christmas Day, and New Year's Eve.

You can also work out with on-demand classes on Facebook Live and YouTube, available to the public at no cost. See the full class schedule at SilverandFit.com/Workouts.



¹Fitness center participation may vary by location and is subject to change. Fees vary by Premium location. Please refer to the fitness center search on the Silver&Fit website.

²Home Fitness Kit promo codes cannot be used in combination with any other promotions on third-party vendor websites. Promo codes will expire at the end of the benefit year. Once selected, **kits cannot be exchanged**. Kits are based on availability and subject to change.

³The Silver&Fit program is not a medical provider or pharmacist, and its coaches do not offer medical or pharmaceutical advice. They cannot and do not diagnose or treat medical, mental health, or other health conditions. Coaches provide general information for educational purposes only. For any medical or health concerns, consult a qualified healthcare professional.

The Silver&Fit program is provided by ASH Fitness, a subsidiary of American Specialty Health Incorporated (ASH). Please talk with your doctor before starting or changing your exercise routine. All programs and services are not available in all areas. Persons shown are not Silver&Fit members. Silver&Fit, Living Boldly, and the Silver&Fit logo are trademarks of ASH. Other names and logos may be trademarks of their respective owners. Limitations, member fees, and restrictions may apply.

Silver&Fit is a Healthy Aging and Exercise program administered by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated, and an independent company that offers these services on behalf of Excellus BlueCross BlueShield.

Excellus BlueCross BlueShield is an HMO plan and PPO plan with a Medicare contract.

Excellus BlueCross BlueShield is an independent licensee of the Blue Cross Blue Shield Association.

Enrollment in Excellus BlueCross BlueShield depends on contract renewal.

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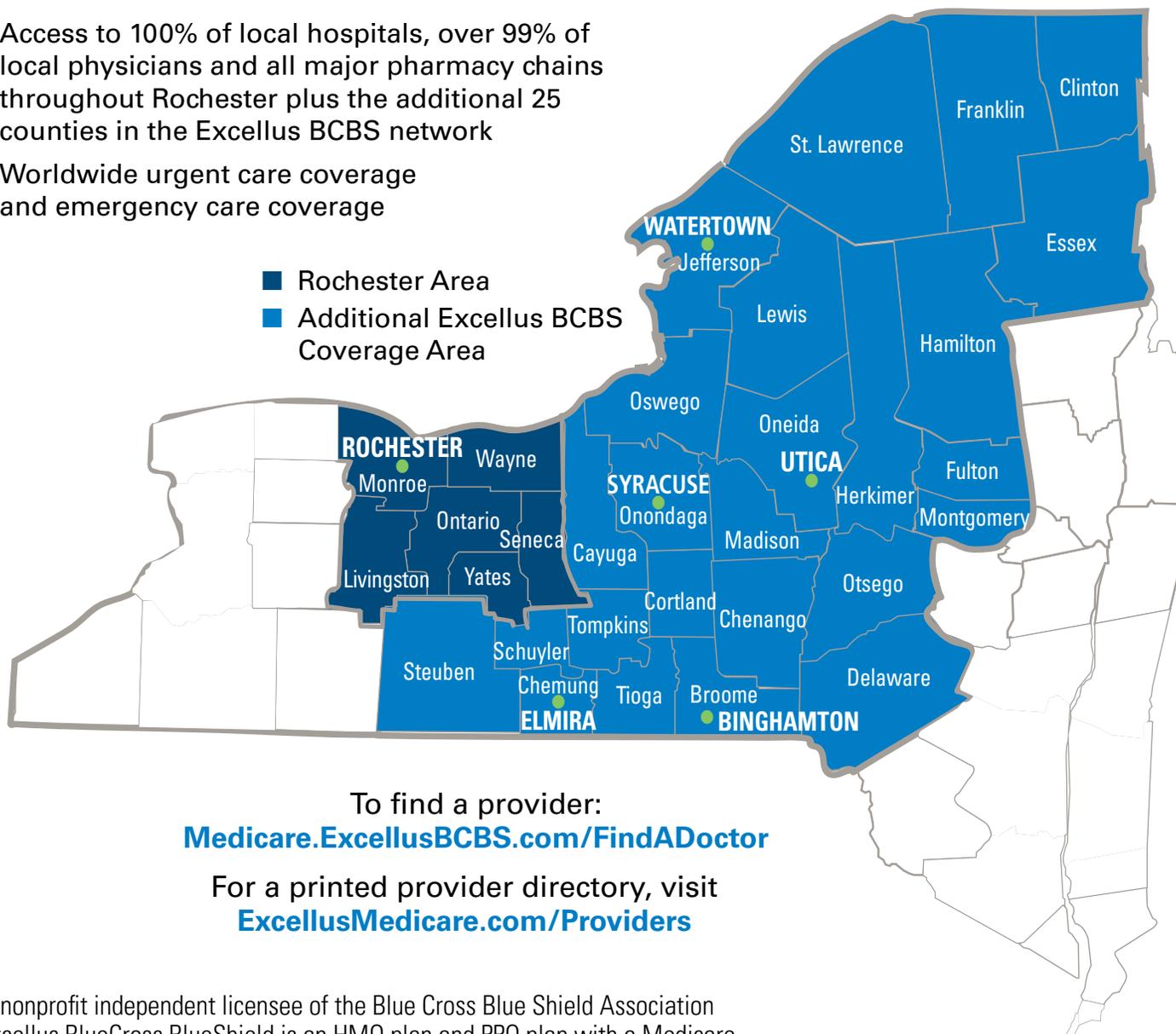
S950-104N-EXC Prospective Member Flier 07/25 © 2025 American Specialty Health Incorporated. All rights reserved.

Medicare you feel good about.

Medicare BlueChoice HMO-POS

Choose a Medicare BlueChoice HMO-POS plan from Excellus BlueCross BlueShield and you'll enjoy:

- Access to 100% of local hospitals, over 99% of local physicians and all major pharmacy chains throughout Rochester plus the additional 25 counties in the Excellus BCBS network
- Worldwide urgent care coverage and emergency care coverage



To find a provider:
[Medicare.ExcellusBCBS.com/FindADoctor](https://www.Medicare.ExcellusBCBS.com/FindADoctor)

For a printed provider directory, visit
[ExcellusMedicare.com/Providers](https://www.ExcellusMedicare.com/Providers)

A nonprofit independent licensee of the Blue Cross Blue Shield Association. Excellus BlueCross BlueShield is an HMO plan and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal. Excellus BlueCross BlueShield complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY: 711).

注意：如果您使用繁體中文，您可以免K費獲得語言援助服務。請致電 1-877-883-9577 (TTY: 711)。



Medicare Part D Prescription Drug Benefit

Looking for some highlights about your prescription drug benefit? We got you covered! Check out the information below.

Drug List

The Drug List or Formulary explains which drugs are covered for you. Our Drug List was developed to help you select lower cost options that can save you money. It lists which drugs are covered for you under your benefit. If you need a copy of the Drug List, call Customer Service or visit our website.¹

For certain prescription drugs, we have additional requirements for coverage or limits on our coverage. These requirements and limits ensure that our members use these drugs in the safest, most effective way and also help us control drug plan costs. Drugs that require Prior Authorization, Step Therapy or Quantity Limits are indicated on our drug list.

- **Prior Authorization:** This means we must give our approval before you fill your prescriptions. If you don't get approval, the drug may not be covered.
- **Step Therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 60 tablets per 30-day supply for Entresto. The same Quantity Limits requirements apply to both mail-order and retail pharmacies.

Your cost sharing is based on the tier placement of your prescription drug. The Drug List tells you the cost sharing tier for each drug.

- Tier 1** The most cost-effective generic drugs.
- Tier 2** Preferred-brand drugs that have clinical advantages and offer overall greater value than other products in the same drug class. Select generic drugs may also be placed in Tier 2 based on safety, efficacy and overall value.
- Tier 3** All other brand-name and generic drugs, many of which have more cost-effective alternatives.

Our Pharmacy network²

Thousands of pharmacies participate in our nationwide network. Additionally, our network has contracts with pharmacies that equal or exceed the CMS requirements for pharmacy access in your area. Our pharmacy network includes retail, mail order, long-term care, home infusion and Indian/Tribal/Urban pharmacies.

In general, you must use network pharmacies to access your prescription drug benefit, except in non-routine circumstances, and quantity limitations and restrictions may apply.

Medication Therapy Management

Talk personally with a licensed pharmacist to get answers to all your medication questions. Call 1-800-559-8426 and leave a message. Your call will be returned the next business day.

Extra Help from Medicare

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or your State Medicaid Office.

Elderly Pharmaceutical Insurance Coverage (EPIC)

You may qualify for the EPIC Program, a New York State sponsored prescription plan for those over 65 who need help paying for their prescriptions. For more information visit health.ny.gov/health_care/epic or call 1-800-332-3742 (TTY/TDD 1-800-290-9138) Monday - Friday 8:30 a.m. to 5 p.m.

Consider a 90 day supply

If you are taking a maintenance medication, we have two options that provide convenience and save you time. Choose from one of these options:

- **Retail Pharmacy:** Most retail pharmacies can fill a 90 day supply. Check with the pharmacist at your local pharmacy.
- **Home Delivery Pharmacy:** Have medications shipped directly to your home from our home delivery pharmacies: Wegmans or Express Scripts.



Prescription Mail Order Pharmacies for Medicare Members:

Express Scripts Pharmacy

Call: 1-855-315-5220

TTY/TDD: 1-800-716-3231

Hours: 24 hours a day,
7 days per week

Website: Express-Scripts.com

Wegmans Home Delivery

Call: 1-800-586-6910

TTY/TDD: 1-877-409-8711

Hours: Monday - Friday, 8:30 a.m. - 9 p.m.;
Saturday, 8:30 a.m. - 6 p.m.;
Sunday, 8:30 a.m. - 5 p.m.

Website: Wegmans.com/Pharmacy

Typically, you should expect to receive your prescription drugs 5 to 8 business days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact the mail order pharmacy.

¹ Customer Care Advocates are available at 1-877-883-9577 (TTY 711), Monday - Friday from 8 a.m. - 8 p.m. ET. From Oct. 1 to Mar. 31, representatives will be available seven days a week from 8 a.m. - 8 p.m. ET. Our website is Medicare.ExcellusBCBS.com.

² The Formulary and pharmacy network may change at any time. You will receive notice when necessary.



24/7 Nurse call line

The support you
need, whenever
you need it.

You can contact a nurse by phone anytime - **24 hours a day, seven days a week** with general health questions. Nurses can provide support on the phone or through follow-up educational mailings.

The 24/7 nurse line is a service provided to our members to support their relationship with their healthcare providers. The information provided is intended to help educate members, not to replace the advice of a medical professional. If you are experiencing severe symptoms such as sharp pains, fever, loss of bodily function control, vomiting or any other immediate medical concern, dial 911 or contact a physician directly.

Key features:

- Available 24/7
- Decision making support and education anytime you need it
- Assistance with finding providers
- Nutrition information
- Information regarding medications and diagnoses
- Referrals, as appropriate, into the larger Care Management program for enhanced support by a dedicated care manager



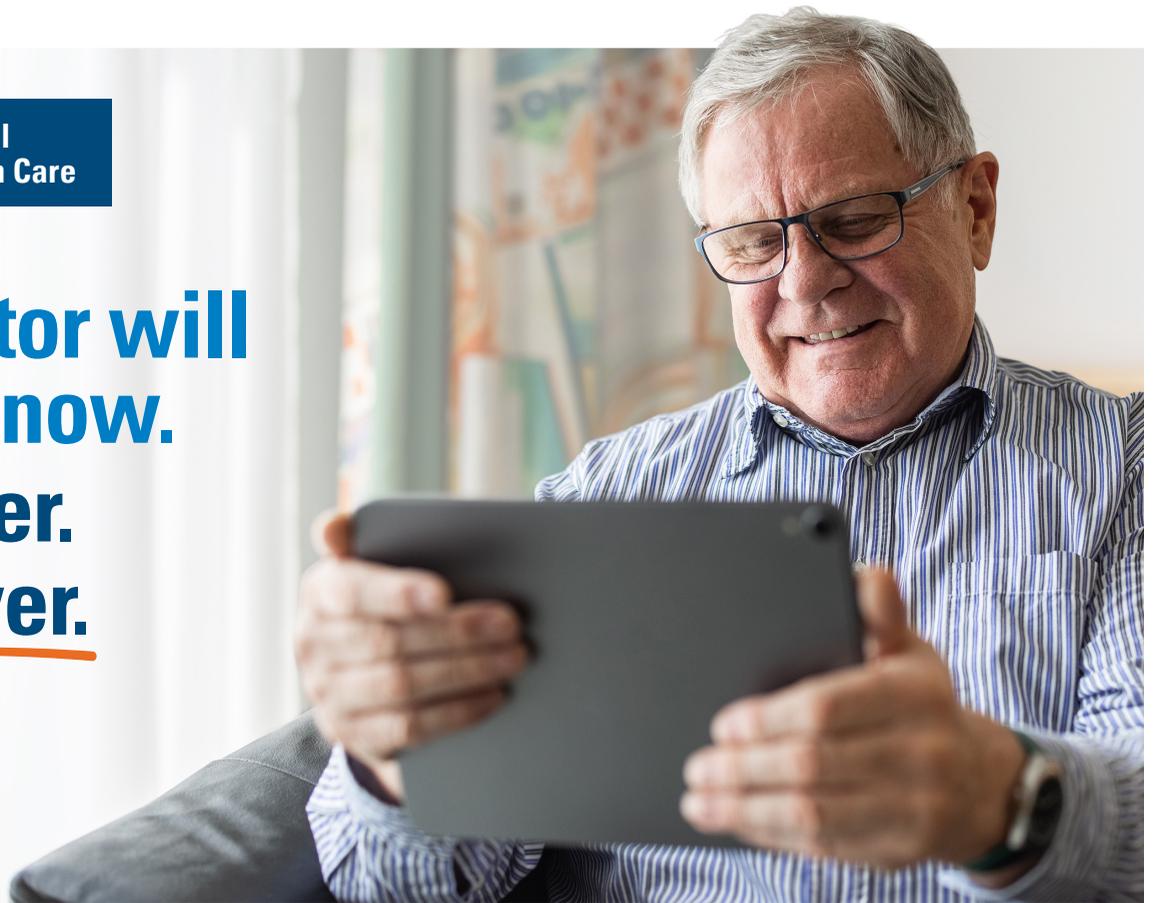
Ask a Nurse today.
Call 1-877-222-1240 (TTY 711)

Excellus 
MEDICARE

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B-8995 / 21275-25MEDM

The doctor will see you now. Wherever. Whenever.



If your doctor isn't available, Telehealth may be an option for you. Telehealth gives you fast access to medical care 24/7/365, from the comfort of your home, desk, or hotel room. **All you need to do is activate it through your online member account and download the MDLIVE app.**

Rest assured, MDLIVE's health care professionals deliver the same quality of care you receive from your own doctor, via your phone, tablet, or computer.



When do you use Telehealth?

- Instead of going to urgent care or the emergency room for minor and non-life-threatening conditions
- Whenever your primary care doctor is not available
- If you live in a rural area and don't have access to nearby care
- When you're traveling

Here are some of the common medical conditions treated with Telehealth:

- Allergies
- Cold and flu
- Ear infections
- Fever
- Headache
- Joint aches and pains
- Nausea and vomiting
- Pink eye
- Rashes
- Sinus infections
- Sunburn
- Urinary tract infections* (women only)

*MDLIVE does not provide support for urinary tract infections in males.

Telehealth is good for the mind as well as the body.

In addition to whenever, wherever access to medical doctors, you can also consult with a psychiatrist or choose from a variety of licensed therapists from the privacy of your own home. You can even schedule recurring appointments to establish an ongoing relationship with one therapist.

Here are some conditions people rely on behavioral health Telehealth for:

- Addiction
- Eating disorders
- Panic disorders
- Bipolar disorders
- Grief and loss
- Stress
- Depression
- LGBTQ support
- Trauma and PTSD

Telehealth is covered just like a trip to the doctor.

Don't wait until you need it. There are several ways to activate Telehealth:

WEB: mdlive.com/excellusmedicare

APP: Download the MDLIVE app

TEXT: EXCELLUS to 635483

(Message and data rates may apply.)

VOICE: Call 1-888-670-6351 / TTY: 1-800-770-5531

MDLIVE does not replace the primary care physician. MDLIVE is not an insurance product. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. MDLIVE phone consultations are available 24/7/365, while video consultations are available during the hours of 7 a.m. to 9 p.m. ET 7 days a week or by scheduled availability. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use and privacy policy, please visit www.mdlive.com/terms-of-use and www.mdlive.com/privacy-policy. MDLIVE is an independent company, offering telehealth services in the Excellus BlueCross BlueShield service area.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and copayments/coinsurance may change on January 1 of each year. Other providers are available in our network.

The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

Excellus BlueCross BlueShield is an HMO plan and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.

Excellus BlueCross BlueShield is a nonprofit independent licensee of the Blue Cross Blue Shield Association

Did you know?



of doctor's office visits could be handled over the phone.



days is the average wait time between scheduling an appointment and seeing a primary care doctor.



of emergency room visits can potentially be prevented with Telehealth.

Courtesy of MDLIVE

Excellus 
MEDICARE

Understanding your Medicare Annual Care Visits



Annual care visits include an annual wellness visit and an annual physical.



Annual wellness visit

Your Annual Wellness Visit (AWV) is a preventive visit where you and your provider work together to create a long-term plan to help keep you healthy! Medicare members are entitled to one wellness visit per year. **(New to Medicare? You get one “Welcome to Medicare” visit to be completed within 12 months of enrolling.)**

Your annual wellness visit will include:

- An update of your medical and family history and current medications
- A review of your list of current care providers
- Screening for memory and behavioral changes
- Measurement of blood pressure, height and weight
- Mobility assessment and evaluating risk of falls
- Advance Care Planning

Your provider will also have you complete a Health Risk Assessment (HRA) questionnaire, will review which screenings and vaccines are due, and make any referrals you might need. At the end of this visit you will have a plan to help keep you healthy for the next year!



Annual physical exam

Your Annual Physical is a hands-on exam of your body to check your general health and look for any potential problems. Members are also encouraged to get a yearly physical by their provider, which is covered for Excellus BCBS Medicare Advantage members.*

Take control of your health today to ensure a healthier tomorrow!

All of our Medicare plans include \$0 preventive care on more than 20 services including your annual wellness visit, prostate, cervical and colorectal cancer screenings, mammograms, diabetes, osteoporosis screenings, and more. Your plan also includes \$0 preventive vaccines including flu, pneumonia, COVID-19, and the shingles vaccine. (See other side for a helpful preventive care checklist.)



Questions?

Talk with one of our Medicare Customer Care Advocates by calling the number on your ID card!

Hours: 8 a.m. to 8 p.m. Monday - Friday. From Oct. 1 to Mar. 31, representatives will be available seven days a week from 8 a.m. to 8 p.m.

*During your visit if you require further tests or screenings, a copayment or deductible expense may occur.



Checklist for older adult health (65+)

MAKE PREVENTIVE CARE A PRIORITY

Take control of your health today to ensure a healthier tomorrow. This checklist makes it easier to keep the most essential screenings and doctor visits top of mind.

<input type="checkbox"/>	What	Who and When
<input type="checkbox"/>	Annual physical	Everyone - once a year*
<input type="checkbox"/>	Annual wellness visit	Everyone - once a year*
<input type="checkbox"/>	Blood pressure screening	Everyone, age 18+ - once a year
<input type="checkbox"/>	Cholesterol screening	Everyone - every 4-6 years, more often if you have a family history, heart disease, diabetes, or other blood vessel disease risk factors
<input type="checkbox"/>	Colorectal cancer screening	Everyone, ages 45-75 - Regular testing
<input type="checkbox"/>	Diabetes (type 2) screening	Ages 35-70 and overweight/obese - once a year
<input type="checkbox"/>	Fall prevention (with exercise or physical therapy)	Everyone - routinely
<input type="checkbox"/>	Immunization vaccines (Ex: Flu, Pneumonia, and COVID-19)	Everyone - as directed by your doctor
<input type="checkbox"/>	Lung cancer screening	Everyone, ages 50-80 with a history of heavy smoking - once a year
<input type="checkbox"/>	Mammography screening	Women, age 40+ - every 1-2 years, at least until age 75
<input type="checkbox"/>	Osteoporosis screening	Women, age 65+ (or postmenopausal) - every 2 years
<input type="checkbox"/>	Prostate screening	Men, ages 55-69 - once a year
<input type="checkbox"/>	Well woman visit	Women, 65+ with an OB-GYN - every 2 years

Guidelines are adapted from the U.S. Preventive Services Task Force (USPSTF). Talk with your doctor about what screenings are right for you, and how often they should be done.

*Both can be done on the same day if your provider's schedule allows.



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B-8994 / 21182-25MEDM

Important Facts Regarding Your Authorization to Share Protected Health Information

- In order to comply with Federal HIPAA regulations health plans must obtain a member's permission to share his/her protected health information with any other person. There are limited exceptions to this.
- As permitted by law, we will continue to communicate to providers of care involved in your treatment: (1) our payment activities in connection with your claims, (2) your enrollment in our health plan and (3) your eligibility for benefits.
- Until a child reaches age 18, parents may access most of their child's health information without first obtaining the child's permission. However, regardless of the child's age, parents do not have access to diagnosis or treatment information for sexually transmitted diseases, abortion, and drug or alcohol abuse unless the child specifically authorizes the release of such information.
- This form is used to authorize us to share your protected health information. Each person you identify will have the same access to your information. If you would like each person to access *different* information or to have access to your information for a *different* period of time, you'll need to complete separate forms for each individual or time period.
- We will NOT disclose information relating to genetic testing, substance use disorder, mental health, abortion, and sexually transmitted disease information unless you initial the corresponding condition in Part D. If you would like to authorize us to release information regarding HIV/AIDS, New York State requires that a different form be completed. To obtain a copy of this form, please contact our office at the telephone number listed on your identification card, or access the form at the following website: <http://www.health.state.ny.us/diseases/aids/forms/informedconsent.htm>.
- If you need additional forms, you may copy this form, contact our office at the telephone number listed on your identification card or visit our Web site at <https://www.excellusbcb.com> and search for "Manage Your Privacy".
- Please ensure you have fully completed the form so that we may honor your request.

RETAIN A COPY FOR YOUR RECORDS

**AUTHORIZATION TO EXCELLUS HEALTH PLAN, INC. ("HEALTH PLAN")
TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI)**

Check here only if you are authorizing access to psychotherapy notes. If checked, this form cannot be used for any other purpose. You must complete a separate form for authorizing access to any other information. If this box is checked, skip Part D.

PLEASE PRINT

PART A: MEMBER/INDIVIDUAL WHO IS THE SUBJECT OF THE INFORMATION TO BE DISCLOSED

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	IDENTIFICATION # - located on ID card(s)
CURRENT ADDRESS			CITY	STATE/ZIP CODE

PART B: HEALTH PLAN CAN SHARE MY INFORMATION WITH THE FOLLOWING PERSON(S)

NAME OF PERSON/ORGANIZATION	ADDRESS
NAME OF PERSON/ORGANIZATION	ADDRESS

PART C: REASON FOR MEMBER/INDIVIDUAL (PART A) AUTHORIZING DISCLOSURE

At my request Other: _____

PART D: HEALTH PLAN CAN SHARE THE FOLLOWING INFORMATION (select D-1 or D-2 and if applicable, D-3)
NOTE: Skip this section if psychotherapy was checked at the top of this form

D-1. I would like you to disclose any information requested by the person or entity named in Part B. This includes information in Part D-3 (below) only if I placed my initials next to the condition. If my initials do not appear in D-3, information related to those conditions will not be disclosed.

- OR -

D-2. I would like to limit the disclosure of information to a specific type of information, provider, condition or date(s). If this area is blank I do not wish to limit the disclosure of my information.

- | | |
|---|---|
| <input type="checkbox"/> Enrollment (e.g. eligibility, address, dependents, birth date) | <input type="checkbox"/> Benefit (e.g. benefit coverage, usage, limits) |
| <input type="checkbox"/> Claim (e.g. status, provider, dates, payment, diagnosis) | <input type="checkbox"/> Clinical records (e.g. doctor/facility, case management) |
| <input type="checkbox"/> Other limitation: _____ | <input type="checkbox"/> Date Range _____ to _____ |

- AND, IF APPLICABLE -

D-3. Unless specifically indicated below, information will not be disclosed related to the following conditions. If I have placed my initials next to one or more of these conditions, the Health Plan is authorized to disclose information related to those conditions.

- | | | |
|-------------------------------------|------------------------------|---|
| _____ Genetic testing | _____ Substance use disorder | _____ Mental health (excluding psychotherapy notes) |
| _____ Sexually transmitted diseases | _____ Abortion | |

Note: A separate form must be completed in order to authorize release of information related to HIV/AIDS. The NYS approved form can be found at <http://www.health.ny.gov/diseases/aids/providers/forms/informedconsent.htm>

CONTINUED ON THE NEXT PAGE

PART E: ACKNOWLEDGEMENT (PLEASE READ AND SIGN)

I understand that:

- I can revoke this authorization at any time by writing to the Health Plan at the address listed below except this revocation would not affect any action taken by the Health Plan in reliance on this authorization before my written revocation is received.
- Information disclosed as a result of this authorization may be re-disclosed by the recipient. Federal and state privacy laws may no longer protect my PHI.
- Health Plan will not condition my enrollment in a health plan, eligibility for benefits or payment of claims on my giving this authorization.
- Unless you receive revocation in writing, this authorization will be valid until the date specified here: _____

IMPORTANT: I have read and understand the terms of this authorization. I hereby authorize the use and disclosure of my protected health information in the manner described in this form.

Signature: _____ **Date:** _____

If this request is from a personal representative on behalf of the member, complete the following:

Personal Representative's Name: _____

Personal Representative Signature _____

Description of Authority: Parent Legal Guardian* Power of Attorney* Other * _____

** You must provide documentation supporting your legal authority to act on behalf of the member*

RETURN TO:

**Excellus Health Plan
P.O. Box 21146
Eagan, MN 55121**

or Fax: 315-671-7079

Please keep a copy for your records

Notice of Nondiscrimination

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, gender identity, or sex (consistent with the scope of sex discrimination as described at 45CFR section 92.10(a)(2)). The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sexual orientation, gender identity, or sex.
The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please refer to the enclosed document for ways to reach us.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sexual orientation, gender identity, or sex; you can file a grievance with the Health Plan's Section 1557 Coordinator at:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Email: Advocacy.Department@excellus.com
Telephone number: 1-800-614-6575
TTY number: 1-800-662-1220
Fax: 1-315-671-6656

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. To access these services, please call us at 1-877-626-9298 (TTY: 1-800-662-1220).

ATENCIÓN: Si habla español, tiene disponible servicios gratuitos de asistencia lingüística. También hay disponible de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Para acceder a estos servicios, llámenos al 1-877-626-9298 (TTY: 1-800-662-1220).

انتباه: إذا كنت تتحدث العربية فإن خدمات مساعدة اللغة المجانية مُناحة لك. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. للوصول إلى هذه الخدمات، يُرجى الاتصال بنا على الرقم 1-877-626-9298 (الهاتف النصي: 1-800-662-1220).

注意：如果您說中文，我們可以為您提供免費的語言幫助。我們也可以為您免費提供適當的輔助工具和服務，以無障礙格式提供資訊。要獲得這些服務，請撥打 1-877-626-9298 (TTY: 1-800-662-1220)。

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services supplémentaires appropriés pour fournir des informations dans des formats accessibles sont aussi disponibles gratuitement. Pour accéder à ces services, veuillez nous appeler au 1 877 626 9298 (TTY [ATS] : 1 800 662 1220).

দৃ আকর্ষণ: আপনি যদি বাংলাতে কথ্য বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সাহায্য এবং পরিষেবা লি ও বিনামূল্যে উপলব্ধ। এই পরিষেবাগুলি অ্যাক্সেস করার জন্য, অনুগ্রহ করে আমাদের 1-877-626-9298 (TTY: 1-800-662-1220) ন রে কল করুন।

ВНИМАНИЕ: Если Вы говорите на русском языке, Вам доступны бесплатные услуги языковой поддержки. Также бесплатно доступны соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах. Чтобы воспользоваться этими услугами, позвоните нам по номеру 1-877-626-9298 (TTY: 1-800-662-1220).

ध्यान दनुहोस्: तपाईं नेपाली बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू तपाईंका लागि उपलब्ध छन्। सुलभ ढाँचाहरूमा जानकारी दान गर्न उपयुक्त सहायक सहायताहरू र सेवाहरू पनि निःशुल्क उपलब्ध छन्। यी सेवाहरू उपयाेग गर्न, कृपया हामीलाई 1-877-626-9298 (TTY: 1-800-662-1220) मा फोन गर्नुहोस्।

УВАГА: Якщо Ви говорите українською, Вам доступні безкоштовні послуги мовної підтримки. Відповідні допоміжні засоби та послуги для надання інформації в доступних форматах також надаються безкоштовно. Щоб скористатися цими послугами, зателефонуйте нам за номером: 1-877-626-9298 (TTY [Телетайп]: 1-800-662-1220).

FIIRO-GAAR AH: Haddii aad ku hadashid Soomaali, adeegyada caawimaada luuqadda oo bilaashka ah ayaad helaysaa. Agabka caawimaada naafada iyo adeegyo ku habboon oo lagu bixinaayo macluumaadka qaabab la helo karo ayaa sidoo kale lagu heli karaa bilaa lacag. Si loo helo adeegyadaan, fadlan naga soo wac 1-877-626-9298 (TTY: 1-800-662-1220).

ဟ်သုဉ်ဟ်သး- နမ့ ကတိအဲကလံးကျိန်န့ဉ်, တ တိစၢမၤစၢကျိန် တ မၤစၢတၢ်မၤ အကလီအိဉ်လၢနဂီ လၢနမၤန့ဉ်အီသ့လီၤ. တၢ်မၤစၢတၢ်န့ဉ်ဟူပိးလီၤ ဒီး တ မၤစၢတၢ်မၤ လၢအဘဉ်ဘျိးဘဉ်ဒါတဖဉ် ကဟ့ဉ်လီၤ တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢကျိၤကျဲလၢတ ဉ်လီၤမၤန့ အီသ့တဖဉ် စ့ ကိး အိဉ်လၢနမၤန့ဉ်အီသ့ လၢတလိဉ်ဟ့ဉ်အပူၤဘဉ်န့ဉ်လီၤ. လၢကမၤန့ဉ်တၢ်မၤစၢတၢ်မၤတဖဉ်အံၤအဂီၢ် , ဝံသးစူၤ ကိးပုၤဖဲ 1-877-626-9298 (TTY: 1-800-662-1220).

သတိပရန်- သင် မြန်မာ ပြောဆိုလင် ဘာသာစကားအကူအညီ ဝန်ဆောင်မများကို သင့်အတွက် အခမဲ့ရရှိနိုင်ပါသည်။ မသန်စွမ်းသူများ အသုံးပြုနိုင်သည့် ဖောမတ်များဖြင့် အချက်အလက်များ ပံ့ပိုးပေးနိုင်သည့် သင့်လျော်သော ထောက်ပံ့ပစ္စည်းများနှင့် ဝန်ဆောင်မများကိုလည်း အခမဲ့ရရှိပါသည်။ ဤဝန်ဆောင်မများကို ရရှိရန် ကြိုတင်တောင်းဆိုပါ။ 1-877-626-9298 (TTY- 1-800-662-1220) သို့ ဖုန်းခေ ဆိုပါ။

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các dịch vụ và hỗ trợ bổ sung thích hợp để cung cấp thông tin ở các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Để sử dụng các dịch vụ này, vui lòng gọi cho chúng tôi theo số 1-877-626-9298 (TTY: 1-800-662-1220).

ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib tou gratis. Pou jwenn aksè nan sèvis sa yo, tanpri rele nou nan 1-877-626-9298 (TTY: 1-800-662-1220).

توجه: اگر به زبان دری صحبت می کنید، خدمات کمک زبان رایگان برای شما قابل دسترس است. کمک امدادی مناسب و خدمات برای دسترسی به معلومات در فرمت میسر بصورت مجانی ارائه می شود. برای دسترسی به این خدمات، با این شماره ها تماس حاصل کنید 1-877-626-9298 (TTY: 1-800-662-1220).

TAHADHARI: Ikiwa unazungumza Kiswahili, huduma za usaidizi wa lugha bila malipo zinapatikana kwa ajili yako. Misaada ya ziada inayofaa na huduma za kutoa habari katika miundo inayofikika zinapatikana pia bila malipo Ili kupata huduma hizi, tafadhali tupigie simu kwa 1-877-626-9298 (TTY: 1-800-662-1220).

Discrimination is Against the Law

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Our Health Plan:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact our dedicated Medicare Customer Care representatives at 1-877-883-9577, (TTY: 1-800-421-1220). Monday - Friday, 8 a.m. - 8 p.m.
From October 1 - February 14, 8 a.m. - 8 p.m., 7 days a week.

If you believe that our Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone Number: 1-800-614-6575 (TTY: 1-800-421-1220)
Fax Number: 315-671-6656

You can file a grievance in person, or by mail or fax. If you need help filing a grievance, our Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



A nonprofit independent licensee of the Blue Cross Blue Shield Association

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-883-9577 (TTY: 1-800-421-1220).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY: 1-800-421-1220).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-883-9577 (TTY: 1-800-421-1220)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-883-9577 (телетайп: 1-800-421-1220).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-883-9577 (TTY: 1-800-421-1220).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-883-9577 (TTY: 1-800-421-1220)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-883-9577 (TTY: 1-800-421-1220).

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-877-883-9577 (TTY: 1-800-421-1220).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৭৭-৮৮৩-৯৫৭৭ (TTY: ১-৮০০-৪২১-১২২০)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-883-9577 (TTY: 1-800-421-1220).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-883-9577 (رقم هاتف الصم والبكم: 1-800-421-1220).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-883-9577 (ATS: 1-800-421-1220).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-883-9577 (TTY: 1-800-421-1220)۔

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-883-9577 (TTY: 1-800-421-1220).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-883-9577 (TTY: 1-800-421-1220).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-883-9577 (TTY: 1-800-421-1220).

2026 Medicare Blue Choice[®] (HMO-POS) and Medicare Blue[®] PPO Employer/Union Group Health Plan Enrollment Request Form



Excellus BlueCross BlueShield
Attn: Enrollment Operations
PO Box 31790
Rochester, NY 14603-1790

B-3687Y26 - Rochester Group

Please contact Excellus BlueCross BlueShield if you need information in another language or format (Braille).



To Enroll in Excellus BlueCross BlueShield, Please Provide the Following Information:

EMPLOYER OR UNION NAME:

GENEVA BOARD OF EDUCATION

GROUP #:

00508577

SUBGROUP/CLASS/ENROLLMENT CODE:

0001 0002 (Check One)

EFFECTIVE DATE (MM/DD/YYYY):

Please check which plan you want to enroll in:

- MBC HMO \$15 PCP, \$5/\$15/\$30 Rx, Dental / M004 / CTQ
- MB PPO \$15 PCP, \$5/\$15/\$30 Rx, Dental / M002 / CWS
- MBC HMO \$10 PCP, \$10/\$30/\$60 Rx, Dental / M004 / CQY
- MB PPO \$10 PCP, \$10/\$30/\$60 Rx, Dental / M002 / CRW

LAST NAME:

FIRST NAME:

MIDDLE INITIAL:

BIRTH DATE (MM/DD/YYYY):

SEX:

- MALE
- FEMALE

HOME PHONE NUMBER:

PERMANENT RESIDENCE STREET ADDRESS (DON'T ENTER A PO BOX):

CITY:

COUNTY:

STATE:

ZIP CODE:

MAILING ADDRESS, IF DIFFERENT FROM YOUR PERMANENT ADDRESS (PO BOX ALLOWED):

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card. - OR -
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Excellus BlueCross BlueShield is an HMO plan and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.

Name (as it appears on your Medicare card):

Medicare Number: _____

Is Entitled to: _____ Effective Date: _____

HOSPITAL (Part A) _____

MEDICAL (Part B) _____

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Please read and answer these important questions:

1 Are you the retiree? YES NO

If yes, retirement date (month/date/year):

If no, name of retiree:

2 Do you or your spouse work? YES NO

If yes, please provide name of employer:

3 Some individuals may have other drug coverage, including other private insurance, Worker's Compensation, VA benefits or State pharmaceutical assistance programs. Will you have other prescription drug coverage in addition to Excellus BlueCross BlueShield? YES NO

If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage:

ID# for coverage:

4 Are you a resident in a long-term care facility, such as a nursing home? YES NO

If "yes" please provide the following information:

Name of Institution:

Address & Phone Number of Institution (Number and Street):

IMPORTANT: Please read the following

By completing this enrollment application, I agree to the following:

Excellus BlueCross BlueShield is a Medicare Advantage plan and has a contract with the Federal Government.

- I will need to keep my Medicare Parts A and B. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan.
- It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future.
- I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.
- Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available (Example: Annual Enrollment Period from October 15 – December 7), or under certain special circumstances.
- Excellus BlueCross BlueShield serves a specific service area. If I move out of the area that Excellus BlueCross BlueShield serves, I need to notify the plan so I can disenroll and find a new plan in my new area.
- Once I am a member of Excellus BlueCross BlueShield, I have the right to appeal plan decisions about payment or services if I disagree.
- I will read the Evidence of Coverage document from Excellus BlueCross BlueShield when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan.
- I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

IMPORTANT: Read and Sign on the Next Page:

IMPORTANT: Read and Sign Below:

- I understand that beginning on the date Excellus BlueCross BlueShield coverage begins, I must get all of my health care from Excellus BlueCross BlueShield, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Excellus BlueCross BlueShield and other services contained in my Excellus BlueCross BlueShield Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR EXCELLUS BLUECROSS BLUESHIELD WILL PAY FOR THE SERVICES.**
- I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Excellus BlueCross BlueShield, he/she may be paid based on my enrollment in Excellus BlueCross BlueShield.
- **Release of Information:** By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Excellus BlueCross BlueShield will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

SIGNATURE:

TODAY'S DATE:

If you're the authorized representative, sign above and fill out these fields:

NAME:

ADDRESS:

PHONE NUMBER:

RELATIONSHIP TO ENROLLEE:

Send completed application to:

Excellus BlueCross BlueShield, Attn: Enrollment Operations, PO Box 31790, Rochester, NY 14603 1790

Office Use Only:

Plan ID#: _____

Effective Date of Coverage: _____

ICEP / IEP: _____ AEP / MA OEP: _____

SEP (type): _____

Name of staff member/agent/broker (if assisted in enrollment): _____ Not Eligible: _____

Agent/Broker Signature: _____ **NPN: #** _____ **Date Received:** _____

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-883-9577 (TTY: 1-800-662-1220) or speak to your provider.

Spanish: Si habla inglés, hay servicios gratuitos de asistencia lingüística disponibles. También se ofrecen de forma gratuita ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-883-9577 (TTY: 1-800-662-1220) o hable con su proveedor.

Chinese-Traditional: 如果您說英文，我們可免費提供語言援助服務。此外，我們亦可免費提供適當的輔助工具及服務，以協助您取得無障礙格式的資訊。請致電 1-877-883-9577 (TTY: 1-800-662-1220)，或洽詢您的醫療服務提供者。

Russian: Если вы говорите по-английски, вам доступны бесплатные услуги языковой поддержки. Кроме того, бесплатно предоставляются соответствующие вспомогательные услуги и сервисы для предоставления информации в доступных форматах. Позвоните по номеру 1-877-883-9577 (телетайп: 1-800-662-1220) или обратитесь к своему поставщику услуг.

Haitian Creole: Si w pale Anglè, gen sèvis asistans lengwistik ki disponib gratis pou ou. Gen aparèy ak sèvis oksilyè ki apwopriye pou bay enfòmasyon nan fòm ki aksesib ki disponib gratis tou. Rele nan 1-877-883-9577 (TTY: 1-800-662-1220) oswa pale ak pwofesyonèl swen sante w la.

Korean: 영어를 구사하는 경우 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 이용 가능합니다. 1-877-883-9577(TTY: 1-800-662-1220)로 전화하거나 서비스 제공업체에 문의하십시오.

Italian: Se parla inglese, potrà usufruire di servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente adeguati servizi sussidiari e di assistenza per fornire informazioni in formati accessibili. Chiamare il numero 1-877-883-9577 (TTY: 1-800-662-1220) o consultare il proprio fornitore.

Yiddish: אויב איר רעדט ענגליש, זענען פרייע שפראך הילף סערוויסעס פאראנען פאר אייך. פאסיקע הילפסמיטלען און סערוויסעס צו צושטעלן אינפארמציע אין צוטריטלעכע פארמאטן זענען אויך פאראנען פריי פון אפצאל. איינרוף 1-877-883-9577 (TTY: 1-800-662-1220) אדער רעדט מיט אייער פראוויידער.

Bengali: আপনি যদি ইংরেজি বলতে পারেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য রয়েছে। তথ্য সহজলভ্য বিন্যাসে প্রদানের জন্য উপযুক্ত সহায়ক সরঞ্জাম এবং পরিষেবা বিনামূল্যে পাওয়া যায়। 1-877-883-9577 (TTY: 1-800-662-1220) নম্বরে কল করুন বা আপনার প্রদানকারীর সাথে কথা বলুন।

Polish: Jeśli mówi Pan/Pani po angielsku, może Pan/Pani skorzystać z bezpłatnych usług pomocy językowej. W celu dostarczenia informacji w przystępnym formacie dostępne są również bezpłatne dodatkowe pomoce i usługi. Prosimy zadzwonić pod numer 1-877-883-9577 (TTY: 1-800-662-1220) lub porozmawiać ze swoim świadczeniodawcą.

Arabic: إن كنت تتحدث الإنجليزية، تتوفر لك خدمات مساعدة لغوية مجانية. كما تتوفر المساعدات والخدمات الإضافية الملائمة لتقديم المعلومات بصيغ يسهل الوصول إليها مجانًا. اتصل بهذا الرقم 1-877-883-9577 (رقم الهاتف النصي لضعاف السمع -1-800-662-1220) أو تحدث إلى مُقدم الرعاية الخاص بك.

French: Si vous parlez anglais, des services d'assistance linguistique vous sont proposés gratuitement. Des aides et des services auxiliaires adaptés pour vous fournir des informations dans des formats accessibles vous sont également proposés gratuitement. Appelez le 1-877-883-9577 (TTY : 1-800-662-1220) ou parlez-en à votre prestataire.

Urdu: اگر آپ اردو بولتے ہیں تو آپ کے لیے مفت زبان میں معاونت کی خدمات دستیاب ہیں۔ معلومات کو قابل رسائی انداز میں فراہم کرنے کے لیے مناسب معاون آلات اور خدمات بھی مفت فراہم کی جاتی ہیں۔ 1-877-883-9577 پر کال کریں (TTY: 1-800-662-1220) یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog: Kung nagsasalita ka ng English, available para sa iyo ang mga libreng serbisyo ng tulong sa wika. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-883-9577 (TTY: 1-800-662-1220) o makipag-usap sa iyong provider.

Greek: Εάν μιλάτε Αγγλικά, είναι διαθέσιμες για εσάς δωρεάν υπηρεσίες γλωσσικής βοήθειας. Επίσης, διατίθενται χωρίς χρέωση κατάλληλα βοηθητικά μέσα και υπηρεσίες για την παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε στο 1-877-883-9577 (TTY: 1-800-662-1220) ή μιλήστε με τον πάροχό σας.

Albanian: Nëse flisni anglisht, ofrohen falas për ju shërbime të asistencës gjuhësore. Gjithashtu ofrohen falas mjete dhe shërbime ndihmëse të përshtatshme për të ofruar informacionin në formate të aksesueshme. Telefononi 1-877-883-9577 (TTY: 1-800-662-1220) ose flisni me ofruesin tuaj.

Health plan terms

To help you better understand our plans and your coverage, here are a few definitions* for frequently used health care terms. Find more definitions at [MyExcellusMedicare.com/Glossary](https://www.MyExcellusMedicare.com/Glossary)



Primary Care Physician (PCP) — A doctor who serves as your health care manager and coordinates virtually all of the health care services you routinely receive. Some plans do not require you to choose a PCP.

Referral — Instructions provided by a PCP for specialty care. Most plans do not require referrals.

In-network coverage — The coverage available when you receive services from a provider who participates in your health plan.

Out-of-network coverage — The coverage available when you receive services from a provider who does not participate in your health plan. Some plans may not include out-of-network coverage.

Out-of-area — Describes when you receive services while outside the geographic service area of your health plan. Your plan benefits may differ if you live or work beyond the geographic service area.

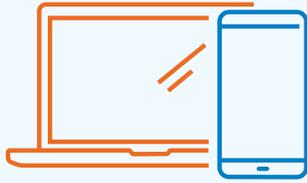
Copayment — A dollar amount due at the time you receive certain services. A typical example would be an office visit copay due when visiting your physician's office for treatment.

Coinsurance — A cost-sharing method that requires you pay a portion of the allowed amount for certain medical services.

Deductible — A set dollar amount you pay for covered services you receive before your insurer will make a payment.

Out-of-pocket maximum — The maximum amount of deductible, coinsurance and copayments that you will pay for health services each calendar year.

* Some definitions may vary slightly by plan. In case of a conflict between your legal plan documents and this information, the plan documents will govern.



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This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits may change on January 1 of each year.

The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Please talk with your doctor before starting or changing your exercise routine. All programs and services are not available in all areas. Fitness center participation may vary by location and is subject to change.

Excellus BlueCross BlueShield contracts with the Federal Government and is an HMO and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.