

EVERY LIFESTYLE. EVERY BUDGET.

We have a plan for you. Everybody benefits.

Excellus BlueCross BlueShield Medicare Advantage + Prescription Drug (MAPD) Plans

For residents in Broome, Cayuga, Chemung, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Schuyler, Steuben, St. Lawrence, Tioga & Tompkins Counties, NY

2025 Benefit Highlights

- **PPO plan** with access to doctors locally and nationwide that comes with a **\$250 flex card** for dental, hearing, and vision expenses
- **Preventive dental included** in ALL plans with NO copayment
- **Comprehensive dental included** in ALL plans with \$1,000 annual allowance
- **NEW:** \$2,000 limit on out-of-pocket Part D prescription drug costs on ALL plans
- PPO plan with **\$48/month Part B refund**
- **Eyewear allowance** of up to \$200/year included in most plans
- **NEW:** FREE enhanced, flexible fitness benefit in ALL plans
- **FREE:** Routine hearing and vision exams in ALL plans



A more comprehensive approach to Medicare

When Medicare plans make it possible to customize a unique mix of coverage, everybody benefits. **That's why all of our MAPD plans include the following extras and allowances:**

Free features



\$0 preventive dental – Covers 100% of preventive dental services - which includes two cleanings, two oral exams, and two bitewing X-rays - all for no copay.



\$0 Tier 1 generic drugs – A \$0 copay makes generic medications more affordable and convenient when purchased at a preferred pharmacy.



\$0 preventive vaccines – Includes flu, pneumonia, RSV, COVID-19 vaccines, and the shingles vaccine, SHINGRIX.



\$0 hearing exams – Annual routine hearing exams from a TruHearing® provider are covered for a \$0 copay.



\$0 vision exams – Your annual routine vision exam is covered with no copay from any participating provider.



\$0 preventive care services – Includes annual wellness visits, prostate cancer screenings, cervical cancer screenings, colorectal cancer screenings, mammograms, diabetes screenings, and more.



NEW \$0 flexible fitness package – Our enhanced fitness benefit provides flexibility to use it at multiple in-network facilities, and to switch fitness centers whenever you may need to throughout the year. Split and spend monthly credits however you'd like toward gym memberships, specialty studio classes, and at-home fitness accessories.

Allowances and savings opportunities



\$1,000 for comprehensive dental – Covers more extensive dental services like restorative care or major procedures such as dentures and select crowns, up to a \$1,000 annual allowance.



90-day prescription supply* – Only pay two copays for a three-month supply at most retail pharmacies, or through mail order from Express Scripts or Wegmans.



Hearing aids – Care is more affordable and accessible for all with hearing aid costs of \$499 (advanced) and \$799 (premium) when ordered through TruHearing®.

*Applies to prescription drugs in Tier 1 through Tier 3.

**Receive 14 meals for seven days after a hospital observation, inpatient acute stay, or skilled nursing facility stay.

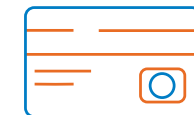
Maximize your savings with even more unique extras.

Aside from the services and benefits that are built into all of our MAPD plans, some include even more value-add benefits that you might not expect from a Medicare Advantage plan.

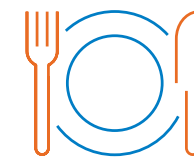


Eyewear – Receive an eyewear allowance of up to \$200 a year to use toward contact lenses and eyeglasses.

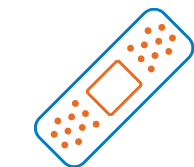
	Eyewear (Annual)
Medicare BlueActive (PPO)	\$200
Medicare BlueEssential (PPO)	\$100
Medicare BlueFlex (PPO)	
Medicare BlueClassic (PPO)	\$100
Medicare BlueEnhanced (PPO)	\$100



Flex card – Receive \$250 annually to use toward dental, vision, and hearing services that may not be covered by your plan. Plus, earn up to \$100 in additional funds for completing certain plan-determined healthy activities. The flex card is available on our **Medicare BlueFlex (PPO)** plan.



Mom's Meals® – Get healthy, balanced meals delivered to your home while you're recovering from a medical event or procedure.** Mom's Meals is included in our **Medicare BlueEnhanced (PPO)** plan.



Over-the-counter (OTC) items – Receive \$50 a quarter to spend on over-the-counter health and wellness items such as aspirin, vitamins, cold and cough medications, bandages, and more. The OTC allowance is included in our **Medicare BlueActive (PPO)** plan.



Important note for 2025

All Medicare Advantage plans with Part D coverage will have annual out-of-pocket costs capped at \$2,000 for Part D drugs. In addition, the coverage gap phase has been eliminated for 2025.

	PPO			
	Medicare BlueActive		Medicare BlueEssential	
Monthly Premium	\$0 with a \$48 Part B Refund		\$0	
Medical Benefit	IN	OON	IN	OON
Primary Care Physician (PCP)	\$5	\$25	\$0	\$25
Specialist	\$40	\$60	\$35	\$60
Laboratory Services (Routine/Diagnostic)	\$0/\$15	30%	\$0	30%
X-Rays	\$60	\$70	\$45	\$60
Diagnostic Imaging (CAT/MRI/MRA)	\$300	30%	\$175	30%
Outpatient Hospital/ Ambulatory Surgery/ Observation Stay	\$350	30%	\$250	30%
Inpatient Hospital Care	\$400/day (Days 1-5)	\$435/day (Days 1-28)	\$440/day (Days 1-5)	\$435/day (Days 1-28)
Ambulance	\$300	\$300	\$250	\$250
Urgent Care (Worldwide)	\$45	\$45	\$45	\$45
Emergency Room (Worldwide)	\$110	\$110	\$110	\$110
Maximum Out-of-Pocket	\$8,850	\$11,300 (IN + OON)	\$8,850	\$11,300 (IN + OON)
Part D Prescriptions				
30-Day Supply	Tiers 1/2/3/4/5		Tiers 1/2/3/4/5	
Preferred Pharmacy	\$0/\$12/\$42/45%/28%		\$0/\$10/\$42/50%/31%	
Standard Pharmacy	\$5/\$17/\$47/50%/28%		\$5/\$15/\$47/50%/31%	
Deductible	\$350 (Tiers 3-5)		\$150 (Tiers 3-5)	

IN = In-network
OON = Out-of-network

	PPO					
	Medicare BlueFlex		Medicare BlueClassic		Medicare BlueEnhanced	
Monthly Premium	\$22 with a \$250 Flex Card		\$31.50		\$84	
Medical Benefit	IN	OON	IN	OON	IN	OON
Primary Care Physician (PCP)	\$0	\$20	\$0	\$25	\$0	\$20
Specialist	\$35	\$50	\$30	\$60	\$30	\$50
Laboratory Services (Routine/Diagnostic)	\$0	30%	\$0	30%	\$0	30%
X-Rays	\$60	\$70	\$45	\$60	\$40	\$50
Diagnostic Imaging (CAT/MRI/MRA)	\$300	30%	\$175	30%	\$125	30%
Outpatient Hospital/ Ambulatory Surgery/ Observation Stay	\$300	30%	\$275	30%	\$200	30%
Inpatient Hospital Care	\$375/day (Days 1-5)	\$435/day (Days 1-28)	\$360/day (Days 1-5)	\$435/day (Days 1-28)	\$260/day (Days 1-5)	\$335/day (Days 1-28)
Ambulance	\$305	\$305	\$240	\$240	\$150	\$150
Urgent Care (Worldwide)	\$45	\$45	\$40	\$40	\$40	\$40
Emergency Room (Worldwide)	\$110	\$110	\$110	\$110	\$110	\$110
Maximum Out-of-Pocket	\$7,900	\$11,700 (IN + OON)	\$7,200	\$10,950 (IN + OON)	\$5,000	\$8,500 (IN + OON)
Part D Prescriptions						
30-Day Supply	Tiers 1/2/3/4/5		Tiers 1/2/3/4/5		Tiers 1/2/3/4/5	
Preferred Pharmacy	\$0/\$12/\$42/50%/29%		\$0/\$8/\$42/50%/33%		\$0/\$6/\$42/50%/33%	
Standard Pharmacy	\$5/\$17/\$47/50%/29%		\$5/\$13/\$47/50%/33%		\$5/\$11/\$47/50%/33%	
Deductible	\$275 (Tiers 3-5)		No Deductible		No Deductible	