

Excellus   MEDICARE

EVERY LIFESTYLE. EVERY BUDGET.

We have a plan for you. Everybody benefits.

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

For residents in Livingston, Monroe, Ontario, Seneca, Wayne & Yates Counties, NY

2025 Benefit Highlights

- **NEW:** PPO plan with access to doctors locally and nationwide
- **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
- **Over-the-counter benefit** of up to \$360/year included in most plans
- **Eyewear allowance** of up to \$350/year included in ALL plans
- **NEW:** FREE enhanced, flexible fitness benefit in ALL plans
- **FREE:** Routine hearing 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 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.



Over-the-counter (OTC) items – Receive up to \$90 a quarter to spend on over-the-counter health and wellness items such as aspirin, vitamins, cold and cough medications, bandages, and more.



Eyewear – Receive an eyewear allowance of up to \$350 a year to use toward contact lenses and eyeglasses.



Transportation – Get 12 one-way rides per year (50-mile limit per ride) to health-related locations. Our transportation benefit is included in our **Medicare Blue Choice® Optimum (HMO-POS)** 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 Blue Choice® Optimum (HMO-POS)** plan.

	OTC (Quarterly)	Eyewear (Annual)
Medicare Blue Choice® Discovery (PPO)		\$150
Medicare Blue Choice® Extra (HMO)	\$50	\$250
Medicare Blue Choice® Select (HMO)	\$90	\$350
Medicare Blue Choice® Advanced (HMO-POS)	\$30	\$150
Medicare Blue Choice® Value Plus (HMO-POS)	\$50	\$200
Medicare Blue Choice® Optimum (HMO-POS)	\$50	\$275



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.

	NEW		HMO	
	PPO		Medicare Blue Choice® Extra	Medicare Blue Choice® Select
	Medicare Blue Choice® Discovery			
Monthly Premium	\$34.30		\$0 with a \$26 Part B Refund	\$0
Medical Benefit	IN	OON		
Primary Care Physician (PCP)	\$5	\$20	\$10	\$5
Specialist	\$45	\$50	\$50	\$45
Laboratory Services (Routine/Diagnostic)	\$0/\$5	30%	\$0/\$15	\$0
X-Rays	\$50	\$60	\$55	\$55
Diagnostic Imaging (CAT/MRI/MRA)	\$250	30%	\$300	\$250
Outpatient Hospital/ Ambulatory Surgery/ Observation Stay	\$375	30%	\$400	\$340
Inpatient Hospital Care	\$450/day (Days 1-5)	\$450/day (Days 1-28)	\$475/day (Days 1-5)	\$425/day (Days 1-5)
Ambulance	\$325	\$325	\$275	\$250
Urgent Care (Worldwide)	\$45	\$45	\$45	\$45
Emergency Room (Worldwide)	\$110	\$110	\$110	\$110
Maximum Out-of-Pocket	\$8,900	\$11,700 (IN + OON)	\$9,300	\$8,900
Part D Prescriptions				
30-Day Supply	<i>Tiers 1/2/3/4/5</i>		<i>Tiers 1/2/3/4/5</i>	<i>Tiers 1/2/3/4/5</i>
Preferred Pharmacy	\$0/\$15/\$42/50%/25%		\$0/\$15/\$42/50%/28%	\$0/\$15/\$42/50%/28%
Standard Pharmacy	\$10/\$20/\$47/50%/25%		\$5/\$20/\$47/50%/28%	\$5/\$20/\$47/50%/28%
Deductible	\$590 (Tiers 3-5)		\$400 (Tiers 3-5)	\$380 (Tiers 3-5)

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

HMO-POS					
Medicare Blue Choice® Advanced		Medicare Blue Choice® Value Plus		Medicare Blue Choice® Optimum	
\$37.30		\$72.30		\$200.70	
IN	OON	IN	OON	IN	OON
\$5	30%	\$0	30%	\$0	30%
\$40	30%	\$30	30%	\$30	30%
\$0/\$10	30%	\$0/\$4	30%	\$0	30%
\$50	30%	\$50	30%	\$40	30%
\$250	30%	\$175	30%	\$150	30%
\$350	30%	\$300	30%	\$250	30%
\$400/day (Days 1-5)	30%	\$350/day (Days 1-5)	30%	\$285/day (Days 1-5)	30%
\$275	\$275	\$225	\$225	\$150	\$150
\$45	\$45	\$40	\$40	\$40	\$40
\$110	\$110	\$110	\$110	\$110	\$110
\$8,000	Not Applicable	\$7,200	Not Applicable	\$6,700	Not Applicable
Part D Prescriptions					
<i>Tiers 1/2/3/4/5</i>		<i>Tiers 1/2/3/4/5</i>		<i>Tiers 1/2/3/4/5</i>	
\$0/\$15/\$42/50%/29%		\$0/\$15/\$42/50%/33%		\$0/\$12/\$42/50%/33%	
\$5/\$20/\$47/50%/29%		\$5/\$20/\$47/50%/33%		\$5/\$17/\$47/50%/33%	
\$300 (Tiers 3-5)		No Deductible		No Deductible	

HMO-POS plans provide out-of-network coverage. Members pay 30% out-of-network for these plans. Coverage limit of \$3,000 per year. Out-of-network coverage does not apply to maximum out-of-pocket.