

# MEDICARE ADVANTAGE PLANS

Troy City School District



# OVERVIEW

- Coverage Designed for Troy City School District
- Benefits of Our Plans
- Employer Group Plans



# THE BENEFIT OF OUR PLANS

## Ease of use

- Use one card for all services
- Plan geared for Medicare recipients

## More choice

- Large local network includes additional providers and hospitals in neighboring counties
- Coverage where and when you need it
- Flexibility of national in-network coverage

## More control

- All-in-one benefit package provides convenient options for your health and safety
- Best-in-class expertise and service

Members must be enrolled in a PPO plan with the Medicare Advantage network-sharing program to access the Medicare Advantage network-sharing national network

# EMPLOYER GROUP PLAN

# BS Medicare PPO Sharing Network

## Recognized nationwide

For services to be considered in-network when receiving care outside our service area:

- The provider must participate with the local BlueCard network-sharing program in the service area
- Member and provider must be located in the same service area when receiving care

### Participating Medicare Advantage PPO states and territories:



AL, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MS, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, DC+, WV, WI

# LOW COST RX COPAYS



<\$0> copayment on first tier – Preferred Generic drugs

<\$5/\$5/\$10/\$10> copayments on all remaining tiers

<No coverage gap or Donut hole>

Mail order available <2> copays for a 90 day supply (tier 1-4 rx)

# RX COVERAGE



Medicare Advantage Formulary – geared for Medicare eligibles  
\* List of drugs is different from your current plan. Please review the formulary in your enrollment kit

Drugs infused or administered by a provider may fall under your Medical benefit at a <\$0> copay

# DAVIS VISION



## Medicare Advantage vision coverage includes:

- Routine eye exam
- Post-cataract frames/contacts
- Vision allowance <\$200>
- Vision discounts
- Customer service
- All claims processed in- and out-of-network for the services listed\*
- Vision discount plans consolidated and streamlined

\* OON claims only available with PPO plans



# Telemedicine through

Amwell:

**CONVENIENT  
ACCESS TO  
QUALITY CARE**

**24/7/365**  
250+ board-certified doctors are available anytime through your smartphone, tablet, or computer with a front-facing camera

**INSTANT ACCESS**  
Provides members with quality care in an average wait time of under five minutes

**90% TREATED**  
Doctors treat most common medical issues: allergies, back pain, bronchitis and pneumonia, cold and flu, and sinus infections

**MENTAL HEALTH**  
Therapists provide a safe space for members to get the treatment they need for anxiety, depression, trauma and loss, and more



# ADDITIONAL FEATURES AND BENEFITS

- \$0 SilverSneakers® fitness benefit
- \$0 preventive services
- <\$200> Allowance for Eyewear
- <\$200> Allowance for Dental
- \$500 Allowance combined for Acupuncture & Massage Therapy
- Wellness rewards
- Comprehensive case and disease management
- Care at Home
- Hearing-aid benefit (<\$699/\$999>)

# SILVERSNEAKERS

## FITNESS BENEFIT



All members receive SilverSneakers at no additional cost

Provides members with:

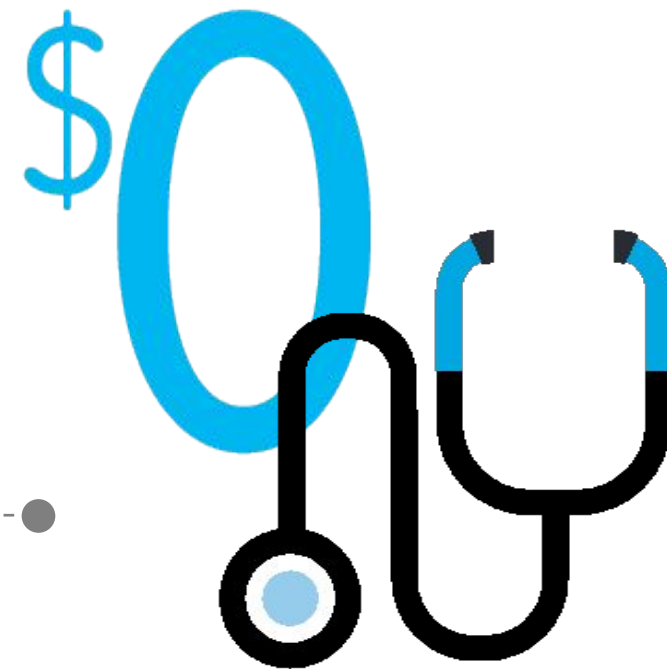
- Access to more than 16,000 gyms nationwide
- Classes in the community taught by certified instructors
- At-home fitness kit

# \$0 PREVENTIVE SERVICES

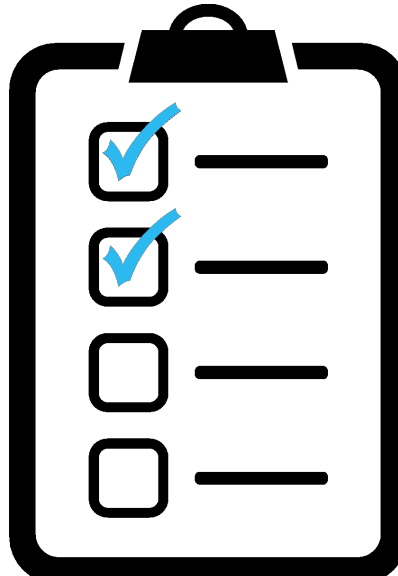
More than 20 preventive services covered at no additional cost

\$0 Preventive Services include:

- Annual wellness visit
- Tests to screen for cancer - including colorectal, breast, lung, and prostate cancer screenings
- Vaccinations for influenza, COVID-19, and hepatitis



# DENTAL ALLOWANCE



## Dental coverage includes:

- No network – you can see any dentist of your choice
- Claims processed by UCD (United Concordia Dental)
- Allowance dollars can be used for:
  - Cleanings
  - Periodontal cleanings
  - Crowns
  - Filings

# WELLNESS REWARDS

All members receive a <\$20> Prepaid Card after completing each of the following services (up to <\$60> total):

**ANNUAL WELLNESS VISIT**

**BREAST CANCER SCREENING**

**COLORECTAL CANCER SCREENING**

# HEARING-AID

## BENEFIT



## All of our Medicare Advantage plans provide hearing benefits

Benefits are administered through TruHearing<sup>®</sup> and include one routine hearing exam per year with a <\$45> copay and one hearing aid per ear per year with copays of <\$699 or \$999>.

The hearing benefit includes:

- Three follow-up visits
- Three-year warranty
- 45-day trial period
- 48 free batteries per aid

# Troy City School District - 2024 plan offerings

**GROUP NAME:** CASHIC - Troy City School District Medicare

**GROUP NUMBER:** 10730835

**PLAN NAME:** Forever Blue 799 Value (PPO) Plan CF34 TRx (2023)

<b>Physician and other health professional services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Primary doctor	\$10	\$10
Specialist	\$10	\$10
Radiation therapy	\$10	\$10
Emergency room (waived if admitted)	\$50	\$50
Urgent care (waived if admitted)	\$35	\$35
Ambulance	Covered in full	Covered in full
Telemedicine - Vendor	See Spec/MH Benefit	See Spec/MH Benefit
<b>More than 20 preventive services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Flu shots – Part B	Covered in full	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full	Covered in full
All other preventive screenings and tests	Covered in full	Covered in full



<b>Hospital, home health care, and skilled services</b>	In-Network	Out-of-Network
Hospital (inpatient)	Covered in full	Covered in full
Observation	Covered in full	Covered in full
Outpatient surgery – hospital	Covered in full	Covered in full
Outpatient surgery – ambulatory center	Covered in full	Covered in full
Home health care	Covered in full	Covered in full
Skilled nursing facility (100 days per benefit period)	Covered in full	Covered in full
Dialysis	\$10	Inside service area: 20% for non-participating providers. Outside service area: \$10 for non-participating providers.
<b>Mental health / chemical dependence services</b>	In-Network	Out-of-Network
Mental health (inpatient, 190-day lifetime limit)	Covered in full	Covered in full
Mental health (outpatient)	Covered in full	Covered in full
Mental health (with psychiatrist)	Covered in full	Covered in full
Alcohol substance abuse (inpatient)	Covered in full	Covered in full
Alcohol substance abuse (outpatient)	Covered in full	Covered in full

<b>Laboratory and X-ray services</b>	In-Network	Out-of-Network
Laboratory testing	Covered in full	Covered in full
X-rays	Covered in full	Covered in full
Advanced radiology – MRI, MRA, PET, and CT	Covered in full	Covered in full
<b>Rehabilitation services</b>	In-Network	Out-of-Network
Physical, occupational, and speech therapy	\$10	\$10
Chiropractor <small>includes 12 routine visits</small>	\$10	\$10
Acupuncture & Massage Therapy	\$500 combined annual allowance	
Cardiac rehab	\$10	\$10
<b>Vision</b>	In-Network	Out-of-Network
Routine vision exam	Covered in full	Covered in full
Medical vision exam	\$10	\$10
Allowance (lenses and frames)	\$200 annual allowance	

<b>Dental</b>	In-Network	Out-of-Network
Dental	\$200 annual allowance	
<b>Supplies, equipment, and devices</b>	In-Network	Out-of-Network
Durable medical equipment	\$0 compression stockings \$0 all other items	\$0 compression stockings \$0 all other items
Prosthetics	\$0 compression stockings \$0 all other items	\$0 compression stockings \$0 all other items
Diabetic supplies – Part B	Covered in full	Covered in full
<b>Fitness program</b>	In-Network	Out-of-Network
SilverSneakers (“Steps” program included)®	Covered in full	

<b>Prescription drugs – Part B</b>	In-Network	Out-of-Network
Immunosuppressive drugs	Covered in full	Covered in full
Oral chemotherapy drugs	Covered in full	Covered in full
Physician administered injectables	Covered in full	Covered in full
Nebulizer inhalation solution	Covered in full	Covered in full
Part B drugs (other)	Covered in full	Covered in full

<b>Prescription drugs – Part D</b>	In-Network	Out-of-Network
Prescription drug (Rx)	Preferred pharmacies: \$0/\$5/\$5/\$10/\$10 Standard pharmacies: \$5/\$10/\$10/\$15/\$15	
Mail order	Tier 1 – Tier 4: 2 copays for a 90 day supply	
Shingles vaccine	Preferred pharmacies: \$0 Standard pharmacies: \$0	
Coverage gap/donut hole	No coverage gap	

<b>General product information</b>	In-Network	Out-of-Network
In-network out-of-pocket maximum	N/A	N/A
Combined out-of-pocket maximum	\$4,500 Combined	
Prescription deductible	N/A	

**Thank you!**



An Independent Licensee of the Blue Cross Blue Shield Association

Because Life.™

<sup>1</sup>Davis Vision is a separate company. Members of our plans can enroll into the Davis Vision program. However, vendor discounts for goods and services may not be marketed to prospective members or used as an incentive for enrollment. <sup>2</sup>Preventive services must be scheduled with an in-network provider for a \$0 copay. If other services are performed by your doctor at the same visit, you may have a higher copay.

Highmark Blue Shield of Northeastern New York is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal.

Highmark Blue Shield of Northeastern New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. Highmark BSNENY complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Blue Cross®, Blue Shield®, Cross, and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. BlueCard® is a trademark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield companies. TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing-aid benefit. SilverSneakers® is a registered trademark of Tivity Health, Inc. Tivity Health is an independent company that administers the SilverSneakers gym benefit. Care at Home<sup>SM</sup> and Care at Home<sup>SM</sup> On Call are programs administered by Landmark Health, a separate company. Davis Vision, a subsidiary of Versant Health, administers plan vision benefits. Quest Diagnostics® is a separate company. Other pharmacies/physicians/providers are available in our network. Highmark BSNENY 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 1-833-735-4515 (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 1-833-735-4515 (TTY 711)。

Onduo is an independent company that provides a diabetes management program on behalf of Highmark.

American Well is an independent company that provides telemedicine services. American Well does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its telemedicine services.

Out-of-network/noncontracted providers are under no obligation to treat Highmark BSNENY members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

One Prepaid Card per service, per member, per calendar year. You can use your card to help you live a healthier lifestyle at grocery stores, supermarkets, drug stores and pharmacies.