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Broome County Purchasing Alliance
Medicare Blue PPO – Plan 2

## **What is Original Medicare?**

A federal health insurance program administered by the Centers for Medicare & Medicaid Services (CMS)

### **PART A**



### **Hospital Coverage**

- Helps cover inpatient hospital services
- Helps cover skilled nursing facility, hospice, and home health services
- Premium-free for most beneficiaries





### **Medical Coverage**

- Helps cover doctor visits and outpatient care
- Helps cover some preventive services
- 2025 Premium: \$185.00 per month
- 2026 Premium (Projected): \$206.50 per month





## How do I apply for Medicare?



#### **Contact the Social Security Administration**

- Visit <u>secure.ssa.gov</u>
- Call toll-free 1-800-772-1213

#### **Enrollment is automatic into Part A and Part B if...**

- Members are receiving Social Security benefits or are part of a Railroad Retirement plan
- Members are under 65 and have received <u>Social Security</u>
   <u>Disability</u> benefits for 24 months



## What are the other parts of Medicare?

### PART C



### **Medicare Advantage Plans**

Medicare Blue PPO

### **PART D**

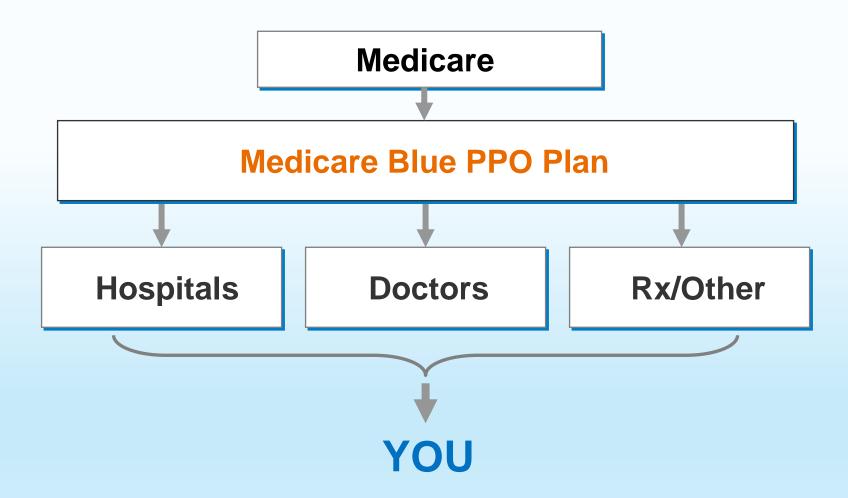


### **Prescription Drug Coverage**

 Medicare Part D Prescription Drug Coverage is <u>included</u> in the Medicare Blue PPO plan.



## **How Medicare Blue PPO Plan Works**





### **Preventive Care**

Diagnostic tests/lab

Routine Physical

Immunizations

Mammography

PAP/Pelvic Exam

Bone Density Screening

Prostate Screening

Routine Hearing Exam

**Covered in full** 

**\$0 – TruHearing Provider** 



Primary Care

\$10 copay

Specialist

\$10 copay

Urgent Care

\$25 copay - Worldwide

MRI, CAT, PET

\$10 copay

X-Rays

\$10 copay

Ambulatory Surgery

\$0 copay

Ambulance

\$10 copay - Worldwide

Chiropractic Care

\$10 copay

Part B Medical Drugs

\$0 copay



Emergency Room \$50 copay - Worldwide

Inpatient Hospitalization \$0 copay - Unlimited Days

Home Health Care \$0 copay

Cardiac Rehab \$0 copay

PT, OT, ST \$10 copay

Diabetic Supplies \$0 copay

Out of Pocket Max \$1,250 Medical In-Network & Out-Of-Network

#### **Extras**

Eyewear Allowance \$100 annually

TruHearing Hearing Aids \$499 or \$799 copay per aid

Silver & Fit \$0 annually



#### **Initial Coverage:**

<b>Tier 1 - \$</b> 0	for a 30-day supply
<b>Tier 2 - \$10</b>	for a 30-day supply
<b>Tier 3 - \$20</b>	for a 30-day supply

**1x copay** for a 90-day supply at any participating pharmacy or mail order pharmacy (Express Scripts and Wegmans)

Annual out-of-pocket costs will be capped at \$2,100 for Medicare Part D drugs (New for 2026)

#### **Catastrophic Coverage**

\$0 member responsibility

- 2026 Rx Formulary: medicare.excellusbcbs.com/prescriptions/drug-lists
  - Medicare Plans through a Former Employer or Group
  - Three Tier Formulary with Prior Authorization and Step Therapy (PDF)



## **Medicare Blue PPO National Network**



- **Reside anywhere in the United States**
- Access to both BCBS providers and providers that accept Original Medicare
- Same cost share for In-Network and **Out-Of-Network providers**

#### **BCBS** website:

provider.bcbs.com

#### **BCBS** phone:

1-800-810-BLUE (2583)



### **Abbott Diabetes Care**



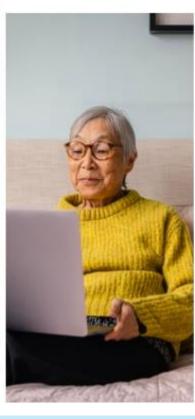
Phone Number: 1-800-680-6850 Website: www.choosefreestyle.com

- **\$0** copay for Glucometers or Blood Glucose Monitors
- **\$0** copay for FreeStyle test strips and lancets
- **Continuous Glucose Monitor (CGM) and Supplies:** 
  - **Dexcom Sensors**
  - FreeStyle Libre Sensors (CGMs)
  - **Prior Authorization Required**
- **Insulin Pump** 
  - Coverage through DME provider
  - **Prior Authorization Required**
- **Self-Injectable Insulin Syringes Needles** 
  - Coverage through Medicare Part D Rx Benefit











- **Dedicated Phone Number: 1-888-797-7925**
- **Membership at fitness facility** 
  - •\$0 annual fee
  - •National network = 15,000+ facilities
- **Optional Home Fitness Program** 
  - •\$0 annual fee
- **Great Support** 
  - Comprehensive website
  - Quarterly newsletter
  - Dedicated Customer Service



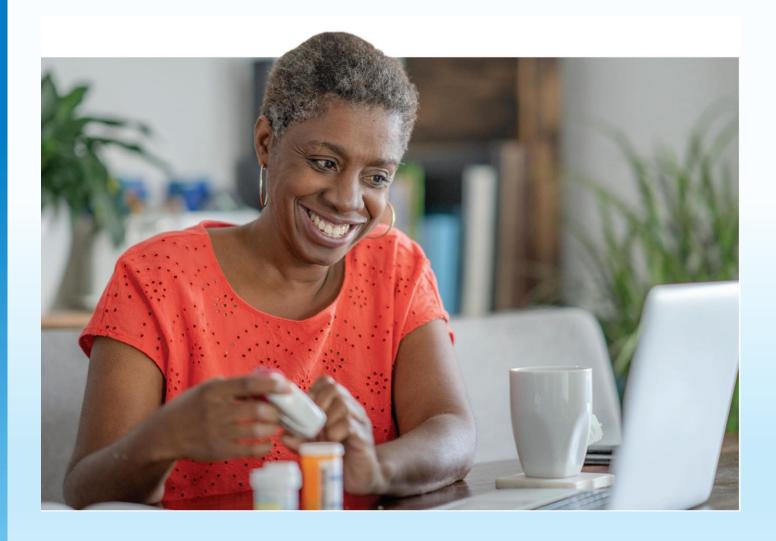
# **TruHearing – Hearing Aid Coverage**



- Dedicated Phone Number: 1-855-205-5519 (Monday – Friday / 8 am – 9 pm)
- TruHearing Advanced \$499 copayment per aid (32 channels / 6 programs / 8 styles) Retail Cost: \$2,720
- TruHearing Premium \$799 copayment per aid (48 channels / 6 programs / 11 styles) Retail Cost: \$3,250
- Comprehensive hearing exam (\$0 copay) with 1-year of follow up visits / 60-day trial / 80 batteries per hearing aid



## **Telemedicine / MDLIVE**



#### **Medical Services**

- Allergies and Cold / Flu
- Sunburn and Rashes
- Joint Aches and Pain

#### **Behavioral Health**

- Addiction and Depression
- Bipolar and Eating Disorders
- Stress, Trauma and PTSD

Don't wait until you need it. There are three easy ways to activate Telehealth today.

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



## **Contact Information**

- Excellus BCBS Dedicated Customer Care Team 1-800-872-4570
- Excellus BCBS Medicare Member Website www.medicare.excellusbcbs.com
- Social Security Administration 1-800-772-1213 secure.ssa.gov





# **Thank You**

