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Broome County Purchasing Alliance

Medicare Blue PPO – Plan 8

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

PART B

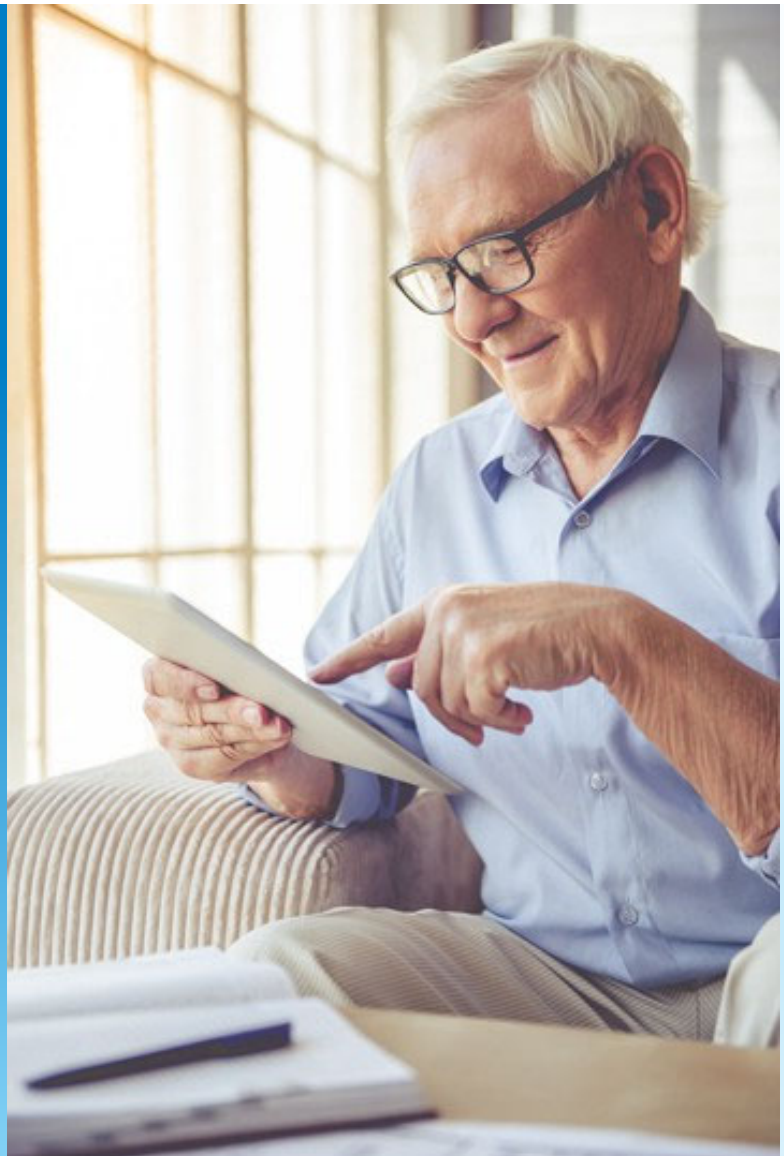


Medical Coverage

- Helps cover doctor visits and outpatient care
- Helps cover some preventive services
- **2026 Premium**: **$202.90 per month**
- **2027 Premium (Projected): $209.50 per month**

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How do I apply for Medicare?

Contact the Social Security Administration

- Visit secure.ssa.gov
- 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 ***Social Security Disability*** benefits for 24 months

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What are the other parts of Medicare?

PART C



Medicare Advantage Plans

- Medicare Blue PPO

PART D

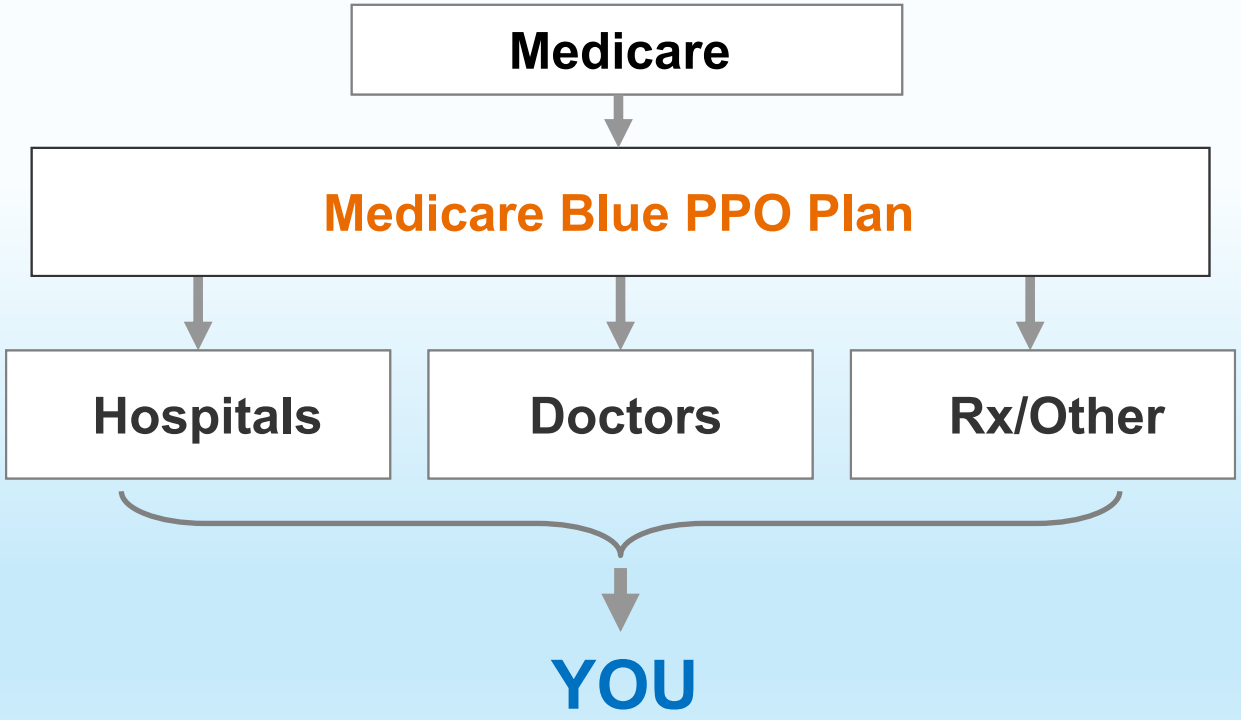


Prescription Drug Coverage

- Medicare Part D Prescription Drug Coverage is included in the Medicare Blue PPO plan.

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How Medicare Blue PPO Plan Works



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Medicare Blue PPO – Plan 8
$5/$20/$40 Rx Coverage

Preventive Care

• Diagnostic tests/lab	Covered in full
• Routine Physical	Covered in full
• Immunizations	Covered in full
• Mammography	Covered in full
• PAP/Pelvic Exam	Covered in full
• Bone Density Screening	Covered in full
• Prostate Screening	Covered in full
• Routine Hearing Exam	$0 – TruHearing Provider

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$5/$20/$40 Rx Coverage

• Primary Care	$25 copay
• Specialist	$25 copay
• Urgent Care	$25 copay - Worldwide
• MRI, CAT, PET	$0 copay
• X-Rays	$0 copay
• Ambulatory Surgery	$0 copay
• Ambulance	$25 copay - Worldwide
• Chiropractic Care	$25 copay
• Part B Medical Drugs	$0 copay

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• Emergency Room	$65 copay - Worldwide
• Inpatient Hospitalization	$0 copay - Unlimited Days
• Home Health Care	$0 copay
• Cardiac Rehab	$0 copay
• PT, OT, ST	$25 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	$299 (new), $499 or $799 copay per aid
• Silver & Fit	$0 annually

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Medicare Blue PPO – Plan 8
$5/$20/$40 Rx Coverage

Initial Coverage:

Tier 1 - $5 for a 30-day supply
Tier 2 - $20 for a 30-day supply
Tier 3 - $40 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 **$2,400** for Medicare Part D drugs **(New for 2027)**

Catastrophic Coverage
$0 member responsibility

- **2027 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)***

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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)

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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

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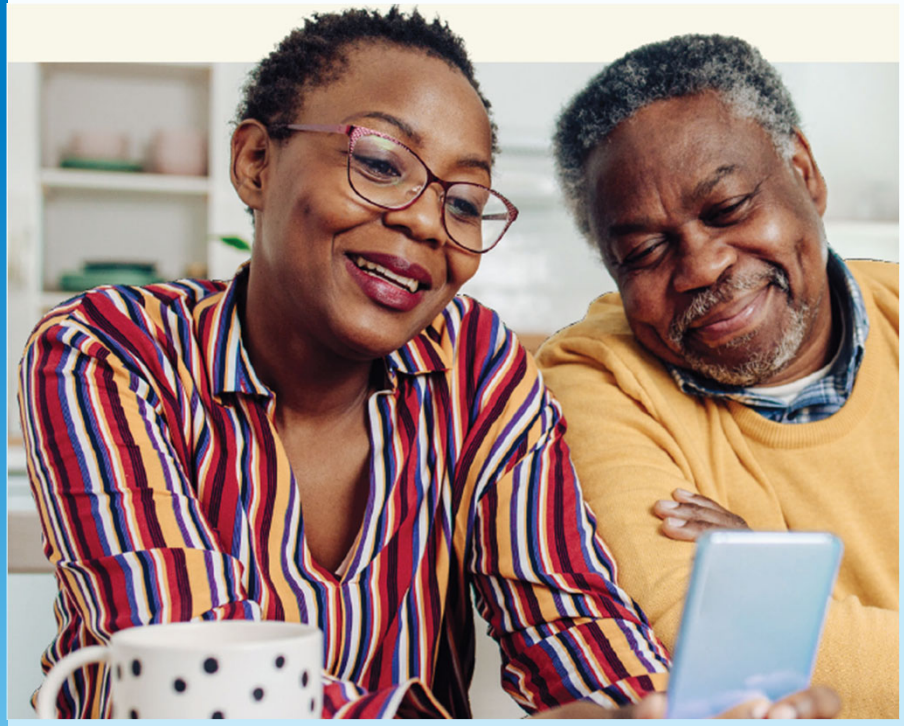
Silver&Fit™



- **Dedicated Phone Number: 1-800-659-1986**
- **Membership at fitness facility**
  $0 annual fee
  National network = 15,000+ facilities
- **Optional Home Fitness Program**
  $0 annual fee
- **New 2027: $150 Out-of-Network Allowance**
- **Great Support**
  - Comprehensive website
  - Quarterly newsletter
  - Dedicated Customer Service

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TruHearing – Hearing Aid Coverage



- **Dedicated Phone Number:** 1-855-205-5519
  (Monday – Friday / 8 am – 9 pm)
- **TruHearing Standard (New 2027)**
  $299 copayment per aid
  (16 channels / 4 programs / 8 styles)
- **TruHearing Advanced**
  $499 copayment per aid
  (32 channels / 6 programs / 8 styles)
- **TruHearing Premium**
  $799 copayment per aid
  (48 channels / 6 programs / 11 styles)
- Comprehensive hearing exam ($0 copay) with 1-year of follow up visits / 60-day trial / Extended 3-year manufacturer warranty

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Telemedicine / MDLIVE



- **Medical Services**
- **Behavioral Health Services**
- **Teledermatology Services**
- **24/7 availability (All 50 States)**
- **Rx sent to the nearest pharmacy**
- **$0 copay per visit**

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

WEB: MDLive.com/ExcellusMedicare
APP: Download the MD Live app
TEXT: EXCELLUS to 635483
(Message and data rates may apply.)
VOICE: Call 1-888-670-6351 / TTY: 1-800-770-5531

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Contact Information

- **Excellus BCBS Dedicated Customer Care Team**
  1-800-872-4570

- **Excellus BCBS Medicare Member Website**
  medicare.excellusbcbs.com/login

- **Social Security Administration**
  1-800-772-1213
  secure.ssa.gov

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Thank You



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