



Medicare Sales: 1-855-215-9239 (TTY 711)

Monday-Friday: 8 a.m. - 5 p.m.

GROUP NAME: New York State Employees (NENY) Medicare

GROUP NUMBER: 10732415

PLAN NAME: Senior Blue 699 (HMO) Plan E2

Physician and other health professional services	In-Network
Primary doctor	\$10
Specialist	\$30
Radiation therapy	\$30
Emergency room (waived if admitted)	\$65
Urgent care (waived if admitted)	\$35
Ambulance	\$100
Telemedicine	Covered in full
More than 20 preventive services	In-Network
Flu shots – Part B	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full
All other preventive screenings and tests	Covered in full
Hospital, home health care, and skilled services	In-Network
Hospital (inpatient)	Covered in full per stay
Observation	\$65
Outpatient surgery – hospital	\$75
Outpatient surgery – ambulatory center	\$75
Home health care	Covered in full
Skilled nursing facility (100 days per benefit period)	Covered in full per stay
Dialysis	Covered in full
Mental health / chemical dependence services	In-Network
Mental health (inpatient, 190-day lifetime limit)	Covered in full per stay
Mental health (outpatient)	\$40
Mental health (with psychiatrist)	\$40
Alcohol substance abuse (inpatient)	Covered in full per stay
Alcohol substance abuse (outpatient)	\$40

Laboratory and X-ray services	In-Network
Laboratory testing	Covered in full
X-rays	\$30
Advanced radiology – MRI, MRA, PET, and CT	\$30
Rehabilitation services	In-Network
Physical, occupational, and speech therapy	\$20
Chiropractor <small>includes 12 routine visits</small>	Not Covered
Acupuncture & Massage Therapy	Not Covered
Cardiac rehab	\$20
Vision	In-Network
Routine vision exam	Covered in full
Medical vision exam	\$30
Allowance (lenses and frames)	\$200 annual allowance
Hearing	In-Network
Routine hearing exam – TruHearing™	\$45
Diagnostic hearing exam	\$30
Hearing aid benefit – TruHearing™	\$699/\$999
Dental	In-Network
Dental	\$200 annual allowance
Supplies, equipment, and devices	In-Network
Durable medical equipment	\$0 compression stockings; 20% all other items
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items
Diabetic supplies – Part B	Covered in full
Fitness program	In-Network
SilverSneakers® (“Steps” program included)	Covered in full
Prescription drugs – Part B	In-Network
Immunosuppressive drugs	Covered in full
Oral chemotherapy drugs	Covered in full
Physician administered injectables	Covered in full
Nebulizer inhalation solution	Covered in full
Part B drugs (other)	Covered in full

Prescription drugs – Part D	In-Network
Prescription drug (Rx)	Preferred pharmacies: N/A Standard pharmacies: \$0/\$15/\$30/ \$50/\$50
Mail order	Tier 1: \$0 copay for a 90 day supply Tier 2 - 4: 2 copays for a 90 day supply Tier 5: Mail order not available There is only one participating pharmacy for mail order (ESI) so there is no network.
Shingles vaccine	Preferred pharmacies: N/A Standard pharmacies: \$0
Coverage gap/donut hole	No Coverage

General product information	In-Network
In-network out-of-pocket maximum	\$3,000
Combined out-of-pocket maximum	N/A
Prescription deductible	N/A

Highmark Blue Shield of Northeastern New York (Highmark BSNENY) is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. Highmark BSNENY is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal. Highmark Blue Shield of Northeastern New York complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Onduo is an independent company that provides a diabetes management program on behalf of Highmark. 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. 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. Other pharmacies/physicians/providers are available in our network. 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. The plan 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 usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。
请拨打您的身份证背面的号码（TTY：711）。