

# Highmark is different in all the ways that matter most.

Benefits, perks, and access to care  
you won't find in other plans.



Because Life.™



## Hi there,

We know that your Medicare plan is about more than health care. It's also about peace of mind. When you choose Highmark Blue Cross Blue Shield, you can feel confident that we'll be there when you need us. Highmark is part of a network that's been providing secure and stable coverage for more than 80 years. And with 1 in 3 Americans covered by our network, you're in good company.\*

### You get more with Highmark.

Our plans offer a lot more than a great network. In this booklet, we'll walk you through some of our most popular benefits and perks so you can see how easy it is to access care and stay on top of your health. You'll also find plan descriptions and enrollment materials.

### Reach out if you need help.

Please call us if you have any questions about your plan options.

**1-866-456-7739 (TTY: 711)**

We're available Monday – Friday, 8 a.m. – 4:30 p.m.



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## Finding care

Our Medicare Advantage plans connect you to the doctors and hospitals you trust. When you choose Highmark, you get the security of carrying a card accepted by the region's leading health systems and medical practices, including:

- Buffalo Medical Group\*
- Catholic Health
- Erie County Medical Center
- Kaleida Health
- Roswell Park Comprehensive Cancer Center
- UBMD Physicians' Group
- UPMC Hamot
- Upper Allegheny Health System

We also have over 7,000 participating providers and facilities in counties that border our service area, including:

- Bradford Regional Medical Center
- Encompass Health Rehabilitation Hospital of the Mid-Cities
- Highland Hospital
- Rochester General
- St. James Hospital
- Strong Memorial Hospital
- Unity Hospital
- UPMC Cole

\*Buffalo Medical Group primary care physicians (PCPs) are no longer covered by Highmark Blue Cross Blue Shield's Medicare Advantage network.

If you need emergency or urgent care, you can rest assured that you're covered at home or on the go. Just show your member ID card and you'll receive care at any hospital in the world.



## HMO plans

With an HMO (Health Maintenance Organization) plan, you usually have lower out-of-pocket costs, but you must receive care from doctors and hospitals within the plan's network.





# Dental allowance

Check the Summary of Benefits included in this booklet to see if your plan offers this benefit.

**The dental allowance can be used toward certain dental services, including:**

- Cleanings
- Periodontal cleanings
- Crowns
- Fillings

You can go to any dentist you want for care. You'll pay up front, then complete a dental reimbursement form. You mail that to us, along with your itemized bill and receipt. Reimbursement usually takes four to six weeks.

If you already have dental insurance, you can use the allowance for copays and coinsurance related to your care.

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**If you have any questions, please call 1-866-456-7739 (TTY: 711)**  
Monday – Friday , 8 a.m. – 4:30 p.m.

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## Vision coverage

Cost-saving vision benefits — and access to Davis Vision providers — keep you seeing and looking your best.

**Every Highmark Medicare Advantage plan covers:**

- Annual routine eye exam\*
- Glasses or contacts after cataract surgery\*
- Glaucoma screening
- Diagnostic eye exam
- Diabetic retinal exam



## Vision allowance

Check the Summary of Benefits included in this booklet to see if your plan offers this benefit.

The vision allowance can be used to buy certain products.

**Every Highmark Medicare Advantage plan covers:**

- Contacts
- Frames
- Lens enhancements (antireflective coating, tint, scratch-resistance)

**You can use your vision allowance at these Davis Vision providers:\***

- America's Best Contacts & Eyeglasses
- Visionworks
- Walmart

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For more information and to find a provider near you, visit **DavisVision.com** or contact Davis Vision at: **1-800-999-5431 (TTY: 711)**

Monday – Friday 8 a.m. – 11 p.m.

Saturday 9 a.m. – 4 p.m.

Sunday noon – 4 p.m.

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\* You must use a Davis Vision provider in order for coverage to be considered in network.





# Hearing coverage

On top of routine hearing exams, most plans include a lower copay for high-quality hearing aids from TruHearing.™ If you're enrolled in a plan that offers this benefit, additional information can be found below.

## **Protect your hearing with top-notch care and cost-saving perks:**

- **Save with discounts on hearing devices.**  
They typically cost between \$2,720 to \$3,250 but we offer affordable copays of \$999 or less. See your Summary of Benefits for discounted rate.
- **Personalized care** – meet with a local provider for your exam plus three follow-up visits for fittings and adjustments.
- **State-of-the-art technology** – experience the latest advances in hearing aids.
- **Free first year follow-up provider visits.**
- **Risk-free 60-day trial period.**
- **Three-year extended warranty.**
- **80 free batteries per device.**

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**To learn more, visit [TruHearing.com](https://www.truhearing.com) or call 1-844-319-7440**  
8 a.m. – 8 p.m., Monday – Friday (TTY 711).

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## My Highmark app

When you need to access your plan's benefits and insurance info, we make it easy with the My Highmark app. You can view plan information and claim status, search for providers, order ID cards, find out about health and wellness programs, and more.



## Well 360 Virtual Health

Save time and get care when it's convenient for you. You have virtual access to:

- **Urgent care** — See a provider 24/7 for colds, flu, sprains, ear pain, and more.
- **Behavioral health** — Schedule an appointment with a therapist or psychiatrist.
- **Dermatology** — Submit a picture of your hair, nail, or skin condition, and you'll get a diagnosis and treatment plan from a dermatologist.
- **Women's health** — See providers for concerns like UTIs, yeast infections, menopause, and more.



## Diabetes management

This no-cost virtual program helps you take control of your type 2 diabetes from wherever you are. Use your smartphone and an app to access the virtual health clinic and your care team.

If you're eligible, you'll get an invitation to enroll.



## Care management

Every member is eligible for care management at no cost. Our Care Management team includes registered nurses, social workers, wellness coaches, and health educators. They're available to help you find doctors and specialists, assist with referrals and prior authorizations, help manage chronic conditions, and more.



## Care at home

If you are living with a set of chronic conditions, you may be eligible for this no-cost program which gives you access to medical advice and urgent home care visits 24/7.

Services include:

- **Traditional house calls** made by doctors, nurse practitioners, and physician assistants.\*
- **A dedicated nurse care manager** to help you navigate care.
- **24/7 medical services in your home**, including cardiac care, administration of IV treatments, catheterization, help with injections, and more.

For general program questions and eligibility, call **1-844-300-0509 (TTY: 711)** or visit [medicare.highmark.com](https://www.medicare.highmark.com).



## \$0 home-delivered meals

This benefit makes coming home from the hospital easier with pre-made frozen meals delivered right to your doorstep — at no cost to you.

\*Certain geographic areas are available for urgent telephonic visits only.

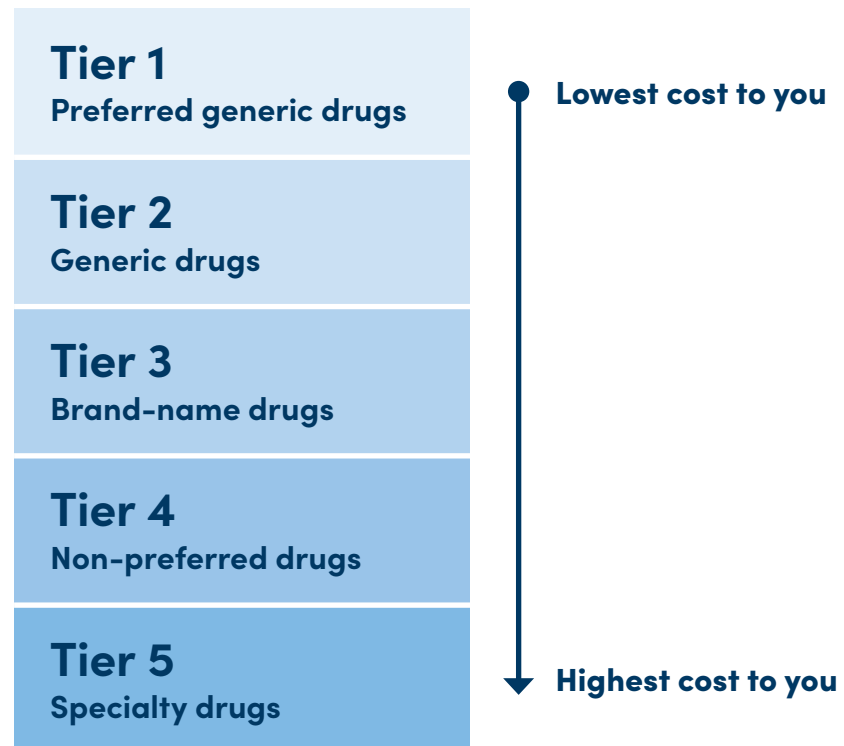


# Understand your prescription drug coverage.

When it comes to your medications, Highmark makes sure you have access to safe, cost-effective drugs through the Medicare Part D prescription drug benefit. The list of drugs that are covered is called a formulary, which includes both generic and brand-name medications.

## Prescription drug tiers

The drugs in the formulary are divided into five tiers. To save money, your best option is to choose drugs from Tier 1 and Tier 2 when possible.



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# The three stages of Medicare prescription drug coverage.

1

## Stage 1 Deductible

You pay a set amount before your plan kicks in.  
If you have a \$0 deductible, you skip this and start in Stage 2.

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2

## Stage 2 Initial coverage

You pay the regular tier copay or coinsurance for your prescriptions. Once the total cost of your medications reaches \$2,100, you move to Stage 3.

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3

## Stage 3 Catastrophic coverage

You have a \$0 cost share for covered Part D drugs and vaccinations, including insulin products.

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# Save money on prescriptions with mail-order pharmacy.

If you take medications regularly, Express Scripts can make life simpler with prescriptions delivered right to your door. With Express Scripts, you get:

- Free standard shipping.
- Tier 1 generic drugs for as low as \$0.
- Up to a 100-day supply of Tier 1 and Tier 2 drugs with just one, two, or two-and-a-half copays.
- A 90-day supply of Tier 3 and Tier 4 drugs with just one, two, or two-and-a-half copays.

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## How do I find my plan's specific formulary?

There are two ways to find the list of drugs covered under your plan's specific formulary:

### Option 1:

**Search for a drug at [medicare.highmark.com](https://www.medicare.highmark.com).**

You can use our search tool to find a specific drug. All you need to do is complete these simple steps:

1. Visit **[medicare.highmark.com](https://www.medicare.highmark.com)**.
2. Scroll to the bottom of the page and click the Find a Prescription Drug option.
3. Enter your ZIP code.
4. Search for your plan under the listed formularies.  
Your **formulary type can be found in the Summary of Benefits on the Part D Prescription Drug Benefits.**

### Option 2:

**Get a hard copy of your drug list in the mail.**

To request a printed copy of your plan's formulary, call Highmark at 1-866-456-7739 (TTY: 711).

We are available: Monday – Friday, 8 a.m. – 4:30 p.m.

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## **How to fill prescriptions**

**You have four ways to fill your prescriptions with Express Scripts:**

- 1. Ask your doctor to send your prescriptions electronically to the Express Scripts Pharmacy.**
- 2. Call Customer Service at the number on the back of your member ID card.**
- 3. Go to [express-scripts.com](https://www.express-scripts.com) and register for an account.**
- 4. Visit [medicare.highmark.com](https://www.medicare.highmark.com) to print an order form and mail it in.**

**If you have questions, call 1-800-329-2792 (TTY: 711).**



## Highmark wellness rewards and personalized wellness plan.

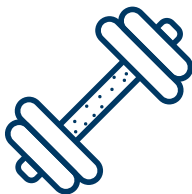
As a Highmark Medicare Advantage member, you'll receive a Personalized Wellness Plan up to twice a year. It includes a checklist of preventive tests, screenings, and healthy activities to complete throughout the year.

Plus, you can join the Highmark Wellness Rewards Program. As you check off activities on your Personalized Wellness Plan, you'll earn a reward for any eligible activities. We'll send you details about the Wellness Reward Card features at the beginning of the year.



## Highmark House Call

Get a general wellness exam, suggestions for screenings or other tests, and a medicine review. To schedule a no-cost in-home or virtual house call, call us at **1-855-215-9239** (TTY: 711) or visit **medicare.highmark.com**. Click **Learn**, enter your ZIP code, then click **Plan Perks and Services** and then **Highmark House Call**.



## Fitness benefits

Our exercise and wellness membership gives you access to over 13,000 gyms and studios across the country, plus a large library of digital fitness classes. This fitness benefit is available at no cost, so you can stay active on your own terms.

To learn more, visit **medicare.highmark.com**. Click **Learn**, enter your ZIP code, then click **Plan Perks and Services** and then Highmark Fitness.



## Chiropractic care

Our plans give you access to routine chiropractic visits through a participating provider. Check the Summary of Benefits for details on the number of covered visits per year.



## Acupuncture and massage therapy

Check the Summary of Benefits included in this booklet to see if your plan offers this benefit. If it does, you can see any acupuncture or massage therapy provider you choose and get reimbursed for the cost of your covered services up to your annual allowance.

## IMPORTANT INFORMATION:

### 2025 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



### Highmark Blue Cross Blue Shield or Highmark Blue Shield - H3384

For 2025, Highmark Blue Cross Blue Shield or Highmark Blue Shield - H3384 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★  
**Health Services Rating:** ★★★★★  
**Drug Services Rating:** ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

**Questions? Call us at:** 1-800-329-2792 (TTY 711)

We're available 7 days a week, 8 a.m. to 8 p.m.

Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield or Highmark Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. Highmark Blue Cross Blue Shield or Highmark Blue Shield are Medicare Advantage HMO, PPO, and/or Part D plans with a Medicare contract. Enrollment in these plans depends on contract renewal.



# New York State Employees (WNY) Medicare HMO Plan E Grp 10717145

## 2026 Senior Blue 699 (HMO) Plan E Summary of Benefits

### Important Information

<p><b>Premium and Other Important Information</b></p>	<p>If you currently pay a premium for your coverage please reach out to your Group Benefit Administrator to find out your cost.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income. For more information about Part B premiums based on income, visit <a href="http://www.medicare.gov/part-d/costs/premiums/drug-plan-premiums.html">www.medicare.gov/part-d/costs/premiums/drug-plan-premiums.html</a> or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>
<p><b>Plan Deductible</b></p>	<p>This plan does not have a medical deductible.</p>
<p><b>Combined In and Out-of-Network Out-of-Pocket Maximum</b> (does not include Part D Drugs)</p>	<p>\$3,000</p>
<p><b>Covered Medical and Hospital Benefits</b></p>	
<p><b>Notes:</b></p>	<p>Services with a 1 may require prior authorization.</p>
<p><b>Inpatient Hospital Care<sup>1</sup></b> (includes Substance Abuse and Rehabilitation Services)</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>You pay: \$0 per stay</p>
<p><b>Outpatient Hospital/ Ambulatory Surgery Center<sup>1</sup></b></p>	<p>You pay: \$75 copay Outpatient Hospital You pay: \$75 copay Ambulatory Surgery Center</p>
<p><b>Doctor Office Visits</b> Office visit copays do not apply to the annual deductible if applicable</p>	<p>You pay: \$10 copay Primary Care physician visit You pay: \$30 copay Specialist visit</p>
<p><b>Preventive Services</b></p>	<p>You pay: \$0 copay</p> <p>Our plan covers many preventive services, including: Abdominal Aortic Aneurysm screening, Alcohol misuse counseling, Bone Mass Measurement, Breast cancer screening (mammogram), Cardiovascular disease (behavioral therapy), Cardiovascular screenings, Cervical and Vaginal Cancer screening, Colorectal Cancer screening (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy), Depression screening, Diabetes screening, HIV screening, Medical nutrition therapy services, Obesity screening and counseling, Prostate cancer screenings (PSA), Sexually transmitted infections screening and counseling, Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease), Vaccine, including Flu shots, Hepatitis B shots, Pneumococcal shots, "Welcome to Medicare" preventive visit (one-time), Yearly "Wellness" visit</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. If the doctor provides you additional services, separate doctor office visit cost sharing may apply.</p>
<p><b>Emergency Care</b> You may go to any emergency room if you reasonably believe you need emergency care.</p>	<p>You pay: \$65 copay for each emergency room visit.</p> <p>Worldwide coverage for emergency and urgently needed care.</p> <p>If you are admitted to the hospital within 1-day(s) for the same condition, your copay is waived for the emergency room visit.</p>

<p><b>Urgent Care</b> This is <b>not</b> emergency care</p>	<p>You pay: \$35 copay</p>
<p><b>Diagnostic Tests, Lab, Radiology Services<sup>1</sup></b> Such as MRIs and CT Scans and X-rays</p>	<p>You pay: \$0 copay for lab/diagnostic services in a physicians office or independent lab. You pay: \$0 copay for lab/diagnostic services in an outpatient facility. You pay: \$30 copay for standard imaging services You pay: \$30 copay for advanced imaging services. You pay: \$30 copay for therapeutic radiology services.</p>
<p><b>Hearing Services</b> Medicare covered exam to diagnose and treat hearing and balance issues</p>	<p>You pay: \$30 copay</p>
<p><b>Hearing Services</b> Routine exam up to 1 every year. Cost sharing is not applied to the Combined In and Out-of-Network Out-of-Pocket Maximum.</p>	<p>You pay: \$45 copay \$699 copay per aid per year for TruHearing Advanced. \$999 copay per aid per year for TruHearing Premium.</p>
<p><b>Dental Services<sup>1</sup></b> Preventive dental services (such as cleaning) not covered Authorization rules may apply for Medicare-covered accidental dental services.</p>	<p>Medicare covered dental benefits you pay: \$0 copay.</p>
<p><b>Dental Services<sup>1</sup></b></p>	<p>\$200 Annual Dental Allowance.</p>
<p><b>Vision</b> Medicare covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</p>	<p>You pay: \$30 copay You pay: \$0 copay for annual screening for diabetic retinopathy (for people with diabetes) You pay: \$0 copay for eyeglass or contact lenses after cataract surgery with a participating Davis Vision provider.</p>
<p><b>Routine Vision</b> A Davis Vision provider must be used to be considered in-network.</p>	<p>Routine eye exam (for up to 1 every year) you pay: \$0 copay  \$200 Annual allowance (lenses and frames) offered through Davis Vision.</p>
<p><b>Mental Health Care<sup>1</sup></b> Inpatient visit: Covered services include mental health care services that require a hospital stay. There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital. Office visit copays do not apply to the annual deductible.</p>	<p>Inpatient stay you pay: \$0 per stay Outpatient individual/group therapy visit for other mental health care services you pay: \$40 copay Outpatient individual therapy visit with a psychiatrist you pay: \$40 copay</p>
<p><b>Skilled Nursing Facility (SNF)<sup>1</sup></b> Medicare-certified skilled nursing facility</p>	<p>You pay: \$0 copay per admission for days 1-100. No prior hospital stay is required.</p>
<p><b>Physical Therapy<sup>1</sup></b></p>	<p>You pay: \$20 copay for Medicare-covered Physical Therapy visits.</p>
<p><b>Ambulance Services<sup>1</sup></b> Medically necessary ambulance services</p>	<p>You pay: \$100 copay</p>

<p><b>Transportation (Routine)<sup>1</sup></b>  Combined 24 one way trips. Transportation related to continued acute care after discharge does not apply towards the trip limit.</p>	Not Covered
<p><b>Part B Drugs<sup>1</sup></b>  Drugs covered under Medicare Part B. See Section 1 for more Information on Medicare Part B Drugs.  Part B covers Immunosuppressive drugs, Oral chemotherapy drugs, Physician administered injectables, Nebulizer drugs and other Part B drugs.</p>	You pay: 0% coinsurance
<p><b>Acupuncture</b>  Medicare-covered Acupuncture visits up to 12 visits in 90 days for chronic low back pain.</p>	You pay: \$30 copay for Medicare-covered Acupuncture visits.
<p><b>Acupuncture &amp; Massage Therapy</b></p>	Not Covered
<p><b>Chiropractic Care<sup>1</sup></b>  Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part)</p>	You pay: \$20 copay
<p><b>Supplies, equipment and devices<sup>1</sup></b></p>	Durable Medical Equipment - You pay: \$0 for compression stockings; 20% coinsurance for all other items. Prosthetics - You pay: \$0 for diabetic shoes/inserts; 20% coinsurance for all other items. Diabetic supplies - You pay: \$0 copay
<p><b>Foot Care (podiatry services)</b>  Medicare covered exam -Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p>	You pay: \$30 copay
<p><b>Foot Care (podiatry services)</b>  Routine visit up to 3 visits per year.</p>	You pay: \$30 copay
<p><b>Home Health Care<sup>1</sup></b></p>	You pay: \$0 copay
<p><b>Outpatient Rehabilitation<sup>1</sup></b>  <b>Cardiac Rehabilitation</b>  <b>Occupational Therapy, Physical Therapy, Speech and Language Therapy</b></p>	You pay: \$20 copay for Cardiac (heart) Rehabilitation services. You pay: \$20 copay for Medicare-covered Occupational, Physical, Speech and Language Therapy visits.
<p><b>Over the Counter Drug Allowance</b></p>	Not Covered
<p><b>Renal Dialysis</b>  Services To Treat Kidney Disease</p>	You pay: \$0 copay
<p><b>Wellness/Education and Other Supplemental Benefits &amp; Services</b></p>	The plan covers the following supplemental education/wellness programs: Nationwide Fitness Network Membership/Fitness Classes
<p><b>Hospice</b></p>	You pay: \$0 copay for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

**Meals After Inpatient Hospital Discharge**

(1 meal per day up to 7 days upon Discharge from an Inpatient Hospital or SNF Stay. Must be activated within 30 days of discharge)

Covered

**Part D Prescription Drug Benefits**

You pay the following until you reach the True Out of Pocket (TrOOP) costs threshold of \$2,100.  
 Deductible - \$0

Formulary Type	Fundamental			
<b>DRUG</b>  <b>Initial Coverage</b>	<b>Network Retail Pharmacy</b>	Tier	31 Day Supply	Up to 100 Day Supply Tier 1 & 2 Up to 90 Day Supply Tier 3 & 4
		Tier 1 (Preferred Generic Drugs)	\$0 copay	\$0 copay
		Tier 2 (Generic Drugs)	\$15 copay	\$45 copay
		Tier 3 (Preferred Brand Drugs and Generics)	\$30 copay	\$90 copay
		Tier 4 (Non-Preferred Drugs)	\$50 copay	\$150 copay
		Tier 5 (Specialty drugs consist of both Generic and Brand)	\$50 copay	Not Available
		<b>Mail Order</b>	Tier	Up to 100 Day Supply Tier 1 & 2 Up to 90 Day Supply Tier 3 & 4
	Tier 1 (Preferred Generic Drugs)	\$0 copay		
	Tier 2 (Generic Drugs)	\$30 copay		
	Tier 3 (Preferred Brand Drugs and Generics)	\$60 copay		
	Tier 4 (Non-Preferred Drugs)	\$100 copay		
	Tier 5 (Specialty drugs consist of both Generic and Brand)	\$50 copay for a 31 day limit supply		

**Important Message If you have prescription cost sharing more than \$35/month - What You Pay for Insulin** – The maximum copayment for a one-month supply of covered insulin products is \$35, no matter what cost-sharing tier it is on or if you have not met your Rx deductible (if applicable).

For questions about this plan's benefits or costs, please contact Senior Blue. Call 1-866-456-7739, (TTY users call 711), Monday through Friday, between 8 a.m. and 4:30 p.m. ET. Please have Reference Code 26B0E10717145 ready when you call.

## About our benefits and premiums

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help program, call one of the following:

- 1-800-MEDICARE (1-800-633-4227) (TTY 711), 24 hours a day/seven days a week.
- The Social Security office at 1-800-772-1213 (TTY 711), between 7 a.m. and 7 p.m., Monday through Friday.
- Your state Medicaid office.

## About us

Highmark Blue Cross Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal.

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association:

Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing-aid benefit.

Care at Home<sup>SM</sup> is a program for Highmark Blue Cross Blue Shield members and is administered by ConcertoCare. ConcertoCare is a separate company. Other providers are available in our network.

Well360 Virtual Health is offered by your health plan and powered by Amwell. Amwell is an independent company that provides telemedicine services and does not provide Blue Cross and/or Blue Shield products or services. Amwell is solely responsible for their telemedicine services.

Davis Vision, a subsidiary of Versant Health, is a separate company.

Express Scripts is an independent company that administers the pharmacy benefit for your health plan.

Every year, Medicare evaluates plans based on a 5-star rating system.

Other Pharmacies/Physicians/Providers are available in our network.

Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

To join a Medicare Advantage plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in New York State:

Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming.

The Visitor/Travel Program will include Blue Medicare Advantage PPO network coverage of all Part A, Part B, and Supplemental benefits offered by your plan outside your service area in 48 states and 2 territories: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota,

Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and West Virginia. For some of the states listed, MA PPO networks are only available in portions of the state.

## Discrimination is Against the Law

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, including sex stereotypes and gender identity. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Plan will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Plan will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

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U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call the number provided for your state of residence. Someone who speaks English can help you. This is a free service.

Tenemos servicios gratis de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan médico o de medicamentos. Para obtener un intérprete, simplemente llame al número correspondiente a su estado de residencia. Alguien que hable español puede ayudarlo. Este servicio es gratis.

我们免费提供口译服务，为您解答有关我们健康计划或药物计划的任何疑问。如需口译服务，只需拨打您所在州相应的电话号码即可。说中文的工作人员可为您提供帮助。此项服务免费。

我們免費提供口譯服務，為您解答有關我們健康計畫或藥物計畫的任何疑問。若要獲得口譯服務，只需撥打您所在州的電話號碼即可。講漢語的工作人員可為您提供協助。此項服務免費。

Mayroon kaming mga libreng serbisyo ng interpreter para sagutin ang anumang tanong na posibleng mayroon ka tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang ang numerong ibinigay para sa estadong tinitirhan mo. May taong nagsasalita ng Tagalog na makakatulong sa iyo. Isa itong libreng serbisyo.

Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous vous posez sur notre régime d'assurance maladie ou d'assurance médicaments. Pour obtenir les services d'un interprète, il vous suffit d'appeler le numéro correspondant à votre État de résidence. Une personne parlant français pourra vous aider. Ce service est gratuit.

Chúng tôi cung cấp dịch vụ thông dịch miễn phí để giải đáp mọi thắc mắc của quý vị về chương trình sức khỏe hoặc thuốc của chúng tôi. Để có thông dịch viên, chỉ cần gọi số được cung cấp cho tiểu bang cư trú của quý vị. Ai đó nói Tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

Wir verfügen über kostenlose Dolmetschdienste, damit Sie alle eventuellen Fragen zu unserer Krankenversicherung oder zur Medikamenten-Zusatzversicherung klären können. Rufen Sie hierzu einfach die Nummer für den Bundesstaat an, in dem Sie Ihren Wohnsitz haben. Jemand, der Deutsch spricht, wird Ihnen behilflich sein. Dies ist ein kostenloser Service.

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Мы предоставляем бесплатные услуги устного перевода, чтобы помочь вам получить ответы на любые вопросы, которые могут у вас возникнуть в отношении нашего медицинского плана или плана лекарственных препаратов. Чтобы заказать услуги переводчика, просто позвоните по номеру, указанному для штата, в котором вы проживаете. Один из наших переводчиков, специализацией которого является русский язык, поможет вам. Эта услуга предоставляется бесплатно.

हमारे पास हमारी स्वास्थ्य या दवा योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए मुफ्त दुभाषिया सेवाएँ हैं। एक दुभाषिया प्राप्त करने के लिए, बस अपने निवास स्थान की स्टेट के लिए दिए गए नंबर पर कॉल करें। हिंदी बोलने वाला कोई व्यक्ति आपकी सहायता कर सकता है। यह एक निःशुल्क सेवा है।

Disponiamo di servizi di interpretariato gratuiti per rispondere a ogni sua domanda riguardo al suo piano sanitario o farmaceutico. Per ottenere l'assistenza di un interprete, chiami il numero fornito per il suo stato di residenza. Qualcuno che parla italiano la aiuterà. Il servizio è gratuito.

Temos serviços de interpretação gratuitos para esclarecer suas dúvidas sobre nosso plano de saúde ou de medicamentos. Para contar com um intérprete, ligue para o número fornecido para o seu estado de residência. Alguém que fale Português pode ajudar você. Este é um serviço gratuito.

Nou gen sèvis entèpretasyon gratis pou reponn ak nenpòt kesyon ou ta ka genyen sou plan asirans sante oswa medikaman nou an. Pou jwenn yon entèprèt ede w, senpleman rele nimewo ki koresponn ak Eta kote w rete a. Yon moun ki pale Kreyòl Ayisyenap ede w. Sèvis sa a gratis.

Dysponujemy darmowymi usługami tłumaczeniowymi, dzięki którym może Pan/Pani uzyskać odpowiedzi na pytania dotyczące naszego planu zdrowia lub leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić pod numer podany dla stanu, w którym Pan/Pani mieszka. Ktoś, kto zna język polsku, może Panu/Pani pomóc. Ta usługa jest darmowa.

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## About our benefits and premiums

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help program, call one of the following:

- 1-800-MEDICARE (1-800-633-4227) (TTY 711), 24 hours a day/seven days a week.
- The Social Security office at 1-800-772-1213 (TTY 711), between 7 a.m. and 7 p.m., Monday through Friday.
- Your state Medicaid office.

## About us

Highmark Blue Cross Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal.

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association:

Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing-aid benefit.

Care at Home<sup>SM</sup> is a program for Highmark Blue Cross Blue Shield members and is administered by ConcertoCare. ConcertoCare is a separate company. Other providers are available in our network.

Well360 Virtual Health is offered by your health plan and powered by Amwell. Amwell is an independent company that provides telemedicine services and does not provide Blue Cross and/or Blue Shield products or services. Amwell is solely responsible for their telemedicine services.

Davis Vision, a subsidiary of Versant Health, is a separate company.

Express Scripts is an independent company that administers the pharmacy benefit for your health plan.

Every year, Medicare evaluates plans based on a 5-star rating system.

Other Pharmacies/Physicians/Providers are available in our network.

Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

To join a Medicare Advantage plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in New York State:

Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming.

The Visitor/Travel Program will include Blue Medicare Advantage PPO network coverage of all Part A, Part B, and Supplemental benefits offered by your plan outside your service area in 48 states and 2 territories: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota,

Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and West Virginia. For some of the states listed, MA PPO networks are only available in portions of the state.

## Discrimination is Against the Law

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, including sex stereotypes and gender identity. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Plan will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Plan will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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# Connect with us.

We're on most of your favorite social media sites, so contact us there if it's easier for you. You can say hi, ask questions, or give feedback.

**Find us here:**



# We've got your back.

For coverage questions, call the number on the back of your member ID card or talk with your plan administrator.