Medicare Employer Group

2022 East Greenbush CSD In Area Retirees

HIGHMARK NORTHEASTERN NEW YORK

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2022 Summary of Benefits

HIGHMARK NORTHEASTERN NEW YORK

Forever Blue 799 Value (PPO) Plan CF36 TRx (2022)
PPO-H5526 808
This is a summary of drug and health services covered by Forever Blue 799 Value (PPO) Plan CF36 TRx (2022)
January 1, 2022 – December 31, 2022

Forever Blue 799 Value (PPO) Plan CF36 TRx (2022) is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in the plan depends on contract renewal.

The benefit information provided does not list every service that we cover, limitation, or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage".

To join **Forever Blue 799 Value (PPO) Plan CF36 TRx (2022)**, 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: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Warren and Washington.

Except in emergency situations, if you use providers that are not in our network, we may not pay for these services. You can receive care from Medicare providers outside of our service area with your out-of-network benefit at a higher cost-share.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **medicare.gov** or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. This document is also available in large print.

Please call us at 1-855-215-9239 (TTY 711) or visit us at **bsneny.com/medicare.**

Our office hours are:
Monday-Friday: 8 a.m. - 5 p.m.

Premiums and Benefits	Forever Blue 799 Value (PPO) Plan CF36 TRx (2022)	
	In-Network	Out-of-Network
Monthly plan premium	*If you currently pay a premium for your coverage please reach out to your Group Benefit Administrator to find out your cost.	
Deductible	This plan does not have a medical deductible	
Maximum out-of -pocket responsibility (does not include prescription drugs)	You pay no more than $4,500 annually Includes copays and other costs for medical services for the year.	You pay no more than $4,500 annually Includes copays and other costs for medical services for the year.
Inpatient hospital	You pay $250 per stay Services may require a prior authorization	You pay $250 per stay

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Premiums and Benefits	Forever Blue 799 Value (PPO) Plan CF36 TRx (2022)	
Outpatient hospital	You pay $200 Services may require a prior authorization	You pay $200
Doctor visit Primary Specialist	 You pay $15 You pay $15	 You pay $15 You pay $15
Preventive care (e.g. flu vaccine, diabetic screenings)	You pay $0	You pay $0
Emergency care	You pay $80 If you are admitted to the hospital within 1 day, then you do not have to pay $80	You pay $80 If you are admitted to the hospital within 1 day, then you do not have to pay $80
Surgery – ambulatory center	You pay $200 Services may require a prior authorization	You pay $200
Urgently needed services	You pay $35 If you are admitted to the hospital within 1 day, then you do not have to pay $35	You pay $35 If you are admitted to the hospital within 1 day, then you do not have to pay $35
Diagnostic services/labs/imaging Diagnostic and procedures Lab services Advanced radiology – MRI, MRA, PET, and CT Outpatient X-Rays Therapeutic radiology services (such as radiation treatment for cancer)	 You pay $0 You pay $0 You pay $0 You pay $0 You pay $15 Services may require a prior authorization	 You pay $0 You pay $0 You pay $0 You pay $0 You pay $15
Hearing services Diagnostic hearing exam Routine hearing exam – TruHearing™ Hearing aid benefit – TruHearing™	 You pay $15 You pay $45, one routine hearing exam allowed annually $699/$999, one aid per ear per year	 You pay $15 You pay $45, one routine hearing exam allowed annually $699/$999, one aid per ear per year

Premiums and Benefits	Forever Blue 799 Value (PPO) Plan CF36 TRx (2022)	
Dental services Medicare covered dental services Dental allowance	 You pay $0 You pay $200 annual allowance	 You pay $15 You pay $200 annual allowance
Vision services Routine eye exam* Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) Annual screening for diabetic retinopathy (for people with diabetes) Eyeglass or contact lenses after cataract surgery* Eyewear allowance* *A Davis Vision provider must be used to be considered in-network	 You pay $15 You pay $15 You pay $0 You pay $0 $200 annual allowance (INN and OON combined)	 You pay 20% You pay $15 You pay $0 You pay $0 $200 annual allowance (INN and OON combined)
Mental health services Mental health (inpatient, 190-day lifetime limit) Outpatient group therapy/ individual therapy visit	 You pay $250 per stay You pay $0 Services may require a prior authorization	 You pay $250 per stay You pay $0
Skilled nursing facility	You pay $250 per stay Services may require a prior authorization	You pay $250 per stay
Physical therapy	You pay $15	You pay $15
Ambulance	You pay $0 Services may require a prior authorization	You pay $0
Transportation	Not covered	
Medicare Part B drugs Immunosuppressive drugs Oral chemotherapy drugs Physician administered injectables Nebulizer drugs other Part B drugs	 You pay $0 You pay $0 You pay $0 You pay $0 You pay $0 Services may require a prior authorization	 You pay $0 You pay $0 You pay $0 You pay $0 You pay $0

Outpatient Prescription Drugs			
Deductible	You pay $0		
	Preferred Retail Rx 30-day supply	Non-Preferred Retail Rx 30-day supply	Mail Order 90-day supply
Initial coverage Tier 1: Preferred generic Tier 2: Generic Tier 3: Preferred brand Tier 4: Non-preferred drug Tier 5: Specialty tier	 You pay $0 You pay $5 You pay $10 You pay $25 You pay $25	 You pay $5 You pay $10 You pay $15 You pay $30 You pay $30	 You pay $0 You pay $10 You pay $20 You pay $50 You pay $50
Coverage gap or donut hole	No Coverage Gap		
Cost-sharing may change depending on the pharmacy you choose and when you enter another of the four phases of the Part D benefit.			
Additional Benefits			
Other rehabilitation services Occupational therapy Speech therapy Cardiac rehab Chiropractor	 You pay $15 You pay $15 You pay $15 You pay $20 Services may require a prior authorization	 You pay $15 You pay $15 You pay $15 You pay $20	
Supplies, equipment and devices Durable medical equipment Prosthetics Diabetic supplies - Part B	 You pay $0 compression stockings; $0 all other items You pay $0 diabetic shoes/inserts; $0 all other items You pay $0 Services may require a prior authorization	 You pay $0 You pay $0 You pay $0	
Fitness program - Silver Sneakers®	Covered in full		
Hospital observation	You pay $80	You pay $80	
Dialysis	You pay $15	You pay Inside service area: 20% for non-participating providers. Outside service area: $15 for non-participating providers.	
Shingles	You pay $0 Preferred / $5 Standard		

Additional Benefits		
Telemedicine Doctor On Demand® Your health provider	You pay $0 Your regular copay (Primary = $15, Specialist = $15, Mental health professional = $0, Mental health psychiatrist = $15, Alcohol & Substance Abuse = $0)	You pay $0 Not covered
Home health care	You pay $0	You pay $0

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. Doctor On Demand® is a separate company that provides telemedicine services to Highmark BSNENY members. TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the hearing-aid benefit. Davis Vision, a subsidiary of Versant Health, administers vision benefits. SilverSneakers® is a registered trademark of Tivity Health, Inc. Tivity Health is an independent company that administers the SilverSneakers gym benefit. Other pharmacies/physicians/providers are available in our network. Out-of-network/non-contracted 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. 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 asistencialingüística.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).

Forever Blue Value PPO

Flexibility and freedom of choice

- Access to in-network and out-of-network doctors
- Comprehensive coverage where you live

With a PPO (Preferred Provider Organization) plan, you can receive care within a network of doctors and hospitals. You can also use out-of-network doctors and hospitals that accept Medicare for your covered services. If you see an out-of-network provider, your costs may be more than if you used an in-network provider.

If you don't travel often or want a lower-cost option, our Forever Blue Value PPO plan may be the right choice for you. You can still access care out-of-area but may pay more when you visit an out-of-network doctor or hospital.

$0 care management

At Highmark Blue Shield of Northeastern New York, we know everyone has health and wellness needs as unique as they are. We've assembled a team of health care professionals who work with you to optimize your overall health.

Our nationally accredited Care Management team is made up of registered nurses, health coaches, respiratory therapists, health educators, and exercise physiologists. They meet with you and your doctor over the phone and find personalized solutions to improve and maintain your health.

Program highlights

- Optimize health and meet your wellness goals
- Improve chronic condition management
- Receive active support, encouragement, and education
- Assist in finding the best doctor or specialist for your needs
- Help with referrals and prior authorizations

How to qualify

Every member is eligible for care management. If you have questions or concerns about your health care, contact Member Services to learn more.

Diabetes management simplified

Managing your diabetes has never been easier thanks to Livongo®. By using advanced technology and digital coaching, Livongo gives you everything you need to maintain or lower your A1c right in the palm of your hand.

As part of your Medicare Advantage plan

Livongo provides the following at no cost to you:

- Smart glucose meter
- Free unlimited test strips and lancets sent straight to your home
- One-on-one live coaching
- Access to readings for you and your doctor
- Optional family alerts
- Food and activity tracking

With Livongo, you can rest easy knowing you have the resources and support needed to successfully manage your diabetes.

Most Livongo users decreased their A1c by .8% within **90 days**

After using Livongo, **72%** of people feel better about their ability to manage their health

After three years, most Livongo users had an A1c of approximately **7%**

People reduce their diabetes-related medical costs by **21.6%** on average, during their first year with Livongo

Source: Data gathered and analyzed by Livongo.

Take control today

Visit **join.livongo.com/bsneny** or call Livongo member support at 1-800-945-4355 (TTY 711) to sign up or learn more. You can also speak with a Highmark Blue Shield of Northeastern New York care manager by calling 1-877-878-8785 (TTY 711), option 2.

Dental allowance

Dental care is important to your overall health. That's why most of our plans provide you with a dental allowance to help cover some of your dental care costs.

It's simple — there's no dental network, so you can see any dentist you choose. You pay up front for your dental care, complete the dental reimbursement form, attach your itemized bill and paid receipt, and mail these materials to us.

Your annual dental allowance can be used for:

- Cleanings
- Periodontal cleanings
- Crowns
- Fillings

You can also use your dental allowance for any other dental services you may need throughout the year, and copays or coinsurance to reimburse yourself if you already have dental coverage.

Reimbursement

Please allow 4–6 weeks for processing and reimbursement once we receive your request. If you have any questions, need help completing the reimbursement form, or need extra copies, please call us.

1-800-329-2792 (TTY 711)
October 1 – March 31, 8 a.m. – 8 p.m., 7 days a week
April 1 – September 30, 8 a.m. – 8 p.m., Monday – Friday

In-home care

$0 Care at Home℠

Everyone hopes for a life of independence and quality as they age. We want to help make that happen. That's why we've partnered with Landmark Health to create **Care at Home**.

Care at Home is available to members with complex health needs, like those managing multiple chronic conditions. Even if you don't need to use the Care at Home program today, know that it's here to support you and your family down the road.

This program is a complimentary, no-cost service that works in partnership with your primary care doctor to coordinate your care. The Care at Home team makes traditional house calls — allowing you to get care and support in the comfort of your own home. They can also assist any family members or friends involved with your care.

Care at Home can help with scheduling and preparing for doctor appointments, managing your medications, and monitoring your health condition to avoid relapses or worsening symptoms.

Visit **bsneny.com/careathome** for more information.

$0 home-delivered meals

Admission to a hospital, mental health hospital, or skilled nursing facility can often be a difficult time for our members. That's why we've partnered with **Mom's Meals** to ease the transition back to home life.

After discharge, our care managers will work with **Mom's Meals** to coordinate a daily meal delivered to your doorstep. Meals can be delivered nationwide and are customized to your preferences and dietary needs. You'll receive one meal per day for seven days.

Find your Zen

Wellness is an important part of maintaining your health. At Highmark Blue Shield of Northeastern New York, we're always looking for ways to help make achieving your health and wellness goals easier.

This year, all our Medicare Advantage plans include a reimbursement allowance for massage and acupuncture visits and a $20 copay for chiropractic care. The allowance amount and number of visits varies by plan, so be sure to verify the amounts with a sales representative before selecting the best plan for you.

These alternative therapies work in tandem with your health care routine.

Massage

During a massage, a trained massage therapist uses their hands to knead your skin and muscles. Massages are often considered relaxing and enjoyable. They also ease muscle tension, reduce stress, and improve sleep quality.

Acupuncture

Acupuncture entails thin needles being placed onto targeted pressure points on your body and face. The needles are thought to stimulate the body and lessen some types of physical pain like headaches or backaches, improve digestion, and enhance sleep quality.

Chiropractic

Chiropractors physically manipulate your joints and musculoskeletal system to restore proper alignment and range of motion. Chiropractic care is particularly beneficial for neck and back pain.

How to get reimbursed for massages or acupuncture:

- Schedule an appointment with the provider of your choice
- Pay for the service at the time of your visit
- Mail us the receipt along with a Massage and Acupuncture Reimbursement Form — you'll get one when you enroll with us
- Within a few weeks we'll send you a check for the amount on the receipt — up until you reach your annual allowance amount

Tip: It can be helpful to bring the reimbursement form with you to the appointment and have the provider help you fill it out. If you have questions or need help, contact Customer Service at the number on the back of your member ID card.

To learn more about our benefit offerings:

Call 1-877-258-7452 (TTY 711) or email SalesCenterNENY@bsneny.com

October 1 – March 31 8 a.m. – 8 p.m., 7 days a week

April 1 – September 30 8 a.m. – 8 p.m., Monday – Friday

bsneny.com/medicare

HIGHMARK NORTHEASTERN NEW YORK

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HIGHMARK
NORTHEASTERN NEW YORK

Health and wellness programs

Online health and wellness tools

A wide range of health and wellness tools are just a click away, 24 hours a day, seven days a week. Register as a member at **bsneny.com** to access these exclusive health tools.

MyHealth

MyHealth is a free online resource to help you and your family live healthier. With *MyHealth*, you can create a personalized dashboard to view your health data, track your progress with interactive tools, and engage in health and wellness programs that are just right for you.

With *MyHealth*, access:

- **Personal health itinerary** — follow a data-driven, personalized action plan based on your specific needs
- **Healthy living content** — view an ongoing calendar of wellness content, activities, and challenges
- **Tracking dashboard** — record your physical activity and measurements for blood pressure, weight, sleep, and more

Start with a health assessment
This quick, easy, and confidential online survey takes about 15 minutes to complete, and will help you build a personal health itinerary you can use to determine what health areas you may need or want to address.

Community wellness

We are committed to helping you take an active role in your health. We work with hospitals, nonprofit agencies, and community health educators to offer a variety of local classes, support groups, and workshops in the Capital Region.

- Alcohol and substance abuse
- Back care
- Diabetes
- Heart health
- Maternal and infant health
- Nutrition
- Physical activity and fitness
- Senior health
- Smoking cessation
- Stress management
- Weight management
- Women's health

Health coaching

Health coaches are trained professionals — registered nurses, nutritionists, health educators, and exercise physiologists. Our health coaches can educate, motivate, and support you, guiding you to better health. Coaching takes place in person, over the telephone, or online. Our health coaches are focused on getting and keeping you healthy.

What our health coaches can do for you:

- Actively support, encourage, and educate
- Help develop goals and plans of action
- Identify barriers to better health
- Manage and control chronic conditions
- Promote safe and healthy lifestyles

To learn more about health coaching or our available health and wellness programs, visit **bsneny.com** or call us at the customer service number on the back of your member ID card.

Health and wellness

Wellness rewards program

Preventive health is important to your overall well-being. With our rewards program, you'll receive a $20 Prepaid Card* after receiving each of these preventive services:**

- Annual wellness visit
- Colorectal cancer screening***
- Breast cancer screening***

$0 fitness benefit

It's easy to stay active with our no-cost SilverSneakers® fitness program. After you receive your SilverSneakers ID number, you'll have access to:

- More than 15,000 fitness locations nationwide
- Home exercise programs with walking, strength, and yoga workouts
- Online resources to track your progress

To learn more or to find the closest location, visit **silversneakers.com** or call 1-888-423-4632 (TTY 711), Monday – Friday, 8 a.m. to 8 p.m.

Chiropractor, acupuncture, and massage services

Professional massages, acupuncture, and chiropractic care contribute to your overall well-being, including:

- Easing muscle tension
- Reducing stress
- Lowering blood pressure
- Improving sleep quality

Your plan offers a $20 copay for chiropractic visits (see you Evidence of Coverage for details on number of covered visits per year) and an annual allowance for reimbursement on massage and acupuncture care.

* One Prepaid Card per service, per member, per calendar year.

** Annual wellness visit, breast cancer screening, and colon cancer screening are covered by any doctor in our network as part of your member benefits. If other services are performed by your doctor at the same visit, you may have a higher copay.

*** Consult with your doctor to see if this service is right for you.

Better hearing, better health

Good hearing is important to your overall health. That's why we offer a hearing-aid benefit through TruHearing®. Our benefit covers up to two hearing aids per year (one per ear) and makes payments more affordable at $999 per hearing aid or less.

Our hearing benefit gives you:

- State of the art technology — natural, clear, lifelike sound in virtually all environments
- Personalized care — meet with a local provider for your hearing exam plus three follow-up visits for fittings and adjustments
- Peace of mind — all hearing aids come with free first year follow-up provider visits, 60-day trial period, three-year extended warranty, and 80 free batteries per aid

TruHearing Advanced 32 channels | 6 programs	**TruHearing Premium*** 48 channels | 6 programs	**Routine Exam** In-Network**
Retail: **$2,720/aid**	Retail: **$3,250/aid**	
See your Evidence of Coverage for discounted cost	See your Evidence of Coverage for discounted cost	See your Evidence of Coverage for exam fee

*Rechargeable battery upgrade option on TruHearing Premium RIC Li for $50 per aid.

**Must be performed by a TruHearing network provider.

Call TruHearing to learn more and schedule an appointment:
1-844-319-7440 (TTY 711)
Hours: 8 a.m. – 8 p.m., Monday – Friday
Visit: **truhearing.com/select**

Three follow-up visits must be used within one year after the date of initial purchase. Free battery offer is not applicable to the purchase of rechargeable hearing-aid models. Three-year warranty includes repairs and one-time loss-and-damage replacement. Hearing-aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing hearing consultant.

Additional information

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, call one of the following:

- 1-800-MEDICARE (1-800-633-4227) (TTY 711),
  24 hours a day/7 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 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.

About our partners

Express Scripts® is a separate company. Livongo® is a registered trademark and an independent company.

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.

Doctor On Demand® is a separate company that provides telemedicine services to Highmark BSNENY members.

Care at Home℠ is a program for Highmark BSNENY members and is administered by Landmark Health, a separate company.

Mom's Meals, an independent company, administers meal benefits on behalf of Highmark BSNENY.

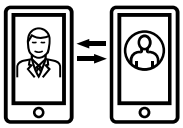
Davis Vision, a subsidiary of Versant Health, administers vision benefits on behalf of Highmark BSNENY.

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.

Telehealth

Telehealth allows you to access medical care from your smart phone or computer. Schedule virtual visits with your health care providers at the same cost as your usual copay. In addition, the Doctor On Demand® app offers $0 visits with a network of telehealth doctors.

Doctor On Demand



Convenient

Avoid spending time in waiting rooms. Doctor On Demand providers are available within minutes or by appointment. Talk with a doctor from the comfort of your own home, at your work place, or while traveling.

Cost savings

Doctor On Demand is an extension of our network — you can access this service for $0 copay per visit.

What's treated?

Medical care:

- Allergies
- Seasonal colds, coughs, flu
- Chronic condition management

Doctors will review symptoms and medications, perform an exam, and recommend a treatment plan.

Mental health:

- Anxiety
- Depression
- Trauma and loss

Therapists provide a safe, confidential space for you to get the treatment you need. An appointment is needed for these services.

How to get started

Go to **doctorondemand.com** or download the Doctor On Demand app from the App Store or Google Play.

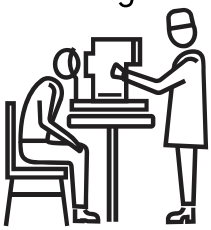
Call 1-800-997-6196 (TTY 711) for Doctor On Demand support 24/7.

Visit **bsneny.com/telemedicine** for more information.

Vision benefits

All of our Medicare Advantage plans include coverage for:

- Annual routine eye exam*
- Glasses or contacts after cataract surgery*



- Glaucoma screening
- Diagnostic eye exam
- Diabetic retinal eye exam

With Highmark Blue Shield of Northeastern New York, you can find the right optometrists, ophthalmologists, and other medical providers to meet your health care needs. Visit **bsneny.com/medicare** to see if your provider participates with our plan. Our website includes both a provider directory in PDF format and an easy provider search tool.

Vision allowance*

If you're enrolled in a plan that offers a vision allowance, you can use those dollars to purchase:

- Contacts (conventional or disposable)
- Frames
- Lenses (single vision, bifocal, trifocal, lenticular)
- Lens enhancements (antireflective coating, tint, scratch-resistance)

Use your vision dollars to purchase from our Davis Vision providers.

AMERICA'S BEST CONTACTS & EYEGLASSES

Visionworks

Walmart RETAIL LOCATIONS

For more information or to locate 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.

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

The difference that matters

We know that understanding Medicare and choosing a prescription drug plan are not always easy. Everyone is different, and Highmark Blue Shield of Northeastern New York is here to help guide you to the plan that works best for you.

Get more with our employer group prescription drug plans.

$0 annual deductible

No deductibles on any of our drug plans.

Mail order

For medications taken regularly, the Express Scripts® mail-order program conveniently delivers prescriptions right to your home and lowers prescription drug costs.

- $0 mail order for Tier 1 generics
- 2 copays per 90-day supply for other mail-order prescriptions

Network options*

- Our Standard Network includes more than 67,000 pharmacies nationwide. Almost all national chains and independent local retail locations are part of this network.
- Our Tiered Network lowers your monthly premium, giving you access to over 50,000 pharmacies nationwide. Preferred pharmacies offer an even lower prescription copay.

Formulary

Comprehensive Medicare drug list is the same formulary used for our Medicare Advantage plans.

Customer service support

Our dedicated team is available 24/7 to help retirees get the most from their Medicare Part D plan.

Medication therapy management

This program helps members and doctors ensure the healthiest outcomes from medications.

We're here to help

Please call us with any questions regarding your plan options.

1-855-215-9239 (TTY 711)

We're available:

Monday – Friday,
8 a.m. – 5 p.m.

*Please refer to our pharmacy directory for complete details.

Low-income subsidy (Extra Help) from medicare

You might qualify to get help paying for your prescriptiondrugs from Medicare's "Extra Help," also called the low-income subsidy (LIS). If you get Extra Help from Medicare your monthly plan premium will be lowered based on the amount of your subsidy.

Refer to your Evidence of Coverage — LIS Rider for detailed information, including your prescription drug copays. If you get your coverage through your former employer, please contact the benefits administrator for your premium amount.

For more information

If you aren't getting Extra Help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.

Prescription drug coverage gap

For Senior Blue HMO 699 and Forever Blue PPO 799 plans, you may need additional information on stages commonly referred to in Part D drug coverage. These phases in drug coverage, such as the "coverage gap" (or "donut hole") and the catastrophic drug phase, may change what you pay for your prescriptions.

You may not end up in the catastrophic drug phase, but you should be aware of how your drug plan works just in case.

Stage 1
Deductible

As you start filling prescriptions for the year

There is no deductible for these plans, so you begin in the next coverage phase.

Stage 2
Initial coverage

As you continue to fill prescriptions

You pay your regular tier copay or coinsurance for your prescriptions.

Stage 3
Coverage gap (donut hole)

Because there is no coverage gap for these plans, this payment stage would not apply to you

You will continue to pay your regular tier copay or coinsurance for your prescriptions.

Stage 4
Catastrophic coverage

After you go through the donut hole

Once your total out-of-pocket costs reach $7,050, your cost will not exceed your initial coverage level copay or coinsurance:

- Your initial coverage stage copay or coinsurance
- 5% coinsurance of the cost of the drug
- $3.95 for a generic drug or drug that is treated like a generic, and $9.85 for all other drugs

Mail-order prescriptions through Express Scripts®

Enjoy the convenience of home-delivered medications you take on a regular basis from Express Scripts' mail-order pharmacy. Prescriptions are delivered about eight days after your script is received. Delivery is free. With Express Scripts you get:

- Mail-order Tier 1 generics as low as $0
- 2 copays per 90-day supply for other mail-order prescriptions

General requirements

Please order between a 30-day supply and a 90-day supply of your medication. Prescriptions available through mail-order service are marked as MO on the formulary. This does not necessarily mean the drug is available for a 90-day supply.

Filling prescriptions through the mail-order pharmacy

You have four ways to get started with home delivery:

ePrescribe Ask your doctor to send your prescriptions electronically to the Express Scripts pharmacy.

Phone Call the pharmacy services number on the back of your member ID card.

Online Go to **express-scripts.com** and register for an account.

Mail Visit **bsneny.com/medicare** to print an order form and mail it in.

$0 Tier 1 medications

If your plan offers $0 Tier 1 preferred generics, all of the medications listed below are available to you at a $0 copay under your Part D drug benefit. The medications listed are in Tier 1 in our list of covered drugs (or formulary).*

alendronate
allopurinol
amlodipine
amlodipine-benazepril
atenolol
atorvastatin
benazepril
bisoprolol-hydrochlorothiazide
carvedilol
chlorhexidine gluconate mouthwash
ciprofloxacin HCl
citalopram
clonidine HCl
clopidogrel
dexamethasone
doxazosin
enalapril maleate
enalapril-hydrochlorothiazide
famotidine
fluoxetine
fluticasone propionate-salmeterol inhalation aerosol powder breath-activated
fluticasone propionate-salmeterol blister with inhalation device
fosinopril
furosemide
gabapentin
gemfibrozil
glimepiride
glipizide
glipizide er/xl
glipizide-metformin
hydrochlorothiazide
IBU
ibuprofen
indapamide
irbesartan
irbesartan-hydrochlorothiazide
Jantoven
latanoprost
levothyroxine
Levoxyl
lisinopril
lisinopril-hydrochlorothiazide
lithium carbonate
losartan
losartan-hydrochlorothiazide
lovastatin
meloxicam
metformin
metformin er
metoprolol tartrate
mirtazapine
moexipril
naproxen
olmesartan
olmesartan-hydrochlorothiazide
omeprazole
pantoprazole
paroxetine HCl
perindopril erbumine
Periogard mouthwash
pioglitazone
pravastatin
prednisone tablet B/D
quinapril
quinapril-hydrochlorothiazide
ramipril
rosuvastatin
sertraline
Shingrix (PF)

simvastatin
spironolactone
sulfamethoxazole-trimethoprim
tamsulosin
terazosin
timolol maleate
topiramate
trandolapril
trazodone
triamterene-hydrochlorothiazide
Unithroid
valsartan
valsartan-hydrochlorothiazide
warfarin
Wixela Inhub

* List of $0 Tier 1 medications updated 7/1/2021. Please refer to our formulary for a complete list of Tier 1 drugs, including dosage form and strength.

Understanding your prescription drug options

What is a formulary?

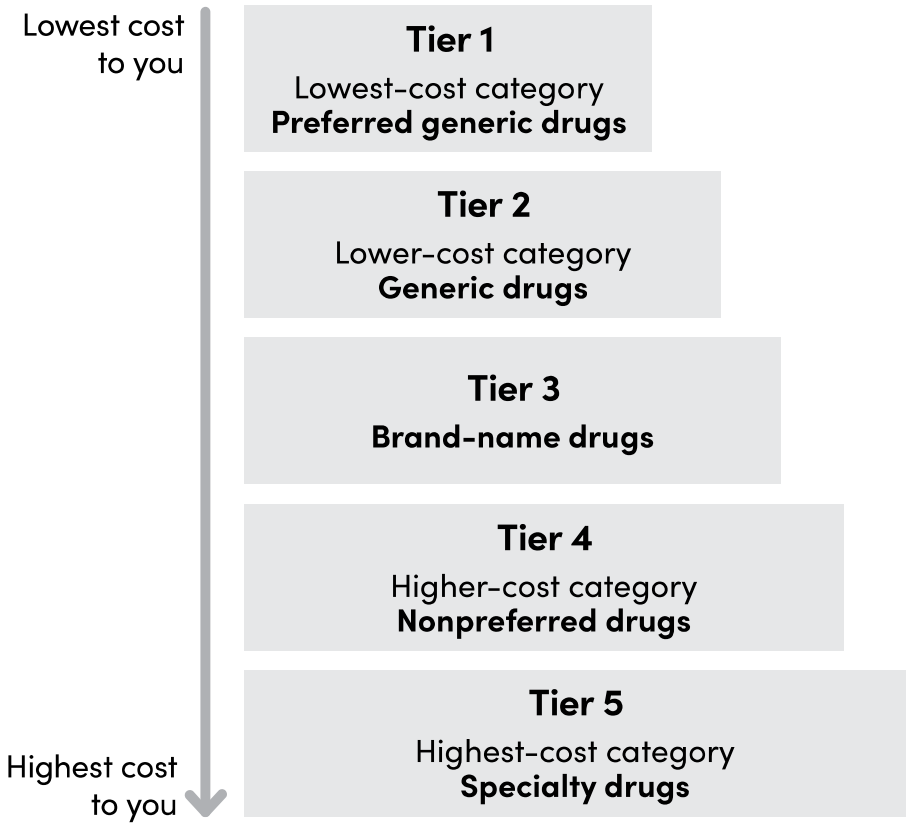
A formulary is a list of the medications that are covered under your Part D prescription drug benefit. A committee of doctors and pharmacists creates these lists by evaluating medications based on their cost, effectiveness, and availability. The formulary covers both generic and brand-name drugs.

Prescription drug tiers

The formulary will also tell you which of the five cost-sharing tiers the drug is in and whether there are any restrictions on your drug. To save money, your best option is to choose drugs that are on the first or second tier of your formulary.

How can I find out if my drug is on the formulary?

Visit **bsneny.com/medicare** for more information. You can also search for a specific drug name or category of drug. Use the index in the back of the formulary to find drugs listed in alphabetical order. If you cannot find your drug, please contact us at 1-800-329-2792 (TTY 711).



Notice of Nondiscrimination

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. The plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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)
- 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, please call the customer service number on the back of your member ID card or contact the Civil Rights Coordinator.

If you believe that the plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, PO Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295 (TTY 711), Fax: 1-412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org

You can file a grievance in person or by mail, fax, or email. You can also file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at US Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

For assistance in English, call the customer service number listed on your member ID card.

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

פאר הילף אין אידיש, רופט די קאסטומער סערוויס אויפן נומער וואס שטייט אויף אייער ID קארטל.

বাংলায় সহায়তার জন্য, আপনার আইডি কার্ডে তালিকাভুক্ত নম্বরে ক্রেতা পরিষেবায় ফোন করুন।

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

اردو میں مدد کے لیے، کسٹمر سروس آپ کے شناختی کارڈ پر درج کردہ نمبر پر کال کریں

Pour une assistance en français, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

اردو زبان میں مدد کے لئے، کسٹمر سروس کو اپنے آئی ڈی کارڈ پر درج نمبر پر کال کریں۔

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

Για βοήθεια στα ελληνικά, καλέστε το τμήμα εξυπηρέτησης πελατών στον αριθμό που αναφέρεται στην ταυτότητά σας.

Për ndihmë në gjuhën shqipe, merrni në telefon shërbimin klientor në numrin e renditur në kartën tuaj të identitetit.

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

Diné k´ehjí yá´áti´bee shíká adoowot nohsingo naaltsoos nihaa halne´go nidaahtinígíí bine´déé´ Customer Service bibéésh bee hane´é biká'ígíí bich´j´dahodootnih.

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Additional Information

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, call one of the following:

- 1-800-MEDICARE (1-800-633-4227) (TTY 711), 24 hours a day/7 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

Out-of-network/noncontracted providers are under no obligation to treat BlueShield of Northeastern New York (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.

About our partners

SilverSneakers® is a registered trademark of Tivity Health, Inc. Tivity Health is an independent company that administers the SilverSneakers gym benefit. Care at Home℠ is a program for BSNENY members and is administered by Landmark Health. TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the hearing-aid and routine hearing exam benefit. Doctor On Demand® is a separate company that provides telemedicine services to BSNENY members. EyeMed®, an independent company, administers vision benefits on behalf of BSNENY. Express Scripts® is a separate company.

Other pharmacies/phsicians/providers are available in our network.

About us

BSNENY is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal. BSNENY is a division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association.

THE NAME TRUSTED FOR 75 YEARS.*

* According to data compiled by the Blue Cross Blue Shield Association in July 2021.

IMPORTANT INFORMATION:

2022 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Highmark Blue Cross Blue Shield of Western New York and Highmark Blue Shield of Northeastern New York - H3384

For 2022, Highmark Blue Cross Blue Shield of Western New York and Highmark Blue Shield of Northeastern New York - H3384 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★½
Health Services Rating:	★★★★½
Drug Services Rating:	★★★★½

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.

Questions about this plan?

Contact Highmark Blue Cross Blue Shield of Western New York and Highmark Blue Shield of Northeastern New York 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 877-258-7453 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 800-329-2792 (toll-free) or 711 (TTY).

IMPORTANT INFORMATION:

2022 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Highmark Blue Cross Blue Shield of Western New York and Highmark Blue Shield of Northeastern New York - H5526

For 2022, Highmark Blue Cross Blue Shield of Western New York and Highmark Blue Shield of Northeastern New York - H5526 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.

This plan got **MEDICARE'S HIGHEST RATING** (5 stars)

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.

Questions about this plan?

Contact Highmark Blue Cross Blue Shield of Western New York and Highmark Blue Shield of Northeastern New York 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 877-258-7453 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 800-329-2792 (toll-free) or 711 (TTY).

HIGHMARK NORTHEASTERN NEW YORK

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

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-329-2792, or for TTY users (TTY 711), October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week and April 1 – September 30, 8 a.m. to 8 p.m. Monday – Friday.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.bsneny.com/medicare or call 1-800-329-2792 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

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* According to data compiled by the Blue Cross Blue Shield Association in July 2021.

Medicare Advantage Dental Receipt Reimbursement

Please attach a copy of your itemized bill and paid receipt. Please keep a copy of all documents for your records, as copies submitted with your request will not be returned. Not all plans include dental coverage or dental allowances. If your plan does not include dental coverage or dental allowances, please disregard this form. You must submit your claim to us within 12 months of the date you received the service.

Date:	
Name:	
Address:	
Date of Birth:	

Subscriber ID:	
Group Number:	
Dental Provider's Name:	
Dental Provider's Address:	

Please mail to:
Medicare Advantage Customer Service
PO Box 15013
Albany, NY 12212-5013

Please fax to:
1-888-333-4316

Allow four to six weeks for reimbursement. If you have any questions, feel free to contact customer service at 1-800-329-2792 (TTY 711).

We're available:

- April 1 – September 30 8 a.m. – 8 p.m., Monday – Friday
- October 1 – March 31 8 a.m. – 8 p.m., 7 days a week

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 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)。

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Medicare Advantage Acupuncture/Massage Therapy Receipt Reimbursement

Please attach a copy of your itemized bill and paid receipt. Please keep a copy of all documents for your records, as copies submitted with your request will not be returned. The available allowance amount can be found on your plan's Evidence of Coverage. You must submit your claim to us within 12 months of the date you received the service.

Date:	
Name:	
Address:	
Date of Birth:	
Subscriber ID:	
Group Number:	
Service Received: ☐ **Acupuncture** ☐ **Massage Therapy** **(Please Provide CPT Code):**	
Diagnosis for Treatment (Description and/or Dx Code):	
Provider's Name:	
Provider's Address:	
Provider's Phone Number:	
Provider's Verification (NPI # or Tax ID):	

Please mail to:
Medicare Advantage Customer Service
PO Box 15013
Albany, NY 12212-5013

Or, fax to:
1-888-333-4316

Allow four to six weeks for reimbursement. If you have any questions, feel free to contact customer service at 1-800-329-2792 (TTY 711).

We're available:

- April 1 – September 30 8 a.m. – 8 p.m., Monday – Friday
- October 1 – March 31 8 a.m. – 8 p.m., 7 days a week

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Medicare Advantage Dental Receipt Reimbursement

Please attach a copy of your itemized bill and paid receipt. Please keep a copy of all documents for your records, as copies submitted with your request will not be returned. Not all plans include dental coverage or dental allowances. If your plan does not include dental coverage or dental allowances, please disregard this form. You must submit your claim to us within 12 months of the date you received the service.

Date:	
Name:	
Address:	
Date of Birth:	

Subscriber ID:	
Group Number:	
Dental Provider's Name:	
Dental Provider's Address:	

Please mail to:
Medicare Advantage Customer Service
PO Box 15013
Albany, NY 12212-5013

Please fax to:
1-888-333-4316

Allow four to six weeks for reimbursement. If you have any questions, feel free to contact customer service at 1-800-329-2792 (TTY 711).

We're available:

- April 1 – September 30 8 a.m. – 8 p.m., Monday – Friday
- October 1 – March 31 8 a.m. – 8 p.m., 7 days a week

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Medicare Advantage Acupuncture/Massage Therapy Receipt Reimbursement

Please attach a copy of your itemized bill and paid receipt. Please keep a copy of all documents for your records, as copies submitted with your request will not be returned. The available allowance amount can be found on your plan's Evidence of Coverage. You must submit your claim to us within 12 months of the date you received the service.

Date:	
Name:	
Address:	
Date of Birth:	
Subscriber ID:	
Group Number:	
Service Received: ☐ **Acupuncture** ☐ **Massage Therapy** **(Please Provide CPT Code):**	
Diagnosis for Treatment (Description and/or Dx Code):	
Provider's Name:	
Provider's Address:	
Provider's Phone Number:	
Provider's Verification (NPI # or Tax ID):	

Please mail to:
Medicare Advantage Customer Service
PO Box 15013
Albany, NY 12212-5013

Or, fax to:
1-888-333-4316

Allow four to six weeks for reimbursement. If you have any questions, feel free to contact customer service at 1-800-329-2792 (TTY 711).

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MEDICARE ADVANTAGE 2022 GROUP ENROLLMENT APPLICATION

If you have any questions about our plans, need help filling out this application, or need information in another format (Braille), please call 1-855-215-9239 (TTY 711).

8 a.m. to 5 p.m., Monday – Friday

HIGHMARK NORTHEASTERN NEW YORK

Mailing Address: P.O. Box 15013 • Albany, NY 12212
Physical Address: 40 Century Hill Drive • Latham, NY 12110

PART 1 PLEASE CHECK WHICH PLAN YOU WANT TO ENROLL IN

Employer or Union Name East Greenbush CSD In Area Retirees

Member plan selection:

☐ Plan CF36 TRx ☐ ☐
☐ ☐ ☐

Effective Date _____ **Member bill level selection:** ☐ **Group bill** ☐ **Member bill**

PART 2 PLEASE TELL US ABOUT YOURSELF

Last Name _____ First Name _____ Middle Initial __

Date of Birth (MM/DD/YYYY) _____ Gender ☐ M ☐ F ☐ Mr. ☐ Mrs. ☐ Ms.

Email Address (optional) _____

PERMANENT RESIDENCE ADDRESS (P.O. BOX IS NOT ALLOWED):

Street/Apartment # _____

City _____ State _____ County _____ Zip Code _____

Home Phone Number ( ) _____ Alternative Phone Number ( ) _____
area code area code

MAILING ADDRESS (ONLY IF DIFFERENT FROM PERMANENT ADDRESS):

Street/Apartment # _____

City _____ State _____ County _____ Zip Code _____

PART 3 MEDICAL ELIGIBILITY INFORMATION

Please take out your red, white, and blue Medicare card to complete this section.

or

Attach a copy of your Medicare Card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

_____

Medicare Number

_____

Entitled to:

Hospital (Part A) Effective Date _____/ _____/ _____

Medical (Part B) Effective Date _____/ _____/ _____

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

PART 4 **PLEASE LIST A PRIMARY CARE DOCTOR FROM THE PROVIDER DIRECTORY**

Doctor's Last Name _____ First Name _____

Current Patient? ☐ Yes ☐ No

PART 5 **PLEASE READ AND ANSWER THESE QUESTIONS**

1. **Are you the retiree?** ☐ Yes ☐ No

   If YES, retirement date (MM/DD/YYYY) _____

   If NO, name of retiree _____

2. **Are you the spouse of the retiree?** ☐ Yes ☐ No

3. **Are you covering a spouse or dependents under this employer or union plan?** ☐ Yes ☐ No

   If YES, name of spouse _____

   Name of dependents _____

4. **Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal Employee Health Benefits coverage, VA benefits, or EPIC. Will you have other <u>prescription drug coverage</u> in addition to the plan in which you are re-enrolling?** ☐ Yes ☐ No

   If YES, please list your other coverage and your identification (ID) number(s) for this coverage:

   Name of other coverage _____

   ID# for this coverage _____ Group# for this coverage _____

5. **Are you a resident in a long-term care facility such as a nursing home?** ☐ Yes ☐ No _____

   If YES, please list the institution's name, address, phone number, and date of admission.

   Name _____ Street _____ Suite# _____

   City _____ State _____ Zip Code _____

   Phone ( ) _____ County _____ Date of Admission _____
   area code (MM/DD/YYYY)

6. **Are you enrolled in your state Medicaid program?** ☐ Yes ☐ No

   If YES, please provide your Medicaid number _____

7. **Do you, on you own or through your spouse, have any health insurance other than Medicare, such as private insurance, workers' compensation, or VA benefits?** ☐ Yes ☐ No

   If YES, what kind of insurance do you have? _____

   What is the name of your insurance? _____

8. **Do you or does your spouse work?** ☐ Yes ☐ No

9. **Please check one of the boxes below if you want us to send you information in a language other than English.**

   ☐ Spanish ☐ Chinese ☐ Russian ☐ Other _____

10. **Please check one of the boxes below if you would prefer we send you information in another format.**

    ☐ Large print ☐ Braille ☐ Audio CD ☐ Other _____

PART 6 **PLEASE READ AND SIGN ON PAGE 4**

By completing this enrollment application, I agree to the following:

Highmark Blue Shield of Northeastern New York is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available (example: annual enrollment period from October 15 – December 7), or under certain special circumstances.

Senior Blue HMO and Forever Blue PPO serve a specific service area. If I move out of the area that Senior Blue HMO or Forever Blue PPO serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Senior Blue HMO or Forever Blue PPO, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Senior Blue HMO or Forever Blue PPO when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Senior Blue HMO coverage begins, I must get all of my health care from Highmark Blue Shield of Northeastern New York, except for emergency or urgently needed services or out-of-area dialysis services. I understand that beginning on the date Forever Blue PPO coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, Forever Blue PPO provides refunds for all covered benefits, even if I get services out-of-network. Services authorized by Highmark Blue Shield of Northeastern New York and other services contained in my Senior Blue HMO or Forever Blue PPO Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR HIGHMARK BLUE SHIELD OF NORTHEASTERN NEW YORK WILL PAY FOR THE SERVICES.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Highmark Blue Shield of Northeastern New York, he/she may be paid based on my enrollment in Senior Blue HMO or Forever Blue PPO.

Release of Information:

By joining this Medicare health plan, I acknowledge that Highmark Blue Shield of Northeastern New York will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that Highmark Blue Shield of Northeastern New York will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

PART 7 **ENROLLEE AUTHORIZATION**

Enrollee Authorization

Signature _____ Today's Date _____

If you are an authorized representative, you must sign above and provide the following information:

Last Name _____ First Name _____ Middle Initial ___

Street/Apartment#_____

City _____ State _____ County _____ Zip Code_____

Home Phone Number ( ) _____ Relationship to Enrollee _____
area code

Please include a copy of your Power of Attorney paperwork.

Office Use Only

Group Number 11444061 Class ID S110 Subgroup 0001	Group Number Class ID Subgroup	Group Number Class ID Subgroup
Group Number Class ID Subgroup	Group Number Class ID Subgroup	Group Number Class ID Subgroup
Group Number Class ID Subgroup	Group Number Class ID Subgroup	Group Number Class ID Subgroup
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Effective Date _____ Election Type _____ Employer Group _____

Please contact Highmark Blue Shield of Northeastern New York at 1-855-215-9239 if you need information in another language or format (like Braille, audio tape, or large print). TTY users should call 711.

Our office hours are: 8 a.m. to 5 p.m., Monday – Friday

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.
16358_NENY_07_21

MEDICARE ADVANTAGE 2022 GROUP ENROLLMENT APPLICATION

If you have any questions about our plans, need help filling out this application, or need information in another format (Braille), please call 1-855-215-9239 (TTY 711).

8 a.m. to 5 p.m., Monday – Friday

HIGHMARK NORTHEASTERN NEW YORK

Mailing Address: P.O. Box 15013 • Albany, NY 12212
Physical Address: 40 Century Hill Drive • Latham, NY 12110

PART 1 PLEASE CHECK WHICH PLAN YOU WANT TO ENROLL IN

Employer or Union Name East Greenbush CSD In Area Retirees

Member plan selection:

☐ Plan CF36 TRx ☐ ☐
☐ ☐ ☐

Effective Date _____ **Member bill level selection:** ☐ **Group bill** ☐ **Member bill**

PART 2 PLEASE TELL US ABOUT YOURSELF

Last Name _____ First Name _____ Middle Initial __

Date of Birth (MM/DD/YYYY) _____ Gender ☐ M ☐ F ☐ Mr. ☐ Mrs. ☐ Ms.

Email Address (optional) _____

PERMANENT RESIDENCE ADDRESS (P.O. BOX IS NOT ALLOWED):

Street/Apartment # _____

City _____ State _____ County _____ Zip Code _____

Home Phone Number ( ) _____ Alternative Phone Number ( ) _____
area code area code

MAILING ADDRESS (ONLY IF DIFFERENT FROM PERMANENT ADDRESS):

Street/Apartment # _____

City _____ State _____ County _____ Zip Code _____

PART 3 MEDICAL ELIGIBILITY INFORMATION

Please take out your red, white, and blue Medicare card to complete this section.

or

Attach a copy of your Medicare Card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

_____

Medicare Number

_____

Entitled to:

Hospital (Part A) Effective Date _____/ _____/ _____

Medical (Part B) Effective Date _____/ _____/ _____

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

PART 4 **PLEASE LIST A PRIMARY CARE DOCTOR FROM THE PROVIDER DIRECTORY**

Doctor's Last Name _____ First Name _____

Current Patient? ☐ Yes ☐ No

PART 5 **PLEASE READ AND ANSWER THESE QUESTIONS**

1. **Are you the retiree?** ☐ Yes ☐ No

   If YES, retirement date (MM/DD/YYYY) _____

   If NO, name of retiree _____

2. **Are you the spouse of the retiree?** ☐ Yes ☐ No

3. **Are you covering a spouse or dependents under this employer or union plan?** ☐ Yes ☐ No

   If YES, name of spouse _____

   Name of dependents _____

4. **Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal Employee Health Benefits coverage, VA benefits, or EPIC. Will you have other <u>prescription drug coverage</u> in addition to the plan in which you are re-enrolling?** ☐ Yes ☐ No

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   If YES, please list the institution's name, address, phone number, and date of admission.

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Home Phone Number ( ) _____ Relationship to Enrollee _____
area code

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