

2021 MEDICARE EMPLOYER GROUP PLANS

From the Capital Region's most preferred health insurance provider¹



BlueShield of
Northeastern New York

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THE BENEFIT OF BLUESHIELD



Global

Our plans provide worldwide emergency and urgent care, giving you the peace of mind that comes with knowing you're covered at home or on the go.



National

Our BlueCard® network sharing program allows you to see participating providers nationwide for the same low cost you would at home.²



Local

It's the card accepted at all Capital Region hospitals and the area's leading health systems, including:

- Albany Medical Center
- Community Care Physicians, P.C.
- Ellis Hospital
- Glens Falls Hospital
- Hudson Headwaters
- Irongate
- Samaritan Hospital
- Saratoga Hospital
- St. Peter's Health Partners



Virtual

We expanded our virtual offerings to bring you high-quality care from the comfort of your home. Doctor On Demand® offers a \$0 copay for all visits or you can see your regular provider at your usual copay.



Blue Concierge

Our knowledgeable and friendly service team helps members understand their benefits, find the right specialists, and even schedule appointments. Call 1-800-329-2792 (TTY 711) to connect with one of our representatives today.

Focused on Finding You the Best

With robust local networks connected by one of the most recognized national carriers, BlueShield of Northeastern New York Medicare Advantage plans provide nationwide access to the best doctors and hospitals. Our local sales team is exclusively dedicated to Medicare Advantage members and their unique needs. We've built plan options that maximize benefits, streamline costs, and minimize confusion.

Call us today to discuss your plan options.

Name	Email Address	Telephone	Fax
Chris Catrambone Benefit Consultant	catrambone.chris@bsneny.com	(518) 220-5626	(518) 220-4856
Lauren LeBlanc Sales Manager	leblanc.lauren@bsneny.com	(518) 322-2989	
		Telephone	Hours
Sales contact center for prospective members		1-855-215-9239 (TTY 711)	8 a.m. – 5 p.m., Monday – Friday
Customer service for current members		1-800-329-2792 (TTY 711)	Oct. 1 – March 31 8 a.m. – 8 p.m., 7 days a week April 1 – Sept. 30 8 a.m. – 8 p.m., Monday – Friday
Billing		1-877-766-9399 (TTY 711)	9 a.m. – 5 p.m., Monday – Friday



EMPLOYER GROUP PLANS



Employer-sponsored Medicare Advantage plans offer comprehensive coverage in recognition of employees' years of service. Employees can live life to the fullest knowing their health and wellness are our top priority.

Employer perks

Our fully customizable group plans meet employer specifications and benefit the bottom line. Transitioning members to our Medicare Advantage plans is seamless and often costs less than commercial coverage. Our streamlined billing process saves you time and lets you choose billing at the group, subgroup, or member level. You can even opt in to e-billing, schedule payments online, or link directly to your checking or savings account.

Retiree benefits



Preventive services

See your provider for your annual wellness visit, colon cancer screening, and breast cancer screening³ and receive a \$20 Prepaid Card per service.⁴



Vaccines

No copay for preventive vaccines such as flu, pneumonia, and hepatitis.



Livongo

Manage your diabetes care with advanced glucose testing technology and unlimited supplies from Livongo — all available at no cost to you.



SilverSneakers

Keep your heart healthy with our no-cost fitness benefit that offers access to more than 16,000 fitness centers nationwide.



\$25 copay for an annual eye exam plus a \$200 vision allowance on frames, lenses, and contacts through Davis Vision.⁵



\$200 dental allowance on cleanings, X-rays, and more.



Save thousands on hearing products through TruHearing: \$45 routine annual hearing exam and hearing aids for \$699 or \$999 per unit.⁷



2021 EMPLOYER GROUP STANDARD PLAN RATES

	Senior Blue 699 (HMO) plans			
Plan ID number	SS2 TRx	BS1 TRx	ES1 TRx	SF3 TRx
Premium	\$485	\$471	\$449	\$522
Out-of-pocket maximum	\$5,000 in-network	\$5,000 in-network	\$5,000 in-network	\$5,000 in- and out-of-network
Out-of-network coverage	Limited to emergency care, urgent care, and out-of-area renal dialysis care			Pay the same in- network cost-share when accessing our BlueCard® network
Primary doctor	\$10	\$20	\$35	\$15
Specialist	\$25	\$35	\$45	\$25
X-rays/advanced radiology	\$35/\$100	\$45/\$125	\$55/\$150	\$35/\$100
Laboratory services	\$10	\$10	\$10	\$10
Dental allowance (annual)	\$200	\$200	\$200	\$200
Vision allowance (annual)	\$200	\$200	\$200	\$200
Inpatient hospital (copay per stay)	\$250	\$300	\$500	\$250
Outpatient surgery — hospital/ambulatory center	\$150/\$125	\$175/\$150	\$200/\$175	\$150/\$125
Emergency room — copay waived if admitted	\$75	\$75	\$85	\$75
Urgent care — copay waived if admitted	\$55	\$55	\$65	\$55
Prescription drugs: Tiered pharmacy benefits (30-day supply at a retail pharmacy)				
Preferred pharmacies Tiers 1/2/3/4/5	\$0/\$10/\$30/ \$50/\$50	\$3/\$7/\$30/ \$50/\$50	\$5/\$15/\$30/ \$50/\$50	\$0/\$10/\$30/ \$50/\$50
Standard pharmacies Tiers 1/2/3/4/5	\$5/\$15/\$35/ \$55/\$55	\$8/\$12/\$35/ \$55/\$55	\$10/\$20/\$35/ \$55/\$55	\$5/\$15/\$35/ \$55/\$55
Rx deductible	N/A	N/A	N/A	N/A

Forever Blue 799 (PPO) plans			Forever Blue 799 (PPO) out-of-area plans	
BF1 TRx	EF1 TRx	Value 1 TRx	S02 TRx	S04 TRx
\$506	\$460	\$415	\$562	\$496
\$5,000 in- and out-of-network	\$5,000 in- and out-of-network	\$4,000 in-network \$6,100 in- and out-of-network	\$5,000 in- and out-of-network	\$4,000 in-network \$6,100 in- and out-of-network
Pay the same in-network cost-share when accessing our BlueCard® network		Pay a higher cost-share for out-of-network services	Pay the same cost in- and out-of-network	
\$20	\$35	\$25	\$15	\$25
\$35	\$45	\$40	\$25	\$40
\$45/\$125	\$55/\$150	\$50/\$200	\$35/\$100	\$50/\$200
\$10	\$10	\$10	\$10	\$10
\$200	\$200	\$200	\$200	\$200
\$200	\$200	\$200	\$200	\$200
\$300	\$500	\$350	\$250	\$350
\$175/\$150	\$200/\$175	\$150/\$125	\$150/\$125	\$150/\$125
\$75	\$85	\$85	\$75	\$85
\$55	\$65	\$65	\$55	\$65
Prescription drugs: Tiered pharmacy benefits (30-day supply at a retail pharmacy)				
\$0/\$7/\$30/ \$50/\$50	\$5/\$15/\$30/ \$50/\$50	\$5/\$15/\$40/ \$90/33%	\$0/\$10/\$30/ \$50/\$50	\$5/\$15/\$40/ \$90/33%
\$5/\$12/\$35/ \$55/\$55	\$10/\$20/\$35/ \$55/\$55	\$10/\$20/\$45/ \$95/33%	\$5/\$15/\$35/ \$55/\$55	\$10/\$20/\$45/ \$95/33%
N/A	N/A	N/A	N/A	N/A



INDIVIDUAL PLANS



Our individual Medicare Advantage plans offer enhanced coverage over Original Medicare, many with low to no premium. Members receive the peace of mind that comes with BlueShield coverage and easy access to the benefits they use most.

Employer perks

Individual plans are also a great fit for employer groups with low employer contribution or employees who offset the cost of their health care with HRAs, sick bank dollars, or insurance funds. They offer members a low-cost option while still affording them all the benefits of a BlueShield plan.

Retiree benefits



Preventive services

See your provider for your annual wellness visit, colon cancer screening, and breast cancer screening³ and receive a \$20 Prepaid Card per service.⁴



\$25 copay for an annual eye exam plus a \$100 vision allowance on frames, lenses, and contacts through Davis Vision.⁵



Vaccines

No copay for preventive vaccines such as flu, pneumonia, and hepatitis.



\$15 copay per service at any provider including coverage for two cleanings (preventive or periodontal⁶), two exams, and one set of X-rays annually.



Livongo

Manage your diabetes care with advanced glucose testing technology and unlimited supplies from Livongo — all available at no cost to you.



Save thousands on hearing products through TruHearing: \$45 routine annual hearing exam and hearing aids for \$699 or \$999 per unit.⁷



SilverSneakers

Keep your heart healthy with our no-cost fitness benefit that offers access to more than 16,000 fitness centers nationwide.



2021 INDIVIDUAL MEDICARE ADVANTAGE RATES

	Senior Blue (HMO) plans			
Plan name	BlueShield Freedom Value	BlueShield Freedom Plus	BlueShield Freedom Premier	BlueShield Senior Blue 652
Premium	\$0	\$56	\$111	\$135
Out-of-pocket maximum	\$7,550 in-network	\$6,700 in-network	\$6,700 in-network	\$6,700 in-network
Out-of-network coverage	Limited to emergency care, urgent care, and out-of-area renal dialysis care			
Primary doctor	\$0	\$10	\$5	\$0
Specialist	\$40	\$35	\$30	\$26
X-rays/advanced radiology	\$50/\$200	\$50/\$200	\$50/\$200	\$50/\$150
Laboratory services	\$10	\$10	\$5	\$5
Dental allowance (annual)	N/A	N/A	N/A	N/A
Vision allowance (annual)	\$100	\$100	\$100	\$100
Inpatient hospital	\$370 per day for days 1–5, \$1,850 OOP max per year	\$325 per day for days 1–4, \$1,300 OOP max per year	\$295 per day for days 1–4, \$1,180 OOP max per year	\$225 per day for days 1–7, \$1,575 OOP max per year
Outpatient surgery — hospital/ambulatory center	\$350/\$250	\$330/\$230	\$310/\$210	\$300/\$200
Emergency room — copay waived if admitted	\$90	\$90	\$90	\$90
Urgent care — copay waived if admitted	\$65	\$65	\$65	\$65
Prescription drugs: Tiered pharmacy benefits (30-day supply at a retail pharmacy)				
Tiers 1/2/3/4/5 Preferred pharmacy	\$2/\$10/\$42/\$94/27%	\$2/\$8/\$42/\$94/28%	\$0/\$5/\$42/\$94/31%	\$4/\$10/\$42/\$94/33%
Tiers 1/2/3/4/5 Standard pharmacy	\$7/\$15/\$47/\$100/27%	\$7/\$13/\$47/\$100/28%	\$5/\$10/\$47/\$100/31%	\$9/\$15/\$47/\$100/33%

	Forever Blue (PPO) Plans	
BlueShield Freedom No Rx	BlueShield Freedom Nation	BlueShield Forever Blue 770
\$0	\$0	\$200
\$6,700 in-network	\$7,550 in-network and \$11,300 combined INN and OON	\$6,700 in-network and \$10,000 combined INN and OON
Pay the same in-network cost-share when accessing our BlueCard® network	Pay the same in-network cost-share when accessing our BlueCard® network	
\$5	\$5	\$5
\$45	\$45	\$22
\$45/\$150	\$50/\$250	\$40/\$150
\$0	\$10	\$5
N/A	N/A	N/A
\$100	\$100	\$100
\$290 per day for days 1–7, \$2,030 OOP max per year	\$375 per day for days 1–5, \$1,875 OOP max per year	\$205 per day for days 1–7, \$1,435 OOP max per year
\$325/\$225	\$375/\$275	\$275/\$175
\$90	\$90	\$90
\$65	\$65	\$65
	Prescription drugs: Tiered pharmacy benefits (30-day supply at a retail pharmacy)	
N/A	\$3/\$12/\$42/\$94/26%	\$2/\$12/\$42/\$94/33%
N/A	\$8/\$17/\$47/\$100/26%	\$7/\$17/\$47/\$100/33%

¹ From an online interview of 1,000 insured respondents in the BlueShield of Northeastern New York coverage area. Respondents were screened to include those who do not have unbranded government insurance or unbranded Medicare. Respondents were screened to ensure 2/3 were non-members and 1/3 were members. Interviews were conducted from January 2019 – December 2019 by the BlueCross BlueShield Association.

² You must be enrolled in a PPO plan with the BlueCard network sharing program to access the BlueCard national network.

³ 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.

⁴ One Prepaid Card per member, per service, per calendar year, up to \$60 total.

⁵ In order for your service to be in-network you must see a Davis Vision participating provider.

⁶ Commonly referred to by dentists as deep cleaning or scaling and root planing.

⁷ Our plans cover one routine hearing exam per year with a TruHearing provider. Please call TruHearing to verify your benefit and schedule a hearing exam. Coverage is for select models only.

BlueShield of Northeastern New York (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. 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 BSNENY members. TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the hearing-aid benefit. Livongo® is a separate company. Davis Vision, a subsidiary of Versant Health, is a separate company. Other pharmacies/physicians/providers are available in our network. Out-of-network/noncontracted providers are under no obligation to treat 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. 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)。



**BlueShield
of Northeastern New York**

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