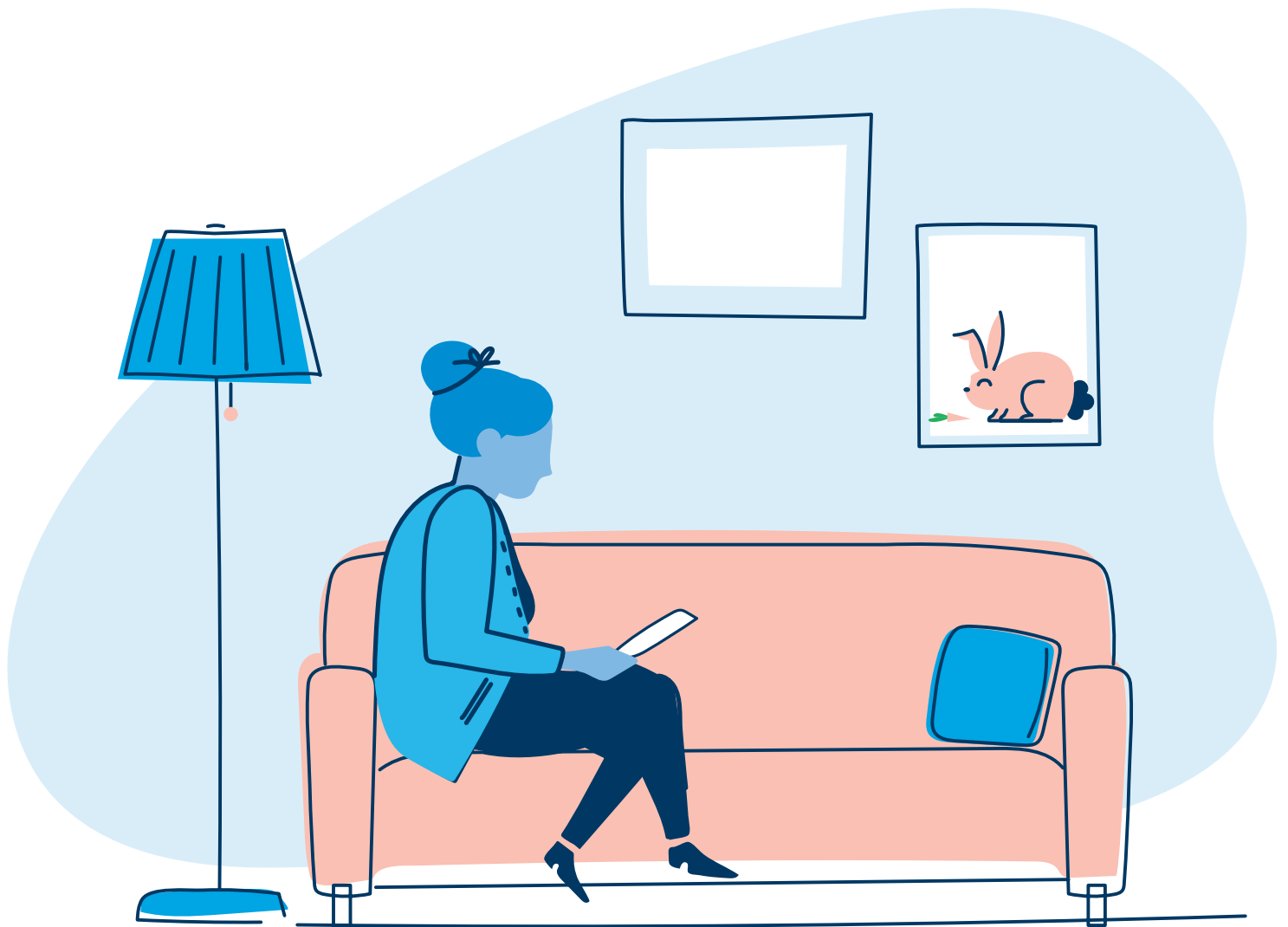


2022 Medicare Advantage Blue Total Health Package



Blue Total Health package

Get the benefit of our exclusive Blue Total Health package. We provide you with the additional benefits and preventive services you want and need to live a healthy lifestyle. This exclusive benefits package includes coverage for dental, hearing, vision, over-the-counter drugs and supplies, and more.

Tiered benefit packages offer simplicity when selecting a comprehensive plan personalized to meet your unique needs. Our portfolio presents different benefit levels categorized into **Basic**, **Standard**, and **Premium** tiers.

Basic	Standard	Premium
Freedom Basic (PPO) ¹	Freedom (HMO) ²	Freedom Plus (HMO) ²
	Freedom Value (HMO) ²	Senior Blue 652 (HMO) ²
	Freedom Nation (PPO) ¹	Forever Blue 770 (PPO) ¹

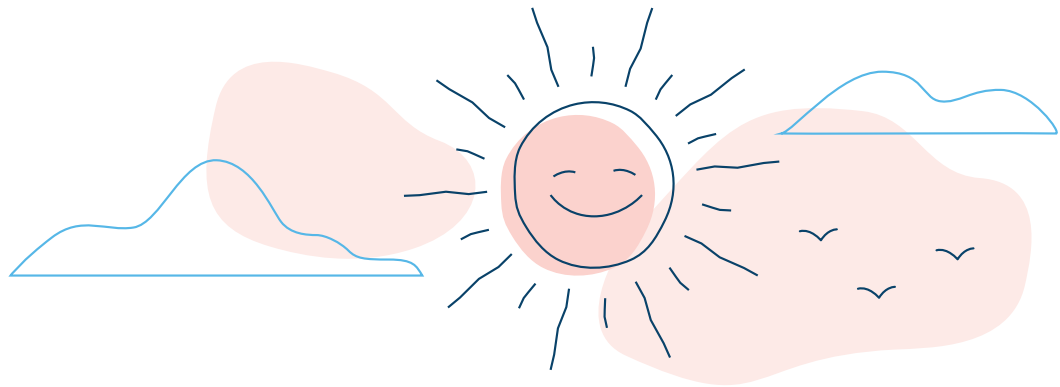
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¹ If you see a participating Medicare Advantage PPO Network Sharing Program provider outside of the service area, you pay your in-network copay. If you receive care from out-of-network providers, your cost may be higher.

² You must receive all care from plan providers, with limited exceptions.

NEW! Wellness benefits



All Medicare Advantage plans cover the same chiropractic and acupuncture services as Original Medicare covers, and more. Your Highmark Blue Shield of Northeastern New York Medicare Advantage plan goes beyond this coverage – to give you routine chiropractic visits and an acupuncture and massage therapy allowance.

Routine chiropractor visits

Get coverage for routine chiropractic visits through a participating provider.

	Basic	Standard	Premium
Copay	\$20	\$20	\$20
Number of visits	3 per year	6 per year	12 per year

Acupuncture and massage therapy

Receive an annual combined allowance toward reimbursement for acupuncture and massage therapy visits.

	Basic	Standard	Premium
Annual allowance	\$100	\$250	\$500

No network restrictions

You can see any acupuncture or massage therapy provider you choose. Schedule your appointment and pay the provider in full at the time of service. Then, submit a Medicare Advantage acupuncture/massage therapy reimbursement form, itemized bill, and paid receipt to Highmark Blue Shield of Northeastern New York. You'll receive a check for the cost of your covered services up to your annual allowance.

Free preventive dental



All of our Medicare Advantage plans include preventive dental coverage at no additional monthly cost. We're here to help you maintain a healthy smile.

No network restrictions

With no dental network, you can see any dentist you choose. Schedule your dental appointment and pay the provider in full at the time of service. Then, submit a Medicare Advantage dental reimbursement form, itemized bill, and paid receipt to us. You will receive a check for the cost of your covered services minus your plan copay.

Coverage for routine cleanings and care

Preventive dental covers routine cleanings including periodontal cleaning, exams, and one set of X-rays annually.

	What you need to know			What your dentist needs to know
	Basic	Standard	Premium	
Routine/periodontal cleaning	\$20 copay per service one per year	\$15 copay per service two per year	\$15 copay per service two per year	Cleaning: D1110, D4910
Oral exam	\$20 copay per service one per year	\$15 copay per service two per year	\$15 copay per service two per year	Exams: D0120, D0150, D0180, D0190
X-rays: four bitewings or one full-mouth X-ray per year	\$20 copay per service	\$15 copay per service	\$15 copay per service	Bitewings: D0270, D0272, D0273, D0274 Full-mouth X-rays: D0330

Optional supplemental dental plans

If you need additional dental coverage, we have two optional supplemental dental plans available at an additional premium to meet your unique needs.

	Basic optional supplemental dental	Enhanced supplemental dental
Premium	\$13	\$24
Annual maximum allowance³	\$500	\$1,000
Diagnostic services	50%	50%
Restorative services	50%	50%

In addition to preventive dental, optional supplemental dental plans cover:

Diagnostic services, including:

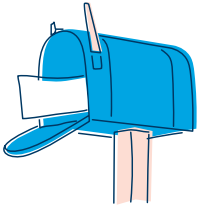
- Problem-focused oral exams
- Additional oral imaging
- Oral pathology
- Intraoral periapical and occlusal X-rays
- Emergency palliative treatment of dental pain
- Laboratory testing and examinations

Restorative services, including:

- Crowns
- Amalgam restorations
- Composite resin restorations
- Root canals
- Cementing and recementing of crowns
- Apicoectomy
- Periodontics
- Uncomplicated extractions
- General anesthesia
- Oral surgery
- Emergency palliative treatment of dental pain
- Denture repairs adjustments (new dentures not covered)

³ Services include an annual maximum allowance. This means we pay up until a certain amount for those services every year.

Over-the-counter (OTC) drugs and supplies



Your OTC benefit provides you an allowance every three months⁴ to spend on a wide range of items that will be conveniently mailed to your home. Ordering is quick and easy with four different options – online, mail-in order form, mobile app, or by phone.

	Basic	Standard	Premium
Quarterly OTC allowance	Not covered	\$25 per quarter	\$35 per quarter

Note: Freedom Plus (HMO) offers the Standard tier benefit option.

Sample of your available OTC products

Allergy care (allergy tablets, saline nasal spray)	Incontinence supplies (A+D ointment, flushable wipes, washcloth with lanolin)
Dental and denture care (Pepsodent toothpaste, denture cream)	Pain relievers and fever reducers (acetaminophen, ibuprofen)
Diabetes care (diabetic socks, glucose tablets)	Personal care (hand sanitizer, procedural face mask)
Diagnostics (thermometer)	Sun care (sunscreen)
Eye and ear care (artificial tears, cotton-tipped swabs)	Supports and braces (elastic knee support, carpal tunnel brace)
Fall prevention (nonskid bath mat, night light)	Vitamins and minerals (multivitamins, fish oil)
First aid (hydrogen peroxide, triple antibiotic ointment, first-aid kit)	

⁴ You're eligible to receive an allowance each quarter of the plan year. Unused dollars will roll over from one quarter to the next. OTC supplies can only be ordered from the OTC Fulfillment Center. **Applies to Standard and Premium tiers only; not covered in Basic tier.**

Vision and eyewear benefits



We offer a network of vision providers and vision benefits to make sure you're seeing and looking your best.

	Basic	Standard	Premium
Allowance on frames, lenses, and contacts	Not covered	\$100 annual allowance	\$200 annual allowance
Routine eye exam	\$25	\$25	\$25

Note: Freedom Plus (HMO) offers the Standard tier benefit option.

All 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

You can use your eyewear allowance dollars to purchase:⁵

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

Visit davisvision.com/members and choose *Find an Eye Care Professional* to find Davis Vision network providers.

PPO out-of-network reimbursement

There may be times when a retailer doesn't participate with our plan. We provide an out-of-network reimbursement solution when you're purchasing vision materials so you can make the most of your benefits.

⁵ Vision allowance, routine eye exam, and glasses or contacts after cataract surgery must be with a Davis provider in order to be in-network.

Hearing benefits⁶



We give you hearing benefits and savings on hearing devices through TruHearing[®], one of the leading providers of hearing services.

Hearing aids can be expensive, an average of \$2,700 per aid, but your benefit makes addressing hearing loss more affordable with copayments of \$999 or less.

	Basic	Standard	Premium
Hearing aids	Not covered	\$699 or \$999 per unit	\$599 or \$899 per unit
Routine hearing exam	Not covered	\$45	\$45

Personalized care

Receive expert care from our team of helpful professionals.

State-of-the-art technology

Experience the latest advances in hearing technology.

Help along the way

Get started on the journey to better hearing with confidence.

Plans may also include:

- First year of follow-up provider visits
- 60-day trial period
- 3-year extended warranty
- 80 batteries per aid for non-rechargeable models

⁶ Applies to Standard and Premium tiers only; not covered in Basic tier.

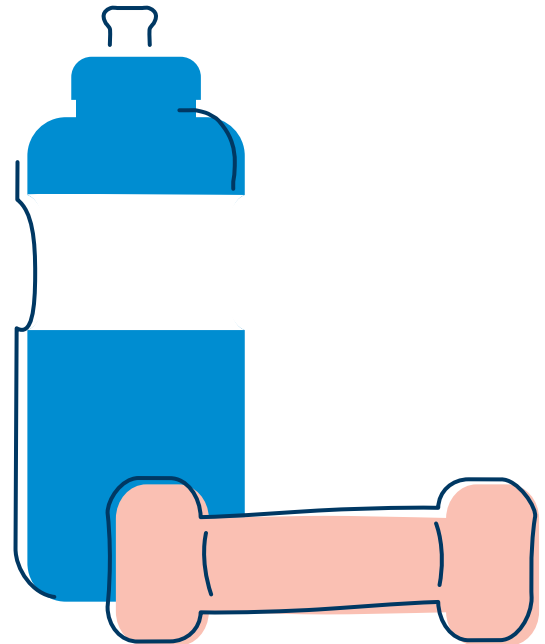
SilverSneakers fitness benefit



We're here to help you lead a healthy lifestyle. That's why we partner with SilverSneakers to give you access to the nation's leading fitness benefit for seniors. It's available at no additional cost so you can stay active on your own terms.

This fitness benefit includes:

- Memberships to thousands of fitness locations across the nation⁷ – visit as many as you want!
- Group exercise classes⁸ designed to improve muscular strength and endurance, mobility, flexibility, range of motion, balance, agility, and coordination
- Fun activities held outside the gym⁸
- SilverSneakers On-Demand™ online workout videos that feature tips on fitness and nutrition
- SilverSneakers GO™ mobile app with workout programs, location finder, and more



⁷ Participating locations are not owned or operated by Tivity Health, Inc., or its affiliates. Use of these locations and amenities are limited to terms and conditions of their basic membership. Facilities and amenities vary by participating location.

⁸ Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

Member rewards



Preventive health is important to your overall well-being. That's why you'll receive a \$20 Prepaid Card⁹ with our rewards program after receiving each of these preventive services:

- Annual wellness visit
- Colorectal cancer screening¹⁰
- Breast cancer screening¹⁰

Your annual wellness visit

Take advantage of this important no-cost service! Different from a physical exam, this conversation with your doctor provides an opportunity to review your health history and any existing issues, determine possible future concerns, and make a plan for prevention or management.

Low- or no-cost vaccines



It's safer, easier, and more cost-effective to prevent health issues than to treat them. That's why we offer low or no-cost preventive vaccines.¹¹

\$0 vaccines include:

- Flu (influenza) vaccine¹²
- COVID-19 vaccine
- Hepatitis B vaccine
- Pneumonia (pneumococcal) vaccine

Coverage for shingles vaccine with Tier 1 copay – copays vary by plan; not covered on Freedom (HMO).

⁹ One Prepaid Card per service, per member, per calendar year. Prepaid Cards may be used at limited merchants including pharmacies, drug stores, grocery stores, wholesale clubs, and discount stores.

¹⁰ Consult with your doctor to see if this service is right for you.

¹¹ A \$0 copay applies when using an in-network provider. To find an in-network provider near you, contact Customer Service.

¹² You have the option to go to your doctor or any in-network pharmacy to receive your flu vaccine. Pharmacies will bill us directly; there's no paperwork involved.

Affordable diabetes management



All Medicare Advantage plans cover the same diabetic supplies and medications that Original Medicare covers, such as glucose monitors, insulin, insulin pumps, and test strips. Your Highmark Blue Shield of Northeastern New York Medicare Advantage plan goes beyond this coverage to give you more opportunities to save and better manage your diabetes.

Enhanced diabetes benefits



CMS Part D Senior Savings Model

Usual copays for a broad range of insulins covered by your Part D benefit:
30-day supply of select insulin for \$30 at a preferred pharmacy or \$35 at a standard pharmacy

Note: Not covered on Freedom (HMO) or Freedom Basic (PPO).

Save more

Your copay is always \$0 for Part B supplies from in-network providers for:

- Glucose monitors
- Test strips
- Lancets
- External insulin pumps
- Therapeutic shoes or inserts (including fittings)
- Compression stockings

Additional help

We offer programs and one-on-one phone counseling to help you better manage your diabetes. Our nationally accredited care management team of registered nurses, health coaches, nutritionists, dietitians, social workers, health educators, and exercise physiologists can work with you and your doctor – all at no cost.

Our care management programs and health professionals can help you:

- Improve diabetes management
- Optimize your health and meet wellness goals
- Manage your weight and nutrition
- Receive active support, encouragement, and education
- Find doctors or other resources
- Achieve a healthier lifestyle

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. Individuals must have both Parts A and B to enroll in a Medicare Advantage plan. Individuals may enroll in a plan only during specific times of the year. There are additional enrollment guidelines. Contact Highmark BSNENY for more information. This information is not a complete description of benefits. Call 1-877-640-5187 (TTY 711) for more information. 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. TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing-aid benefit. Davis Vision, an independent company, administers vision benefits on behalf of Highmark BSNENY. SilverSneakers® is a registered trademark of Tivity Health, Inc. Tivity Health is an independent company that administers the SilverSneakers gym benefit. Other pharmacies, physicians, and providers are available in our network. 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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