

Highmark is different in all the ways that matter most.

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



Because Life.™

Hi there,

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

You get more with Highmark.

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

Reach out if you need help.

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

1-855-215-9239 (TTY 711)

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

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Finding care





Finding care

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

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

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

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

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



HMO plans

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

Part B giveback benefit





Introducing our Part B giveback benefit.

Some of our HMO and PPO plans come with a benefit called the Part B giveback.

With these plans, instead of paying a monthly premium for your Medicare Advantage plan, you'll get an extra amount each month in your Social Security check.

Our Highmark Blue Cross Blue Shield plans that include the Part B giveback are:

- Senior Blue Basic (HMO)
- BlueSaver (HMO)

Check the plan's Summary of Benefits for the amount you get back each month.

Supplemental benefits





Dental allowance

If you're enrolled in a plan that offers this benefit, you can use these dollars toward certain dental services, including:

- Cleanings
- Periodontal cleanings
- Crowns
- Fillings

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

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

If you have any questions, please call 1-800-329-2792 (TTY 711)

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

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



Vision coverage

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

Every Highmark Medicare Advantage plan covers:

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



Vision allowance

If you're enrolled in a plan that offers this benefit, you can use these dollars to buy certain products.

Most Highmark Medicare Advantage plan covers:

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

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

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

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

Monday – Friday 8 a.m. – 11 p.m.

Saturday 9 a.m. – 4 p.m.

Sunday noon – 4 p.m.

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



Hearing coverage

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

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

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

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

Prescription drug coverage



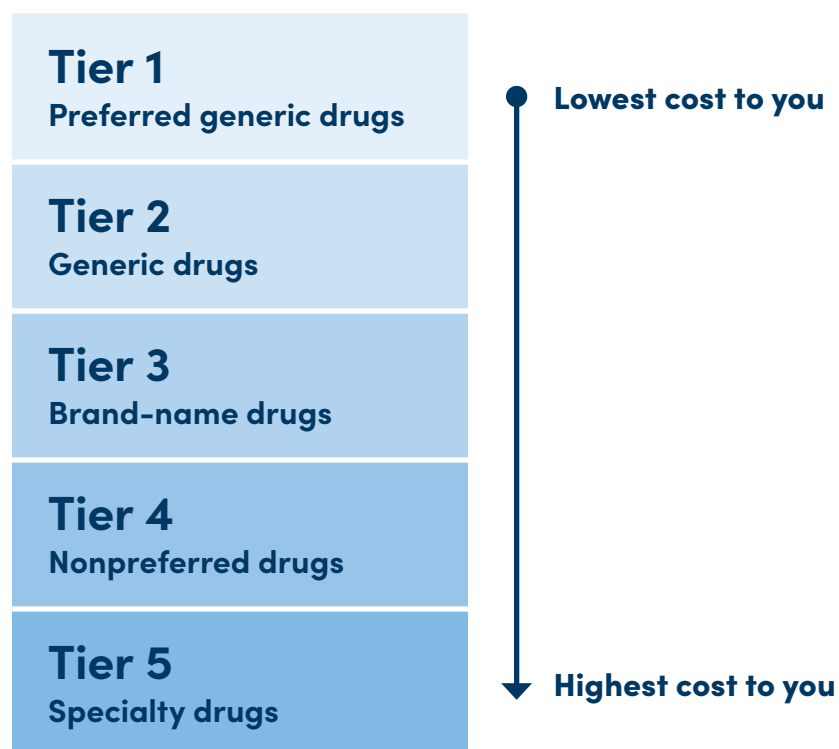


Understand your prescription drug coverage.

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

Prescription drug tiers

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



The three stages of Medicare prescription drug coverage.

1

Stage 1 Deductible

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

2

Stage 2 Initial coverage

You pay the regular tier copay or coinsurance for your prescriptions. Once the total cost of your medications reaches \$2,000, you move to Stage 3.

3

Stage 3 Catastrophic coverage

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



Save money on prescriptions with mail-order pharmacy.

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

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

To find out if your drug is in the formulary, visit [medicare.highmark.com](https://www.medicare.highmark.com). You can search for a specific drug or a category of drugs. If your drug isn't in the formulary, talk with your doctor. They can help you find an alternative.

How to fill prescriptions

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

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

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

Medication therapy management program

A medication therapy management (MTM) program is a covered service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs.

You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected.

You may qualify for this program if you:

- **Have at least three of the following chronic conditions:** Alzheimer's disease, bone disease/arthritis (including osteoporosis, osteoarthritis, and rheumatoid arthritis), chronic congestive heart failure (CHF), diabetes, dyslipidemia, end-stage renal disease (ESRD), human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), hypertension, mental health (including depression, schizophrenia, bipolar disorder, and chronic/disabling mental health conditions) or respiratory disease (including asthma, chronic obstructive pulmonary disease (COPD), and chronic lung disorders).
- **Are taking at least eight Part D maintenance medications.**
- **Have annual costs of at least \$1,623 for covered Part D medications.**

Extra help from Medicare

You may qualify for assistance paying for your prescription drugs through Medicare's low-income subsidy program. If you get this help, your monthly plan premium will be lowered by the amount of your subsidy.

To find out more about this program,

call 1-800-MEDICARE (633-4227) 24 hours a day, seven days a week. TTY users should call 1-877-586-2048.

Wellness perks





Highmark wellness rewards and personalized wellness plan.

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

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



Highmark House Call

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



FitOn Health fitness benefits.

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

Your membership comes with:

- Wellness classes to help you build healthy habits.
- Meal planning resources with 500+ exclusive recipes.
- Educational courses for managing chronic conditions.
- Expert advice on topics like nutrition, weight loss, sleep, mindfulness, stress relief, and more.

FitOn also offers more flexibility. Beyond large chain gyms, you can also visit smaller gyms and private studios. So no matter where you are or how you exercise, you always have options nearby.

To learn more, visit **Fitonhealth.com**.



Chiropractic care

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

Star Ratings



IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Highmark Blue Cross Blue Shield or Highmark Blue Shield - H3384

For 2024, Highmark Blue Cross Blue Shield or Highmark Blue Shield - H3384 received the following Star Ratings from Medicare:

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

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

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

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

Star Ratings are based on factors that include:

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

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

The number of stars show how well a plan performs.

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

Get More Information on Star Ratings Online

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

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

We're available:

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

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Product information/ Summary of Benefits



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

10717145

2025 Senior Blue 699 (HMO) Plan E Summary of Benefits

Important Information	
Premium and Other Important Information	<p>If you currently pay a premium for your coverage, please reach out to your Group Benefit Administrator to find out your cost.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income. For more information about Part B premiums based on income, visit www.medicare.gov/part-d/costs/premiums/drug-plan-premiums.html or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>
Plan Deductible	This plan does not have a medical deductible
Plan Annual Out-of-Pocket Maximum (does not include Part D Drugs)	\$3,000
Covered Medical and Hospital Benefits	
Note:	Services with a 1 may require prior authorization.
Inpatient Hospital Care¹ (includes Substance Abuse and Rehabilitation Services) Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	You pay: \$0 per stay.
Outpatient Hospital/Ambulatory Surgery Center¹	You pay: \$75 Copay Outpatient Hospital You pay: \$75 Copay Ambulatory Surgery Center

Services with a 1 may require prior authorization

<p>Doctor Office Visits</p> <p>Office visit copays do not apply to the annual deductible if applicable</p>	<p>You pay: \$10 Copay Primary Care Physician visit</p> <p>You pay: \$30 Copay Specialist visit</p>
<p>Preventive Services</p>	<p>You pay: \$0 copay</p> <p>Our plan covers many preventive services, including: Abdominal Aortic Aneurysm Screening, Alcohol misuse counseling, Bone Mass Measurement, Breast cancer screening (mammogram), Cardiovascular disease (behavioral therapy), Cardiovascular screenings, Cervical and Vaginal Cancer Screening, Colorectal Cancer Screening (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy), Depression screening, Diabetes Screening, HIV screening, Medical nutrition therapy services, Obesity screening and counseling, Prostate cancer screenings (PSA), Sexually transmitted infections screening and counseling, Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease), Vaccine, including Flu shots, Hepatitis B shots, Pneumococcal shots, "Welcome to Medicare" preventive visit (one-time), Yearly "Wellness" visit</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. If the doctor provides you additional services, separate doctor office visit cost sharing may apply.</p>
<p>Emergency Care</p> <p>You may go to any emergency room if you reasonably believe you need emergency care.</p>	<p>You pay \$65 Copay for each emergency room visit.</p> <p>Worldwide coverage for emergency and urgently needed care.</p> <p>If you are admitted to the hospital within 1-day(s) for the same condition, your copay is waived for the emergency room visit.</p>
<p>Urgent Care</p> <p>This is not emergency care</p>	<p>You pay: \$35 Copay</p>

Services with a 1 may require prior authorization

<p>Diagnostic Tests, Lab, Radiology Services¹ Such as MRIs and CT Scans and X-rays</p>	<p>You pay: \$0 Copay for lab/diagnostic services in a physician's office or independent lab.</p> <p>You pay: \$0 Copay for lab/diagnostic services in an outpatient facility.</p> <p>You pay: \$30 Copay for standard imaging services.</p> <p>You pay: \$30 Copay for advanced imaging services.</p> <p>You pay: \$30 Copay for therapeutic radiology services.</p>
<p>Hearing Services Medicare covered Exam to diagnose and treat hearing and balance issues</p>	<p>You pay: \$30 Copay</p>
<p>Hearing Services Routine Exam up to 1 every year. Cost sharing is not applied to the Combined In and Out-of-Network Out-of-Pocket Maximum. Up to 1 every year</p>	<p>You pay: \$45 Copay</p> <p>\$699 Copay per aid per year for TruHearing Advanced. \$999 Copay per aid per year for TruHearing Premium.</p>
<p>Dental Services¹ Preventive dental services (such as cleaning) not covered Authorization rules may apply for Medicare-covered accidental dental services.</p>	<p>Medicare covered dental benefits you pay: \$0 Copay.</p>
<p>Dental Services¹</p>	<p>\$200 Dental Annual Allowance</p>
<p>Vision Medicare covered Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</p>	<p>You pay: \$30 Copay</p> <p>You pay: \$0 copay for annual screening for diabetic retinopathy (for people with diabetes)</p> <p>You pay: \$0 copay for eyeglass or contact lenses after cataract surgery with a participating Davis Vision provider.</p>

Services with a 1 may require prior authorization

<p>Routine Vision</p> <p>A Davis Vision provider must be used to be considered in-network</p>	<p>Routine eye exam (for up to 1 every year) you pay: \$0 Copay</p> <hr/> <p>\$200 Annual allowance (lenses and frames) offered through Davis Vision.</p>
<p>Mental Health Care¹</p> <p>Inpatient visit: Covered services include mental health care services that require a hospital stay. There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital .</p> <p>Office visit copays do not apply to the annual deductible.</p>	<p>Inpatient stay you pay: \$0 per stay</p> <p>Outpatient individual/group therapy visit for other mental health care services you pay: \$40 Copay</p> <p>Outpatient individual therapy visit with a psychiatrist you pay: \$40 Copay</p>
<p>Skilled Nursing Facility (SNF)¹</p> <p>Medicare-certified skilled nursing facility</p>	<p>You pay: \$0 Copay per admission for days 1-100.</p> <p>No prior hospital stay is required.</p>
<p>Physical Therapy¹</p>	<p>You pay: \$20 Copay for Medicare-covered Physical Therapy visits.</p>
<p>Ambulance Services¹</p> <p>Medically necessary ambulance services</p>	<p>You pay: \$100 Copay</p>
<p>Transportation (Routine)¹</p> <p>24 one-way trips. Transportation related to continued acute care after discharge does not apply towards the trip limit.</p>	<p>Not Covered</p>

Services with a 1 may require prior authorization

<p>Part B Drugs¹ Drugs covered under Medicare Part B. See Section 1 for more Information on Medicare Part B Drugs.</p> <p>Part B covers Immunosuppressive drugs, Oral chemotherapy drugs, Physician administered injectables, Nebulizer drugs and other Part B drugs</p>	<p>You pay: 0% Coinsurance</p>
<p>Acupuncture Medicare-covered Acupuncture visits up to 12 visits in 90 days for chronic low back pain</p>	<p>You pay: \$30 Copay for Medicare-covered Acupuncture visits.</p>
<p>Acupuncture & Massage Therapy</p>	<p>Not Covered</p>
<p>Chiropractic Care¹ Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part)</p>	<p>You pay: \$20 Copay</p>
<p>Supplies, equipment and devices¹</p>	<p>Durable Medical Equipment - You pay: \$0 for compression stockings; 20% Coinsurance for all other items.</p> <p>Prosthetics - You pay: \$0 for diabetic shoes/inserts; 20% Coinsurance for all other items.</p> <p>Diabetic supplies - You pay: \$0 Copay</p>
<p>Foot Care (<i>podiatry services</i>) Medicare covered exam - Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p>	<p>You pay: \$30 Copay</p>

Services with a 1 may require prior authorization

<p>Foot Care (<i>podiatry services</i>) Routine visits up to 3 visits per year.</p>	<p>You pay: \$30 Copay</p>
<p>Home Health Care¹</p>	<p>You pay: \$0 Copay</p>
<p>Outpatient Rehabilitation¹ Cardiac Rehabilitation Occupational Therapy, Physical Therapy, Speech and Language Therapy</p>	<p>You pay: \$20 Copay for Cardiac (heart) Rehabilitation services. You pay: \$20 Copay for Medicare-covered Occupational, Physical, Speech and Language Therapy visits.</p>
<p>Over the Counter Drug Allowance</p>	<p>Not Covered</p>
<p>Renal Dialysis Services to Treat Kidney Disease</p>	<p>You pay: \$0 Copay</p>
<p>Wellness/Education and Other Supplemental Benefits & Services</p>	<p>The plan covers the following supplemental education/wellness programs: Nationwide Fitness Network Membership/Fitness Classes</p>
<p>Hospice</p>	<p>You pay: \$0 copay for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</p>
<p>Meals After Inpatient Discharge (1 meal per day up to 7 days upon Discharge from an Inpatient Hospital or SNF Stay. Must be activated within 30 days of discharge)</p>	<p>Covered</p>

Services with a 1 may require prior authorization

Part D Prescription Drug Benefits

You pay the following until you reach the True Out of Pocket (TrOOP) costs threshold of \$2,000.

Deductible - \$0

DRUG

Initial Coverage	Network Retail Pharmacy	Tier	31 Day Supply	Up to 100 Day Supply Tier 1 & 2 Up to 90 Day Supply Tier 3 & 4
		Tier 1 (Preferred Generic Drugs)	\$0 Copay	\$0 Copay
Tier 2 (Generic Drugs)	\$15 Copay	\$45 Copay		
Tier 3 (Preferred Brand Drugs and Generics)	\$30 Copay	\$90 Copay		
Tier 4 (Non-Preferred Drugs)	\$50 Copay	\$150 Copay		
Tier 5 (Specialty drugs consist of both Generic and Brand)	\$50 Copay	Not Available		
Initial Coverage	Mail Order	Tier	Up to 100 Day Supply Tier 1 & 2 Up to 90 Day Supply Tier 3 & 4	
		Tier 1 (Preferred Generic Drugs)	\$0 Copay	
		Tier 2 (Generic Drugs)	\$30 Copay	
		Tier 3 (Preferred Brand Drugs and Generics)	\$60 Copay	
		Tier 4 (Non-Preferred Drugs)	\$100 Copay	
		Tier 5 (Specialty drugs consist of both Generic and Brand)	\$50 Copay for a 31 day limit supply	
Catastrophic Coverage	After reaching the True Out of Pocket (TrOOP) costs, there is \$0 member cost sharing for covered Part D drugs in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations.			
Formulary	Fundamental			

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

For questions about this plan's benefits or costs, please contact Senior Blue. Call 1-866-456-7739, (TTY users call 711), Monday through Friday, between 8 a.m. and 4:30 p.m. ET. Please have Reference Code 25SB0E10717145 ready when you call.



Because Life.™

If you want to know more about the 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), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Highmark Blue Cross Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal. Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing-aid benefit. Davis Vision, a subsidiary of Versant Health, is a separate company. Express Scripts is an independent company that administers the pharmacy benefit for your health plan. Other Pharmacies/Physicians/Providers are available in our network.

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.

Pennsylvania, Delaware, West Virginia, and New York: 1-844-679-6930 (TTY:711)

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

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

About our benefits and premiums

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

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

About us

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

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

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

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

FitOn Health is an independent company offering members a fitness benefit.

TruHearing is a registered trademark of TruHearing, Inc., a separate company.

Care at HomeSM is a program for Highmark Blue Cross Blue Shield members and is administered by Landmark, a separate company.

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

Davis Vision is an independent company that provides the network and administers vision benefits for Highmark members.

Express Scripts[®] is a separate company.

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

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

Out-of-network/non-contracted providers are under no obligation to treat Plan members except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

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

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

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

Discrimination is Against the Law

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

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

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

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, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. 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:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

**Pennsylvania, Delaware, West Virginia, and New York:
1-844-679-6930 (TTY: 711)**

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

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

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

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

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

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

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

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

لدينا خدمات ترجمة فورية مجانية للإجابة عن أي أسئلة قد تراودك حول خطتنا الصحية أو الدوائية. للحصول على مترجم فوري، فقط اتصل بالرقم المقدم للولاية التي تقيم فيها. ويمكن لشخص يتحدث العربية مساعدتك. هذه خدمة مجانية.

건강 또는 약물 플랜에 대한 귀하의 질문에 답변해 드릴 수 있는 무료 통역 서비스를 제공해 드립니다. 통역사를 구하려면 거주하시는 주의 전화 번호로 문의하십시오. 한국어(를) 말할 수 있는 직원이 도와드릴 수 있습니다. 이 서비스는 무료로 제공됩니다.

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

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

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

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

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

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

当院では、無料の通訳サービスを用意し、治療や投薬計画に関するご質問にお答えしています。通訳を手配したい場合は、お住まいの州で指定された番号までお電話でご連絡ください。日本語話せる者が対応をお手伝いします。サービスは無料でご利用いただけます。

Connect with us.

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

Find us here:



We've got your back.

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