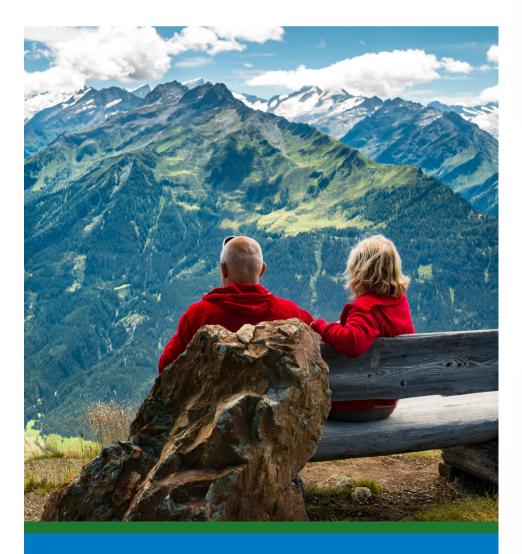
# Next Steps

# **UA LOCAL 13** 2022

## Medicare Open Enrollment



## Current Enrollees

If you choose to stay with your current plan, you don't need to do a thing.

## **New Enrollees**



## **ALL Enrollment forms must be** returned by November 26, 2021.

If you would like to switch to another plan, please complete the enclosed Enrollment form.

## HIGHLIGHTS OF YOUR **2022 MEDICARE COVERAGE**

### Getting the most from your Medicare Advantage plan is more important than ever — and it takes a local company who understands the needs in your community to make it happen. Excellus BlueCross BlueShield is here to bring together the coverage, programs and resources you need to be on your way to total physical, emotional and financial wellbeing.

Excellus 🗟 🕅

You can count on your Excellus BCBS Medicare Advantage plan for care when and where you need it<sup>1</sup>:

- Second provider network for both HMO and PPO plans, plus worldwide urgent and emergency care coverage
- 24/7 access to doctors and telemedicine
- 9 \$0 copays for most preventive services such as a routine physical exam each year, select vaccines, mammography, prostate, and colorectal screenings.
- Hearing exam and hearing aid benefits

### Here's a quick look at some key benefit updates for 2022:

### TruHearing<sup>2</sup>

provides routine hearing exams and hearing aids. For 2022, PPO plan members can now receive a routine hearing exam from an out-of-network provider for a \$0 copay. **Call TruHearing to** learn more and schedule an appointment: 1-855-205-5519 (For TTY, dial 711)



### The Silver&Fit program<sup>3</sup>

provides membership at a participating fitness center (\$25 annual fee) AND one Home Fitness Kit (\$10 annual fee).<sup>1</sup> Fees must be paid directly to Silver&Fit. To get started, visit MvExcellusMedicare.com/SilverFit



### Welvie My Surgery<sup>™</sup> Program (New!)

This online program helps you work with your doctor to decide on, prepare for and recover from surgery. You don't need to be considering surgery to benefit. You'll get a \$25 Amazon gift card for completing the program.<sup>4</sup> Visit **welvie.com** to get started.



The Skilled Nursing Facility in-network benefit for days 21-100 is changing from a \$184 copayment per day to a \$188 copayment per day. The copayment is set by Medicare and can change annually.

Learn more about your Excellus BCBS benefits at MyExcellusMedicare.com or call **1-877-883-9577 (TTY: 711)** Monday to Friday 8:00 a.m. to 8:00 p.m. From October 1 to December 30 we are available 7 days a week 8:00 a.m. to 8:00 p.m.



585-338-2310 ext:106 **Fax:** 585-544-3993 **Toll Free:** 1-800-224-8544



### **UA LOCAL 13 BENEFIT OFFICE** 1850 Mt. Read Blvd. Rochester, NY 14615

## **Questions?**

### **Contact Tricia Marciano**

**Email:** triciam@ualocal13.org

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## **2022 Local 13 Medicare Advantage Plans**

	High Option		<b>High Option Alternative</b>		Low Option		Low Option Alternative		PPO		No Prescription	
Service Category	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Monthly Plan Premium	\$419.23		\$320.67		\$324.60		\$226.04		\$470.26		\$205.43	
Annual Deductible	None	None	None	None	None	None	None	None	None	\$250	None	None
Annual out-of-pocket maximum (medical services only)	\$3400 In-Network	N/A	\$5500 In-Network	N/A	\$3400 In-Network	N/A	\$5500 In-Network	N/A	\$1250 In-Network	\$8000 combined In-Network & Out-of Network Annual OOP Max	\$3400 In-Network	N/A
Out-of-Network	N/A	20% Coinsurance up to max of \$5000	N/A	20% Coinsurance up to max of \$5000	N/A	20% Coinsurance up to max of \$5000	N/A	20% Coinsurance up to max of \$5000	N/A		N/A	20% Coinsurance up to max of \$5000
Lifetime Maximum	None		None		None		None		None	None	None	None
Physician Office Services												
Office Visit (PCP)	\$15	20% Coinsurance up to max of \$5000	\$25	20% Coinsurance up to max of \$5000	\$15	20% Coinsurance up to max of \$5000	\$25	20% Coinsurance up to max of \$5000	\$15	\$25/subject to deductible	\$15	20% Coinsurance up to max of \$5000
Office Visit (Specialist)	\$15	20% Coinsurance up to max of \$5000	\$50	20% Coinsurance up to max of \$5000	\$15	20% Coinsurance up to max of \$5000	\$50	20% Coinsurance up to max of \$5000	\$15	\$25/subject to deductible	\$15	20% Coinsurance up to max of \$5000
Hospital Services												
Inpatient	<b>\$100</b> per admission/unlimited days (max 3 copays per year)	20% Coinsurance up to max of \$5000	<b>\$700</b> per admission/unlimited days (max 3 copays per year)	20% Coinsurance up to max of \$5000	<b>\$100</b> per admission/unlimited days (max 3 copays per year)	20% Coinsurance up to max of \$5000	<b>\$700</b> per admission/unlimited days (max 3 copays per year)	20% Coinsurance up to max of \$5000	\$250 per admission/unlimited days (max 3 copays per year)	20% Coinsurance/Subject to Deductible	\$250 per admission/unlimited days (max 3 copays per year)	20% Coinsurance up to max of \$5000
Outpatient Surgical Care	\$50	20% Coinsurance up to max of \$5000	\$100	20% Coinsurance up to max of \$5000	\$50	20% Coinsurance up to max of \$5000	\$100	20% Coinsurance up to max of \$5000	\$50	20% Coinsurance/Subject to Deductible	\$50	20% Coinsurance up to max of \$5000
Emergency Room	\$65	\$65	\$75	\$65	\$65	\$65	\$75	\$65	\$65	\$65	\$65	\$65
Urgent Care	\$15	\$15	\$50	\$40	\$15	\$15	\$50	\$40	\$15	\$15	\$15	\$15
Diagnostic Services												
Lab Tests	Covered in Full	20% Coinsurance up to max of \$5000	Covered in Full	20% Coinsurance up to max of \$5000	Covered in Full	20% Coinsurance up to max of \$5000	Covered in Full	20% Coinsurance up to max of \$5000	Covered in Full	20% Coinsurance/Subject to Deductible	Covered in Full	20% Coinsurance up to max of \$5000
X-Ray Services	\$15	20% Coinsurance up to max of \$5000	\$50	20% Coinsurance up to max of \$5000	\$15	20% Coinsurance up to max of \$5000	\$50	20% Coinsurance up to max of \$5000	\$15	20% Coinsurance/Subject to Deductible	\$15	20% Coinsurance up to max of \$5000
Prescriptions For A 30-Day Supp	ply											
Tier 1 (Generic)	\$10		\$10		\$5		\$5		\$10		NO COVERAGE	
Tier 2 (Brand)	\$25		\$25		\$30		\$30		\$25			
Tier 3 (Brand)	\$40		\$40		\$75		\$75		\$40			
	No Coverage Gap	Emergency Only	No Coverage Gap	Emergency Only	Gap	Emergency Only	Gap	Emergency Only	No Coverage Gap	Emergency Only		
Other Services												
Routine Vision Exam	<b>\$15</b> /one per year	20% Coinsurance up to max of \$5000	<b>\$50</b> /one per year	20% Coinsurance up to max of \$5000	<b>\$15</b> /one per year	20% Coinsurance up to max of \$5000	<b>\$50</b> /one per year	20% Coinsurance up to max of \$5000	15/one per year	\$25/subject to deductible	\$15/one per year	20% Coinsurance up to max of \$5000
Eyewear	\$100 allowance/one per year	\$100 allowance/one per year	\$100 allowance/one per year	\$100 allowance/one per year	\$100 allowance/one per year	\$100 allowance/one per year	\$100 allowance/one per year	\$100 allowance/one per year	\$100 allowance/one per year	\$100 allowance/one per year	\$100 allowance/one per year	\$100 allowance/one per year