

UA LOCAL 13 2025

Medicare Plans



Highlights of your

2025 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.



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

- Broad provider network for both HMO and PPO plans, plus worldwide urgent and emergency care coverage
- 24/7 access to doctors and telehealth
- \$0 copays for most preventive services such as a routine physical exam each year, select vaccines, mammography, prostate, and colorectal screenings.
- Member Care Management team to assist with everything from answering little questions to supporting members with chronic condition management, and complex condition management
- Hearing exam and hearing aid benefits

Here's a quick look at some key benefit updates for 2025:

FitOn Health

Members will have access to a new fitness benefit from FitOn Health in 2025. FitOn Health is a health and fitness platform that provides whole-health solutions including in-person gyms and studios, extensive digital library of fitness and wellness classes, condition-management courses, nutrition and meal planning, challenges and more. This is replacing our current program from Silver&Fit.

Members will have a \$0 copayment for access to a participating fitness facility, and may access nonparticipating fitness facilities if needed (limitations and restrictions apply).

For all plans with Medicare Part D prescription drug coverage, the following changes will apply:

Catastrophic coverage

Members will pay no more than \$2,000 out-of-pocket before moving to the Catastrophic Coverage Stage where members pay nothing for covered Part D drugs. Members may have cost sharing for excluded drugs that are covered under our enhanced benefit.

Elimination of the coverage gap

The coverage gap (also known as the "donut hole") has been eliminated.

Prescription payment plan

The Medicare Prescription Payment Plan is a new payment option for member cost sharing that they may choose to enroll in. It can help your members manage drug costs by spreading their cost sharing across monthly payments.

Learn more about your Excellus BCBS benefits at MyExcellusMedicare.com or call 1-877-883-9577 (TTY: 711) October 1 through March 31: 8 a.m. to 8 p.m., 7 days a week April 1 through September 30: 8 a.m. to 8 p.m., Monday - Friday



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Questions?

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2025 Local 13 Medicare Advantage Plans

	High Option		High Option Alternative		Low Option		Low Option Alternative		PPO		No Prescription	
Service Category	In-Network	Out-of-Network	In-Network	Out-of-Network								
Monthly Plan Premium	\$519.96		\$402.39		\$535.83		\$418.26		\$583.33		\$253.44	
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	\$100 per admission/unlimited days (max 3 copays per year)	20% Coinsurance up to max of \$5000	\$700 per admission/unlimited days (max 3 copays per year)	20% Coinsurance up to max of \$5000	\$100 per admission/unlimited days (max 3 copays per year)	20% Coinsurance up to max of \$5000	\$700 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 Sup	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										
Other Services												
Routine Vision Exam	\$15 /one per year	20% Coinsurance up to max of \$5000	\$50 /one per year	20% Coinsurance up to max of \$5000	\$15 /one per year	20% Coinsurance up to max of \$5000	\$50 /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