

January 1, 2027 to December 31, 2027

Senior Blue 601 (HMO)

Summary of Benefits

Western New York

This summary of benefits doesn't list every service, limitation, or special circumstance. Visit **medicare.highmark.com** to view the plan's Evidence of Coverage (EOC), which includes a complete list of covered services. Premium, deductible and limits are the amounts you pay for covered services.

For more information about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](https://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY 1-877-486-2048.

You can enroll in this plan if you:

- Have Medicare Part A
- Are enrolled in Medicare Part B
- Live in one of the following counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, or Wyoming.



Senior Blue 601 (HMO)

Monthly plan premium	\$0
Part B premium reduction	\$7
Medical deductible	\$0
Maximum out-of-pocket for in-network services	\$6,700

Covered Medical and Hospital Benefits	In-Network	Out-of-Network
Inpatient hospital admit stays*		
Days 1 – 7, per day	\$290	Not covered
Days 8 – 90, per day	\$0	Not covered
Yearly out-of-pocket (OOP) max	\$2,030	Not covered
Outpatient hospital visits*	\$0-\$325	Not covered
Ambulatory surgical center (ASC)*	\$0-\$225	Not covered
Office visits		
Primary care physician (PCP)	\$0	Not covered
Specialist	\$45	Not covered
Preventive Screenings (Office visit copay may apply)	\$0	Not covered
Emergency room visit	\$130	Not covered
Urgent care visit	\$50	Not covered
Diagnostics and laboratory tests*		
Freestanding labs*	\$45/\$0	Not covered
Physician office*	\$45/\$0	Not covered
Outpatient facility*	\$45/\$10	Not covered
X-rays/advanced imaging*		
X-rays*	\$45	Not covered
Advanced imaging*	\$150	Not covered
Hearing		
Medicare-covered services	\$45	Not covered
Yearly routine exam	\$45	Not covered
TruHearing™ (1 aid per ear per year)		
Advanced (Every year in-network)	\$599	Not covered
Premium (Every year in-network)	\$899	Not covered
Dental		
Medicare-covered services	\$45	Not covered
Bi-annual routine cleaning and exam	\$0	Not covered
Yearly routine X-rays	\$0	Not covered
Comprehensive services	50%	Not covered
Combined max yearly allowance	\$2,000	Not covered
Vision		
Medicare-covered services	\$0-\$45	Not covered
Medicare-covered diabetic retinal eye exam	\$0	Not covered
Yearly routine exam	\$0	Not covered
Combined yearly routine eyewear allowance	\$100	Not covered
Mental health*		
Inpatient stays		
Days 1 – 6, per day	\$260	Not covered
Days 7 – 90, per day	\$0	Not covered
Yearly OOP max	\$1,560	Not covered
Outpatient visits*	\$40	Not covered

Questions? We're here to help!

Already a member or need a copy of the EOC?

Call us at **1-800-329-2792** (TTY: 711), seven days a week, 8 a.m. to 8 p.m. ET.

Looking to enroll for the first time?

Talk with a local **Licensed Highmark Medicare advisor**, visit a **Highmark Direct store or Medicare center**, or call **1-866-746-7971** (TTY: 711)

October 1 – March 31: 8 a.m. to 8 p.m. ET, 7 days a week

April 1 – September 30: 8 a.m. to 8 p.m. ET, Monday–Friday

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.

