

# 2016 Benefit Summary

2016 WNY Direct Pay Forever Blue PPO Value  
 Bar Association of Erie County Retirees PPO Value  
 Group #00401524



To learn more, call 1-855-215-9237 (TTY 711). We're available:

October 1-February 14	8 a.m. to 8 p.m., 7 days a week
February 15-September 30	8 a.m. to 8 p.m., Monday-Friday

		In-network	Out-of-network
Physician and other health professional services	Primary doctor	\$35	35%
	Specialist	\$50	35%
	Radiation therapy	\$50	35%
	Podiatry	\$50	35%
	Emergency room (waived if admitted)	\$75	\$75
	Urgent care (waived if admitted)	\$65	\$65
	Ambulance	\$175	\$175
More than 20 preventive services	Flu shots – Part B	\$0	35%
	Immunizations – Part B (hepatitis/pneumonia)	\$0	35%
	All other preventive screenings and tests, such as colorectal cancer screenings, pap smears, prostate cancer screenings, mammogram screenings, and routine physicals	\$0	35%
Hospital, home health care, and skilled services	Hospital (inpatient)	\$270/day for days 1-7, \$1,890 OOP max per year	35%
	Outpatient surgery facility	\$275	35%
	Home health care	\$0	35%
	Skilled nursing facility (100 days per benefit period)	\$0/day for days 1-20, \$160/day for days 21-100, No yearly benefit period maximum	35%
	Dialysis	\$10	\$10 for Non-par providers inside the service area \$10 for Non-par providers outside the service area
Laboratory and X-ray services	Laboratory testing	\$5	35%
	X-rays	\$50	35%
	MRI, MRA, PET, and CT	\$75	35%
Rehabilitation services	Physical, occupational, and speech therapy	\$25	35%
	Chiropractor	\$20	35%
	Cardiac rehab	\$15	35%

		In-network	Out-of-network
Mental health/ chemical dependence services	Mental health (inpatient, 190-day lifetime limit)	\$260/day for days 1-6, \$1,560 OOP max per year	35%
	Mental health (outpatient)	\$40	50%
	Mental health (with psychiatrist)	\$40	50%
	Alcohol substance abuse (inpatient)	\$260/day for days 1-6, \$1,560 OOP max per year	35%
	Alcohol substance abuse (outpatient)	50%	50%
Vision	Routine vision exam	\$50	35%
	Medical vision exam	\$50	35%
	Vision discount	Vision Plus Program	N/C
	Allowance (lenses and frames)	N/C	
Hearing	Routine hearing exam	N/C	N/C
	Diagnostic hearing exam	\$50	35%
	Hearing aid allowance	N/C	N/C
Dental	Dental allowance	N/C	
Supplies, equipment, and devices	Durable medical equipment	\$0 compression stockings 20% all other items	50%
	Prosthetics	\$0 diabetic shoes/inserts 20% all other items	50%
	Diabetic supplies - Part B	\$0	50%
Fitness program	SilverSneakers®	Covered	N/C
Prescription drugs – Part B	Immunosuppressive drugs	20%	35%
	Oral chemotherapy drugs	20%	35%
	Physician administered injectables	20%	35%
	Nebulizer inhalation solution	\$25	35%
	Part B Drugs - Other	20%	35%
Prescription drugs – Part D	Prescription drug (Rx)	Preferred Pharmacies: \$7/\$15/\$42/\$94/33% Standard Pharmacies: \$12/\$20/\$47/\$100/33%	
	Mail order (90 day supply)	T1-T4: 2.5 copays for a 90 day supply T5: 3 copays for a 90 day supply	
	Coverage gap/Donut hole	Discounts Only	
General product information	Medical Deductible	N/A	N/A
	Prescription Deductible	N/A	N/A
	In-network out-of-pocket maximum	\$6,700	N/A
	Combined out-of-pocket maximum	\$10,000	

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. BlueCross BlueShield of Western New York is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal.

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