

2017 Benefit Summary

Forever Blue PPO 799 Plan 13 (PPO OOA)

Bar Association of Erie County Retirees 799 OOA

Group # 00403921



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	\$10	\$10
	Specialist	\$20	\$20
	Radiation therapy	\$20	\$20
	Emergency room (waived if admitted)	\$50	\$50
	Urgent care (waived if admitted)	\$50	\$50
	Ambulance	\$50	\$50
More than 20 preventive services	Flu shots – Part B	\$0	\$0
	Immunizations – Part B (hepatitis/pneumonia)	\$0	\$0
	All other preventive screenings and tests	\$0	\$0
Hospital, home health care, and skilled services	Hospital (inpatient)	\$250 / 1 copay max per year combined	\$250 / 1 copay max per year combined
	Outpatient surgery – hospital	\$50	\$50
	Outpatient surgery – ambulatory center	\$35	\$35
	Home health care	\$0	\$0
	Skilled nursing facility (100 days per benefit period)	\$250 / 1 copay max per year combined	\$250 / 1 copay max per year combined
	Dialysis	\$0	20% for non-par providers inside the service area; \$0 for non-par providers outside the service area
Mental health/chemical dependence services	Mental health (inpatient, 190-day lifetime limit)	\$250 / 1 copay max per year combined	\$250 / 1 copay max per year combined
	Mental health (outpatient)	\$40	\$40
	Mental health (with psychiatrist)	\$20	\$20
	Alcohol substance abuse (inpatient)	\$250 / 1 copay max per year combined	\$250 / 1 copay max per year combined
	Alcohol substance abuse (outpatient)	20%	20%
Laboratory and X-ray services	Laboratory testing	\$0	\$0
	X-rays	\$20	\$20
	Advanced radiology – MRI, MRA, PET, and CT	\$30	\$30
Rehabilitation services	Physical, occupational, and speech therapy	\$20	\$20
	Chiropractor	\$20	\$20
	Cardiac rehab	\$20	\$20

		In-network	Out-of-network
Vision	Routine vision exam	\$20	20%
	Medical vision exam	\$20	\$20
	Allowance (lenses and frames)	\$75 annual allowance	
Hearing	Routine hearing exam – TruHearing™	\$45	\$45
	Diagnostic hearing exam	\$20	\$20
	Hearing aid benefit – TruHearing™	\$699 / \$999	
Dental	Dental allowance	\$75 annual allowance	
Supplies, equipment, and devices	Durable medical equipment	\$0 compression stockings 20% all other items	20%
	Prosthetics	\$0 diabetic shoes/inserts 20% all other items	20%
	Diabetic supplies - Part B	\$0	\$0
Fitness program	SilverSneakers® (“Steps” program included)	Covered	
Prescription drugs – Part B	Immunosuppressive drugs	\$0	\$0
	Oral chemotherapy drugs	\$0	\$0
	Physician administered injectables	\$0	20%
	Nebulizer inhalation solution	20%	20%
	Part B drugs - other	20%	20%
Prescription drugs – Part D	Prescription drug (Rx)	\$0/\$10/\$20/\$40/\$40	
	Mail order (90 day supply)	2 copays for a 90 day supply	
	Coverage gap/donut hole	No coverage gap	
General product information	In-network out-of-pocket maximum	\$3,400	N/A
	Combined out-of-pocket maximum	\$3,400	

Product ID: Plan 13

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.

Out-of-network/non-contracted providers are under no obligation to treat BlueCross BlueShield of Western New York members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

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