

2018 Benefit Summary

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

Group Name: Bar Association of Erie County Retirees

Group Number: 11443950

BlueSaver (HMO)

		In-network
Physician and other health professional services	Primary doctor table style	\$15
	Specialist	\$41
	Radiation therapy	\$50
	Emergency room (waived if admitted)	\$80
	Urgent care (waived if admitted)	\$65
	Ambulance	\$300
More than 20 preventive services	Flu shots – Part B	\$0
	Immunizations – Part B (hepatitis/pneumonia)	\$0
	All other preventive screenings and tests	\$0
Hospital, home health care, and skilled services	Hospital (inpatient)	\$360 per day for days 1-5; \$1,800 OOP max per year
	Outpatient surgery – hospital	\$500
	Outpatient surgery – ambulatory center	\$450
	Home health care	\$0
	Skilled nursing facility (100 days per benefit period)	\$0 per day for days 1-20; \$167.50 for days 21-100
	Dialysis	20%
Mental health/chemical dependence services	Mental health (inpatient, 190-day lifetime limit)	\$395 per day for days 1-4; \$1,580 OOP max per year
	Mental health (outpatient)	\$40
	Mental health (with psychiatrist)	\$40
	Alcohol substance abuse (inpatient)	\$395 per day for days 1-4; \$1,580 OOP max per year
	Alcohol substance abuse (outpatient)	50%
Laboratory and X-ray services	Laboratory testing	\$10
	X-rays	\$50
	Advanced radiology – MRI, MRA, PET, and CT	\$175
Rehabilitation services	Physical, occupational, and speech therapy	\$40
	Chiropractor	\$20
	Cardiac rehab	\$15

		In-network
Vision	Routine vision exam	\$41
	Medical vision exam	\$41
	Allowance (lenses and frames)	N/C
Hearing	Routine hearing exam – TruHearing™	\$45
	Diagnostic hearing exam	\$41
	Hearing aid benefit – TruHearing™	\$699 / \$999
Dental	Dental allowance	N/C
Supplies, equipment, and devices	Durable medical equipment	\$0 compression stockings 20% all other items
	Prosthetics	\$0 diabetic shoes/inserts 20% all other items
	Diabetic supplies – Part B	\$0
Fitness program	SilverSneakers® (“Steps” program included)	Covered
Prescription drugs – Part B	Immunosuppressive drugs	20%
	Oral chemotherapy drugs	20%
	Physician administered injectables	20%
	Nebulizer inhalation solution	20%
	Part B drugs - other	20%
Prescription drugs – Part D	Prescription drug (Rx)	Preferred pharmacies: \$2/\$12/\$42/\$85/27% Standard pharmacies: \$7/\$17/\$47/\$90/27%
	Mail order (90 day supply)	Tier 1 – Tier 4: 2.5 copays for 90 days Tier 5: 27% of the cost of the fill up to a 90 day supply
	Coverage gap/donut hole	Discounts only
General product information	Prescription Deductible	Tier 1 – Tier 2: \$0; Tier 3 – Tier 5: \$290
	In-network out-of-pocket maximum	\$6,700
	Combined out-of-pocket maximum	N/A

BlueCross BlueShield of Western New York is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal. A division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association. You must continue to pay your Medicare Part B premium. 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. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Other Pharmacies/Physicians/Providers are available in our network.