

# 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: 00401524**

**Forever Blue 751 (PPO)**

		In-network	Out-of-network
Physician and other health professional services	Primary doctor	\$5	25%
	Specialist	\$27	25%
	Radiation therapy	\$50	25%
	Emergency room (waived if admitted)	\$80	\$80
	Urgent care (waived if admitted)	\$65	\$65
	Ambulance	\$200	\$200
More than 20 preventive services	Flu shots – Part B	\$0	25%
	Immunizations – Part B (hepatitis/pneumonia)	\$0	25%
	All other preventive screenings and tests	\$0	25%
Hospital, home health care, and skilled services	Hospital (inpatient)	\$205 / day for days 1-7; \$1,435 OOP max per year	30%
	Outpatient surgery – hospital	\$275	25%
	Outpatient surgery – ambulatory center	\$200	25%
	Home health care	\$0	25%
	Skilled nursing facility (100 days per benefit period)	\$0 / day for days 1-20; \$167.50 per day for days 21-100	30%
	Dialysis	\$20	Inside service area: 20% for non-participating providers Outside service area: \$20 for non-participating providers.

		In-network	Out-of-Network
Mental health/ chemical dependence services	Mental health (inpatient, 190-day lifetime limit)	\$270 / day for days 1-6; \$1,620 OOP max per year	30%
	Mental health (outpatient)	\$40	50%
	Mental health (with psychiatrist)	\$40	50%
	Alcohol substance abuse (inpatient)	\$270 / day for days 1-6; \$1,620 OOP max per year	30%
	Alcohol substance abuse (outpatient)	50%	50%
Laboratory and X-ray services	Laboratory testing	\$5	25%
	X-rays	\$40	25%
	Advanced radiology – MRI, MRA, PET, and CT	\$75	25%
Rehabilitation services	Physical, occupational, and speech therapy	\$25	25%
	Chiropractor	\$20	25%
	Cardiac rehab	\$15	25%
Vision	Routine vision exam	\$27	25%
	Medical vision exam	\$27	25%
	Allowance (lenses and frames)	\$100 annual allowance	
Hearing	Routine hearing exam – TruHearing™	\$45	\$45
	Diagnostic hearing exam	\$27	25%
	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	50%
	Prosthetics	\$0 diabetic shoes/inserts 20% all other items	50%
	Diabetic supplies - Part B	\$0	50%
Fitness program	SilverSneakers® (“Steps” program included)	Covered	
Prescription drugs – Part B	Immunosuppressive drugs	20%	25%
	Oral chemotherapy drugs	20%	25%
	Physician administered injectables	20%	25%
	Nebulizer inhalation solution	\$25	25%
	Part B drugs - other	20%	25%
Prescription drugs – Part D	Prescription drug (Rx)	Preferred pharmacies: \$2/\$8/\$42/\$94/33% Standard pharmacies: \$7/\$13/\$47/\$99/33%	
	Mail order (90 day supply)	Tier 1 – Tier 4: 2.5 copays for 90 days; Tier 5: 33% of the cost of the fill up to a 90 day supply	
	Coverage gap/donut hole	Tier 1: Preferred \$2/Standard \$7; Tier 2 – Tier 5: Discounts apply	

		In-network	Out-of-Network
General product information	Prescription Deductible	\$0	
	In-network out-of-pocket maximum	\$6,700	N/A
	Combined out-of-pocket maximum	\$10,000	

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.

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.