



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 799 Low Option

Group Number: 00418167

Forever Blue 799 (PPO) Plan 34

		In-network	Out-of-network
Physician and other health professional services	Primary doctor	\$25	\$30
	Specialist	\$40	\$45
	Radiation therapy	\$40	\$45
	Emergency room (waived if admitted)	\$75	\$75
	Urgent care (waived if admitted)	\$65	\$65
	Ambulance	\$125	\$125
More than 20 preventive services	Flu shots – Part B	\$0	\$0
	Immunizations – Part B (hepatitis/pneumonia)	\$0	\$45
	All other preventive screenings and tests	\$0	\$45
Hospital, home health care, and skilled services	Hospital (inpatient)	\$350 per stay	30%
	Outpatient surgery – hospital	\$100	\$175
	Outpatient surgery – ambulatory center	\$75	\$175
	Home health care	\$10	30%
	Skilled nursing facility (100 days per benefit period)	\$350 per stay	30%
	Dialysis	\$0	Inside service area: 20% for non-participating providers. Outside service area: \$0 for non-participating members.
Mental health/chemical dependence services	Mental health (inpatient, 190-day lifetime limit)	\$350 per stay	30%
	Mental health (outpatient)	\$40	30%
	Mental health (with psychiatrist)	\$20	30%
	Alcohol substance abuse (inpatient)	\$350 per stay	30%
	Alcohol substance abuse (outpatient)	20%	30%
Laboratory and X-ray services	Laboratory testing	\$5	\$45
	X-rays	\$40	30%
	Advanced radiology – MRI, MRA, PET, and CT	\$50	30%
Rehabilitation services	Physical, occupational, and speech therapy	\$40	\$45
	Chiropractor	\$20	\$45
	Cardiac rehab	\$40	\$45

		In-network	Out-of-network
Vision	Routine vision exam	\$25	20%
	Medical vision exam	\$40	\$45
	Allowance (lenses and frames)	\$75 annual allowance	
Hearing	Routine hearing exam – TruHearing™	\$45	\$45
	Diagnostic hearing exam	\$40	\$45
	Hearing aid benefit – TruHearing™	\$699 / \$999	
Dental	Dental allowance	\$100 annual allowance	
Supplies, equipment, and devices	Durable medical equipment	\$0 compression stockings 20% all other items	30%
	Prosthetics	\$0 diabetic shoes/inserts 20% all other items	30%
	Diabetic supplies - Part B	\$0	30%
Fitness program	SilverSneakers® (“Steps” program included)	Covered	
Prescription drugs – Part B	Immunosuppressive drugs	\$0	\$0
	Oral chemotherapy drugs	\$0	\$0
	Physician administered injectables	\$0	30%
	Nebulizer inhalation solution	20%	30%
	Part B drugs - other	20%	30%
Prescription drugs – Part D	Prescription drug (Rx)	\$0/\$20/\$40/\$95/\$95	
	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	\$5,100	

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. 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.

BlueCross BlueShield of Western New York complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-215-9237 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-215-9237 (TTY: 711)。