

GROUP NAME: Bar Association of Erie County Retirees SB

GROUP NUMBER: 00402745

PLAN NAME: BlueCross BlueShield BlueSaver (HMO) (2019)

Physician and other health professional services	In-Network
Primary doctor	\$15
Specialist	\$40
Radiation therapy	20%
Emergency room (waived if admitted)	\$90
Urgent care (waived if admitted)	\$65
Ambulance	\$300
Telemedicine – Doctor on Demand	\$20
More than 20 preventive services	In-Network
Flu shots – Part B	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full
All other preventive screenings and tests	Covered in full
Hospital, home health care, and skilled services	In-Network
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	Covered in full
Skilled nursing facility (100 days per benefit period)	\$0 per day for days 1-20; \$172.00 per day for days 21-100. No yearly benefit period maximum.
Dialysis	20%
Mental health / chemical dependence services	In-Network
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	In-Network
Laboratory testing	\$10
X-rays	\$50
Advanced radiology – MRI, MRA, PET, and CT	\$200
Rehabilitation services	In-Network
Physical, occupational, and speech therapy	\$40
Chiropractor	\$20
Cardiac rehab	\$5
Vision	In-Network
Routine vision exam	\$25
Medical vision exam	\$40
Allowance (lenses and frames)	Not covered
Hearing	In-Network
Routine hearing exam – TruHearing™	\$45
Diagnostic hearing exam	\$40
Hearing aid benefit – TruHearing™	\$699/\$999
Dental	In-Network
Dental allowance	Preventive dental (routine cleanings, oral exams & x-rays) \$10 per service
Supplies, equipment, and devices	In-Network
Durable medical equipment	\$0 compression stockings; 20% all other items
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items
Diabetic supplies – Part B	Covered in full
Fitness program	In-Network
SilverSneakers (“Steps” program included)	Covered in full
Prescription drugs – Part B	In-Network
Immunosuppressive drugs	20%
Oral chemotherapy drugs	20%
Physician administered injectables	20%
Nebulizer inhalation solution	20%
Part B drugs (other)	20%
Prescription drugs – Part D	In-Network

Prescription drug (Rx)	Preferred pharmacies: \$2/\$12/\$42/ \$85/27% Standard pharmacies: \$7/\$17/\$47/ \$90/27%
Mail order	Tier 1 - Tier 4: 2.5 copays for a 90 day supply; Tier 5: 27% of the cost of the fill up to a 90 day supply
Coverage gap/donut hole	Discounts only
General product information	In-Network
In-network out-of-pocket maximum	\$6,700
Combined out-of-pocket maximum	N/A
Prescription deductible	NON LIS Members: T 1-2: \$0, T3 - T5: \$300 LIS Members Only: LIS 1-3 Members: Tiers 1-5: \$0 LIS 4-7 Members: Tiers 1-2: \$0, Tiers 3-5 :\$85

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. Call 1-855-215-9237 (TTY:711) for more information.

Other pharmacies/physicians/providers are available in our network.

TruHearing is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the hearing-aid benefit.

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 1-833-735-4515 (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 1-833-735-4515 (TTY 711)。