

**GROUP NAME:** Bar Association of Erie County Retirees PPO

**GROUP NUMBER:** 00401524

**PLAN NAME:** BlueCross BlueShield Forever Blue Value (PPO) (2019)

<b>Physician and other health professional services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Primary doctor	\$15	35%
Specialist	\$35	35%
Radiation therapy	\$60	35%
Emergency room (waived if admitted)	\$90	\$90
Urgent care (waived if admitted)	\$65	\$65
Ambulance	\$250	\$250
Telemedicine – Doctor on Demand	\$20	\$20
<b>More than 20 preventive services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Flu shots – Part B	Covered in full	35%
Immunizations – Part B (hepatitis/pneumonia)	Covered in full	35%
All other preventive screenings and tests	Covered in full	35%
<b>Hospital, home health care, and skilled services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Hospital (inpatient)	\$250 per day for days 1-7, \$1,750 OOP Max per year	35%
Outpatient surgery – hospital	\$325	35%
Outpatient surgery – ambulatory center	\$250	35%
Home health care	Covered in full	35%
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.	35%
Dialysis	20%	Inside service area: 35% for non-participating providers. Outside service area: 20% for non-participating providers.
<b>Mental health / chemical dependence services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Mental health (inpatient, 190-day lifetime limit)	\$270 per day for days 1-6, \$1,620 OOP Max per year	35%
Mental health (outpatient)	\$40	50%
Mental health (with psychiatrist)	\$40	50%
Alcohol substance abuse (inpatient)	\$270 per day for days 1-6, \$1,620 OOP Max per year	35%

Alcohol substance abuse (outpatient)	50%	50%
<b>Laboratory and X-ray services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Laboratory testing	\$5	35%
X-rays	\$50	35%
Advanced radiology – MRI, MRA, PET, and CT	\$150	35%
<b>Rehabilitation services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Physical, occupational, and speech therapy	\$25	35%
Chiropractor	\$20	35%
Cardiac rehab	\$5	35%
<b>Vision</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Routine vision exam	\$25	Covered in full
Medical vision exam	\$35	35%
Allowance (lenses and frames)	\$100 annual allowance	
<b>Hearing</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Routine hearing exam – TruHearing™	\$45	\$45
Diagnostic hearing exam	\$35	35%
Hearing aid benefit – TruHearing™	\$699/\$999	
<b>Dental</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Dental allowance	Preventive dental (routine cleanings, oral exams & x-rays) \$10 per service	
<b>Supplies, equipment, and devices</b>	<b>In-Network</b>	<b>Out-of-Network</b>
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	Covered in full	50%
<b>Fitness program</b>	<b>In-Network</b>	<b>Out-of-Network</b>
SilverSneakers (“Steps” program included)	Covered in full	
<b>Prescription drugs – Part B</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Immunosuppressive drugs	20%	35%
Oral chemotherapy drugs	20%	35%
Physician administered injectables	20%	35%
Nebulizer inhalation solution	\$25	35%
Part B drugs (other)	20%	35%
<b>Prescription drugs – Part D</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Prescription drug (Rx)	Preferred pharmacies: \$4/\$10/\$42/50%/33% Standard pharmacies: \$9/\$15/\$47/50%/33%	
Mail order	Tier 1 - Tier 3: 2.5 copays for a 90 day supply; Tier 4: 50% of the cost of the fill up to a 90 day supply; Tier 5: 33% of the cost of the fill up to a 90 day supply	
Coverage gap/donut hole	Discounts only	
<b>General product information</b>	<b>In-Network</b>	<b>Out-of-Network</b>

In-network out-of-pocket maximum	\$6,700	N/A
Combined out-of-pocket maximum	\$10,000 Combined	
Prescription deductible	N/A	

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Out-of-network/non-contracted providers are under no obligation to treat BlueCross BlueShield of Western New York members, except in emergency situations.. 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.

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).

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