

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

**GROUP NUMBER:** 00402745

**PLAN NAME:** BlueCross BlueShield Senior Blue 651 (HMO) (2019)

<b>Physician and other health professional services</b>	<b>In-Network</b>
Primary doctor	\$0
Specialist	\$25
Radiation therapy	20%
Emergency room (waived if admitted)	\$90
Urgent care (waived if admitted)	\$65
Ambulance	\$125
Telemedicine – Doctor on Demand	\$5
<b>More than 20 preventive services</b>	<b>In-Network</b>
Flu shots – Part B	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full
All other preventive screenings and tests	Covered in full
<b>Hospital, home health care, and skilled services</b>	<b>In-Network</b>
Hospital (inpatient)	\$225 per day for days 1-7, \$1,575 OOP Max per year
Outpatient surgery – hospital	\$300
Outpatient surgery – ambulatory center	\$225
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%
<b>Mental health / chemical dependence services</b>	<b>In-Network</b>
Mental health (inpatient, 190-day lifetime limit)	\$215 per day for days 1-6, \$1,290 OOP Max per year
Mental health (outpatient)	\$40
Mental health (with psychiatrist)	\$40
Alcohol substance abuse (inpatient)	\$215 per day for days 1-6, \$1,290 OOP Max per year
Alcohol substance abuse (outpatient)	50%

<b>Laboratory and X-ray services</b>	<b>In-Network</b>
Laboratory testing	\$5
X-rays	\$40
Advanced radiology – MRI, MRA, PET, and CT	\$75
<b>Rehabilitation services</b>	<b>In-Network</b>
Physical, occupational, and speech therapy	\$15
Chiropractor	\$20
Cardiac rehab	\$5
<b>Vision</b>	<b>In-Network</b>
Routine vision exam	\$25
Medical vision exam	\$25
Allowance (lenses and frames)	\$100 annual allowance
<b>Hearing</b>	<b>In-Network</b>
Routine hearing exam – TruHearing™	\$45
Diagnostic hearing exam	\$25
Hearing aid benefit – TruHearing™	\$699/\$999
<b>Dental</b>	<b>In-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>
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
<b>Fitness program</b>	<b>In-Network</b>
SilverSneakers (“Steps” program included)	Covered in full
<b>Prescription drugs – Part B</b>	<b>In-Network</b>
Immunosuppressive drugs	20%
Oral chemotherapy drugs	20%
Physician administered injectables	20%
Nebulizer inhalation solution	\$25
Part B drugs (other)	20%
<b>Prescription drugs – Part D</b>	<b>In-Network</b>

Prescription drug (Rx)	Preferred pharmacies: \$4/\$10/\$42/ \$94/33% Standard pharmacies: \$9/\$15/\$47/ \$100/33%
Mail order	Tier 1 - Tier 4: 2.5 copays for a 90 day supply; Tier 5: 33% of the cost of the fill up to a 90 day supply
Coverage gap/donut hole	Tier 1: Preferred \$4/Standard \$9, Tiers 2 - 5: Discounts only

<b>General product information</b>	<b>In-Network</b>
In-network out-of-pocket maximum	\$6,700
Combined out-of-pocket maximum	N/A
Prescription deductible	N/A

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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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