



**GROUP NAME:** Bar Association Retirees 799 Low Option

**GROUP NUMBER:** 00418167

**PLAN NAME:** Forever Blue 799 (PPO) Plan 34 (2019)

<b>Physician and other health professional services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
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
Telemedicine – Doctor on Demand	\$30	\$30
<b>More than 20 preventive services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Flu shots – Part B	Covered in full	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full	\$45
All other preventive screenings and tests	Covered in full	\$45
<b>Hospital, home health care, and skilled services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
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	Covered in full	Inside service area: 20% for non-participating providers. Outside service area: \$0 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)	\$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%
<b>Laboratory and X-ray services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Laboratory testing	\$5	\$45
X-rays	\$40	30%
Advanced radiology – MRI, MRA, PET, and CT	\$50	30%
<b>Rehabilitation services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Physical, occupational, and speech therapy	\$40	\$45

Chiropractor	\$20	\$45
Cardiac rehab	\$30	\$45
<b>Vision</b>	In-Network	Out-of-Network
Routine vision exam	\$25	20%
Medical vision exam	\$40	\$45
Allowance (lenses and frames)	\$200 annual allowance	
<b>Hearing</b>	In-Network	Out-of-Network
Routine hearing exam – TruHearing™	\$45	\$45
Diagnostic hearing exam	\$40	\$45
Hearing aid benefit – TruHearing™	\$699/\$999	
<b>Dental</b>	In-Network	Out-of-Network
Dental allowance	\$100 annual allowance	
<b>Supplies, equipment, and devices</b>	In-Network	Out-of-Network
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	Covered in full	30%
<b>Fitness program</b>	In-Network	Out-of-Network
SilverSneakers (“Steps” program included)	Covered in full	
<b>Prescription drugs – Part B</b>	In-Network	Out-of-Network
Immunosuppressive drugs	Covered in full	Covered in full
Oral chemotherapy drugs	Covered in full	Covered in full
Physician administered injectables	Covered in full	30%
Nebulizer inhalation solution	20%	30%
Part B drugs (other)	20%	30%
<b>Prescription drugs – Part D</b>	In-Network	Out-of-Network
Prescription drug (Rx)	\$0/\$20/\$40/\$95/\$95	
Mail order	Tier 1 - Tier 5: 2 copays for a 90 day supply	
Coverage gap/donut hole	No coverage gap	
<b>General product information</b>	In-Network	Out-of-Network
In-network out-of-pocket maximum	\$3,400	N/A
Combined out-of-pocket maximum	\$5,100 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.

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