

GROUP NAME: Bar Association of Erie County Retirees 799

GROUP NUMBER: 00403921

PLAN NAME: Forever Blue 799 (PPO) Plan 13 (OOA) (2019)

Physician and other health professional services	In-Network	Out-of-Network
Primary doctor	\$10	\$10
Specialist	\$20	\$20
Radiation therapy	\$20	\$20
Emergency room (waived if admitted)	\$50	\$50
Urgent care (waived if admitted)	\$50	\$50
Ambulance	\$50	\$50
Telemedicine – Doctor on Demand	\$15	\$15
More than 20 preventive services	In-Network	Out-of-Network
Flu shots – Part B	Covered in full	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full	Covered in full
All other preventive screenings and tests	Covered in full	Covered in full
Hospital, home health care, and skilled services	In-Network	Out-of-Network
Hospital (inpatient)	\$250 / 1 copay max per year combined	\$250 / 1 copay max per year combined
Outpatient surgery – hospital	\$50	\$50
Outpatient surgery – ambulatory center	\$35	\$35
Home health care	Covered in full	Covered in full
Skilled nursing facility (100 days per benefit period)	\$250 / 1 copay max per year combined	\$250 / 1 copay max per year combined
Dialysis	Covered in full	Inside service area: 20% for non-participating providers. Outside service area: \$0 for non-participating providers.
Mental health / chemical dependence services	In-Network	Out-of-Network
Mental health (inpatient, 190-day lifetime limit)	\$250 / 1 copay max per year combined	\$250 / 1 copay max per year combined
Mental health (outpatient)	\$40	\$40
Mental health (with psychiatrist)	\$20	\$20
Alcohol substance abuse (inpatient)	\$250 / 1 copay max per year combined	\$250 / 1 copay max per year combined
Alcohol substance abuse (outpatient)	20%	20%
Laboratory and X-ray services	In-Network	Out-of-Network
Laboratory testing	Covered in full	Covered in full
X-rays	\$20	\$20
Advanced radiology – MRI, MRA, PET, and CT	\$30	\$30

Rehabilitation services	In-Network	Out-of-Network
Physical, occupational, and speech therapy	\$20	\$20
Chiropractor	\$20	\$20
Cardiac rehab	\$20	\$20
Vision	In-Network	Out-of-Network
Routine vision exam	\$15	20%
Medical vision exam	\$20	\$20
Allowance (lenses and frames)	\$200 annual allowance	
Hearing	In-Network	Out-of-Network
Routine hearing exam – TruHearing™	\$45	\$45
Diagnostic hearing exam	\$20	\$20
Hearing aid benefit – TruHearing™	\$699/\$999	
Dental	In-Network	Out-of-Network
Dental allowance	\$100 annual allowance	
Supplies, equipment, and devices	In-Network	Out-of-Network
Durable medical equipment	\$0 compression stockings; 20% all other items	20%
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items	20%
Diabetic supplies – Part B	Covered in full	Covered in full
Fitness program	In-Network	Out-of-Network
SilverSneakers (“Steps” program included)	Covered in full	
Prescription drugs – Part 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	20%
Nebulizer inhalation solution	20%	20%
Part B drugs (other)	20%	20%
Prescription drugs – Part D	In-Network	Out-of-Network
Prescription drug (Rx)	\$0/\$10/\$20/\$40/\$40	
Mail order	Tier 1 - Tier 5: 2 copays for a 90 day supply	
Coverage gap/donut hole	No coverage gap	
General product information	In-Network	Out-of-Network
In-network out-of-pocket maximum	\$3,400	N/A
Combined out-of-pocket maximum	\$3,400	
Prescription deductible	N/A	

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.

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).
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).