

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

**GROUP NUMBER:** 00402745

**PLAN NAME:** BlueCross BlueShield Senior Blue Select (HMO) (2020)

<b>Physician and other health professional services</b>	<b>In-Network</b>
Primary doctor	\$10
Specialist	\$30
Radiation therapy	20%
Emergency room (waived if admitted)	\$90
Urgent care (waived if admitted)	\$65
Ambulance	\$250
Telemedicine – Doctor on Demand®	Covered in full
<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)	\$290 per day for days 1-7, \$2,030 OOP Max per year
Observation	\$200
Outpatient surgery – hospital	\$400
Outpatient surgery – ambulatory center	\$300
Home health care	Covered in full
Skilled nursing facility (100 days per benefit period)	\$0 per day for days 1-20; \$178.00 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)	\$260 per day for days 1-6, \$1,560 OOP Max per year
Mental health (outpatient)	\$40
Mental health (with psychiatrist)	\$40
Alcohol substance abuse (inpatient)	\$260 per day for days 1-6, \$1,560 OOP Max per year

Alcohol substance abuse (outpatient)	50%
<b>Laboratory and X-ray services</b>	In-Network
Laboratory testing	\$10
X-rays	\$50
Advanced radiology – MRI, MRA, PET, and CT	\$200
<b>Rehabilitation services</b>	In-Network
Physical, occupational, and speech therapy	\$35
Chiropractor	\$20
Cardiac rehab	\$15
<b>Vision</b>	In-Network
Routine vision exam	\$25
Medical vision exam	\$30
Allowance (lenses and frames)	\$100 annual allowance
<b>Hearing</b>	In-Network
Routine hearing exam – TruHearing™	\$45
Diagnostic hearing exam	\$30
Hearing aid benefit – TruHearing™	\$699/\$999
<b>Dental</b>	In-Network
Dental	Preventive dental (routine cleanings, oral exams & x-rays) \$10 per service
<b>Supplies, equipment, and devices</b>	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
<b>Fitness program</b>	In-Network
SilverSneakers® (“Steps” program included)	Covered in full
<b>Prescription drugs – Part B</b>	In-Network
Immunosuppressive drugs	20%
Oral chemotherapy drugs	20%
Physician administered injectables	20%
Nebulizer inhalation solution	20%
Part B drugs (other)	20%
<b>Prescription drugs – Part D</b>	In-Network

Prescription drug (Rx)	Preferred pharmacies: \$2/\$10/\$42/ \$94/29% Standard pharmacies: \$7/\$15/\$47/ \$100/29%
Mail order	Tier 1: \$0 copay for a 90 day supply; Tier 2 - Tier 4: 2.5 copays for a 90 day supply; Tier 5: 29% of the cost of the fill up to a 90 day supply. There is only one participating pharmacy for mail order (ESI) so there is no network.
Shingles vaccine	Preferred pharmacies: \$2 Standard pharmacies: \$7
Coverage gap/donut hole	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	NON LIS Members: T 1-2: \$0, T3 - T5: \$195 LIS Members Only: LIS 1-3 Members: Tiers 1-5: \$0 LIS 4-7 Members: Tiers 1-2: \$0, Tiers 3-5 :\$89

BlueCross BlueShield of Western New York (BCBSWNY) is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal. BCBSWNY is a division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association. SilverSneakers® is a registered trademark of Tivity Health, Inc. Tivity Health is an independent company that administers the SilverSneakers gym benefit. Doctor On Demand® is a separate company that provides telemedicine services to BCBSWNY members. TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the hearing-aid benefit. Other pharmacies/physicians/providers are available in our network. BCBSWNY 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)