

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

**GROUP NUMBER:** 00401524

**PLAN NAME:** BlueCross BlueShield Forever Blue 751 (PPO) (2020)

<b>Physician and other health professional services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Primary doctor	\$5	25%
Specialist	\$27	25%
Radiation therapy	20%	25%
Emergency room (waived if admitted)	\$90	\$90
Urgent care (waived if admitted)	\$65	\$65
Ambulance	\$250	\$250
Telemedicine – Doctor on Demand®	Covered in full	Covered in full
<b>More than 20 preventive services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Flu shots – Part B	Covered in full	25%
Immunizations – Part B (hepatitis/pneumonia)	Covered in full	25%
All other preventive screenings and tests	Covered in full	25%
<b>Hospital, home health care, and skilled services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Hospital (inpatient)	\$205 per day for days 1-7, \$1,435 OOP Max per year	30%
Observation	\$200	25%
Outpatient surgery – hospital	\$300	25%
Outpatient surgery – ambulatory center	\$200	25%
Home health care	Covered in full	25%
Dialysis	20%	Inside service area: 50% for non-participating providers. Outside service area: 20% for non-participating providers.
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.	30%
<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	30%
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	30%
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	25%
X-rays	\$40	25%
Advanced radiology – MRI, MRA, PET, and CT	\$150	25%
<b>Rehabilitation services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Physical, occupational, and speech therapy	\$25	25%
Chiropractor	\$20	25%
Cardiac rehab	\$15	25%
<b>Vision</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Routine vision exam	\$25	20%
Medical vision exam	\$27	25%
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	\$27	25%
Hearing aid benefit – TruHearing™	\$699/\$999	
<b>Dental</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Dental	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%	25%
Oral chemotherapy drugs	20%	25%
Physician administered injectables	20%	25%
Nebulizer inhalation solution	\$25	25%
Part B drugs (other)	20%	25%
<b>Prescription drugs – Part D</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Prescription drug (Rx)	Preferred pharmacies: \$2/\$8/\$42/\$94/33% Standard pharmacies: \$7/\$13/\$47/\$99/33%	

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: 33% 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>	<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	

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. 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. 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)