

GROUP NAME: Bar Association of Erie County Retirees

GROUP NUMBER: 00401524

PLAN NAME: BlueCross BlueShield Freedom Nation (PPO) (2021)

Physician and other health professional services	In-Network	Out-of-Network
Primary doctor	\$15	50%
Specialist	\$35	50%
Radiation therapy	20%	50%
Emergency room (waived if admitted)	\$90	\$90
Urgent care (waived if admitted)	\$65	\$65
Ambulance	\$300	\$300
Telemedicine – Doctor on Demand®	Covered in full	Covered in full
More than 20 preventive services	In-Network	Out-of-Network
Flu shots – Part B	Covered in full	50%
Immunizations – Part B (hepatitis/pneumonia)	Covered in full	50%
All other preventive screenings and tests	Covered in full	50%
Hospital, home health care, and skilled services	In-Network	Out-of-Network
Hospital (inpatient)	\$370 per day for days 1-5, \$1,850 OOP Max per year	50%
Observation	\$350	50%
Outpatient surgery – hospital	\$400	50%
Outpatient surgery – ambulatory center	\$300	50%
Home health care	Covered in full	50%
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; \$184.00 per day for days 21-100. No yearly benefit period maximum.	50%
Mental health / chemical dependence services	In-Network	Out-of-Network
Mental health (inpatient, 190-day lifetime limit)	\$370 per day for days 1-5, \$1,850 OOP Max per year	50%
Mental health (outpatient)	\$40	50%
Mental health (with psychiatrist)	\$40	50%

Alcohol substance abuse (inpatient)	\$370 per day for days 1-5, \$1,850 OOP Max per year	50%
Alcohol substance abuse (outpatient)	50%	50%
Laboratory and X-ray services	In-Network	Out-of-Network
Laboratory testing	\$10	50%
X-rays	\$50	50%
Advanced radiology – MRI, MRA, PET, and CT	\$200	50%
Rehabilitation services	In-Network	Out-of-Network
Physical, occupational, and speech therapy	\$30	50%
Chiropractor	\$20	50%
Cardiac rehab	\$10	50%
Vision	In-Network	Out-of-Network
Routine vision exam	\$25	20%
Medical vision exam	\$35	50%
Allowance (lenses and frames)	\$100 annual allowance	
Hearing	In-Network	Out-of-Network
Routine hearing exam – TruHearing™	\$45	\$45
Diagnostic hearing exam	\$35	50%
Hearing aid benefit – TruHearing™	\$699/\$999	
Dental	In-Network	Out-of-Network
Dental	Preventive dental (routine cleanings, oral exams & x-rays) \$10 per service	
Supplies, equipment, and devices	In-Network	Out-of-Network
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%
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	20%	50%
Oral chemotherapy drugs	20%	50%
Physician administered injectables	20%	50%
Nebulizer inhalation solution	20%	50%
Part B drugs (other)	20%	50%
Prescription drugs – Part D	In-Network	Out-of-Network
Prescription drug (Rx)	Preferred pharmacies: \$4/\$12/\$42/\$94/27% Standard pharmacies: \$9/\$17/\$47/\$100/27%	

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: 27% 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: \$4 Standard pharmacies: \$9	
Coverage gap/donut hole	Discounts only	
General product information	In-Network	Out-of-Network
In-network out-of-pocket maximum	\$7,550	N/A
Combined out-of-pocket maximum	\$11,300 Combined	
Prescription deductible	NON LIS Members: T 1-2: \$0, T3 - T5: \$300	

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)