

GROUP NAME: Bar Association of Erie County Retirees

GROUP NUMBER: 00403921

PLAN NAME: Forever Blue 799 (PPO) Plan 13 (OOA) (2021)

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®	Covered in full	Covered in full
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
Observation	\$50	\$50
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	\$200 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	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	
Shingles vaccine	Covered in full	
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	

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