

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

**GROUP NUMBER:** 00403921

**PLAN NAME:** Forever Blue 799 (PPO) Plan 13 (OOA) (2022)

<b>Physician and other health professional services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
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
<b>More than 20 preventive services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
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
<b>Hospital, home health care, and skilled services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Hospital (inpatient)	\$250 / 1 copay max per year	\$250 / 1 copay max per year
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	\$250 / 1 copay max per year
Dialysis	Covered in full	Inside service area: 20% for non-participating providers. Outside service area: \$0 for non-participating providers.
<b>Mental health / chemical dependence services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Mental health (inpatient, 190-day lifetime limit)	\$250 / 1 copay max per year	\$250 / 1 copay max per year
Mental health (outpatient)	\$40	\$40
Mental health (with psychiatrist)	\$20	\$20
Alcohol substance abuse (inpatient)	\$250 / 1 copay max per year	\$250 / 1 copay max per year
Alcohol substance abuse (outpatient)	20%	20%

<b>Laboratory and X-ray services</b>	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
<b>Rehabilitation services</b>	In-Network	Out-of-Network
Physical, occupational, and speech therapy	\$20	\$20
Chiropractor <small>includes 12 routine visits</small>	\$20	\$20
Acupuncture & Massage Therapy	\$500 combined annual allowance	
Cardiac rehab	\$20	\$20
<b>Vision</b>	In-Network	Out-of-Network
Routine vision exam	\$15	20%
Medical vision exam	\$20	\$20
Allowance (lenses and frames)	\$300 annual allowance	
<b>Hearing</b>	In-Network	Out-of-Network
Routine hearing exam – TruHearing™	\$45	\$45
Diagnostic hearing exam	\$20	\$20
Hearing aid benefit – TruHearing™	\$499/\$799	
<b>Dental</b>	In-Network	Out-of-Network
Dental	\$300 annual allowance	
<b>Supplies, equipment, and devices</b>	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
<b>Fitness program</b>	In-Network	Out-of-Network
SilverSneakers (“Steps” program included)®	Covered in full	
<b>Prescription drugs – Part B</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%
<b>Prescription drugs – Part D</b>	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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