

2016 Benefit Summary

Forever Blue PPO 799 OOA Standard Employer Group
 Bar Association of Erie County Retirees 799 OOA
 Group # 00403921



To learn more, call 1-855-215-9237 (TTY 711). We're available:

October 1-February 14	8 a.m. to 8 p.m., 7 days a week
February 15-September 30	8 a.m. to 8 p.m., Monday-Friday

		In-network	Out-of-network
Physician and other health professional services	Primary doctor	\$5	\$5
	Specialist	\$15	\$15
	Radiation therapy	\$15	\$15
	Podiatry	\$15	\$15
	Emergency room (waived if admitted)	\$50	\$50
	Urgent care (waived if admitted)	\$50	\$50
	Ambulance	\$25	\$25
More than 20 preventive services	Flu shots – Part B	\$0	\$0
	Immunizations – Part B (hepatitis/pneumonia)	\$0	\$0
	All other preventive screenings and tests, such as colorectal cancer screenings, pap smears, prostate cancer screenings, mammogram screenings, and routine physicals	\$0	\$0
Hospital, home health care, and skilled services	Hospital (inpatient)	\$100 / 1 copay max per year	\$100 / 1 copay max per year
	Outpatient surgery facility	\$35	\$35
	Home health care	\$0	\$0
	Skilled nursing facility (100 days per benefit period)	\$100 / 1 copay max per year	\$100 / 1 copay max per year
	Dialysis	\$0	20% for Non-par providers <u>inside</u> the service area \$0 for Non-par providers <u>outside</u> the service area
Laboratory and X-ray services	Laboratory testing	\$0	\$0
	X-rays	\$15	\$15
	MRI, MRA, PET, and CT	\$15	\$15
Rehabilitation services	Physical, occupational, and speech therapy	\$15	\$15
	Chiropractor	\$15	\$15
	Cardiac rehab	\$15	\$15

		In-network	Out-of-network
Mental health/ chemical dependence services	Mental health (inpatient, 190-day lifetime limit)	\$100 / 1 copay max per year	\$100 / 1 copay max per year
	Mental health (outpatient)	\$40	\$40
	Mental health (with psychiatrist)	\$20	\$20
	Alcohol substance abuse (inpatient)	\$100 / 1 copay max per year	\$100 / 1 copay max per year
	Alcohol substance abuse (outpatient)	20%	20%
Vision	Routine vision exam	\$15	\$15
	Medical vision exam	\$15	\$15
	Vision discount	Vision Plus Program	N/A
	Allowance (lenses and frames)	\$75 annual allowance	
Hearing	Routine hearing exam	\$15	\$15
	Diagnostic hearing exam	\$15	\$15
	Hearing aid allowance	N/A	N/A
Dental	Dental allowance	\$75 annual allowance	
Supplies, equipment, and devices	Durable medical equipment	20%	20%
	Prosthetics	20%	20%
	Diabetic supplies - Part B	20%	20%
Fitness program	SilverSneakers [®]	Covered	N/A
Prescription drugs – Part B	Immunosuppressive drugs	\$0	\$0
	Oral chemotherapy drugs	\$0	\$0
	Physician administered injectables	\$0	20%
	Nebulizer inhalation solution	20%	20%
	Part B Drugs - Other	20%	20%
Prescription drugs – Part D	Prescription drug (Rx)	\$0/\$10/\$20/\$40/\$40	
	Mail order (90 day supply)	2 copays for a 90 day supply	
	Coverage gap/Donut hole	Standard EGWP	
General product information	Medical Deductible	N/A	N/A
	Prescription Deductible	N/A	N/A
	In-network out-of-pocket maximum	\$3,000	N/A
	Combined out-of-pocket maximum	\$3,000	

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. BlueCross BlueShield of Western New York is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal.

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