

# 2016 Benefit Summary

2016 WNY Direct Pay Senior Blue HMO 651 Part D

Bar Association of Erie County Retirees SB

Group # 00402745



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
Physician and other health professional services	Primary doctor	\$15
	Specialist	\$35
	Radiation therapy	\$40
	Podiatry	\$35
	Emergency room (waived if admitted)	\$75
	Urgent care (waived if admitted)	\$65
	Ambulance	\$175
More than 20 preventive services	Flu shots – Part B	\$0
	Immunizations – Part B (hepatitis/pneumonia)	\$0
	All other preventive screenings and tests, such as colorectal cancer screenings, pap smears, prostate cancer screenings, mammogram screenings, and routine physicals	\$0
Hospital, home health care, and skilled services	Hospital (inpatient)	\$225/day for days 1-7 \$1,575 OOP max per year
	Outpatient surgery facility	\$250
	Home health care	\$0
	Skilled nursing facility (100 days per benefit period)	\$0/day for days 1-20; \$160/day for days 21-100 No yearly benefit period maximum
	Dialysis	\$10
Laboratory and X-ray services	Laboratory testing	\$5
	X-rays	\$40
	MRI, MRA, PET, and CT	\$75
Rehabilitation services	Physical, occupational, and speech therapy	\$15
	Chiropractor	\$20
	Cardiac rehab	\$15
Mental health/chemical dependence services	Mental health (inpatient, 190-day lifetime limit)	\$215/day for days 1-6 \$1,290 OOP max per year
	Mental health (outpatient)	\$40
	Mental health (with psychiatrist)	\$40
	Alcohol substance abuse (inpatient)	\$215/day for days 1-6 \$1,290 OOP max per year
	Alcohol substance abuse (outpatient)	50%

		In-network
Vision	Routine vision exam	\$35
	Medical vision exam	\$35
	Vision discount	Vision Plus Program
	Allowance (lenses and frames)	N/C
Hearing	Routine hearing exam	N/C
	Diagnostic hearing exam	\$35
	Hearing aid allowance	N/C
Dental	Dental allowance	N/C
Supplies, equipment, and devices	Durable medical equipment	\$0 compression stockings 20% all other items
	Prosthetics	\$0 diabetic shoes/inserts 20% all other items
	Diabetic supplies – Part B	\$0
Fitness program	SilverSneakers®	Covered
Prescription drugs – Part B	Immunosuppressive drugs	20%
	Oral chemotherapy drugs	20%
	Physician administered injectables	20%
	Nebulizer inhalation solution	\$25
	Part B Drugs - Other	20%
Prescription drugs – Part D	Prescription drug (Rx)	Preferred Pharmacies: \$7/\$15/\$42/\$94/33% Standard Pharmacies: \$12/\$20/\$47/\$100/33%
	Mail order (90 day supply)	T1-T4: 2.5 copays for a 90 day supply T5: 3 copays for a 90 day supply
	Coverage gap/Donut hole	Discounts Only
General product information	Medical Deductible	N/A
	Prescription Deductible	N/A
	In-network out-of-pocket maximum	\$6,700
	Combined out-of-pocket maximum	N/A

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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