

2018 Benefit Summary

To learn more, call 1-877-258-7453 (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

Forever Blue 770 (PPO)

Monthly premium: \$184

		In-network	Out-of-network
Physician and other health professional services	Primary doctor	\$10	25%
	Specialist	\$22	25%
	Radiation therapy	\$40	25%
	Emergency room (waived if admitted)	\$80	\$80
	Urgent care (waived if admitted)	\$60	\$60
	Ambulance	\$150	\$150
More than 20 preventive services	Flu shots – Part B	\$0	25%
	Immunizations – Part B (hepatitis/pneumonia)	\$0	25%
	All other preventive screenings and tests	\$0	25%
Hospital, home health care, and skilled services	Hospital (inpatient)	\$205 / day for days 1-7; \$1,435 OOP max per year	30%
	Outpatient surgery – hospital	\$225	25%
	Outpatient surgery – ambulatory center	\$175	25%
	Home health care	\$0	25%
	Skilled nursing facility (100 days per benefit period)	\$0 / day for days 1-20; \$167.50 / day for days 21-100	30%
	Dialysis	\$20	Inside service area: 20% for non-participating providers. Outside service area: \$20 for non-participating providers.

		In-network	Out-of-network
Mental health/ chemical dependence services	Mental health (inpatient, 190-day lifetime limit)	\$270 / day for days 1-6; \$1,620 OOP max per year	30%
	Mental health (outpatient)	\$40	50%
	Mental health (with psychiatrist)	\$40	50%
	Alcohol substance abuse (inpatient)	\$270 / day for days 1-6; \$1,620 OOP max per year	30%
	Alcohol substance abuse (outpatient)	50%	50%
Laboratory and X-ray services	Laboratory testing	\$5	25%
	X-rays	\$40	25%
	Advanced radiology – MRI, MRA, PET, and CT	\$100	25%
Rehabilitation services	Physical, occupational, and speech therapy	\$25	25%
	Chiropractor	\$20	25%
	Cardiac rehab	\$15	25%
Vision	Routine vision exam	\$22	25%
	Medical vision exam	\$22	25%
	Allowance (lenses and frames)	\$100 annual allowance	
Hearing	Routine hearing exam – TruHearing™	\$45	\$45
	Diagnostic hearing exam	\$22	25%
	Hearing aid benefit – TruHearing™	\$699 / \$999	
Dental	Dental allowance	N/C	
Supplies, equipment, and devices	Durable medical equipment	\$0 compression stockings 20% all other items	50%
	Prosthetics	\$0 diabetic shoes/inserts 20% all other item	50%
	Diabetic supplies – Part B	\$0	50%
Fitness program	SilverSneakers® (“Steps” program included)	Covered	
Prescription drugs – Part B	Immunosuppressive drugs	20%	25%
	Oral chemotherapy drugs	20%	25%
	Physician administered injectables	20%	25%
	Nebulizer inhalation solution	\$25	25%
	Part B drugs - other	20%	25%

		In-network	Out-of-network
Prescription drugs – Part D	Prescription drug (Rx)	Preferred pharmacies: \$2/\$12/\$42/\$94/33% Standard pharmacies: \$7/\$17/\$47/\$100/33%	
	Mail order (90 day supply)	Tier 1 – Tier 4: 2.5 copays for 90 days; Tier 5: 33% of the cost of the fill up to a 90 day supply	
	Coverage gap/donut hole	Tier 1 - Preferred \$2/Standard \$7; Tier 2 - Tier 5: Discounts apply	
General product information	Prescription Deductible	\$0	
	In-network out-of-pocket maximum	\$5,500	N/A
	Combined out-of-pocket maximum	\$8,500	

BlueShield of Northeastern New York is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal. A division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association. You must continue to pay your Medicare Part B premium. 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. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Other Pharmacies/Physicians/Providers are available in our network.

Out-of-network/non-contracted providers are under no obligation to treat BlueShield of Northeastern New York members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

Notice of Nondiscrimination



BlueShield
of Northeastern New York

BlueShield of Northeastern New York complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BlueShield of Northeastern New York does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BlueShield of Northeastern New York:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call the customer service number on the back of your ID card or contact the Director, Corporate Compliance and Privacy Officer.

If you believe that BlueShield of Northeastern New York has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Director, Corporate Compliance and Privacy Officer, 257 West Genesee Street, Buffalo, NY 14202, 1-800-798-1453, (716) 887-6056 (fax), complaint.compliance@bsneny.com. You can file a grievance in person or by mail, fax, or email. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Notice of Nondiscrimination



For assistance in English, call customer service at the number listed on your ID card.

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

פאר הילף אין אידיש, רופט די קאסטומער סערוויס אויפן נומער וואס שטייט אויף אייער ID קארטל.

বাংলায় সহায়তার জন্য, আপনার আইডি কার্ডে তালিকাভুক্ত নম্বরে ক্রেতা পরিষেবায় ফোন করুন।

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

اردو میں مدد کے لیے، کسٹمر سروس آپ کے شناختی کارڈ پر درج کردہ نمبر پر کال کریں۔

Pour une assistance en français, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

اردو زبان میں مدد کے لئے، کسٹمر سروس کو اپنے آئی ڈی کارڈ پر درج نمبر پر کال کریں۔

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

Για βοήθεια στα ελληνικά, καλέστε το τμήμα εξυπηρέτησης πελατών στον αριθμό που αναφέρεται στην ταυτότητά σας.

Për ndihmë në gjuhën shqipe, merrni në telefon shërbimin klientor në numrin e renditur në kartën tuaj të identitetit.