

2018 Benefit Summary

To learn more, call 1-855-215-9239 (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

Senior Blue 699 (HMO) Plan SS2 TRx

		In-network
Physician and other health professional services	Primary doctor	\$10
	Specialist	\$25
	Radiation therapy	\$25
	Emergency room (waived if admitted)	\$50
	Urgent care (waived if admitted)	\$50
	Ambulance	\$75
More than 20 preventive services	Flu shots – Part B	\$0
	Immunizations – Part B (hepatitis/pneumonia)	\$0
	All other preventive screenings and tests	\$0
Hospital, home health care, and skilled services	Hospital (inpatient)	\$250 per stay
	Outpatient surgery – hospital	\$100
	Outpatient surgery – ambulatory center	\$100
	Home health care	\$0
	Skilled nursing facility (100 days per benefit period)	\$250 per stay
	Dialysis	\$0
Mental health/chemical dependence services	Mental health (inpatient, 190-day lifetime limit)	\$250 per stay
	Mental health (outpatient)	\$40
	Mental health (with psychiatrist)	\$20
	Alcohol substance abuse (inpatient)	\$250 per stay
	Alcohol substance abuse (outpatient)	20%
Laboratory and X-ray services	Laboratory testing	\$10
	X-rays	\$25
	Advanced radiology – MRI, MRA, PET, and CT	\$80
Rehabilitation services	Physical, occupational, and speech therapy	\$25
	Chiropractor	\$20
	Cardiac rehab	\$25
Vision	Routine vision exam	\$25
	Medical vision exam	\$25
	Allowance (lenses and frames)	\$75 annual allowance
Hearing	Routine hearing exam – TruHearing™	\$45
	Diagnostic hearing exam	\$25
	Hearing aid benefit – TruHearing™	\$699 / \$999



In-network

Dental	Dental allowance	\$75 annual allowance
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® (“Steps” program included)	Covered
Prescription drugs – Part B	Immunosuppressive drugs	\$0
	Oral chemotherapy drugs	\$0
	Physician administered injectables	\$0
	Nebulizer inhalation solution	20%
	Part B drugs - other	20%
Prescription drugs – Part D	Prescription drug (Rx)	Preferred pharmacies: \$0/\$10/\$25/\$50/\$50 Standard pharmacies: \$5/\$15/\$30/\$55/\$55
	Mail order (90 day supply)	2 copays for a 90 day supply
	Coverage gap/donut hole	No coverage gap
General product information	In-network out-of-pocket maximum	\$5,000
	Combined out-of-pocket maximum	N/A

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. 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.

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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-215-9239 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-215-9239 (TTY: 711)。