

RETIRES- MEDICARE ADVANTAGE PLAN (MAP) – IN AREA CF36 TRx (2020)



**BlueShield
of Northeastern New York**

Medicare Sales: 1-855-215-9239 (TTY 711)

Monday-Friday: 8 a.m. - 5 p.m.

GROUP NAME: CASHIC-East Greenbush Central School Retirees 799

GROUP NUMBER: 11444061

PLAN NAME: Forever Blue 799 Value (PPO) Plan CF36 TRx (2020)

Physician and other health professional services	In-Network	Out-of-Network
Primary doctor	\$15	\$15
Specialist	\$15	\$15
Radiation therapy	\$15	\$15
Emergency room (waived if admitted)	\$80	\$80
Urgent care (waived if admitted)	\$35	\$35
Ambulance	Covered in full	Covered in full
Telemedicine – Doctor on Demand®	Covered in full	Covered in full
More than 20 preventive services	In-Network	Out-of-Network
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
Hospital, home health care, and skilled services	In-Network	Out-of-Network
Hospital (inpatient)	\$250 per stay	\$250 per stay
Observation Room	\$80	\$80
Outpatient surgery – hospital	\$200	\$200
Outpatient surgery – ambulatory center	\$200	\$200
Home health care	Covered in full	Covered in full
Skilled nursing facility (100 days per benefit period)	\$250 per stay	\$250 per stay
Dialysis	\$15	Inside service area: 20% for non-participating providers. Outside service area: \$15 for non-participating providers.
Mental health / chemical dependence services	In-Network	Out-of-Network
Mental health (inpatient, 190-day lifetime limit)	\$250 per stay	\$250 per stay
Mental health (outpatient)	Covered in full	Covered in full
Mental health (with psychiatrist)	\$15	\$15
Alcohol substance abuse (inpatient)	\$250 per stay	\$250 per stay
Alcohol substance abuse (outpatient)	Covered in full	Covered in full
Laboratory and X-ray services	In-Network	Out-of-Network
Laboratory testing	Covered in full	Covered in full
X-rays	Covered in full	Covered in full
Advanced radiology – MRI, MRA, PET, and CT	Covered in full	Covered in full
Rehabilitation services	In-Network	Out-of-Network

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Physical, occupational, and speech therapy	\$15	\$15
Chiropractor	\$20	\$20
Cardiac rehab	\$15	\$15
Vision	In-Network	Out-of-Network
Routine vision exam	\$15	20%
Medical vision exam	\$15	\$15
Allowance (lenses and frames)	\$200 annual allowance	
Hearing	In-Network	Out-of-Network
Routine hearing exam – TruHearing™	\$45	\$45
Diagnostic hearing exam	\$15	\$15
Hearing aid benefit – TruHearing™	\$699/\$999	
Dental	In-Network	Out-of-Network
Dental	\$200 annual allowance	
Supplies, equipment, and devices	In-Network	Out-of-Network
Durable medical equipment	\$0 compression stockings; \$0 all other items	Covered in full
Prosthetics	\$0 diabetic shoes/inserts; \$0 all other items	Covered in full
Diabetic supplies – Part B	Covered in full	Covered in full
Fitness program	In-Network	Out-of-Network
SilverSneakers® ("Steps" program included)	Covered in full	
Prescription drugs – Part 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	Covered in full
Nebulizer inhalation solution	Covered in full	Covered in full
Part B drugs (other)	Covered in full	Covered in full
Prescription drugs – Part D	In-Network	Out-of-Network
Prescription drug (Rx)	Preferred pharmacies: \$0/\$5/\$10/\$25/\$25 Standard pharmacies: \$5/\$10/\$15/\$30/\$30	
Mail order	Tier 1 - Tier 5: 2 copays for a 90 day supply	
Shingles vaccine	Preferred pharmacies: \$0 Standard pharmacies: \$5	
Coverage gap/donut hole	No coverage gap	
General product information	In-Network	Out-of-Network
In-network out-of-pocket maximum	\$4,500	N/A
Combined out-of-pocket maximum	\$4,500	
Prescription deductible	N/A	

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