

GROUP NAME: Greater Capital Association of Realtors Inc. Medicare

GROUP NUMBER: 10728005

PLAN NAME: Forever Blue 799 (PPO) Plan SF3 TRx (2024)

Physician and other health professional services	In-Network	Out-of-Network
Primary doctor	\$15	\$20
Specialist	\$25	\$25
Radiation therapy	\$25	\$25
Emergency room (waived if admitted)	\$75	\$75
Urgent care (waived if admitted)	\$55	\$55
Ambulance	\$125	\$125
Telemedicine - Vendor	See Spec/MH Benefit	See Spec/MH Benefit
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	\$25
All other preventive screenings and tests	Covered in full	\$25
Hospital, home health care, and skilled services	In-Network	Out-of-Network
Hospital (inpatient)	\$250 per stay	20%
Observation	\$150	\$200
Outpatient surgery – hospital	\$150	\$200
Outpatient surgery – ambulatory center	\$125	\$175
Home health care	Covered in full	\$10
Skilled nursing facility (100 days per benefit period) - per stay	\$10 a day 1-20 / \$10 a day 21-25	20%
Dialysis	Covered in full	Inside service area: 20% for non-participating providers. Outside service area: \$0 for non-participating providers.
Mental health / chemical dependence services	In-Network	Out-of-Network
Mental health (inpatient, 190-day lifetime limit)	\$250 per stay	20%
Mental health (outpatient)	\$40	30%
Mental health (with psychiatrist)	\$20	30%
Alcohol substance abuse (inpatient)	\$250 per stay	20%
Alcohol substance abuse (outpatient)	20%	30%

Laboratory and X-ray services	In-Network	Out-of-Network
Laboratory testing	\$10	\$25
X-rays	\$35	\$35
Advanced radiology – MRI, MRA, PET, and CT	\$100	\$100
Rehabilitation services	In-Network	Out-of-Network
Physical, occupational, and speech therapy	\$25	\$25
Chiropractor <small>includes 12 routine visits</small>	\$15	\$25
Acupuncture & Massage Therapy	\$500 combined annual allowance	
Cardiac rehab	\$25	\$25
Vision	In-Network	Out-of-Network
Routine vision exam	\$25	20%
Medical vision exam	\$25	\$25
Allowance (lenses and frames)	\$200 annual allowance	
Hearing	In-Network	Out-of-Network
Routine hearing exam – TruHearing™	\$45	\$45
Diagnostic hearing exam	\$25	\$25
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; 20% all other items	30%
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items	30%
Diabetic supplies – Part B	Covered in full	30%
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/\$10/\$30/\$50/\$50 Standard pharmacies: \$5/\$15/\$35/\$55/\$55	
Mail order		Tier 1: \$0 copay for 100-day supply Tier 2: 2 copays for 100-day supply Tier 3 - 4: 2 copays for 90-day supply	
Shingles vaccine		Preferred pharmacies: \$0 Standard pharmacies: \$0	
Coverage gap/donut hole		No coverage gap	
General product information		In-Network	Out-of-Network
In-network out-of-pocket maximum		N/A	N/A
Combined out-of-pocket maximum		\$5,000 Combined	
Prescription deductible		N/A	

Highmark Blue Shield of Northeastern New York (Highmark BSNENY) is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. Highmark BSNENY is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal. Highmark Blue Shield 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. Onduo is an independent company that provides a diabetes management program on behalf of Highmark. TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing aid benefit. SilverSneakers® is a registered trademark of Tivity Health, Inc. Tivity Health is an independent company that administers the SilverSneakers gym benefit. American Well is an independent company that provides telemedicine services. American Well does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its telemedicine services. Other pharmacies/physicians/providers are available in our network. Out-of-network/noncontracted providers are under no obligation to treat Highmark BSNENY members, except in emergency situations. 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. The plan 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 usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。