

GROUP NAME: City of Lockport Medicare

GROUP NUMBER: 10720345

PLAN NAME: Forever Blue 799 (PPO) Plan 11 (2024)

Physician and other health professional services	In-Network	Out-of-Network
Primary doctor	\$5	\$20
Specialist	\$15	\$20
Radiation therapy	\$15	\$20
Emergency room (waived if admitted)	\$50	\$50
Urgent care (waived if admitted)	\$50	\$50
Ambulance	\$25	\$25
Telemedicine - Vendor	See Spec/MH Benefit	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	\$20
All other preventive screenings and tests	Covered in full	\$20
Hospital, home health care, and skilled services	In-Network	Out-of-Network
Hospital (inpatient) -per year	\$100 / 1 copay max per year	20%
Observation	\$35	\$50
Outpatient surgery – hospital	\$35	\$50
Outpatient surgery – ambulatory center	\$35	\$50
Home health care	Covered in full	\$10
Skilled nursing facility (100 days per benefit period)	\$100 / \$20 a day 1-5	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)	\$100 / 1 copay max per year	20%
Mental health (outpatient)	\$40	30%
Mental health (with psychiatrist)	\$20	30%
Alcohol substance abuse (inpatient)	\$100 / 1 copay max per year	20%
Alcohol substance abuse (outpatient)	20%	30%

Laboratory and X-ray services	In-Network	Out-of-Network
Laboratory testing	Covered in full	\$20
X-rays	\$15	\$20
Advanced radiology – MRI, MRA, PET, and CT	\$15	\$20
Rehabilitation services	In-Network	Out-of-Network
Physical, occupational, and speech therapy	\$15	\$20
Chiropractor <small>includes 12 routine visits</small>	\$15	\$20
Acupuncture & Massage Therapy	\$500 combined annual allowance	
Cardiac rehab	\$15	\$20
Vision	In-Network	Out-of-Network
Routine vision exam	\$15	20%
Medical vision exam	\$15	\$20
Allowance (lenses and frames)	\$300 annual allowance	
Hearing	In-Network	Out-of-Network
Routine hearing exam – TruHearing™	\$45	\$45
Diagnostic hearing exam	\$15	\$20
Hearing aid benefit – TruHearing™	\$499/\$799	
Dental	In-Network	Out-of-Network
Dental	\$300 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)	\$0/\$10/\$20/\$40/\$40	
Mail order	2 copays for: Tier 1-2 100-day supply; Tier 3-4 90-day supply	
Shingles vaccine	Covered in full	
Coverage gap/donut hole	No coverage gap	

General product information	In-Network	Out-of-Network
In-network out-of-pocket maximum	\$3,000	N/A
Combined out-of-pocket maximum	\$3,000	
Prescription deductible	N/A	

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