



BlueShield of Northeastern New York Medicare Advantage* 2021 Schedule of Benefits

Benefit	
Primary care office visit copayment (In-network PCP copay is waived for follow-up visit after any inpatient discharge or observation discharge within 14 days.)	\$10
Specialty care office visit	\$30
Office or Outpatient Hospital-Based Health Services	
Primary care office (In-network PCP copay is waived for follow-up visit after any inpatient discharge or observation discharge within 14 days.)	\$10
Routine physical exam	\$0
Routine gynecological physical exam	\$0 Pap Smear, Pelvic Exam, and Clinical Breast Examinations
Diagnostic services; Radiology and imaging, including X-rays, ultrasounds, MRIs, and CT scans	\$30
Mammogram screening (Preventive)	\$0
Bone mineral density measurements and tests (Preventive)	\$0
Pap smear (Preventive)	\$0
Immunizations – Flu, H1N1, Pneumonia, Hepatitis B (Preventive)	\$0
In-office surgical procedures	\$10 PCP/\$30 Specialist
Chiropractor	\$20
Prostate cancer screening (Preventive)	\$0
Chemotherapy	\$0
Radiation therapy	\$30
Urgent care services (waived if admitted to hospital within one day)	\$35
Physical therapy	\$20
Occupational therapy	\$20
Speech therapy	\$20
Laboratory services	
Laboratory testing	\$0
Inpatient Hospital Services	
Inpatient hospital service	\$0

Benefit	
Maternity care	\$0
Skilled nursing facility services (100 day limit each benefit period)	\$0
Outpatient Hospital Surgery and Ambulatory Surgery Facility Services	
Surgery	\$75
Emergency Services	
Emergency department services (waived if admitted to hospital within one day)	\$65
Professional ambulance services	\$100
Mental Health Services	
Outpatient services	\$40
Inpatient facility services (190-day lifetime limit in a psychiatric facility)	\$0
Medical Services	
Home health care	\$0
Durable medical equipment, prosthetic and orthotic devices	\$0 compression stockings and diabetic shoes/inserts; 20% all other items
Hospice care	Covered by original Medicare
Fitness Program	
SilverSneakers (“Steps” program included)®	Covered in full
Prescription drugs – Part D Plan Only	
Prescription drug (Rx)	\$0/\$15/\$30/\$50/\$50
Mail order	2 copays for a 90 day supply
Shingles vaccine	\$0 copay
Coverage gap/donut hole	No coverage gap

Call us at 1-800-329-2792 (TTY 711,) we are available 8 a.m. to 8 p.m. 7 days a week from October 1 to March 31, and 8 a.m. to 8 p.m. Monday – Friday from April 1 to September 30 for more information.

*The 2021 benefits, member cost-sharing, and references are quoted and subject to change. Revisions may be necessary once the Centers for Medicare and Medicaid Services (CMS) releases the final 2021 Medicare benefit parameters and approves our plan options. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and copayments/coinsurance may change on January 1 of each year.