

2024



Suggested Plan: Highmark Blue Cross Blue Shield Forever Blue 751 (PPO)

				Cost
Monthly premium effective January 1, 2024				\$209.00
	Current		Upon renewal	
Physician and other health professional services	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary doctor/Specialist	\$5 / \$25	25%	\$5 / \$25	25%
Radiation therapy	20%	25%	20%	25%
Emergency room (waived if admitted)	\$95	\$95	\$100	\$100
Urgent care (waived if admitted)	\$60	\$60	\$55	\$55
Ambulance	\$225	\$225	\$225	\$225
More than 20 preventive services	In-Network	Out-of-Network	In-Network	Out-of-Network
Flu shots - Part B	Covered in full	25%	Covered in full	25%
Immunizations - Part B (hepatitis/pneumonia)	Covered in full	25%	Covered in full	25%
All other preventive screenings and tests	Covered in full	25%	Covered in full	25%
Hospital, home health care, and skilled services	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital (inpatient)	\$205 per day for days 1-7, \$1,435 OOP Max per year	30%	\$205 per day for days 1-7, \$1,435 OOP Max per year	30%
Outpatient surgery - hospital	\$300	25%	\$300	25%
Outpatient surgery - ambulatory center	\$200	25%	\$200	25%
Home health care	Covered in full	25%	Covered in full	25%
Skilled nursing facility	\$0 per day for days 1-20; \$196.00 per day for days 21-100. No yearly benefit period maximum.	30%	\$0 per day for days 1-20; \$203.00 per day for days 21-100. No yearly benefit period maximum.	30%
Dialysis	20%	Inside service area: 50% for non-participating providers. Outside service area: 20% for non-participating providers.	20%	Inside service area: 50% for non-participating providers. Outside service area: 20% for non-participating providers.
Mental health/chemical dependence services	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental health (inpatient, 190-day lifetime limit)	\$270 per day for days 1-6, \$1,620 OOP Max per year	30%	\$270 per day for days 1-6, \$1,620 OOP Max per year	30%
Mental health (outpatient)	\$40	50%	\$40	50%
Mental health (with psychiatrist)	\$40	50%	\$40	50%
Alcohol substance abuse (inpatient)	\$270 per day for days 1-6, \$1,620 OOP Max per year	30%	\$270 per day for days 1-6, \$1,620 OOP Max per year	30%
Alcohol substance abuse (outpatient)	50%	50%	\$40	50%

Laboratory and X-ray services	In-Network	Out-of-Network	In-Network	Out-of-Network
Laboratory testing	\$5	25%	\$5	25%
X-rays	\$40	25%	\$40	25%
Advanced radiology - MRI, MRA, PET, and CT	\$150	25%	\$150	25%
Rehabilitation services	In-Network	Out-of-Network	In-Network	Out-of-Network
Physical, occupational, and speech therapy	\$20	25%	\$20	25%
Acupuncture & Massage Therapy	\$500 annual allowance		\$500 annual allowance	
Chiropractor	\$20 includes 12 routine visits	25% includes 12 routine visits	\$15 includes 12 routine visits	25% includes 12 routine visits
Cardiac rehab	\$15	25%	\$15	25%
Vision	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine vision exam	\$25	20%	\$25	20%
Allowance (lenses and frames)	\$200 annual allowance		\$200 annual allowance	
Dental	In-Network	Out-of-Network	In-Network	Out-of-Network
Dental	50% for covered services \$2,000 max per year		50% for covered services \$2,000 max per year	
Supplies, equipment and devices	In-Network	Out-of-Network	In-Network	Out-of-Network
Durable medical equipment	\$0 compression stockings; 20% all other items	50%	\$0 compression stockings; 20% all other items	50%
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items	50%	\$0 diabetic shoes/inserts; 20% all other items	50%
Diabetic supplies - Part B	Covered in full	50%	Covered in full	50%
Prescription drugs - Part B	In-Network	Out-of-Network	In-Network	Out-of-Network
Immunosuppressive drugs	20%	25%	20%	25%
Oral chemotherapy drugs	20%	25%	20%	25%
Physician administered injectables	20%	25%	20%	25%
Nebulizer inhalation solution	\$25	25%	20%	25%
Part B drugs - other	20%	25%	20%	25%
Prescription drugs - Part D	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription drug (Rx)	Preferred: \$2/\$8/\$42/\$94/33% Standard: \$7/\$13/\$47/\$99/33%		Preferred: \$2/\$8/\$42/\$94/33% Standard: \$7/\$13/\$47/\$99/33%	
Mail order (90-day supply)	Tier 1: \$0 copay for a 90 day supply; Tier 2 - Tier 4: 2.5 copays for a 90 day supply; Tier 5: 33% of the cost of the fill up to a 90 day supply. There is only one participating pharmacy for mail order (ESI) so there is no network.		Tier 1: \$0 copay for a 100 day supply; Tier 2 : 2.5 copays for a 100 day supply; Tier 3 - 4: 2.5 copays for a 90 day supply; Tier 5: Mail order not available	
Coverage gap/donut hole	Discounts only		Discounts only	
General product information	In-Network	Out-of-Network	In-Network	Out-of-Network
In-network out-of-pocket maximum	\$6,700		\$6,700	
Combined out-of-pocket maximum	\$10,000 Combined		\$10,000 Combined	
RX deductible	N/A		N/A	