

GROUP NAME: Bar Association of Erie County Retirees

GROUP NUMBER: 00402745

PLAN NAME: Highmark Blue Cross Blue Shield Senior Blue Basic (HMO) (2022)

Physician and other health professional services	In-Network
Primary doctor	\$15
Specialist	\$45
Radiation therapy	20%
Emergency room (waived if admitted)	\$90
Urgent care (waived if admitted)	\$65
Ambulance	\$300
Telemedicine – Doctor on Demand®	Covered in full

More than 20 preventive services	In-Network
Flu shots – Part B	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full
All other preventive screenings and tests	Covered in full

Hospital, home health care, and skilled services	In-Network
Hospital (inpatient)	\$400 per day for days 1-5, \$2,000 OOP Max per year
Observation	\$450
Outpatient surgery – hospital	\$475
Outpatient surgery – ambulatory center	\$425
Home health care	Covered in full
Skilled nursing facility (100 days per benefit period)	\$0 per day for days 1-20; \$188.00 per day for days 21-100. No yearly benefit period maximum.
Dialysis	20%

Mental health / chemical dependence services	In-Network
Mental health (inpatient, 190-day lifetime limit)	\$395 per day for days 1-4, \$1,580 OOP Max per year
Mental health (outpatient)	\$40
Mental health (with psychiatrist)	\$40
Alcohol substance abuse (inpatient)	\$395 per day for days 1-4, \$1,580 OOP Max per year
Alcohol substance abuse (outpatient)	50%

Laboratory and X-ray services	In-Network
Laboratory testing	\$10
X-rays	\$50
Advanced radiology – MRI, MRA, PET, and CT	\$225
Rehabilitation services	In-Network
Physical, occupational, and speech therapy	\$40
Chiropractor <small>includes 3 routine visits</small>	\$20
Acupuncture & Massage Therapy	\$100 combined annual allowance
Cardiac rehab	\$10
Vision	In-Network
Routine vision exam	\$25
Medical vision exam	\$45
Allowance (lenses and frames)	Not covered
Hearing	In-Network
Routine hearing exam – TruHearing™	Not covered
Diagnostic hearing exam	\$45
Hearing aid benefit – TruHearing™	Not covered
Dental	In-Network
Dental	Preventive dental (routine cleanings, oral exams & x-rays) \$10 per service
Supplies, equipment, and devices	In-Network
Durable medical equipment	\$0 compression stockings; 20% all other items
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items
Diabetic supplies – Part B	Covered in full
Fitness program	In-Network
SilverSneakers® (“Steps” program included)	Covered in full
Prescription drugs – Part B	In-Network
Immunosuppressive drugs	20%
Oral chemotherapy drugs	20%
Physician administered injectables	20%
Nebulizer inhalation solution	20%
Part B drugs (other)	20%

Prescription drugs – Part D	In-Network
Prescription drug (Rx)	Preferred pharmacies: \$4/\$12/ \$42/\$94/27% Standard pharmacies: \$9/\$17/\$47/ \$100/27%
Mail order	Tier 1: \$0 copay for a 90 day supply; Tier 2 - Tier 4: 2.5 copays for a 90 day supply; Tier 5: 27% 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.
Shingles vaccine	Preferred pharmacies: \$4 Standard pharmacies: \$9
Coverage gap/donut hole	Discounts only

General product information	In-Network
In-network out-of-pocket maximum	\$7,550
Combined out-of-pocket maximum	N/A
Part B Premium Buyback	\$50 monthly*
Prescription deductible	NON LIS Members: T 1-2: \$0, T3 - T5: \$350

*Beneficiaries are eligible for a Part B Monthly Premium buyback if they do not receive Medicaid or any other assistance paying their Part B Premium. Beneficiaries must continue paying their Part B Premium. It may take a few months for the Part B Premium buyback credits to become effective.

Annual wellness visit, breast cancer screening, and colon cancer screening are covered by any doctor in our network as part of your member benefits. If other services are performed by your doctor during a wellness visit you may have a higher copay.

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