

GROUP NAME: Bar Association of Erie County

GROUP NUMBER: 10717665

PLAN NAME: Highmark Blue Cross Blue Shield BlueSaver (HMO) (2023)

Physician and other health professional services	In-Network
Primary doctor	\$0
Specialist	\$35
Radiation therapy	20%
Emergency room (waived if admitted)	\$95
Urgent care (waived if admitted)	\$60
Ambulance	\$295
Telemedicine	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)	\$360 per day for days 1-5, \$1,800 OOP Max per year
Observation	\$325
Outpatient surgery – hospital	\$375
Outpatient surgery – ambulatory center	\$275
Home health care	Covered in full
Skilled nursing facility (100 days per benefit period)	\$0 per day for days 1-20; \$196.00 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	Covered in full
X-rays	\$45
Advanced radiology – MRI, MRA, PET, and CT	\$175
Rehabilitation services	In-Network
Physical, occupational, and speech therapy	\$30
Chiropractor <small>includes 6 routine visits</small>	\$20
Acupuncture & Massage Therapy	\$250 combined annual allowance
Cardiac rehab	\$10
Vision	In-Network
Routine vision exam	\$25
Medical vision exam	\$35
Allowance (lenses and frames)	\$100 annual allowance
Hearing	In-Network
Routine hearing exam – TruHearing™	\$45
Diagnostic hearing exam	\$35
Hearing aid benefit – TruHearing™	\$699/\$999
Dental	In-Network
Dental	50% for covered services \$2,000 max per year
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: \$0/\$12/ \$42/\$94/29% Standard pharmacies: \$5/\$17/\$47/ \$100/29%
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: Mail order not available.
Shingles vaccine	Preferred pharmacies: \$0 Standard pharmacies: \$5
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
Prescription deductible	NON LIS Members: T 1-3: \$0, T4 - T5: \$250

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