

**GROUP NAME: Bar Association of Erie County**

**GROUP NUMBER: 10716965**

**PLAN NAME: Highmark Blue Cross Blue Shield Freedom Nation (PPO) (2023)**

<b>Physician and other health professional services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Primary doctor	\$0	50%
Specialist	\$35	50%
Radiation therapy	20%	50%
Emergency room (waived if admitted)	\$95	\$95
Urgent care (waived if admitted)	\$60	\$60
Ambulance	\$300	\$300
Telemedicine	Covered in full	Covered in full
<b>More than 20 preventive services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Flu shots – Part B	Covered in full	50%
Immunizations – Part B (hepatitis/pneumonia)	Covered in full	50%
All other preventive screenings and tests	Covered in full	50%
<b>Hospital, home health care, and skilled services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Hospital (inpatient)	\$370 per day for days 1-5, \$1,850 OOP Max per year	50%
Observation	\$325	50%
Outpatient surgery – hospital	\$375	50%
Outpatient surgery – ambulatory center	\$275	50%
Home health care	Covered in full	50%
Skilled nursing facility (100 days per benefit period)	\$0 per day for days 1-20; \$196.00 per day for days 21-100.	50%
Dialysis	20%	Inside service area: 50% for non-participating providers. Outside service area: 20% for non-participating providers.
<b>Mental health / chemical dependence services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Mental health (inpatient, 190-day lifetime limit)	\$370 per day for days 1-5, \$1,850 OOP Max per year	50%
Mental health (outpatient)	\$40	50%
Mental health (with psychiatrist)	\$40	50%
Alcohol substance abuse (inpatient)	\$370 per day for days 1-5, \$1,850 OOP Max per year	50%
Alcohol substance abuse (outpatient)	50%	50%

<b>Laboratory and X-ray services</b>	In-Network	Out-of-Network
Laboratory testing	\$5	\$5
X-rays	\$50	50%
Advanced radiology – MRI, MRA, PET, and CT	\$200	50%
<b>Rehabilitation services</b>	In-Network	Out-of-Network
Physical, occupational, and speech therapy	\$30	50%
Chiropractor <small>includes 6 routine visits</small>	\$20	50%
Acupuncture & Massage Therapy	\$250 combined annual allowance	
Cardiac rehab	\$10	50%
<b>Vision</b>	In-Network	Out-of-Network
Routine vision exam	\$25	20%
Medical vision exam	\$35	50%
Allowance (lenses and frames)	\$100 annual allowance	
<b>Hearing</b>	In-Network	Out-of-Network
Routine hearing exam – TruHearing™	\$45	\$45
Diagnostic hearing exam	\$35	50%
Hearing aid benefit – TruHearing™	\$699/\$999	
<b>Dental</b>	In-Network	Out-of-Network
Dental	50% for covered services \$2,000 max per year	
<b>Supplies, equipment, and devices</b>	In-Network	Out-of-Network
Durable medical equipment	\$0 compression stockings; 20% all other items	50%
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items	50%
Diabetic supplies – Part B	Covered in full	50%
<b>Fitness program</b>	In-Network	Out-of-Network
SilverSneakers (“Steps” program included)®	Covered in full	
<b>Prescription drugs – Part B</b>	In-Network	Out-of-Network
Immunosuppressive drugs	20%	50%
Oral chemotherapy drugs	20%	50%
Physician administered injectables	20%	50%
Nebulizer inhalation solution	20%	50%
Part B drugs (other)	20%	50%

<b>Prescription drugs – Part D</b>	<b>In-Network</b>	<b>Out-of-Network</b>
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	
<b>General product information</b>	<b>In-Network</b>	<b>Out-of-Network</b>
In-network out-of-pocket maximum	\$7,550	N/A
Combined out-of-pocket maximum	\$11,300 Combined	
Prescription deductible	NON LIS Members: T 1-3: \$0, T4 - T5: \$250	

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