

GROUP NAME:

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PLAN NAME: Highmark Blue Cross Blue Shield Senior Blue Basic (HMO) (2023)

Physician and other health professional services	In-Network
Primary doctor	\$15
Specialist	\$45
Radiation therapy	20%
Emergency room (waived if admitted)	\$95
Urgent care (waived if admitted)	\$60
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; \$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	\$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	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: \$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: Mail order not available
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	\$8,300
Combined out-of-pocket maximum	N/A
Part B Premium Buyback	\$62 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.

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. Highmark BCBSWNY is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal. Highmark Blue Cross Blue Shield of Western New York complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Onduo is an independent company that provides a diabetes management program on behalf of Highmark. TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing aid benefit. SilverSneakers® is a registered trademark of Tivity Health, Inc. Tivity Health is an independent company that administers the SilverSneakers gym benefit. American Well is an independent company that provides telemedicine services. American Well does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its telemedicine services. Other pharmacies/physicians/providers are available in our network. Out of-network/noncontracted providers are under no obligation to treat Highmark BCBSWNY members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. The plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。