

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

**GROUP NUMBER: 10717655**

**PLAN NAME: Highmark Blue Cross Blue Shield Senior Blue 651 (HMO) (2023)**

<b>Physician and other health professional services</b>	<b>In-Network</b>
Primary doctor	\$0
Specialist	\$25
Radiation therapy	20%
Emergency room (waived if admitted)	\$95
Urgent care (waived if admitted)	\$60
Ambulance	\$200
Telemedicine	Covered in full

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

<b>Hospital, home health care, and skilled services</b>	<b>In-Network</b>
Hospital (inpatient)	\$225 per day for days 1-7, \$1,575 OOP Max per year
Observation	\$275
Outpatient surgery – hospital	\$325
Outpatient surgery – ambulatory center	\$225
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%

<b>Mental health / chemical dependence services</b>	<b>In-Network</b>
Mental health (inpatient, 190-day lifetime limit)	\$215 per day for days 1-6, \$1,290 OOP Max per year
Mental health (outpatient)	\$40
Mental health (with psychiatrist)	\$40
Alcohol substance abuse (inpatient)	\$215 per day for days 1-6, \$1,290 OOP Max per year
Alcohol substance abuse (outpatient)	50%

<b>Laboratory and X-ray services</b>	<b>In-Network</b>
Laboratory testing	\$5
X-rays	\$40
Advanced radiology – MRI, MRA, PET, and CT	\$150
<b>Rehabilitation services</b>	<b>In-Network</b>
Physical, occupational, and speech therapy	\$15
Chiropractor <small>includes 12 routine visits</small>	\$20
Acupuncture & Massage Therapy	\$500 combined annual allowance
Cardiac rehab	\$15
<b>Vision</b>	<b>In-Network</b>
Routine vision exam	\$25
Medical vision exam	\$25
Allowance (lenses and frames)	\$200 annual allowance
<b>Hearing</b>	<b>In-Network</b>
Routine hearing exam – TruHearing™	\$45
Diagnostic hearing exam	\$25
Hearing aid benefit – TruHearing™	\$599/\$899
<b>Dental</b>	<b>In-Network</b>
Dental	50% for covered services \$2,000 max per year
<b>Supplies, equipment, and devices</b>	<b>In-Network</b>
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
<b>Fitness program</b>	<b>In-Network</b>
SilverSneakers® (“Steps” program included)	Covered in full
<b>Prescription drugs – Part B</b>	<b>In-Network</b>
Immunosuppressive drugs	20%
Oral chemotherapy drugs	20%
Physician administered injectables	20%
Nebulizer inhalation solution	20%
Part B drugs (other)	20%

<b>Prescription drugs – Part D</b>	<b>In-Network</b>
Prescription drug (Rx)	Preferred pharmacies: \$2/\$10/ \$42/\$94/33% Standard pharmacies: \$7/\$15/\$47/ \$100/33%
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: \$2 Standard pharmacies: \$7
Coverage gap/donut hole	Discounts only

<b>General product information</b>	<b>In-Network</b>
In-network out-of-pocket maximum	\$6,700
Combined out-of-pocket maximum	N/A
Prescription deductible	N/A

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