

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

**GROUP NUMBER: 10725045**

**PLAN NAME: Forever Blue 799 (PPO) Plan 34 (2023)**

<b>Physician and other health professional services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Primary doctor	\$15	\$20
Specialist	\$35	\$40
Radiation therapy	\$35	\$40
Emergency room (waived if admitted)	\$75	\$75
Urgent care (waived if admitted)	\$65	\$65
Ambulance	\$125	\$125
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	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full	\$40
All other preventive screenings and tests	Covered in full	\$40
<b>Hospital, home health care, and skilled services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Hospital (inpatient)	\$350 per stay	30%
Observation	\$75	\$75
Outpatient surgery – hospital	\$175	\$200
Outpatient surgery – ambulatory center	\$75	\$175
Home health care	\$10	30%
Skilled nursing facility (100 days per benefit period)	\$350 per stay	30%
Dialysis	Covered in full	Inside service area: 20% for non-participating providers. Outside service area: \$0 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)	\$350 per stay	30%
Mental health (outpatient)	\$35	30%
Mental health (with psychiatrist)	\$20	30%
Alcohol substance abuse (inpatient)	\$350 per stay	30%
Alcohol substance abuse (outpatient)	20%	30%

<b>Laboratory and X-ray services</b>	In-Network	Out-of-Network
Laboratory testing	\$5	\$40
X-rays	\$35	30%
Advanced radiology – MRI, MRA, PET, and CT	\$50	30%
<b>Rehabilitation services</b>	In-Network	Out-of-Network
Physical, occupational, and speech therapy	\$35	\$40
Chiropractor <small>includes 12 routine visits</small>	\$20	\$40
Acupuncture & Massage Therapy	\$500 combined annual allowance	
Cardiac rehab	\$30	\$40
<b>Vision</b>	In-Network	Out-of-Network
Routine vision exam	\$25	20%
Medical vision exam	\$35	\$40
Allowance (lenses and frames)	\$300 annual allowance	
<b>Hearing</b>	In-Network	Out-of-Network
Routine hearing exam – TruHearing™	\$45	\$45
Diagnostic hearing exam	\$35	\$40
Hearing aid benefit – TruHearing™	\$499/\$799	
<b>Dental</b>	In-Network	Out-of-Network
Dental	\$300 annual allowance	
<b>Supplies, equipment, and devices</b>	In-Network	Out-of-Network
Durable medical equipment	\$0 compression stockings; 20% all other items	30%
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items	30%
Diabetic supplies – Part B	Covered in full	30%
<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	Covered in full	Covered in full
Oral chemotherapy drugs	Covered in full	Covered in full
Physician administered injectables	Covered in full	Covered in full
Nebulizer inhalation solution	Covered in full	Covered in full
Part B drugs (other)	Covered in full	Covered in full
<b>Prescription drugs – Part D</b>	In-Network	Out-of-Network
Prescription drug (Rx)	\$0/\$20/\$45/\$95/\$95	
Mail order	Tier 1 - Tier 4: 2 copays for a 90 day supply	
Shingles vaccine	Covered in full	
Coverage gap/donut hole	No coverage gap	

General product information	In-Network	Out-of-Network
In-network out-of-pocket maximum	\$3,400	N/A
Combined out-of-pocket maximum	\$5,100 Combined	
Prescription deductible	N/A	

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