

GROUP NAME: Bar Association of Erie County

GROUP NUMBER: 10717675

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

Physician and other health professional services	In-Network
Primary doctor	\$0
Specialist	\$30
Radiation therapy	20%
Emergency room (waived if admitted)	\$95
Urgent care (waived if admitted)	\$60
Ambulance	\$260
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)	\$335 per day for days 1-5, \$1,675 OOP Max per year
Observation	\$350
Outpatient surgery – hospital	\$400
Outpatient surgery – ambulatory center	\$300
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)	\$260 per day for days 1-6, \$1,560 OOP Max per year
Mental health (outpatient)	\$40
Mental health (with psychiatrist)	\$40
Alcohol substance abuse (inpatient)	\$260 per day for days 1-6, \$1,560 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	\$25
Chiropractor <small>includes 12 routine visits</small>	\$20
Acupuncture & Massage Therapy	\$500 combined annual allowance
Cardiac rehab	\$15
Vision	In-Network
Routine vision exam	\$25
Medical vision exam	\$30
Allowance (lenses and frames)	\$200 annual allowance
Hearing	In-Network
Routine hearing exam – TruHearing™	\$45
Diagnostic hearing exam	\$30
Hearing aid benefit – TruHearing™	\$599/\$899
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: \$2/\$10/ \$42/\$94/30% Standard pharmacies: \$7/\$15/ \$47/\$100/30%
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

General product information	In-Network
In-network out-of-pocket maximum	\$6,700
Combined out-of-pocket maximum	N/A
Prescription deductible	NON LIS Tier 1 -Tier 2: \$0, Tier 3 - Tier 5: \$175

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