



2027 Medicare Advantage Benefit Summary

Effective Date: 1/1/2027

Name: Bar Association of Erie County Medicare

Group Number: 10996585

Plan: LC1

	Forever Blue 799 (PPO)	
Medical Benefits	In-Network	Out-of-Network
Deductible	\$0	
Coinsurance (see specific benefits for cost sharing)	0%	50%
In-Network Member Out-of-Pocket Maximum Amount (This is the most the member will pay out-of-pocket for their Medicare-covered services, not including Part D drugs)	\$7,150	Not Applicable
Combined In and Out-of-Network Member Out-of-Pocket Maximum Amount (This is the most the member will pay out-of-pocket for their Medicare-covered services, not including Part D drugs)	\$10,750	
Physician and other Health Professional Services	In-Network	Out-of-Network
Office Visits - Primary Doctor	\$5	50%
Office Visits - Specialist	\$50	50%
Radiation Therapy	20%	50%
Emergency Room (waived if admitted within 1 day)	\$130	
Urgent Care	\$50	
Ambulance	\$200	
More than 20 Preventive Services	In-Network	Out-of-Network
Includes screenings and vaccines such as Flu, Pneumonia, Covid 19, Hepatitis, etc	Covered in Full	Covered in Full
Hospital, Home Health Care, and Skilled Services	In-Network	Out-of-Network
Hospital (Inpatient)	\$350 days 1-5 \$1,750 max	20%
Observation Room/Outpatient Surgery (Hospital)	\$300	50%
Outpatient Surgery (Ambulatory Center)	\$275	50%
Home Health Care	0%	20%
Skilled Nursing Facility (100 days per benefit period)	\$0/day 1-20 \$221/day 21-100	20%
Dialysis	20%	20%
Mental Health/Chemical Dependence Services	In-Network	Out-of-Network
Mental Health (Inpatient, 190-day lifetime limit)	\$350 days 1-5 \$1,750 max	20%
Mental Health (Outpatient)	\$50	50%
Mental Health (Outpatient with Psychiatrist)	\$50	50%
Alcohol Substance Abuse (Inpatient)	\$350 days 1-5 \$1,750 max	20%
Alcohol Substance Abuse (Outpatient)	\$50	50%

Laboratory and X-ray Services	In-Network	Out-of-Network
Laboratory Testing (Physician Office/Free Standing Lab)	\$0	20%
Laboratory Testing (Outpatient Facility)	\$0	20%
X-rays	\$75	50%
Advanced Radiology (MRI, MRA, PET, and CT)	\$175	50%
Rehabilitation Services	In-Network	Out-of-Network
Physical, Occupational, and Speech Therapy	\$35	50%
Chiropractor Medicare Covered	\$15	50%
Cardiac Rehab	\$25	50%
Vision	In-Network	Out-of-Network
Medical Vision Exam	\$50	50%
Routine Vision Exam (Offered through Davis Vision)	\$0	\$0
Annual allowance (lenses and frames) Offered through Davis Vision	\$100	
Hearing	In-Network	Out-of-Network
Diagnostic Hearing Exam	\$50	50%
Routine Hearing Exam (TruHearing)	\$45	\$45
Hearing Aid Benefit (TruHearing)	2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay. \$500 maximum allowance	\$500 maximum allowance combined In and out-of-network towards hearing aids that are not the Advanced or Premium
Dental	In-Network	Out-of-Network
Routine Dental Allowance	Not Covered	
Supplies, Equipment, and Devices	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%
Oxygen	20%	50%
Diabetic Supplies	20%	50%
Fitness Program	In-Network	Out-of-Network
Highmark Health & Fitness program	National Fitness Network	
Part B Drugs	In-Network	Out-of-Network
Immunosuppressive Drugs	20%	50%
Oral Chemotherapy Drugs	20%	50%
Physician Administered Injectables	20%	50%
Nebulizer Inhalation	20%	50%
Part B drugs (other)	20%	50%
Value Added Rider	In-Network	Out-of-Network
Routine Chiropractic - These are routine/not medically necessary services that are not covered by Original Medicare. Chiropractic visits are limited to 12 per calendar year.	Not Covered	Not Covered
Routine Podiatry - These are routine/not medically necessary services that are not covered by Original Medicare. Podiatry visits are limited to 3 visits per calendar year.	Not Covered	Not Covered
Meal Plan - 2 meals per day up to 7 days upon discharge from an Inpatient Hospital or SNF stay.	Not Covered	Not Covered
Prescription Drugs - Part D		
Prescription Deductible	\$700 on Tiers 3, 4, & 5	

True Out of Pocket (TrOOP) Costs Threshold	\$2,400	
Formulary	Performance	
Medicare Excluded Part D Prescription Drug Rider	Not Covered	
Retail Prescription Drugs (31 day supply)	Preferred	Standard
Tier 1 (Preferred Generic)	\$10	\$15
Tier 2 (Non-Preferred Generic)	\$20	\$25
Tier 3 (Preferred Brand & Generic)	20%	20%
Tier 4 (Non-Preferred)	25%	25%
Tier 5 (Specialty)	25%	25%
Mail Order Prescription Drugs	Express Scripts	All other Mail Order Pharmacies
Tier 1 (Preferred Generic)	\$25	\$37.50
Tier 2 (Non-Preferred Generic)	\$50	\$62.50
Tier 3 (Preferred Brand & Generic)	20%	20%
Tier 4 (Non-Preferred)	25%	25%
Tier 5 (Specialty)	25%	25%
Retail and Mail Order Days Supply Limit	Retail or Mail Order -Tier 1 & 2 Up to a 100 day supply Retail or Mail Order - Tier 3 & 4 Up to a 90 day supply Specialty Drugs are limited to a 31-day supply Insulin - \$35 maximum copay for a one-month supply of covered insulin products	
Catastrophic Phase	After reaching the True Out of Pocket (TrOOP) costs, there is \$0 member cost sharing for covered Part D drugs in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations.	

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TruHearing is a registered trademark of TruHearing, Inc., a separate company. Davis Vision is an independent company that provides the network and administers vision benefits for Highmark members. Express

Scripts® is a separate company. Other Pharmacies/Physicians/Providers are available in our network.

Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

Pennsylvania, Delaware, West Virginia, and New York: 1-844-679-6930 (TTY:711)

Tenemos servicios gratis de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan médico o de medicamentos. Para obtener un intérprete, simplemente llame al número

correspondiente a su estado de residencia. Alguien que hable español puede ayudarlo. Este servicio es gratis.

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