

2024



### Suggested Plan: Highmark Blue Cross Blue Shield BlueSaver (HMO)

Monthly premium effective January 1, 2024		Cost
		\$0.00
	Current	Upon renewal
Physician and other health professional services	In-Network	In-Network
Primary doctor/Specialist	\$0/\$35	\$0/\$30
Radiation therapy	20%	20%
Emergency room (waived if admitted)	\$95	\$100
Urgent care (waived if admitted)	\$60	\$55
Ambulance	\$295	\$295
More than 20 preventive services	In-Network	In-Network
Flu shots - Part B	Covered in full	Covered in full
Immunizations - Part B (hepatitis/pneumonia)	Covered in full	Covered in full
All other preventive screenings and tests	Covered in full	Covered in full
Hospital, home health care, and skilled services	In-Network	In-Network
Hospital (inpatient)	\$360 per day for days 1-5, \$1,800 OOP Max per year	\$360 per day for days 1-5, \$1,800 OOP Max per year
Outpatient surgery - hospital	\$375	\$375
Outpatient surgery - ambulatory center	\$275	\$275
Home health care	Covered in full	Covered in full
Skilled nursing facility	\$0 per day for days 1-20; \$196.00 per day for days 21-100. No yearly benefit period maximum.	\$0 per day for days 1-20; \$203.00 per day for days 21-100. No yearly benefit period maximum.
Dialysis	20%	20%
Mental health/chemical dependence services	In-Network	In-Network
Mental health (inpatient, 190-day lifetime limit)	\$395 per day for days 1-4, \$1,580 OOP Max per year	\$395 per day for days 1-4, \$1,580 OOP Max per year
Mental health (outpatient)	\$40	\$40
Mental health (with psychiatrist)	\$40	\$40
Alcohol substance abuse (inpatient)	\$395 per day for days 1-4, \$1,580 OOP Max per year	\$395 per day for days 1-4, \$1,580 OOP Max per year
Alcohol substance abuse (outpatient)	50%	\$40
Laboratory and X-ray services	In-Network	In-Network
Laboratory testing	Covered in full	Covered in full
X-rays	\$45	\$45
Advanced radiology - MRI, MRA, PET, and CT	\$175	\$175
Rehabilitation services	In-Network	In-Network
Physical, occupational, and speech therapy	\$30	\$30
Acupuncture & Massage Therapy	\$250 annual allowance	\$250 annual allowance
Chiropractor	\$20 includes 6 routine visits	\$15 includes 6 routine visits
Cardiac rehab	\$10	\$10



Vision		In-Network	In-Network
Routine vision exam		\$25	\$25
Allowance (lenses and frames)		\$100 annual allowance	\$100 annual allowance
Dental		In-Network	In-Network
Dental		50% for covered services; \$2,000 max per year	50% for covered services; \$2,000 max per year
Supplies, equipment and devices		In-Network	In-Network
Durable medical equipment		\$0 compression stockings; 20% all other items	\$0 compression stockings; 20% all other items
Prosthetics		\$0 diabetic shoes/inserts; 20% all other items	\$0 diabetic shoes/inserts; 20% all other items
Diabetic supplies - Part B		Covered in full	Covered in full
Prescription drugs - Part B		In-Network	In-Network
Immunosuppressive drugs		20%	20%
Oral chemotherapy drugs		20%	20%
Physician administered injectables		20%	20%
Nebulizer inhalation solution		20%	20%
Part B drugs - other		20%	20%
Prescription drugs - Part D		In-Network	In-Network
Prescription drug (Rx)		Preferred : \$0/\$12/\$42/\$94/28% Standard : \$5/\$17/\$47/\$100/28%	Preferred: \$0/\$12/\$42/\$94/29% Standard: \$5/\$17/\$47/\$100/29%
Mail order (90-day supply)		Tier 1: \$0 copay for a 90 day supply; Tier 2 - Tier 4: 2.5 copays for a 90 day supply; Tier 5: 28% of the cost of the fill up to a 90 day supply. There is only one participating pharmacy for mail order (ESI) so there is no network.	Tier 1: \$0 copay for a 100 day supply; Tier 2: 2.5 copays for a 100 day supply; Tier 3 - 4: 2.5 copays for a 90 day supply; Tier 5: Mail order not available
Coverage gap/donut hole		Discounts only	Discounts Only
General product information			
In-network out-of-pocket maximum		\$7,550	\$6,900
Combined out-of-pocket maximum		N/A	N/A
RX deductible		Tier 1-Tier 3: \$0, Tier 4 -Tier 5: \$250	Tier 1- Tier 3: \$0, Tier 4 - Tier 5: \$250