

Suggested Plan: Highmark Blue Cross Blue Shield Freedom Nation (PPO)

				Cost
Monthly premium effective January 1, 2024				\$24.00
	Current		Upon renewal	
Physician and other health professional services	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary doctor/Specialist	\$0 / \$35	50%	\$0/\$30	50%
Radiation therapy	20%	50%	20%	50%
Emergency room (waived if admitted)	\$95	\$95	\$100	\$100
Urgent care (waived if admitted)	\$60	\$60	\$55	\$55
Ambulance	\$300	\$300	\$300	\$300
More than 20 preventive services	In-Network	Out-of-Network	In-Network	Out-of-Network
Flu shots - Part B	Covered in full	50%	Covered in full	50%
Immunizations - Part B (hepatitis/pneumonia)	Covered in full	50%	Covered in full	50%
All other preventive screenings and tests	Covered in full	50%	Covered in full	50%
Hospital, home health care, and skilled services	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital (inpatient)	\$370 per day for days 1-5, \$1,850 OOP Max per year	50%	\$370 per day for days 1-5, \$1,850 OOP Max per year	50%
Outpatient surgery - hospital	\$400	50%	\$375	50%
Outpatient surgery - ambulatory center	\$300	50%	\$275	50%
Home health care	Covered in full	50%	Covered in full	50%
Skilled nursing facility	\$0 per day for days 1-20; \$196.00 per day for days 21-100. No yearly benefit period maximum.	50%	\$0 per day for days 1-20; \$203.00 per day for days 21-100. No yearly benefit period maximum.	50%
Dialysis	20%	Inside service area: 50% for non-participating providers. Outside service area: 20% for non-participating providers.	20%	Inside service area: 50% for non-participating providers. Outside service area: 20% for non-participating providers.
Mental health/chemical dependence services	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental health (inpatient, 190-day lifetime limit)	\$370 per day for days 1-5, \$1,850 OOP Max per year	50%	\$370 per day for days 1-5, \$1,850 OOP Max per year	50%
Mental health (outpatient)	\$40	50%	\$40	50%
Mental health (with psychiatrist)	\$40	50%	\$40	50%
Alcohol substance abuse (inpatient)	\$370 per day for days 1-5, \$1,850 OOP Max per year	50%	\$370 per day for days 1-5, \$1,850 OOP Max per year	50%
Alcohol substance abuse (outpatient)	50%	50%	\$40	50%

Laboratory and X-ray services	In-Network	Out-of-Network	In-Network	Out-of-Network
Laboratory testing	\$5	50%	\$5	\$5
X-rays	\$50	50%	\$50	50%
Advanced radiology - MRI, MRA, PET, and CT	\$200	50%	\$200	50%
Rehabilitation services	In-Network	Out-of-Network	In-Network	Out-of-Network
Physical, occupational, and speech therapy	\$30	50%	\$25	50%
Acupuncture & Massage Therapy	\$250 annual allowance		\$250 annual allowance	
Chiropractor	\$20 includes 6 routine visits	50% includes 6 routine visits	\$15 includes 6 routine visits	50% includes 6 routine visits
Cardiac rehab	\$10	50%	\$10	50%
Vision	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine vision exam	\$25	20%	\$25	20%
Allowance (lenses and frames)	\$100 annual allowance		\$100 annual allowance	
Dental	In-Network	Out-of-Network	In-Network	Out-of-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	Out-of-Network	In-Network	Out-of-Network
Durable medical equipment	\$0 compression stockings; 20% all other items	50%	\$0 compression stockings; 20% all other items	50%
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items	50%	\$0 diabetic shoes/inserts; 20% all other items	50%
Diabetic supplies - Part B	Covered in full	50%	Covered in full	50%
Prescription drugs - Part B	In-Network	Out-of-Network	In-Network	Out-of-Network
Immunosuppressive drugs	20%	50%	20%	50%
Oral chemotherapy drugs	20%	50%	20%	50%
Physician administered injectables	20%	50%	20%	50%
Nebulizer inhalation solution	20%	50%	20%	50%
Part B drugs - other	20%	50%	20%	50%
Prescription drugs - Part D	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription drug (Rx)	Preferred: \$0/\$12/\$42/\$94/28% Standard: \$5/\$17/\$47/\$100/28%		Preferred: \$0/\$5/\$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 Discounts Only	
Coverage gap/donut hole	Discounts only			
General product information				
In-network out-of-pocket maximum	\$7,550		\$6,750	
Combined out-of-pocket maximum	\$11,300 Combined		\$11,300 Combined	
RX deductible	Tier 1 - Tier 2: \$0, Tier 3 - Tier 5: \$290		Tier 1- Tier 3: \$0, Tier 4 - Tier 5: \$200	