

**Suggested Plan: Highmark Blue Cross Blue Shield Forever Blue Value (PPO)**

				Cost
Monthly premium effective January 1, 2024				\$144.00
	Current		Upon renewal	
Physician and other health professional services	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary doctor/Specialist	\$10 / \$30	35%	\$10 / \$30	35%
Radiation therapy	20%	35%	20%	35%
Emergency room (waived if admitted)	\$95	\$95	\$100	\$100
Urgent care (waived if admitted)	\$60	\$60	\$55	\$55
Ambulance	\$250	\$250	\$250	\$250
More than 20 preventive services	In-Network	Out-of-Network	In-Network	Out-of-Network
Flu shots - Part B	Covered in full	35%	Covered in full	35%
Immunizations - Part B (hepatitis/pneumonia)	Covered in full	35%	Covered in full	35%
All other preventive screenings and tests	Covered in full	35%	Covered in full	35%
Hospital, home health care, and skilled services	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital (inpatient)	\$250 per day for days 1-7, \$1,750 OOP Max per year	35%	\$250 per day for days 1-7, \$1,750 OOP Max per year	35%
Outpatient surgery - hospital	\$350	35%	\$350	35%
Outpatient surgery - ambulatory center	\$250	35%	\$250	35%
Home health care	Covered in full	35%	Covered in full	35%
Skilled nursing facility	\$0 per day for days 1-20; \$196.00 per day for days 21-100. No yearly benefit period maximum.	35%	\$0 per day for days 1-20; \$203.00 per day for days 21-100. No yearly benefit period maximum.	35%
Dialysis	20%	Inside service area: 35% for non-participating providers. Outside service area: 20% for non-participating providers.	20%	Inside service area: 35% 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)	\$270 per day for days 1-6, \$1,620 OOP Max per year	35%	\$270 per day for days 1-6, \$1,620 OOP Max per year	35%
Mental health (outpatient)	\$40	50%	\$40	50%
Mental health (with psychiatrist)	\$40	50%	\$40	50%
Alcohol substance abuse (inpatient)	\$270 per day for days 1-6, \$1,620 OOP Max per year	35%	\$270 per day for days 1-6, \$1,620 OOP Max per year	35%
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	35%	\$5	35%
X-rays	\$45	35%	\$45	35%
Advanced radiology - MRI, MRA, PET, and CT	\$150	35%	\$150	35%
Rehabilitation services	In-Network	Out-of-Network	In-Network	Out-of-Network
Physical, occupational, and speech therapy	\$20	35%	\$20	35%
Acupuncture & Massage Therapy	\$500 annual allowance		\$500 annual allowance	
Chiropractor	\$20 includes 12 routine visits	35% includes 12 routine visits	\$15 includes 12 routine visits	35% includes 12 routine visits
Cardiac rehab	\$5	35%	\$5	35%
Vision	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine vision exam	\$25	20%	\$25	20%
Allowance (lenses and frames)	\$200 annual allowance		\$200 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%	35%	20%	35%
Oral chemotherapy drugs	20%	35%	20%	35%
Physician administered injectables	20%	35%	20%	35%
Nebulizer inhalation solution	20%	35%	20%	35%
Part B drugs - other	20%	35%	20%	35%
Prescription drugs - Part D	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription drug (Rx)	Preferred : \$4/\$10/\$42/\$94/33% Standard : \$9/\$15/\$47/\$100/33%		Preferred : \$4/\$10/\$42/\$94/33% Standard : \$9/\$15/\$47/\$100/33%	
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: 33% 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		Discounts only	
General product information				
In-network out-of-pocket maximum	\$6,700		\$6,700	
Combined out-of-pocket maximum	\$10,000 Combined		\$10,000 Combined	
RX deductible	N/A		N/A	