

20d4



WESTERN NEW YORK

**Suggested Plan: Highmark Blue Cross Blue Shield Senior Blue 651 (HMO)**

		Cost
Monthly premium effective January 1, 2024		\$115.00
	Current	Upon renewal
Physician and other health professional services	In-Network	In-Network
Primary doctor/Specialist	\$0/\$25	\$0/\$25
Radiation therapy	20%	20%
Emergency room (waived if admitted)	\$95	\$100
Urgent care (waived if admitted)	\$60	\$55
Ambulance	\$200	\$200
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)	\$225 per day for days 1-7, \$1,575 OOP Max per year	\$225 per day for days 1-7, \$1,575 OOP Max per year
Outpatient surgery - hospital	\$325	\$325
Outpatient surgery - ambulatory center	\$225	\$225
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)	\$215 per day for days 1-6, \$1,290 OOP Max per year	\$215 per day for days 1-6, \$1,290 OOP Max per year
Mental health (outpatient)	\$40	\$40
Mental health (with psychiatrist)	\$40	\$40
Alcohol substance abuse (inpatient)	\$215 per day for days 1-6, \$1,290 OOP Max per year	\$215 per day for days 1-6, \$1,290 OOP Max per year
Alcohol substance abuse (outpatient)	50%	\$40
Laboratory and X-ray services	In-Network	In-Network
Laboratory testing	\$5	\$5
X-rays	\$40	\$40
Advanced radiology - MRI, MRA, PET, and CT	\$150	\$150
Rehabilitation services	In-Network	In-Network
Physical, occupational, and speech therapy	\$15	\$15
Acupuncture & Massage Therapy	\$500 annual allowance	\$500 annual allowance
Chiropractor	\$20 includes 12 routine visits	\$15 includes 12 routine visits
Cardiac rehab	\$15	\$15



<b>Vision</b>	<b>In-Network</b>	<b>In-Network</b>
Routine vision exam	\$25	\$25
Allowance (lenses and frames)	\$200 annual allowance	\$200 annual allowance
<b>Dental</b>	<b>In-Network</b>	<b>In-Network</b>
Dental	50% for covered services; \$2,000 max per year	50% for covered services; \$2,000 max per year
<b>Supplies, equipment and devices</b>	<b>In-Network</b>	<b>In-Network</b>
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
<b>Prescription drugs - Part B</b>	<b>In-Network</b>	<b>In-Network</b>
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%
<b>Prescription drugs - Part D</b>	<b>In-Network</b>	<b>In-Network</b>
Prescription drug (Rx)	Preferred : \$2/\$10/\$42/\$94/33% Standard : \$7/\$15/\$47/\$100/33%	Preferred : \$2/\$10/\$42/\$94/33% Standard : \$7/\$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
Coverage gap/donut hole	Discounts only	Discounts only
<b>General product information</b>		
In-network out-of-pocket maximum	\$6,700	\$6,700
Combined out-of-pocket maximum	N/A	N/A
RX deductible	N/A	N/A