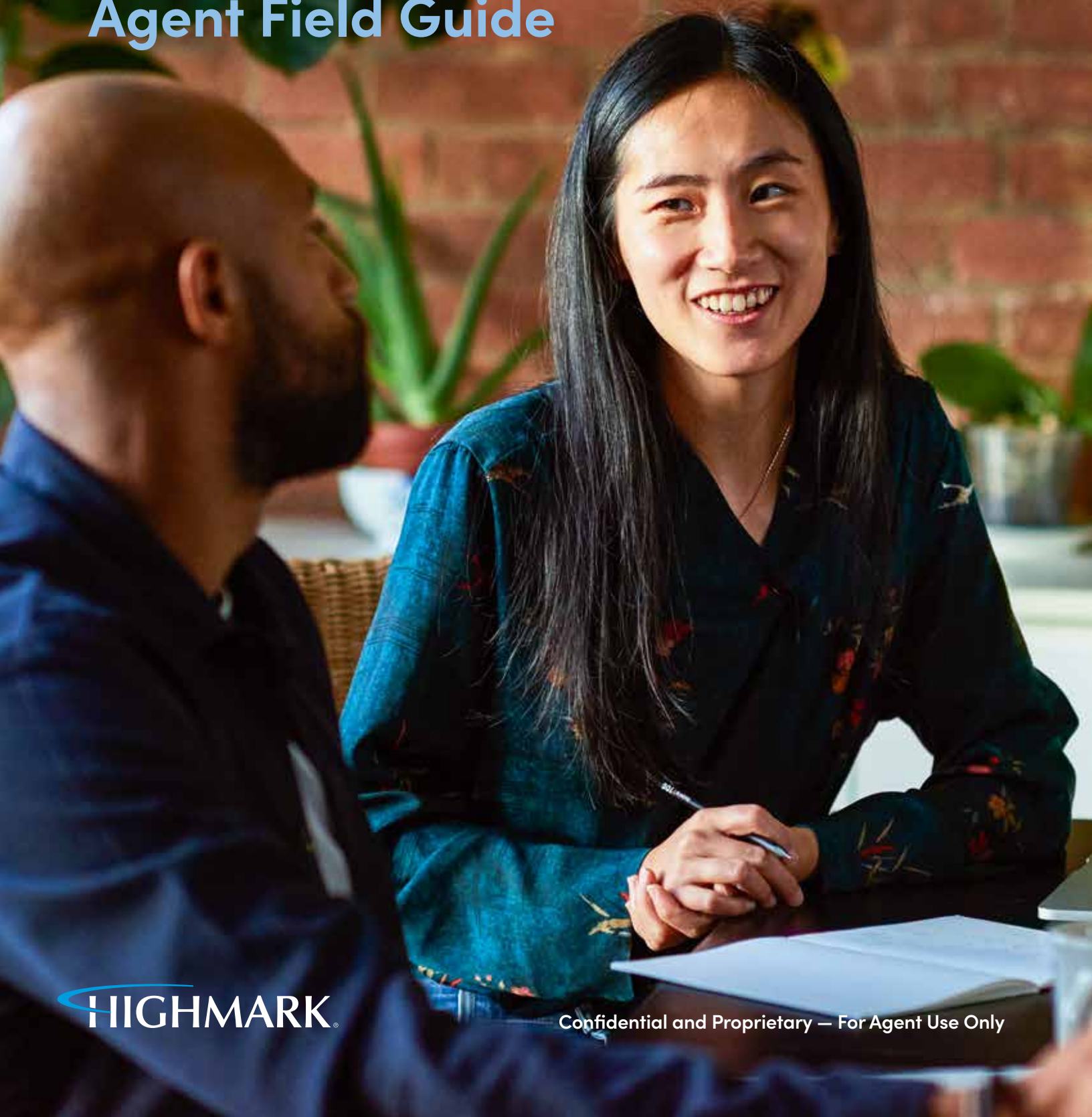


# 2024 Highmark Medicare Advantage, Highmark Wholecare, and ACA Individual Market Agent Field Guide





# Dear Highmark Agent:

Welcome to Highmark Federal Markets — what we're calling our combined Medicare Advantage, Highmark Wholecare, and ACA Individual Market sales team. You're a valued member of this team, and the face of Highmark.

Change continues to be a constant in our industry, and not just in our streamlined approach behind the scenes. We are thrilled to expand our footprint into southeastern Pennsylvania. We are excited to continue excellent service in these communities.

As a Highmark field agent, you're often our first point of contact with consumers who are shopping for quality health coverage that is both accessible and affordable.

With this in mind, we've put together our Agent Field Guide to equip you with the tools and references you need to assist your clients more effectively.

This helpful resource puts a wealth of information at your fingertips — including details about our Medicare and ACA Individual Market products, important policies, and everything you need to know about doing business with Highmark. On the following pages, you'll also find guidance on using the Highmark producer web portal, information on the Medicare Star Ratings, and other insights to help ensure you're "Ready to Sell" Highmark products as the ideal solution to your customers' needs.

So please keep this guide handy. It can help you prepare to have more productive meetings with your clients as they search for a health plan offering both comprehensive coverage and real value.

Thank you for representing Highmark. And please know that we're always here to help you make your job easier and to help you remain successful.

Sincerely,

The Highmark Federal Markets Team



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SECTION I

# Highmark Snapshot — Who Are We?

# Welcome to Highmark Health, a health and wellness organization with more than 35,000 employees.

A national blended health organization, Highmark Health and our leading businesses support millions of customers with products, services, and solutions closely aligned to our mission of creating remarkable health experiences, freeing people to be their best.

Headquartered in Pittsburgh, we're regionally focused in Pennsylvania, Delaware, West Virginia, and New York, with customers in 50 states and the District of Columbia.

We passionately serve individual consumers and fellow businesses alike. And our companies cover a diversified spectrum of essential health-related needs including health insurance, health care delivery, population health management, dental solutions, reinsurance solutions, and innovative technology solutions.

## Highmark Health's portfolio of leading health care companies

 HIGHMARK®

 HIGHMARK®  

**Highmark Inc.** | Pittsburgh, PA

Highmark Inc. and its collective health insurance subsidiaries and affiliates are one of America's largest health insurance organizations.

Highmark Inc. and its affiliates operate health insurance plans in Pennsylvania, Delaware, West Virginia, and New York that serve more than 6 million members and hundreds of thousands of additional individuals through the BlueCard® program.

Together with its Blue-branded affiliates, Highmark Inc. is the fourth-largest overall Blue Cross and Blue Shield-affiliated organization in the country based on capital.

Highmark Inc. is an independent licensee of the Blue Cross Blue Shield Association.



Highmark Wholecare is a leading Medicaid and Medicare insurer. They coordinate health care that goes beyond doctors and medicine, driving a new kind of health care in collaboration with a robust provider network of 30,000 doctors and specialists across Pennsylvania. Highmark Wholecare is committed to supporting the “total health” of its members.



**United Concordia Dental** is a leading national dental solutions company focused on delivering better, overall health. The company has nearly 8.5 million members, one of the nation’s largest dentist networks, an AM Best A- (Excellent) rating, and is licensed in all 50 states, District of Columbia, and Puerto Rico.



**HM Insurance Group** works to protect businesses from the potential financial risk associated with catastrophic health care costs. Through its insurance companies, HM Insurance Group holds insurance licenses in 50 states and the District of Columbia and maintains sales offices across the country.



**enGen’s** dynamic ecosystem of smart automation, and technology supports and streamlines complex operations for health plans and their provider partners. Founded in 2014 as HM Health Solutions (HMHS), enGen is a wholly owned subsidiary of Highmark Health. enGen has more than 3,500 employees and works with health care plans serving more than 10 million members nationwide.



**Allegheny Health Network** provides health care delivery, research, medical education, and wellness services through a leading integrated delivery network of 13 hospitals, more than 2,500 staff physicians, and key clinical and research partnerships.



**Helion** is a health care technology and services firm that helps payers cultivate high-performing networks while empowering providers to operate at their best — and in doing so, helps patients heal better. The firm’s end goal is health and healing in the home, but their solutions create value along a broader part of the health care continuum.



SECTION II

# Doing Business with Highmark Federal Markets

# The Producer Portal

Highmark offers plenty of helpful resources to make your job easier — including our Producer Portal. This user-friendly website has everything you need to understand our plans and communicate effectively with clients.

*Producer Portal is only for Medicare and ACA lines of business, not D-SNP.*

## With the Producer Portal, you can:

- Enroll clients online.
- Check the status of applications.
- Order customized enrollment kits.
- Request CMS-approved marketing materials.
- View and download important documents.
- Access the most recent version of this Field Guide.

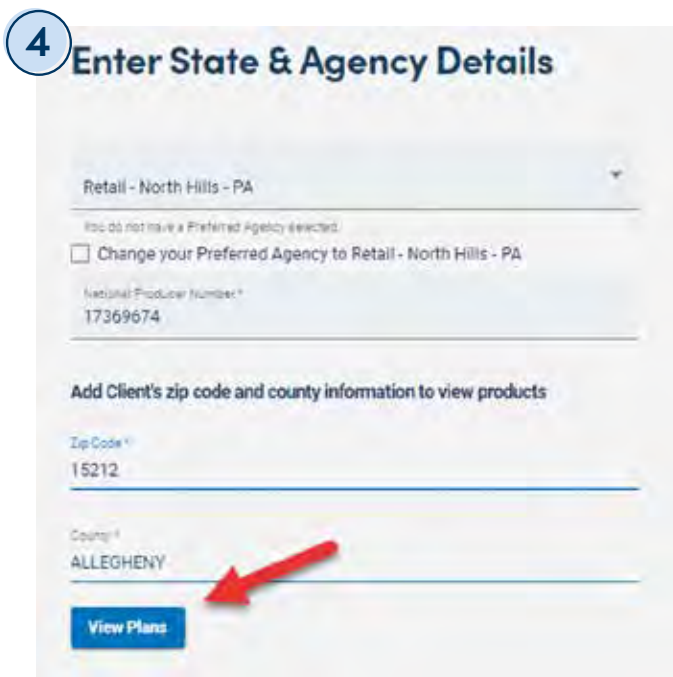
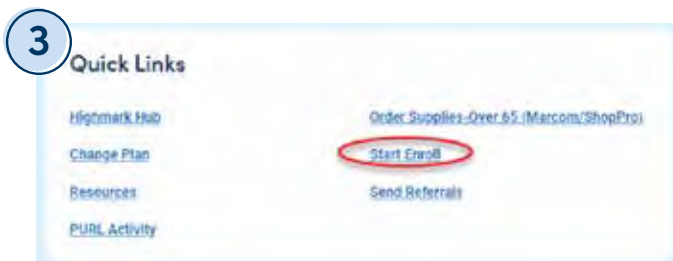


## Enroll your clients in just a few steps

Our online enrollment tool allows you to enroll your clients quickly and easily. It also provides instant confirmation that an application has been received by Highmark.

### To use the online enrollment tool:

1. Log in to the **Producer Portal**.
2. Select your Line of Business. (Note: to access the Medicare Producer Portal directly, you can use this address – [medicare.highmark.com/producer/login](https://medicare.highmark.com/producer/login).) If you're logging into ACA Individual Market, you then select **On Exchange Plans** or **Off Exchange Plans**. Individuals can only enroll online for off-exchange plans during the Open Enrollment Period.
3. Select the **Start Enroll** button from your Dashboard, or under **Quick Links**.
4. Enter the ZIP code and select the county the beneficiary lives in. Then, choose **View Plans** to make a selection.
5. Next you will come to the **Review** screen. At this screen, you can print out a summary of the application.
6. After you submit the application, you will be directed to a confirmation screen. Here you can email yourself a confirmation for your records.



## Checking the status of an application

Once you submit an application to Highmark via online enrollment, you can check its status through the Producer Portal.

### Here's how:

1. Log in to the **Producer Portal**.
2. Applications will be listed at the bottom of your Dashboard screen.

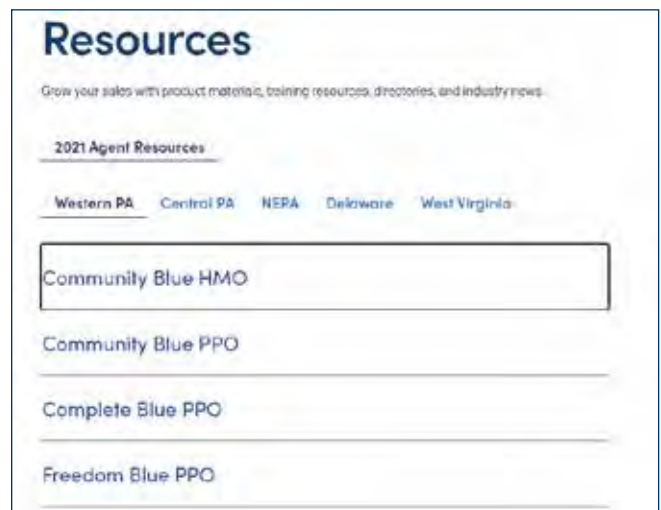
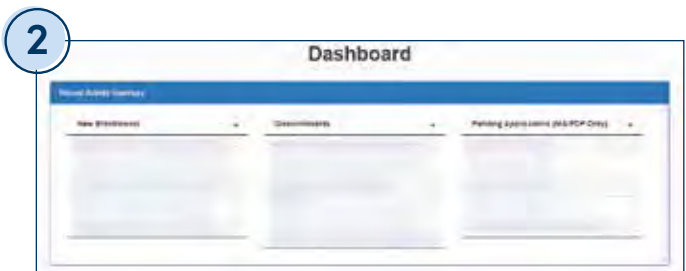
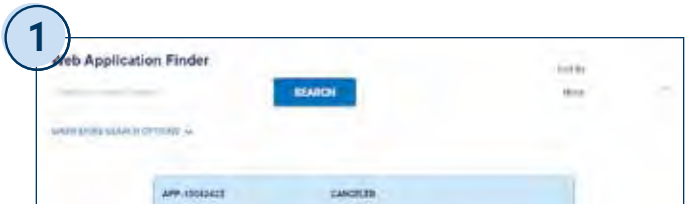
### Alternatively:

1. Click on the **Reports** link under **Quick Links**.
2. Review **Recent Activity** including **Pending Applications** from this secondary Dashboard.

## Viewing and downloading documents

The Producer Portal has important documents that producers can use to market and sell Highmark Medicare and ACA Individual Market Products.

To access these documents, click on the **Resources** link under **Quick Links** on your Dashboard. All documentation available to producers will be listed by product and region, including additional resources like the **Scope of Appointment** document.



## Sharing PURLs from the Producer Portal

**Sharing PURLs applies to Medicare Advantage only.**

Your PURLs (Personalized URLs that lead to specific web landing pages) are an easy way to send enrollment kits and roadmaps with your details attached, so that you get credit for resulting enrollments. Sending PURLs from the Portal allows you to track what members or prospects do with them.

When you log in to the Portal, you'll notice two new Quick Links in your Dashboard: **Send Referrals** and **PURL Activity**.

From **Send Referrals**, your details are prepopulated and you can enter your prospect's ZIP code, county, and email address, then select the type of referral you're sending (referral email, enrollment kit, or roadmap kit).

Click **Send Email**, and the referral is sent.

**We strongly urge you to send PURLs directly from the Producer Portal in this way.** This ensures the activity is tracked in your PURL Status Tracker dashboard.

Clicking **PURL Activity** sends you to the **PURL Status Tracker**. This page displays the actions your prospects have taken with your Portal-sent PURLs (email sent, link clicked, app saved, app submitted) in both a bar graph overview and a more detailed list.

**For a more detailed overview and walkthrough of these new features, go to the Send Referral link and click on the PURL Reference Guide.**

### Send Referrals



### PURL Activity



# Using Marcom — our online source for enrollment kits and support materials

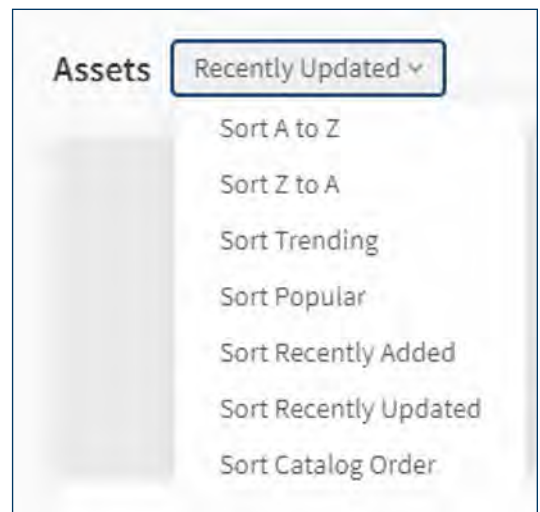
Highmark agents have one website for all of their marketing materials and enrollment kits. To get started, log in to **Highmark Producer Portal** at [producer.highmark.com](https://producer.highmark.com). From the **Medicare Advantage** dashboard, you can access Marcom by selecting the **Order Supplies-Over 65** link under **Quick Links**.



## How to navigate

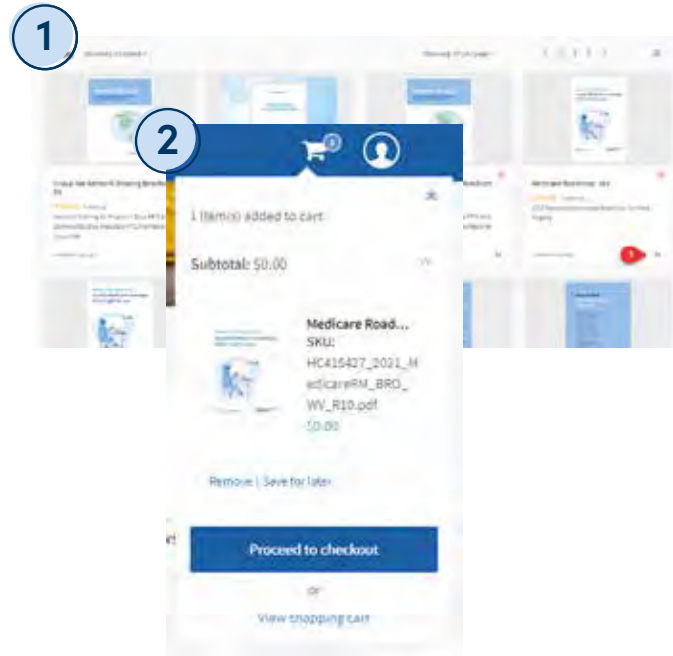
You can search the portal a few ways:

1. **Typing in the Search Bar.**
2. **Scrolling** through the pages.
3. **Home Page view/toggling** between the different view options.



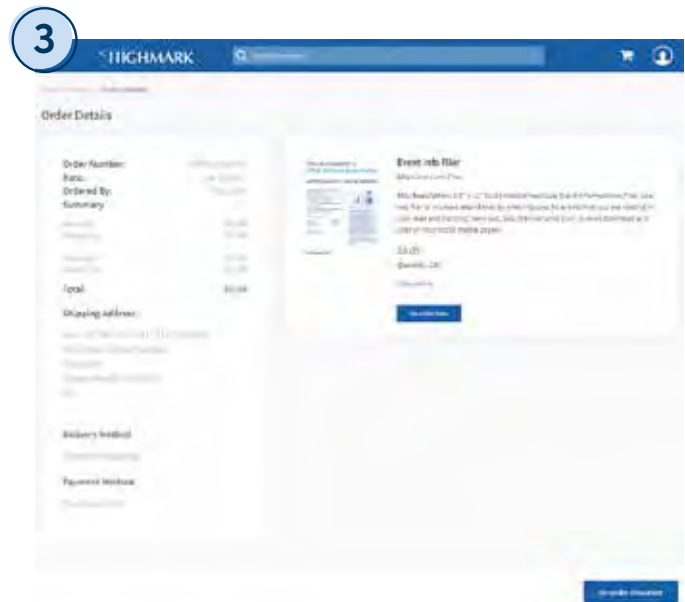
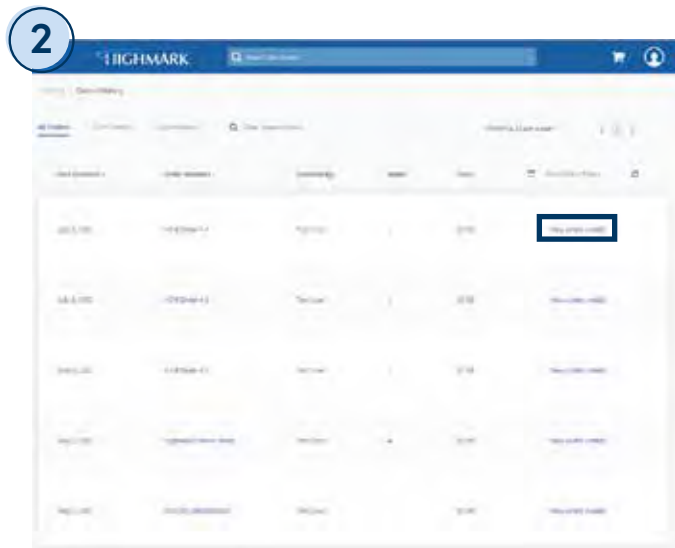
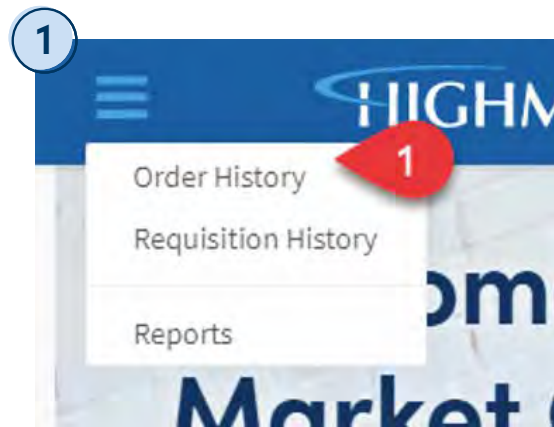
## How to check out

1. Select the product you would like to order and click on the **Cart icon** to add it to your cart. If the piece requires customization, you must complete that first and then select **Add to Cart** after generating a proof.
2. Once you add to the cart, a preview will show in the top right of the page.
3. Click the **View Shopping Cart** or the **Proceed to Checkout** button to begin the checkout process. You'll be asked to fill out your **Shipping and Billing Information**. Once you've completed that, hit **Refresh order details** at the bottom to apply your changes to the order.
4. Click the **Review and Confirm** button.
5. Review your order details and click **Complete Order**.
6. Your order is placed, and you will receive your order number.



## How to check order history

1. To check on past orders, navigate to the menu icon in the top left corner and select **Order History**.
2. You'll see all orders listed by date. You can also search by order number, date range, and more.
3. You can select the **View order details** link to see which items were included in each order. You will also be provided a link to reorder if you'd like.





# How to talk to your clients about eBill

## The easiest way to pay

Coverage starts once a member reaches their coverage effective date and make their first payment. The simplest way to do that is by registering for an eBill account. After that, they can set up automatic payments to make paying on time even easier. Here's how to get started:

1. **Create an account** by visiting our secure member website and selecting the **Register** link. They'll need their Highmark member ID.
2. **Receive and pay the first invoice.**
3. **Set up automatic payments**, so they never miss one. Missing a payment can lead to loss of coverage.

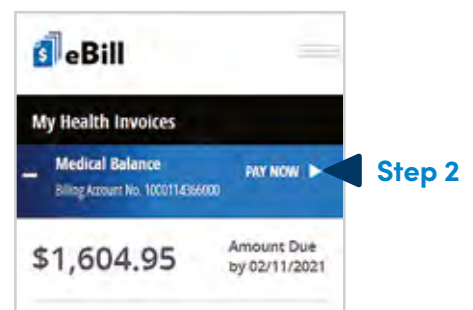
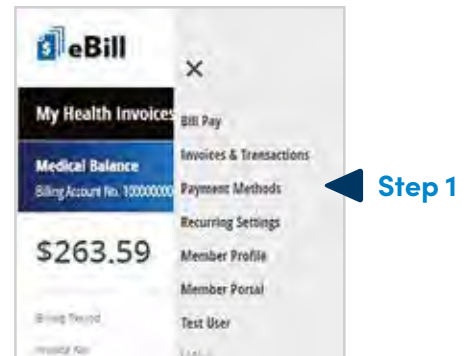
## Making payments

### Step 1:

Members can log into their account and click the **Pay Premium** tab. This will take them to the eBill landing page. If they're using a mobile device, they can click the three lines in the upper right-hand corner to access the menu.

### Step 2:

Under **My Health Invoices**, they can find their invoice and tap **Pay Now** in the blue bar.



**Step 3:**

Next, they'll need to add a payment method.

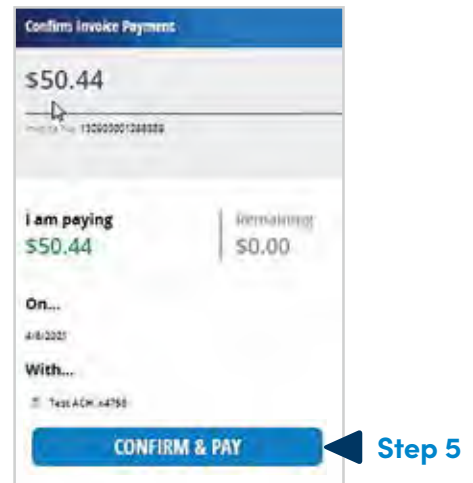
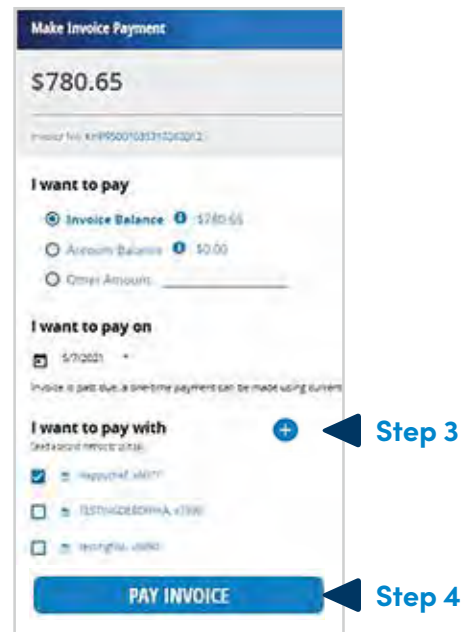
- They can tap the blue plus symbol to the right of **I want to pay with**. From there, they can enter the details of their preferred payment method, then tap **Add Payment**.

**Step 4:**

Once their preferred payment method is added, they should tap **Pay Invoice**.

**Step 5:**

On the **Confirm Invoice Payment** page, they can make sure all the information is correct and then tap **Confirm and Pay**.



## Signing up for automatic payments

### Step 1:

Members can go to **Recurring Settings** on the main menu and tap **Add Recurring Payment**.

### Step 2:

Select the **Coverage Type** from the drop-down menu.

### Step 3:

Select the number of days before the due date to pay the bill from the drop-down menu (0–10), then select a starting date for the recurring payment.

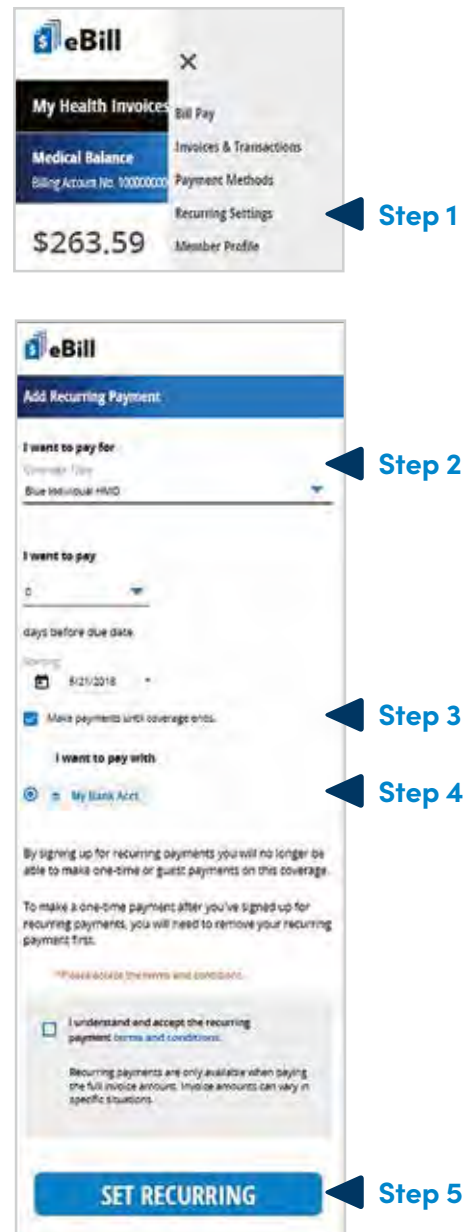
- If the box below the starting date is unchecked, a second box will appear for the ending date. **Make payments until coverage ends** is the default.

### Step 4:

The member's preferred payment method will automatically be selected. If they want to use multiple payment methods, they can uncheck the preferred payment method and choose another.

### Step 5:

Tap the checkbox to accept the terms and conditions, then click **Set Recurring**.



# Ethics and Integrity

Highmark Health and its Blue-branded health plans are committed to complying with all applicable federal and state regulatory requirements.

Highmark Health and its affiliates/subsidiaries policies and procedures deal with direct black and white types of situations. But more often than not, life happens in gray areas. This is where the Code of Business Conduct comes in.

The Code outlines Highmark Health's ethical standards and behavioral expectations. You are required to read, understand, and agree to abide by the Highmark Health Third Party Code of Business Conduct.

As an appointed agent, you have the responsibility to comply with our Third Party Code of Business Conduct.<sup>1</sup> You are required to conduct business activities and interactions ethically and with integrity. You must adhere to the following standards:

- Seek to truthfully, carefully, and accurately present a true picture of covered benefits by learning about and keeping abreast of all relevant products, benefit plans, and applicable legislation and regulation, to the best of your ability.
- Make a conscientious effort to ascertain and understand all relevant circumstances pertaining to the client in order to recommend appropriate benefit plans.
- Inventory current benefit plans with the client to avoid selling duplicative insurance benefits.
- Honestly assess the likelihood that a client will meet underwriting and financial requirements and discover any adverse factor(s) to reduce false expectations of acceptance and adequacy of benefit plan.
- Possess a comprehensive understanding of products in order to honestly, openly, and effectively portray benefit plans and determine a client understanding of key benefits and limitations.
- Clarify and verify the client's grasp of information and review pertinent issues.
- Protect proprietary and competitive information.
- Protect protected health information, confidential and financial information in compliance with existing state and federal laws and regulations.
- Obey all laws, including antitrust, governing business, and professional activities and represent products in an ethical manner without fraud, misrepresentation, exaggeration, coercion, scare tactics, or concealment of pertinent facts.
- At all times, fully disclose commission and compensation arrangements to the client.
- Ensure appropriate relationships by not offering or accepting any inducements that might compromise a reasonable business decision. Avoid any conflict of interest or the appearance of any conflicts of interest.
- Use only authorized promotional materials unless prior written approval has been obtained, and fairly focus your presentation on positive benefit comparisons, rather than disparaging remarks about the competition.
- Treat a client or a potential client with courtesy, respect, and priority, in accordance with thoughtful, ethical, and legal business practices.

1. A copy of Highmark Health's Third Party Code of Business Conduct may be found at [highmarkhealth.org/hmk/pdf/highmarkHealthThirdPartyCodeBusinessConduct.pdf](https://highmarkhealth.org/hmk/pdf/highmarkHealthThirdPartyCodeBusinessConduct.pdf)

You are obligated to report any questionable behavior by employees of Highmark Health and/or its subsidiaries/affiliates, a third party, and/or its employees and agents or potential noncompliance situation, or if you suspect potential or actual fraud, waste, or abuse (“FWA”), you should contact the Highmark Health Integrity and Compliance Department. In addition to being a resource for Highmark Health employees, the Integrity and Compliance Department is available for questions by Highmark Health business agents like you. When a report is made to the Integrity and Compliance Department, appropriate action is taken to review and/or investigate the report to reduce the potential for recurrence and ensure ongoing compliance. Third Parties are expected to cooperate with the investigation of a suspected violation of this Third Party Code or violation of any governmental law or regulation. In addition, as required and/or appropriate, the Integrity and Compliance Department may disclose investigation matters to applicable law enforcement or regulatory entities. Failure to promptly report a known violation may result in action up to and including termination of the business relationship and is the sole discretion of Highmark Health.

There are various methods for reporting concerns:

- 24/7 Helpline: **800-985-1056**
- U.S. Post Office Box: **Highmark Health Integrity and Compliance Department, P. O. Box 22492, Pittsburgh, PA 15222**
- Fax: **412-544-2475**
- Email: **integrity@highmark.com**

*All inquiries to the Integrity and Compliance Department are confidential, subject to limitations imposed by law. When using the Integrity Helpline, you may remain anonymous. If you choose to make an anonymous report, you should provide enough information about the situation to allow the Integrity and Compliance Department to properly perform an investigation. If you do not provide enough details, the ability to pursue the matter will be limited. Highmark Health maintains a reprisal-free environment and has a policy of non-retaliation and non-intimidation to encourage employees, Third Parties, and their employees to raise ethical or legal concerns in good faith. Third Parties who raise questions or report concerns regarding potential or actual FWA matters in connection with any of Highmark Health's government programs are protected from retaliation and retribution for False Claims Act complaints, as well as any other applicable anti-retaliation protections. All inquiries are confidential, subject to limitations imposed by law. The Third Party Code sets forth general principles with which Third Parties must comply. More restrictive requirements may be set forth in the contracts between Third Parties and Highmark Health.*

# Commissions, Compliance, and Agent Oversight\*

## Compensation

Compensation includes monetary or non-monetary remuneration of any kind relating to the sale or renewal of a policy including, but not limited to, commissions, bonuses, gifts, prizes, awards, and referral/finder's fees.

Compensation **DOES NOT** include:

- The payment of fees to comply with state appointment laws.
- Training.
- Certification.
- Testing costs.
- Reimbursement for mileage to, and from, appointments with beneficiaries.
- Reimbursement for actual costs associated with beneficiary sales appointments such as venue rent, snacks, and materials.

## Commissions

We pay a commission to agents for each person they enroll in a Highmark product in accordance with the CMS requirements, agent eligibility, and our commission schedules. The compensation year is Jan. 1 – Dec. 31, regardless of beneficiary enrollee date.

### To qualify for commissions, agents must:

- Not be on Office of the Inspector General (OIG) and/or the General Services Administration-System for Award Management (SAM). We check them initially and every month thereafter.
- Complete the contract, state licensing, appointment, and certification process prior to the sale of the policy. **(You will not receive commissions for applications submitted before all contracting and certification requirements are met.)**
- Complete the annual certification process, including market-specific product training(s) to receive renewal commission for policies active in the current year, and meet other requirements set forth in your contract.
- Be in good standing with their plan. Disciplinary action may result in the disqualification of commission.
- Please refer to your appointment documents and/or the General Producer Agreement for more information about eligibility for commissions.

In addition, to receive renewal commission in January for business sold in prior years, you must complete the annual certification process by Dec. 31.

*Note: The annual certification process must be completed by Dec. 31 to receive renewal commissions in January. If you choose to recertify after Dec. 31, prorated renewal commission payments to you will resume the first month after certification is complete. You will not be eligible for any missed commission payments during your lapse period.*

\* Per CMS guidelines, some information may only pertain to Medicare.

## Compliance

Highmark is committed to full compliance with federal and state regulatory requirements applicable to its Federal Markets plan business.

Highmark, its employees, and contractors are expected to meet the contractual obligations set forth in the company's contracts with the Centers for Medicare and Medicaid Services (CMS).

In order to achieve these objectives, Highmark conducts its business in compliance with — and does not tolerate any violation of — applicable federal and state health care regulations.

Potential consequences of engaging in inappropriate or prohibited marketing activities include disciplinary actions, termination, and forfeiture of compensation.

Agents for Highmark's covered programs are required to comply with the new ACA Section 1557 regulations as of July 18, 2016. Any agent that engages in prohibited discrimination in connection with the marketing of a Highmark covered program will be subject to disciplinary action including the termination with cause of their Producer Agreement.

At the time of contract, the following will be verified:

- Active License (with Accident and Health Line of Authority)
- Annual Certification (including the Annual FWA and Compliance training and Integrity training)
- Appointments to the appropriate Highmark companies

In addition, ongoing communication will occur through email blasts, webinars, group meetings, and one-on-one consultations. Training will reinforce the need for strict compliance and will advise producers that any failure to comply will be documented and may result in disciplinary action up to and including possible termination.



## Agent Oversight

Highmark employs several monitoring procedures to ensure that certified agents are complying with all CMS sales and marketing guidelines and Highmark Federal Markets Sales policies. If any compliance deficiencies are identified through these monitoring procedures, the agent is subject to the disciplinary action process outlined later in this section. Violations could result in agent's receiving education, non-commissionable sales, or even termination.

These procedures include:

### Secret Shop Evaluations

- Highmark utilizes a vendor to conduct periodic secret shopper evaluations of producers selling Highmark Medicare products.
- Highmark Federal Markets Sales reviews the evaluations reported to verify that the producer is complying with all applicable CMS sales and marketing guidelines.

### Telephonic Phone Surveys

- Highmark calls a random sample of members enrolled through producers as part of the New Member Welcome Call process and requests that the member complete a survey addressing the producer sales process.

### Complaint Allegation Tracking

- Highmark investigates, monitors, and tracks any and all complaints that are received against producers.

### Untimely Application Tracking

- Highmark investigates, monitors, and tracks any and all applications received after 48 hours.

## Scope of Appointment Audits

- Highmark expects that all agents maintain complete and separate records of all transactions and documents pertaining to applications submitted to and accepted by Highmark for a period of at least 10 years after the contract year.
- To ensure that all producers are complying with the CMS guidelines that require records to be kept for 10 years, a random sample of agent-submitted agreements will be selected and the agent will be required to provide the Scope of Appointment.

## Rapid Disenrollment and Cancellation Tracking

- Highmark's Producer Agreement stipulates that:
  - The total Initial or Renewal commission will be charged back if the enrollee disenrolls in an unreasonably short time frame (i.e., rapid disenrollment).
  - An "unreasonably short time frame" is defined as less than three months after enrollment.
  - Upon receipt of a notice of disenrollment that occurs three months or more after enrollment, Highmark will withhold or withdraw ("chargeback") commission payments on a pro rata monthly basis to the effective date of the disenrollment.
  - Highmark will also assess chargeback for rapid disenrollments in accordance with CMS guidelines.



## Sales and Marketing Events

During marketing/sales events, plan representatives may discuss plan-specific information (i.e., premiums, cost sharing, and benefits), distribute health plan brochures and enrollment materials, and accept and perform enrollments.

### There are two types of sales and marketing events

(Both follow the same CMS marketing guidelines.)

- **Formal:** Typically in an audience/presenter format with an agent, broker, or producer formally providing specific plan or product information via a presentation.
- **Informal:** Conducted with a less structured presentation or in a less formal environment. Typically utilizes a table, a kiosk, or a recreational vehicle (RV) staffed by a plan representative who can discuss the merits of the plan's products. Beneficiaries must approach you first.

## Key Requirements and Important Notes

- Use only our CMS-approved sales scripts, presentations, and sales presentations notes/talking points during all Highmark marketing/sales events.
- Formal and informal marketing/sales events do not require documentation of beneficiary agreement on a Scope of Appointment form. Do not request or obtain one. CMS views this as pressuring for personal contact information.
- A beneficiary may complete a Scope of Appointment at a marketing/sales event for a future appointment.
- Upon arrival to an informal or formal event, check in with the venue so they know you are on site, and have the verification form signed at that time.

- Do not market non-health care related products such as annuities and life insurance (cross-selling) to prospective enrollees during MA/MAPD or PDP marketing/sales events.
- All marketing/sales events must meet event requirements. Exception: If only one beneficiary attends a formal event, you can discuss the MA/MAPD and/or PDP products on an individual basis (must go with attendee's preference – full presentation or informal discussion). A Scope of Appointment is not required under this exception.
- You will not receive commission for any sale that results from an unreported marketing/sales event. Failure to report events can result in termination of your Highmark contract.
- New agents received marketing/sales event reporting information during their certification training. This information is also located in agent annual training/testing material, CMS Medicare Marketing Guidelines, this Highmark Medicare Producer Guide, and on the Highmark Producer Portal.
- All documentation must be saved for at least 10 years and available upon request by Highmark or CMS.

## Prohibited Activities

- Conducting health screening, genetic testing, or other like activities that give the impression of "cherry picking."
- Requiring beneficiaries to provide any contact information as a prerequisite for attending an event. This includes requiring an email address or any other contact information as a condition to RSVP for an event online or through the mail.
- Using personal contact information for any other purpose other than to notify individuals of a raffle or drawing winning.
- Comparing Highmark to another organization or plan by name unless you obtain written consent from all organizations or plans being compared. You must provide this written consent to us for submission to CMS.

- Providing meals to attendees. However, light snacks and refreshments are permitted.
- Asking a beneficiary for a referral.
- Soliciting or accepting an enrollment application for a Jan. 1 effective date prior to the start of the Annual Enrollment Period (Oct. 15 – Dec. 7) unless the beneficiary is entitled to another enrollment period.
- Marketing or advertising Medicare plans or events for the upcoming plan year prior to Oct. 1.
- Using absolute superlatives like “the best,” “highest ranked,” or “rated number 1,” or qualified superlatives like “one of the best,” or “among the highest ranked,” unless they are substantiated with supporting data provided to CMS as a part of the marketing review process.
- Claiming you or Highmark are recommended or endorsed by CMS, Medicare, or the Department of Health and Human Services.
- Offering nominal gifts in the form of cash or other monetary rebates, even if their worth is \$15 or less. Cash gifts include charitable contributions made on behalf of potential enrollees, and those gift certificates and gift cards that can be readily converted to cash.

## Scope of Appointment Form

The Centers for Medicare and Medicaid Services require agents to document the scope of a marketing appointment prior to any face-to-face or telephonic sales meeting to ensure understanding of what will be discussed between the agent and the beneficiary.

If the agent would like to discuss additional products during the appointment, the agent must document a second Scope of Appointment (SOA) for the additional product type.

- It is the responsibility of the agent to secure an SOA for every sales appointment.
- The agent must retain a copy of the SOA for 10 years after the contract year per CMS regulations – whether an enrollment is received or not.
- All information provided on the form is confidential and should be completed by each person with Medicare.
- When conducting a sales meeting, the agent may not market any health care-related product beyond what was agreed upon on the SOA form.

*Note: A copy of the Highmark Scope of Appointment (SOA) can be found in the Appendix at the end of this guide.*

**The following five activities are mandatory.**

**You must:**

1. Report all marketing/sales events prior to advertising the event or 21 days prior to the event's scheduled date, whichever is earlier.
2. Use one of our CMS-approved sales presentations from beginning to end every time you meet with a beneficiary to discuss our products and read the sales presentation notes/talking points as part of the script. The sales presentation video must use in conjunction with the CMS-approved sales presentation.
3. Announce all products or plan types to be covered during the presentation at the beginning of the presentation (i.e., HMO, PPO, PDP, etc.).
4. When providing an enrollment form, you must also provide the following materials: 1) Star Ratings information, 2) Summary of Benefits, and 3) Multi-Language Insert.
5. If using non-Highmark sign-in sheets, clearly write in large letters across the top: "Completion of any contact information is optional."

# Agent Disciplinary Policy for Minor and Severe Violations

## Minor Violations

Minor violations are taken seriously and may require immediate disciplinary action. Disciplinary action may include, but is not limited to, withholding commissions and/or the retraction of commissions. The results of each investigation will be reviewed by the Federal Markets Sales Department to determine the appropriate disciplinary action. Minor violations are tracked over a rolling two-year period.

### Violations in this category include, but are not limited to:

- **Untimely broker application submissions**
  - Highmark requires applications to be submitted within 48 hours of signature from the customer. This pertains to both online enrollments and paper applications.
- **Rapid disenrollments**
  - Rapid disenrollments will be reviewed for any trends or patterns amongst individual agents.
  - Highmark's Producer Agreement (Schedule C, Section B, Subparts 5 and 6) stipulates that:
    - » The total Initial or Renewal commission will be charged back (as set forth below) if an enrollee disenrolls in an unreasonably short time frame (i.e., rapid disenrollment). An "unreasonably short time frame" is defined as less than 90 days after enrollment.
    - » Upon receipt of a notice of disenrollment that occurs 90 days or more after enrollment, Highmark will withhold or withdraw ("chargeback") commission payments on a pro rata monthly basis to the effective date of the disenrollment. Highmark will also assess chargebacks for rapid disenrollments in accordance with CMS guidelines.

## Minor Violation Disciplinary Procedures

- **First Offense:** A first violation committed by the agent will result in an official warning to the agent and/or their general agency or FMO, as applicable, alerting them of the infraction.
- **Second Offense:** A second violation committed by the agent will result in a secondary warning and education on Highmark's policies and procedures.
- **Third Offense:** A third violation will result in withholding or retraction of commissions on any sale or application(s) relating to the violation. Depending on the nature of the third offense, the commission retraction could be one or multiple applications relating to the offense. This is at the sole discretion of the Federal Markets Sales Department.
- **Persistent Minor Violations:** Persistent violations disciplinary action may include, but is not limited to, suspension and/or termination of contract.

Any agent found to have committed a minor violation may be educated by the appropriate member of the Federal Markets Sales Department. The agent may be required to repeat the company's sales training program before being permitted to resume selling Highmark Federal Markets products.

Committing a minor violation may be considered grounds for further action to be taken including, but is not limited to, suspension, termination, and/or retraction of commissions.

- **Founded Complaints Tracking Module (CTM) or Member Service complaint**
  - Each complaint is independently investigated by a Highmark compliance individual.
- **CMS compliance violation during sales interaction**
- **Presenting competitor information during Highmark event or Highmark scheduled appointment**

## Severe Violations

Severe violations are non-compliant activities deemed egregious in nature, which may result in immediate contract suspension, termination, and/or retraction of commissions.

All allegations of severe violations are investigated by the Federal Markets Sales Department with support from the Compliance Department.

### Violations in this category include, but are not limited to:

- Dishonesty or theft.
- Threatening, coercing, intimidating, or deceiving a member or prospective member, or the use of any other unethical sales tactics.
- Door-to-door solicitation.
- Misrepresentation of the product, the purpose of the producer's visit, or an implication that the visit is in any way connected with the government.
- Forging or knowingly accepting a forged signature on an enrollment form.
- Mistreatment of Highmark employees and/or contractors.
- Deliberate or negligent omission or falsification of significant information on any company form.
- Sales of a product by any individual other than the licensed producer who presented the product and signed the enrollment form.
- Accepting any monetary or other rewards including, but not limited to, rewards for influencing the enrollee's choice of physician, medical center, or pharmacy.
- Willful use (with intent to misrepresent) of marketing material(s) not provided by the company, and therefore not filed with and approved by CMS for use.
- Rebating or splitting commissions with another person who is not a licensed and contracted producer (i.e., payment of any kind or amount to a member or non-member as reimbursement for

## Severe Violation Disciplinary Procedures

- A severe violation committed by the agent will result in a notification to the agent and/or their general agency, as applicable, alerting them of the infraction. This notification will alert the agent and/or their general agency, as applicable, that they have been accused of a severe violation and that an investigation will be conducted.
- After the investigation is completed, if it is confirmed that the agent committed the infraction, immediate contract suspension, termination, and/or retraction of commissions may result.
- The results of each investigation will be reviewed by the Federal Markets Sales Department to determine the appropriate disciplinary action, at which point the agent will be notified of their contract status with Highmark.

Highmark will report any disciplinary action that results from an investigation of a complaint to CMS in accordance with the CMS Reporting Requirements. Disciplinary action taken could fall within a broad continuum, from manager-coaching, documented verbal warning, re-training, a documented corrective action plan, suspension, commission retraction, or termination of employment or contract.

Highmark will report the termination of any agents and the reasons for the termination to the state in which the agent has been appointed in accordance with the state appointment law. Highmark will make the report available upon CMS' request until further guidance has been issued regarding designated reporting dates to CMS.

In addition, Highmark will report incidences of submission of applications by unlicensed agents to the authority in the state where the application was submitted.

a referral name on the condition that the referred person purchases one of our products).

- Any marketing activity that is a violation of Highmark's, CMS, or DOI regulations.
- Marketing or selling products for the following year prior to the CMS determined Annual Enrollment Period (AEP) or Open Enrollment Period (OEP) marketing date.
- Marketing or selling products for a contract year prior to taking the annual Highmark-specific training on rules and regulations and passing the test with a score of at least 85%.

# All About the BlueCard Program

The Blue Cross Blue Shield Association's BlueCard Program connects independent Blue Plans across the country, with access to the largest physician and hospital networks in the U.S. and over 1.7 million providers, including 95% of all hospitals.\* When members travel, they are covered in 190 countries through the Blue Cross Blue Shield Global® Core program.\* BlueCard allows in-network access to routine, urgent, and emergency care from BlueCard participating providers.

However, certain services may still require members to work with their BlueCard participating provider to obtain prior authorization. To determine if care requires prior authorization, the member can call Member Service at the number on the back of their ID card. The level of coverage depends on the chosen plan.

Under this program, many out-of-state facilities are in network due to our partnerships with them.

**Note:** The BlueCard program applies to PPO plans for Medicare Advantage and all plans for Individual ACA except Together Blue EPO, where only emergency coverage is included.

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The best way to find a BlueCard facility is to call **800-810-BLUE** or visit the **BlueCard Doctor and National Hospital Finder website at [bcbs.com](https://bcbs.com)**.

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\* According to the Blue Cross Blue Shield Association.

## SECTION III

# Medicare Advantage

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# Highmark's Medicare Advantage Star Ratings

The Centers for Medicare and Medicaid Services (CMS) created the Part C and D Star Ratings to provide quality and performance information to Medicare beneficiaries to assist them in choosing their health plan.

## What do the Medicare Advantage Star Ratings really mean?

Each Medicare Advantage contract receives a single Star Rating from CMS annually. A contract is made up of one or more Product Benefit Plans (PBPs) or simply “plans.” Performance data for members enrolled in those plans are collectively used to calculate the contract’s overall Star Rating. The Star Rating associated with each plan represents the overall contract’s Star Rating.

Plans offering access to health services are scored on the quality of many different measures that fall into five categories:

1. **Staying healthy: screenings, tests, and vaccines**
  - Includes whether members got various screening tests, vaccines, and other checkups that help them stay healthy.
2. **Managing chronic (long-term) conditions**
  - Includes how often members with different conditions got certain tests and treatments that help them manage their condition.
3. **Member experience with the health plan**
  - Includes ratings of member satisfaction with the plan.
4. **Member complaints and changes in the health plan’s performance**
  - Includes how often Medicare found problems with the plan and how often members had problems with the plan.
  - Also includes how much the plan’s performance has improved (if at all) over time.
5. **Health plan customer service**
  - Includes how well the plan handles member appeals.

Plans offering prescription drug coverage are scored on the quality of many different measures that fall into three categories:

1. **Member complaints and changes in the drug plan’s performance**
  - Includes how often Medicare found problems with the plan and how often members had problems with the plan.
  - Also includes how much the plan’s performance has improved (if at all) over time.
2. **Member experience with the drug plan**
  - Includes ratings of member satisfaction with the plan.
3. **Drug safety and accuracy of drug pricing**
  - Includes how accurate the plan’s pricing information is and how often members with certain medical conditions are prescribed drugs in a way that is safer and clinically recommended for their condition.



## Why do Star Ratings matter?

- Achieving strong Star Ratings helps Highmark sustain choice and affordability for Medicare-eligible customers in our service area.
- Our Star Ratings performance reflects our commitment and ongoing investment in improving the health care experience for our members.
- The financial benefit of favorable Star Ratings will also help us keep a strong and consistent option for Medicare Advantage customers.
- Plans that achieve a rating of five stars are considered to be the top quality performers in serving Medicare beneficiaries. Beneficiaries are able to switch into a five-star plan at any time throughout the year, once per calendar year.
- Low-performing plans (below three stars) are at risk of having enrollment blocked by the federal government or being removed entirely from the Medicare program.

## Lagging timeline

Star Ratings are not on the typical one-year planning cycle, where what we do this year impacts next year. Instead, the annual Star Ratings reflect performance from two years prior. For example, how we performed in calendar year 2021 was used by CMS for our 2023 star ratings.

## How can you positively impact Star Ratings?

You are the face of our plan and how you portray our plans and interact with your clients can positively affect our Star Ratings. Your professionalism and accuracy are very important to some of the performance categories measured by CMS, especially for the member satisfaction category. You can positively impact Star Ratings by being accurate when you present a plan and by encouraging members to use their benefits, complete an annual wellness visit, seek appropriate care, complete preventive screening and tests, and adhere to their medications. You must be able to:

- Know the benefits you are selling, accurately explain the plan, and determine the best fit for the consumer. This supports the consumer with their plan selection, strengthens your relationship, and may also help avoid complaints.
- Encourage consumers and members to use their benefits because Star Ratings are influenced by whether or not our members obtain specific services, such as: receiving annual screenings and preventive care, visiting their primary care physician (PCP), and properly using their medications (referred to as “medication adherence”).
- Reduce the chance that any type of complaint would be filed by doing what is required in all sales presentations and appointments and lending proper support to your consumers.
- Earn high scores on your sales events if you are secret-shopped by mentioning all required statements and showing consumers all required materials. One of the things you are required to cover is information on Star Ratings.

# Highmark 2023 Star Ratings<sup>1</sup>

**Highmark has the largest 5-star PPO plan in Pennsylvania.**

**Highmark Senior Health Company  
(Freedom Blue PPO, Community Blue  
Medicare PPO, and Complete Blue PPO)**



**Highmark Blue Cross Blue Shield  
of Western New York (PPO)**



**Highmark Choice Company  
(Security Blue HMO-POS and  
Community Blue Medicare HMO)**



**Highmark Blue Cross Blue Shield  
of Western New York (HMO)**



**HM Health Insurance Company  
(Blue Rx PDP)**



**Highmark Blue Shield of  
Northeastern New York (PPO)**



**Highmark Senior Solutions Company  
(Freedom Blue PPO – West Virginia)**



**Highmark Blue Shield of  
Northeastern New York (HMO)**



<sup>1</sup>Reference [medicare.gov](https://www.medicare.gov) or [cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html](https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html).

# Enrollment Processes

Before completing an enrollment application with a beneficiary, you must confirm that the prospect is eligible, i.e., entitled to Medicare Part A and Part B benefits as of the effective date of coverage under the plan.

Examples of acceptable proof of eligibility include:

- A copy of a Medicare card.
- A copy of a Medicaid award letter for dual-eligible Special Needs Plans.
- A Social Security Administration award notice.
- A Railroad Retirement Board letter of verification.
- A statement from the Social Security Administration or Railroad Retirement Board verifying the consumer's Medicare eligibility.

When you make a presentation to any prospect, be sure to use only a current Highmark CMS-approved sales presentation to ensure you've covered all required information.

Once you have completed the application, you may submit it to Highmark via any of the methods below:

1. Secure Fax: **888-663-0258**
  - Applications will not be accepted via any other fax number.
  - Applications must be faxed within 48 hours of receipt.
2. Online through the Highmark Producer Portal – [medicare.highmark.com/producer/login](https://medicare.highmark.com/producer/login)
3. Phone Number: **866-673-9112**  
Once you have completed a phone consultation with the prospect and the prospect is ready to complete the enrollment, you may conference call our dedicated enrollment line for the beneficiary to complete the enrollment telephonically. (The personnel staffing the enrollment line are unlicensed agents and will not be able to provide consultative assistance to you or the beneficiary. If the beneficiary has any plan-specific questions, they will be directed to call their agent back to assist before completing the enrollment.)

**Required information:** Please provide the agent with your name and NPN, the beneficiary's name, and the plan they wish to enroll in. The agent staffing the line will then process the enrollment telephonically. To ensure all applications are properly processed, you must send the beneficiary's name, DOB, and the selected plan to [highmarkseniormarkets@highmark.com](mailto:highmarkseniormarkets@highmark.com).

## What happens next?

### **If the enrollment application is complete,**

Highmark will submit the completed enrollment application to the Centers for Medicare and Medicaid Services (CMS). CMS will determine approval for requested coverage.

Once the enrollment application is approved by CMS, the member will receive:

- An enrollment verification letter.
- A welcome kit (mailed within seven days of CMS acceptance).
- An ID card (mailed within 10 days of CMS acceptance).

If the enrollment application is denied, the member will receive a denial letter with the reason for denial. This is mailed within 10 days of the application denial.

### **If the enrollment application is incomplete,**

Highmark will reach out to the member and/or agent by phone and/or written communication to obtain the missing information. If the missing information is received within 21 days, or the end of the current month (whichever is later), the enrollment application will be submitted to CMS. CMS will determine approval for the requested coverage. If the missing information is not received in time, the application will be denied.

# Products Overview

## Who is eligible for it, and how does it work?

Medicare is health insurance that the U.S. government provides for people over 65, or for some disabled persons. Medicare is made up of four parts – Part A, Part B, Part C, and Part D. Parts A and B comprise what is known as Original Medicare, for which most people are eligible when they turn 65. Part A is automatic. Parts B, C, and D are optional.

### Part A

Part A is hospital insurance that helps pay for things like inpatient hospital stays, skilled nursing care, hospice, and limited home health care. If your prospective client or their spouse has worked a minimum of 10 years and paid in at least 40 quarters of Medicare taxes, they are automatically enrolled in Part A with no monthly premium.

### Part B

Part B is medical insurance that helps pay for doctor visits, outpatient procedures, diagnostic tests, medical supplies, and vaccines. Preventive benefits, like certain screenings such as mammograms, diabetes, and prostate screenings, are also included. Most people have to sign up for Part B, and it typically comes with a standard monthly premium that is determined by income.

### Part C

Private insurance companies like Highmark offer Part C plans, which are called Medicare Advantage. These plans act as primary insurance instead of Original Medicare. These plans help with the hospital costs, doctor visits, and other medical services that are covered by Original Medicare. Plus, these plans offer worldwide emergency and urgent care, and many include coverage for prescription drugs, routine vision, hearing, dental, and even gym memberships.

### Medicare Part D

Insurance companies like Highmark also offer Medicare Part D, and it helps pay for prescription drugs.

Each prescription drug plan has a list of generic and brand-name drugs that are covered by that plan, and that list is called a formulary. Each drug is assigned to a tier, which determines how much your client will pay for that drug. Highmark has a transition process to accommodate the needs of new enrollees whose current regimens include drugs that are not on the plan's formulary or those drugs that require prior authorization. You may find the appropriate formulary on the Producer Portal.

## Highmark Senior Markets Medicare Products

Product Name	Available In (Products and Pricing by County)	HMO/PPO
Complete Blue	WPA	PPO
Together Blue Medicare	WPA	HMO
Community Blue Medicare	PA	HMO and PPO
Community Blue Medicare Plus	NEPA	PPO
Freedom Blue	PA, WV, DE	PPO
Security Blue	WPA	HMO-POS
Blue Rx PDP	PA, WV	PDP
Senior Blue	Western New York, Northeastern New York	HMO
Senior Blue Select	Western New York	HMO
BlueSaver	Western New York	HMO
Freedom Nation	Western New York, Northeastern New York	PPO
Forever Blue	Western New York, Northeastern New York	PPO
Freedom Basic	Northeastern New York	PPO
Freedom	Northeastern New York	HMO

### Medigap

Medigap Blue plans help pay for costs that are not covered by Original Medicare, such as deductibles, coinsurance, and copayments. Medigap offers you a choice of eight plans: Plan A, B, C, D, F, F High Deductible, G, and N. With Medigap, you have the ability to choose any doctor, specialist, or hospital that accepts Medicare — with no limitations and no referrals. Like other Medicare Supplement plans, Medigap does not come with Part D prescription drug coverage. Please note that you cannot enroll in Plans C and F if turning 65 after Jan. 1, 2020.

In 2019, we added the Whole Health Balance program. This program allows members to add vision, hearing, dental, and fitness benefits to their Highmark Medigap Blue plan for an additional premium.

*Medigap Blue Plan B is currently available only in Pennsylvania and Delaware. Medigap Plan D not available in New York. Whole Health Balance not available in New York. Not all plans are available in all regions.*

## Highmark Medicare plan perks

Below is a list of unique advantages that come with a Highmark Medicare plan.

Members of certain Highmark Medicare plans have access to special programs and services designed to improve wellness and manage health conditions.

### Exclusive Highmark Medicare plan membership benefits and services include:

- **Highmark Clinical Care Team:** This group of medical professionals works together to help you manage your health. This collaborative team consists of physicians, pharmacists, social workers, medical case managers, and disease managers.
- **Blue On Call<sup>SM</sup>:** Highmark’s health coaches are available 24/7 to answer general medical questions.
  - Help your clients understand a recent diagnosis, treatment options, or lab tests.
  - Review your clients’ symptoms and help them decide where to receive care.
  - Ensure that your clients are taking medications properly.
  - Provide support for losing weight, managing stress, or quitting smoking.
  - Answer medical questions and provide information.

To speak to a health coach 24 hours a day, seven days a week, call **888-258-3428**.

- **AIS Home Visit Program:** When dealing with a serious medical condition, we can provide an extra layer of support in your home to help you and your family throughout the course of your illness. Advanced Illness Services are available 24 hours a day, seven days a week to help your clients focus on what matters most to them. Learn more about the services provided by the AIS Home Visit Program by contacting **877-317-0216**.
- **Highmark House Call:** Once a year, a licensed health care provider will come to your client’s home to review their medications, answer health-related questions, and make sure their medical history is current.
- **People Able to Lend Support (PALS):** This volunteer program provides non-medical assistance to Highmark members in need. Volunteers are able to assist with everyday activities such as grocery shopping, household chores, yard work, light meal preparation, errands, and friendly phone calls or visits. To find out more about this program, please call **800-988-0706**, 8:30 a.m. – 4:30 p.m., Monday – Friday.
- **SilverSneakers<sup>®</sup>:** This benefit provides access to fitness and wellness classes at health clubs across the country at no cost. Your clients can get fit, make friends, and live a healthier, more active life with this program. Clients will have access to over 14,000 facilities nationwide with cardio and weight equipment, pools, saunas, and exercise classes taught by certified senior fitness instructors. Call **888-423-4632** or visit **SilverSneakers.com** to take advantage of this valuable program.\*
- **Highmark Wellness Rewards Program:** With our rewards program benefits, your clients can earn gift cards for taking positive actions that promote health and well-being.

*\*Benefits vary by plan. Not all benefits available with all plans.*

## Value-Added Benefits

The **Mental Wellbeing** solution offers fast, expanded access to a network of high-quality mental health providers, using actionable data to deliver the right care for each member. This includes digital exercises, care navigation, coaching, therapy, medication management, and a 24/7/365 crisis support line. After enrolling, members are asked to complete an assessment that creates a care pathway based on their answers. Interventions range from self-guided activities to clinical appointments. This program is available to members 6 years and older, and offered to MA and ACA members as part of their medical benefits.

**Well360 Virtual Health powered by American Well** is a virtual care solution that provides Urgent Care, Behavioral Health, Virtual Primary Care, Dermatology, and Women's Health services. Members will easily and seamlessly access the entire suite of Well360 Virtual Health practices through our fully integrated My Highmark/Beneficity experience. Well360 Virtual Health is available to MA and ACA members as a part of their medical benefits.

### Benefits include:

- On-demand or scheduled appointments.
- Easy access to all practices via My Highmark and Beneficity apps and websites.
- Ability to route members to in-network services for in-person care and lab work.
- High member satisfaction ratings (75% member satisfaction and 89% ease of use).\*
- Access, convenience, and time savings for members.
- Smaller care gaps and faster-time-to-treatment options with Dermatology and Behavioral Health.

\*Source: Highmark BoB 2022.



## Kidney Care Management (Healthmap)

Your clients with CKD and ESRD have complex treatment plans that often result in high-cost utilization and poor member experience. This solution works to support your client and providers with improved care coordination and high-touch personalized services. Available at no additional cost through their Highmark health plan, your clients have access to Healthmap Solutions (Healthmap) Kidney Care Management program. By enrolling, they'll have access to a Care Navigation team that works hand in hand with their doctor. The Care Navigation team can help them better understand their condition, answer questions about medication, help manage and schedule doctor visits and treatment appointments, and connect them with community services for services like meals and transportation.

## CHF and COPD Management powered by Vida®\*

CHF and COPD Management powered by Vida aims to help those with Chronic Obstructive Pulmonary Disease (COPD) or Congestive Heart Failure (CHF) better manage their condition, reduce or avoid hospital admissions, readmissions, and ER visits. The virtual solution allows your clients to learn how to expertly recognize, manage and monitor their symptoms all while utilizing the help of registered dietitians, health coaches, in-app trackers, lessons on symptom monitoring, regular mental health assessments, and monitoring devices. When needed, a patient will have access to digital scales, blood pressure monitoring devices, digital scales, and respiratory tracking devices.

\*Pending BCBSA approval

# 2024 Pharmacy Network Updates

	Preferred Network (Preferred Copay)	Standard Network
PA		
WV		
DE		
New York		

## Out of Network

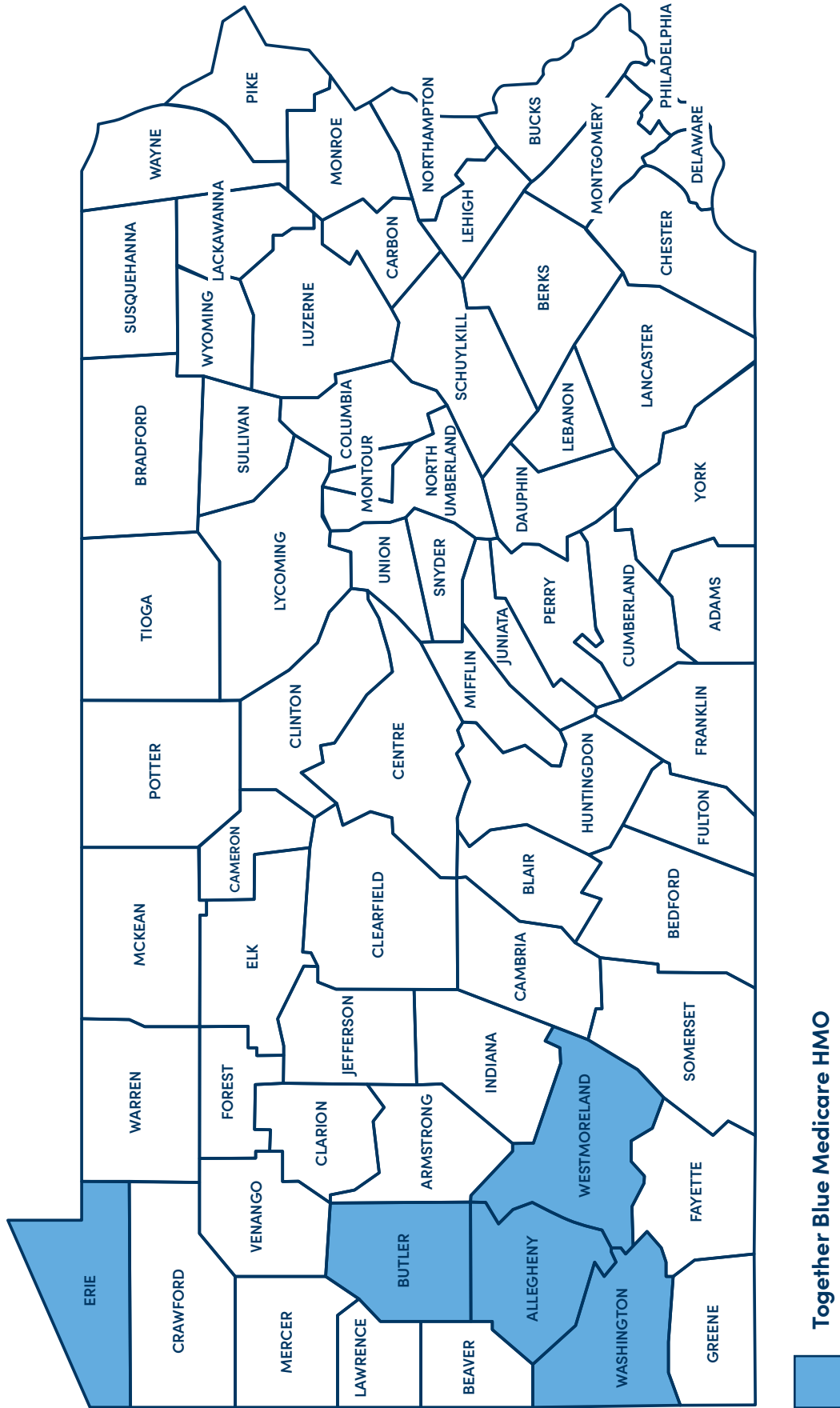
- Select specialty pharmacies
- Select independent pharmacies

Changes to our pharmacy network may occur during the benefit year. An updated Pharmacy Directory is located on our website at [medicare.highmark.com](https://www.medicare.highmark.com). You may also call Customer Service at 1-800-290-3914 (TTY/TDD users should call 711) for updated information.

**SECTION III: MEDICARE ADVANTAGE**

# **Products and Pricing by County**

# Together Blue Medicare HMO – WPA

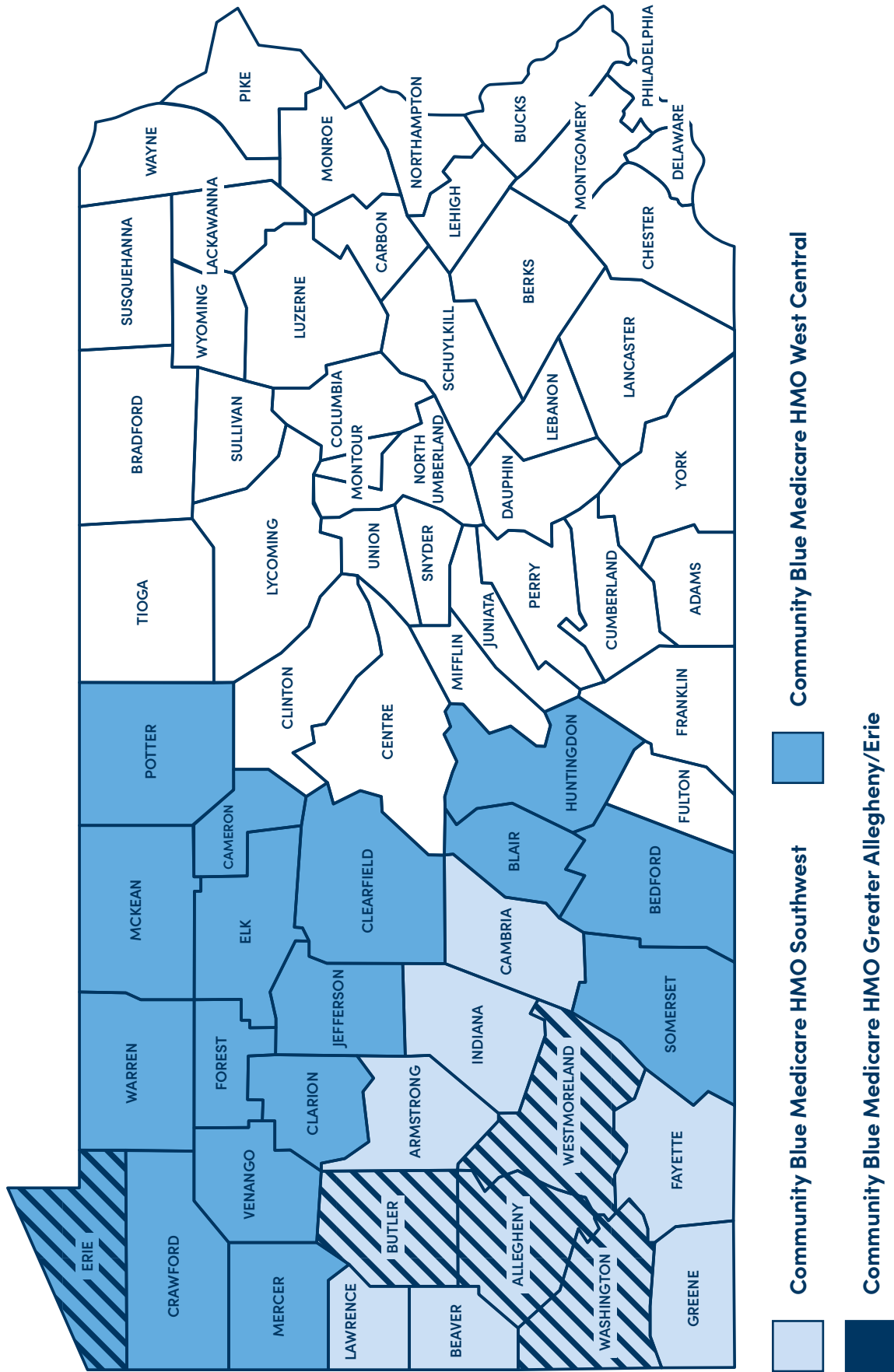


\*Pricing is subject to CMS approval

Together Blue Medicare HMO — WPA (Products and pricing by county)

	Signature
Monthly Plan Premium	\$0
Part B Premium Giveback	\$30
Out-of-Pocket Maximum	Network: \$5,900; Catastrophic: N/A
PCP Office Visit	\$0 Copay
Specialist Office Visit	\$0 Copay
Lab and Diagnostic Tests (Phys. Office or Free-standing Lab)	\$0 Copay
Lab and Diagnostic Tests (Outpatient Facility)	\$0 Copay
X-Rays	\$0 Copay
Radiation Therapy	\$60 Copay
Advanced Imaging	\$95 Copay
Preventive/Screening	Covered in Full (Office visit copay may apply)
Outpatient Physical and Speech Therapy	\$0 Copay
Medicare Covered Acupuncture	\$0 Copay
Outpatient Occupational Therapy	\$0 Copay
Outpatient Mental Health	\$30 Copay
Outpatient Substance Abuse	\$30 Copay
Outpatient Surgical	ASC: \$95 Copay Facility: \$145 Copay
Ambulance	\$275 Copay
Transportation	\$0 Copay. Covered only if trip is part of continued acute care after discharge from ER.
Emergency Room	\$100 Copay
Urgent Care	\$30 Copay
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	\$200/admit
Inpatient Psychiatry Stay	\$325/day (days 1-3); \$0/day (days 4-90)
Skilled Nursing Facility	\$0/day (days 1-20); \$203/day (days 21-100)
Home Health	\$0 Copay
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies.
Durable Medical Equipment	20% Coinsurance
OTC	\$60 Allowance Once Per Quarter
Meal Benefit	Not Covered
Onduo	\$0 Onduo Virtual Diabetes Program
Spring Health	\$0 behavioral health care program
GHF and COPD Management powered by Vida	\$0 program for COPD and congestive heart failure to manage condition through an app.
Flitness Benefit	Covered in Full
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient
Part B Drugs — Chemotherapy and All Other Part B	0%—19.99% Coinsurance for Part B reimbursable drugs and 20% Coinsurance for all other Part B drugs
Part B Drugs — Insulin	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin
Medicare Covered Vision (Office Visit)	\$0 Copay
Routine Vision (Office Visit)	\$0 Copay (one every year)
Routine Vision (Eyewear)	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.
Medicare Covered Hearing Exam	\$0 Copay
Routine Hearing Exam	\$0 Copay (one every year)
Routine Hearing (Hearing Aids)	Two hearing aids every year; TrueHearing Advanced — \$699 copay; TrueHearing Premium — \$999 copay
Routine Dental	Office Visit: \$0 Copay (one every six months); Includes exam, cleaning, and fluoride treatment; X-ray: \$0 Copay (one every year)
Medicare Covered Comprehensive Dental	\$0 Copay
Dental Allowance — Preventive and/or Comprehensive	Combined maximum allowance of \$1,500
Comprehensive Dental — Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics; 0% Coinsurance. See EOC for benefit limits.
Medicare Covered Chiropractic	\$15 Copay
Routine Chiropractic	\$15 Copay (four visits)
Medicare Covered Podiatry	\$0 Copay
Routine Podiatry	\$0 Copay (10 visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay
<b>Part D Drugs</b>	
Formulary	Lean (Performance)
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$47, Tier 4: \$100, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31 days supply)	Preferred Mail Order: Tier 1: \$0, Tier 2: \$0, Tier 3: \$20, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order: Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier. (up to 31-days supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$8,000	The plan pays the full cost for covered Part D drugs.
IRA Benefits — T3 and T4 offered through ICP and Coverage Gap stages	Tier 3 and Tier 4 Insulins: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy

# Community Blue Medicare HMO – WPA

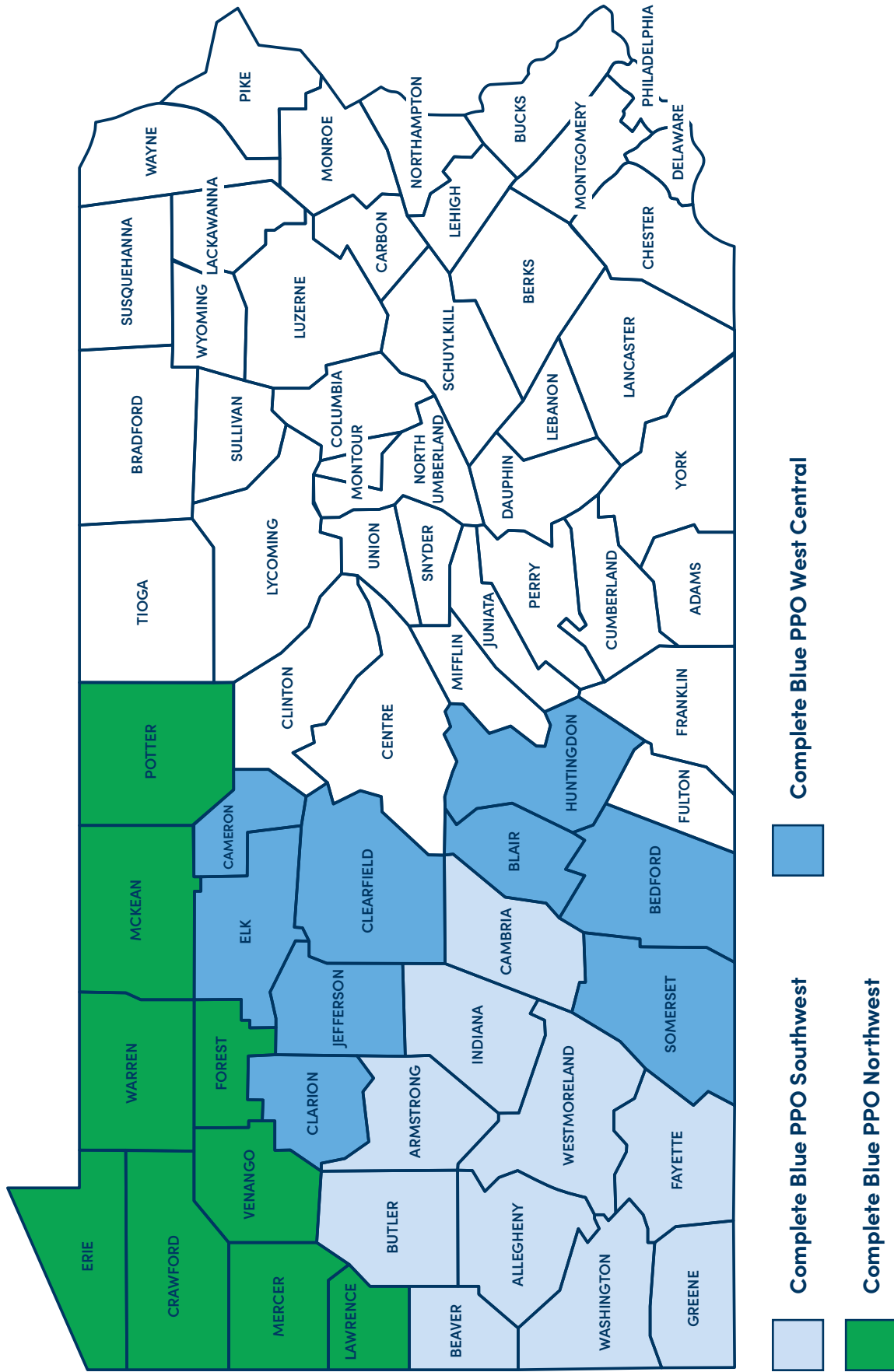


\*Pricing is subject to CMS approval

Community Blue Medicare HMO – WPA (Products and pricing by county)

	Signature	Prestige
Monthly Plan Premium	SW/WC/OW: \$0	SW: \$41
Part B Premium Giveback	\$0	\$0
Out-of-Pocket Maximum	Network: SW/WC: \$5,500; OW: \$6,200; Catastrophic: N/A	Net work: \$5,500; Catastrophic: N/A
PCP Office Visit	\$0 Copay	\$0 Copay
Specialist Office Visit	SW/WC: \$20 Copay; OW: \$25 Copay	\$0 Copay
Lab and Diagnostic Tests (Phys. Office or Free-standing Lab)	\$0 Copay	\$0 Copay
Lab and Diagnostic Tests (Outpatient Facility)	SW/WC: \$0 Copay; OW: \$30 Copay	\$20 Copay
X-Rays	\$20 Copay	\$50 Copay
Radiation Therapy	\$60 Copay	\$95 Copay
Advanced Imaging	\$195 Copay	\$95 Copay
Preventive/Screening	Covered in Full (Office visit copay may apply)	
Outpatient Physical and Speech Therapy	SW/WC: \$20 Copay; OW: \$30 Copay	\$10 Copay
Medicare Covered Acupuncture	SW/WC: \$20 Copay; OW: \$30 Copay	\$10 Copay
Outpatient Occupational Therapy	SW/WC: \$20 Copay; OW: \$30 Copay	\$10 Copay
Outpatient Mental Health	\$40 Copay	\$30 Copay
Outpatient Substance Abuse	\$45 Copay	\$30 Copay
Outpatient Surgical	ASC: SW/WC: \$175 Copay; OW: \$195 Copay; Facility: \$245 Copay	ASC: \$75 Copay; Facility: \$150 Copay
Ambulance	\$275 Copay	\$175 Copay
Transportation	\$0 Copay. Covered only if trip is part of continued acute care after discharge from ER.	
Emergency Room	\$100 Copay	
Urgent Care	\$50 Copay	\$20 Copay
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	SW/WC: \$250/admit; OW: \$295/admit	\$200/admit
Inpatient Psychiatric Stay	\$425/day (days 1-3); \$0/day (days 4-90)	\$225/admit
Skilled Nursing Facility	\$0/day (days 1-20); \$203/day (days 21-100)	\$225/admit
Home Health	\$0 Copay	
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors, and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies.	
Durable Medical Equipment	20% Coinsurance	
OTC	SW: \$100/WC: \$105/OW: \$80 Allowance Once Per Quarter	\$75 Allowance Once Per Quarter
Onduo	\$0 Onduo Virtual Diabetes Program	
Spring Health	\$0 behavioral health care program	
CHF and COPD Management powered by Vida	\$0 program for COPD and congestive heart failure to manage condition through an app.	
Healthcare Kits	Not Covered	Not Covered
Fitness Benefit	Covered in Full	
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient	
Part B Drugs – Chemotherapy and All Other Part B	0% – 19.99% Coinsurance for Part B reimbutable drugs and 20% Coinsurance for all other Part B drugs	
Medicare Covered Vision (Office Visit)	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin	\$0 Copay
Routine Vision (Office Visit)	SW/WC: \$20 Copay; OW: \$25 Copay	\$0 Copay
Routine Vision (Eyewear)	\$0 Copay (one every year)	
Medicare Covered Hearing Exam	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear. IN	
Routine Hearing Exam	SW/WC: \$20 Copay; OW: \$25 Copay	\$0 Copay
Routine Hearing (Hearing Aids)	Two hearing aids every year; TrueHearing Advanced – \$699 copay; TrueHearing Premium – \$999 copay	\$0 Copay (one every year)
Routine Dental	Office Visit: \$0 Copay (one every six months) Includes exam, cleaning, and fluoride treatment. X-ray: \$0 Copay (one every year)	Two hearing aids every year; TrueHearing Advanced – \$499 copay; TrueHearing Premium – \$799 copay
Medicare Covered Comprehensive Dental	Office Visit: \$0 Copay (one every six months) Includes exam, cleaning, and fluoride treatment. X-ray: \$0 Copay (one every six months)	
Dental Allowance – Preventive and/or Comprehensive	SW/WC: \$20 Copay; OW: \$25 Copay	\$0 Copay
Comprehensive Dental - Supplemental	Combined maximum allowance of \$3,000	Combined maximum allowance of \$3,500
Medicare Covered Chiropractic	Restorative Services: Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics: 0% Coinsurance. See EOC for benefit limits.	Restorative Services: Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics: 0% Coinsurance. See EOC for benefit limits.
Routine Chiropractic	SW/WC: \$20 Copay; OW: \$15 Copay	\$10 Copay
Medicare Covered Podiatry	SW/WC: \$20 Copay (four visits); OW: \$15 Copay (four visits)	\$10 Copay (eight visits)
Routine Podiatry	SW/WC: \$20 Copay; OW: \$25 Copay	\$0 Copay
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	SW/WC: \$20 Copay (four visits); OW: \$25 Copay (four visits)	\$0 Copay (10 visits)
Formulary	Lean (Performance)	Base (Venture)
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$42, Tier 4: \$100, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$40, Tier 4: \$95, Tier 5: 33% Standard Retail: Tier 1: \$5, Tier 2: \$19, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply)	Preferred Mail Order: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order: Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%	Preferred Mail Order: Tier 1: \$0, Tier 2: \$0, Tier 3: \$92.50, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order: Tier 1: \$15, Tier 2: \$57, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	Brand (25% coinsurance including 70% discount)	Preferred Mail: Preferred Generics: Tier 1 (\$0) Generics: Tier 2 (\$0); Standard Mail: Preferred Generics: Tier 1 (\$15) Generics: Tier 2 (\$57); Generics Tiers 3 – 5 (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$8,000	Generics (25% coinsurance)	Generics Tiers 3 – 5 (25% coinsurance including 70% discount)
IRA Benefits – T3 and T4 offered through ICP and Coverage Gap stages	The plan pays the full cost for covered Part D drugs.	Generics Tiers 3 – 5 (25% coinsurance including 70% discount)
	Tier 3 and Tier 4 Insulins: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	Tier 3 Insulin: \$20 for 31-day supply and \$60 for 90-day supply at a retail or mail order pharmacy; Tier 4 Insulin: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy

# Complete Blue PPO – WPA



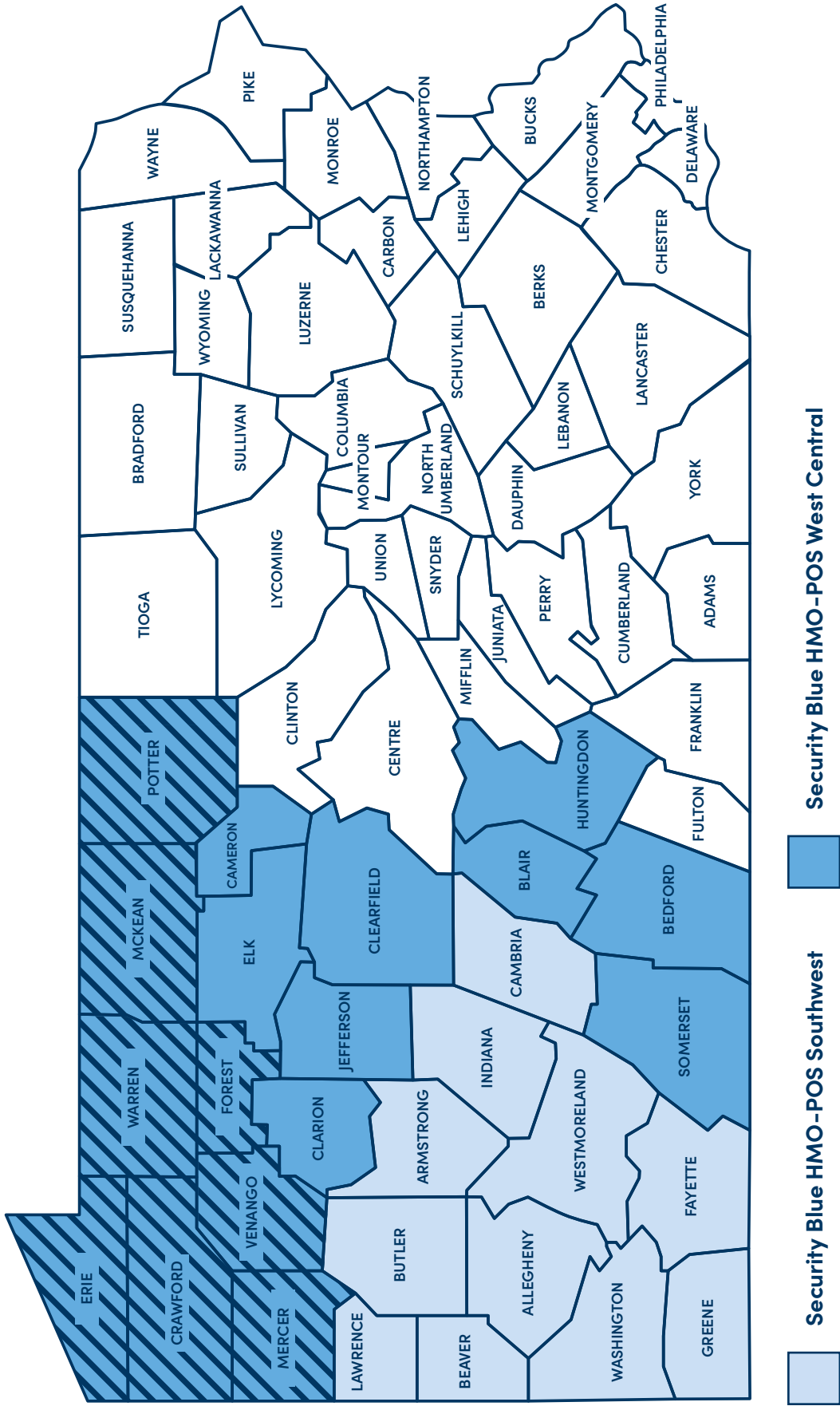
\*Pricing is subject to CMS approval



# Complete Blue PPO – WPA (Products and pricing by county)

	Signature SW/WC: \$0	Signature NW: \$0	Distinct SW/WC/NW: \$7	NEW! Premier \$46
Monthly Plan Premium	\$10	\$10		
Part B Premium Giveback	Network: \$6,500; Catastrophic: \$8,950	Network: \$6,500; Catastrophic: \$8,950	Network: \$6,500; Catastrophic: \$9,550	Network: \$4,900; Catastrophic: \$8,950
Out-of-Pocket Maximum	\$20 Copay IN; \$20 Copay OON	\$0 Copay IN; \$0 Copay OON	\$10 Copay IN; \$10 Copay OON	\$0 Copay IN; \$0 Copay OON
PCP Office Visit	\$0 Copay IN; \$25 Copay OON	\$0 Copay IN; \$25 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$0 Copay IN; \$35 Copay OON	\$0 Copay IN; \$35 Copay OON	\$0 Copay IN; \$20 Copay OON	\$0 Copay IN; \$10 Copay OON
Lab and Diagnostic Tests (Phys. Office or Freestanding Lab)	\$60 Copay IN; \$80 Copay OON	\$60 Copay IN; \$80 Copay OON	\$50 Copay IN; \$50 Copay OON	\$10 Copay IN; \$10 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$195 Copay IN; \$235 Copay OON	\$195 Copay IN; \$235 Copay OON	\$175 Copay IN; \$175 Copay OON	\$150 Copay IN; \$150 Copay OON
X-Rays	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Radiation Therapy	\$0 Copay IN; \$25 Copay OON	\$0 Copay IN; \$25 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Advanced Imaging	\$0 Copay IN; \$35 Copay OON	\$0 Copay IN; \$35 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Preventive/Screening	\$0 Copay IN; \$30 Copay OON	\$0 Copay IN; \$30 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Outpatient Physical and Speech Therapy	\$0 Copay IN; \$50 Copay OON	\$0 Copay IN; \$50 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Medicare Covered Acupuncture	\$40 Copay IN; \$50 Copay OON	\$40 Copay IN; \$50 Copay OON	\$40 Copay IN; \$50 Copay OON	\$30 Copay IN; \$30 Copay OON
Outpatient Occupational Therapy	\$45 Copay IN; \$60 Copay OON	\$45 Copay IN; \$60 Copay OON	\$45 Copay IN; \$60 Copay OON	\$30 Copay IN; \$30 Copay OON
Outpatient Mental Health	ASC: \$195 Copay IN; \$235 Copay OON	ASC: \$175 Copay IN; \$175 Copay OON	ASC: \$175 Copay IN; \$175 Copay OON	ASC: \$175 Copay IN; \$175 Copay OON
Outpatient Substance Abuse	Facility: \$245 Copay IN; \$375 Copay OON	Facility: \$225 Copay IN; \$350 Copay OON	Facility: \$200 Copay IN; \$200 Copay OON	Facility: \$200 Copay IN; \$200 Copay OON
Outpatient Surgical	\$0 Copay IN; 30% Coinsurance OON.	\$0 Copay IN; 30% Coinsurance OON.	\$0 Copay IN; 30% Coinsurance OON.	\$0 Copay IN; 30% Coinsurance OON.
Ambulance	Covered only if trip is part of continued acute care after discharge from ER.	Covered only if trip is part of continued acute care after discharge from ER.	Covered only if trip is part of continued acute care after discharge from ER.	Covered only if trip is part of continued acute care after discharge from ER.
Transportation	\$105 Allowance Once Per Quarter IN	\$130 Allowance Once Per Quarter IN	\$200 Allowance Once Per Quarter IN	\$120 Allowance Once Per Quarter IN
Emergency Room	\$50 Copay	\$50 Copay	\$30 Copay	\$15 Copay
Urgent Care	\$150/day (days 1-3) IN; \$0/day (days 4-9) OON	\$250/admit IN; \$475/admit OON	\$225/admit IN; \$225/admit OON	\$225/admit IN; \$225/admit OON
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	\$300/day (days 1-3); \$0/day (days 4-9) OON	\$425/day (days 1-3); \$0/day (days 4-9) OON	\$425/day (days 1-3); \$0/day (days 4-9) OON	\$300/admit IN; \$300/admit OON
Inpatient Psychiatric Stay	\$475/day (days 1-3); \$0/day (days 4-9) OON	\$500/day (days 1-3); \$0/day (days 4-9) OON	\$475/day (days 1-3); \$0/day (days 4-9) OON	\$300/admit IN; \$300/admit OON
Skilled Nursing Facility	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON
Home Health	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and Lifescan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies; IN; 30% Coinsurance OON	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and Lifescan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies; IN; 30% Coinsurance OON	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and Lifescan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies; IN; 30% Coinsurance OON	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and Lifescan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies; IN; 30% Coinsurance OON
Diabetic Supplies and Services	\$105 Allowance Once Per Quarter IN	\$130 Allowance Once Per Quarter IN	\$200 Allowance Once Per Quarter IN	\$120 Allowance Once Per Quarter IN
Durable Medical Equipment	\$0 Ouduo Virtual Diabetes Program	\$0 Ouduo Virtual Diabetes Program	\$0 Ouduo Virtual Diabetes Program	\$0 Ouduo Virtual Diabetes Program
Onduo	\$0 behavioral health care program	\$0 behavioral health care program	\$0 behavioral health care program	\$0 behavioral health care program
Spring Health	\$0 program for COPD and congestive heart failure to manage condition through an app.	\$0 program for COPD and congestive heart failure to manage condition through an app.	\$0 program for COPD and congestive heart failure to manage condition through an app.	\$0 program for COPD and congestive heart failure to manage condition through an app.
CHF and COPD Management powered by Vida	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON
Fitness Benefit	Services covered with applicable Copay listed for outpatient	Services covered with applicable Copay listed for outpatient	Services covered with applicable Copay listed for outpatient	Services covered with applicable Copay listed for outpatient
Additional Telehealth Services	Part B Drugs – Chemotherapy and All Other Part B	0%–19.99% Coinsurance for Part B rebatable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance OON	0%–19.99% Coinsurance for Part B rebatable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance OON	0%–19.99% Coinsurance for Part B rebatable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance OON
Part B Drugs – Insulin	Medicare Covered Vision (Office Visit)	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance OON	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance OON	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance OON
Medicare Covered Vision (Office Visit)	Routine Vision (Office Visit)	\$20 Copay IN; \$20 Copay OON	\$10 Copay IN; \$10 Copay OON	\$0 Copay IN; \$0 Copay OON
Routine Vision (Office Visit)	Routine Vision (Eyewear)	\$0 Copay IN; \$50 Copay OON (one every year)	\$0 Copay IN; \$50 Copay OON (one every year)	\$0 Copay IN; \$0 Copay OON
Routine Vision (Eyewear)	Standard eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.	Standard eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.	Standard eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.	Standard eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.
Medicare Covered Hearing Exam	Routine Hearing Exam	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON	\$0 Copay IN; \$0 Copay OON
Routine Hearing Exam	Routine Hearing (Hearing Aids)	\$20 Copay IN; \$20 Copay OON (one every year)	\$20 Copay IN; \$20 Copay OON (one every year)	\$0 Copay IN; \$0 Copay OON (one every year)
Routine Hearing (Hearing Aids)	Routine Dental	Two hearing aids every year; TrueHearing Advanced – \$699 copay; TruHearing Premium – \$999 copay IN; \$500 allowance OON	Two hearing aids every year; TrueHearing Advanced – \$699 copay; TruHearing Premium – \$999 copay IN; \$500 allowance OON	Two hearing aids every year; TrueHearing Advanced – \$699 copay; TruHearing Premium – \$999 copay IN; \$500 allowance OON
Routine Dental	Medicare Covered Comprehensive Dental	Office Visit: \$0 Copay IN; 30% Coinsurance OON	Office Visit: \$0 Copay IN; 30% Coinsurance OON	Office Visit: \$0 Copay IN; 30% Coinsurance OON
Medicare Covered Comprehensive Dental	Dental Allowance – Preventive and/or Comprehensive	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON	\$0 Copay IN; \$0 Copay OON
Dental Allowance – Preventive and/or Comprehensive	Comprehensive Dental – Supplemental	Combined maximum allowance of \$2,500	Combined maximum allowance of \$2,500	Combined maximum allowance of \$3,000
Comprehensive Dental – Supplemental	Medicare Covered Chiropractic	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics; 20% Coinsurance IN, 50% Coinsurance OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics; 10% Coinsurance IN, 50% Coinsurance OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics; 0% Coinsurance IN, 50% Coinsurance OON. See EOC for benefit limits.
Medicare Covered Chiropractic	Routine Chiropractic	\$15 Copay IN; \$35 OON	\$15 Copay IN; \$35 OON	\$20 Copay IN; \$20 Copay OON
Routine Chiropractic	Medicare Covered Podiatry	\$15 Copay IN; \$35 Copay OON (four visits)	\$15 Copay IN; \$35 Copay OON (four visits)	\$20 Copay IN; \$20 Copay OON (eight visits)
Medicare Covered Podiatry	Routine Podiatry	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON	\$0 Copay IN; \$0 Copay OON
Routine Podiatry	Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$20 Copay IN; \$20 Copay OON (four visits)	\$20 Copay IN; \$20 Copay OON (four visits)	\$0 Copay IN; \$0 Copay OON (10 visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	Part D Drugs	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON
Part D Drugs	Formulary	Lean (Performance)	Lean (Performance)	Base (Venture)
Formulary	Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$47, Tier 4: \$100, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$42, Tier 4: \$100, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$20, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$42, Tier 4: \$100, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$20, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply)	Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5: 33% Standard Mail: Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5: 33%	Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$280, Tier 5: 33% Standard Mail: Tier 1: \$21, Tier 2: \$60, Tier 3: \$141, Tier 4: \$300, Tier 5: 33%	Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$280, Tier 5: 33% Standard Mail: Tier 1: \$21, Tier 2: \$60, Tier 3: \$141, Tier 4: \$300, Tier 5: 33%
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply)	Coverage Gap (Cost sharing is for up to 100-day supply for T1, T2, up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Cost sharing is for up to 100-day supply for T1, T2, up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	IRABenefits – T3 and T4 offered through ICP and Coverage Gap steps	The plan pays the full cost for covered Part D drugs.	The plan pays the full cost for covered Part D drugs.	The plan pays the full cost for covered Part D drugs.
IRABenefits – T3 and T4 offered through ICP and Coverage Gap steps				

# Security Blue HMO-POS – WPA

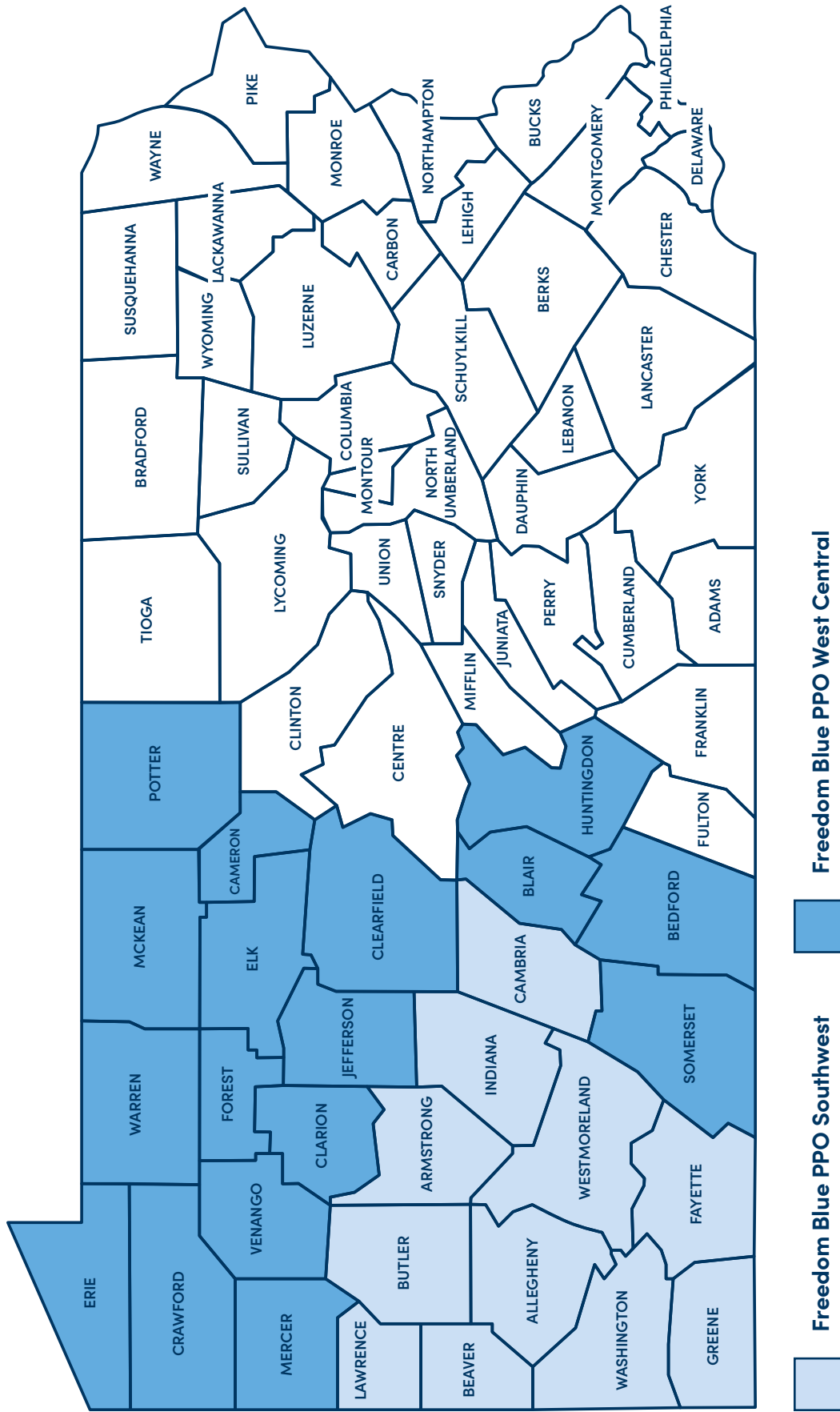


\*Pricing is subject to CMS approval

Security Blue HMO-POS – WPA (Products and pricing by county)

	Basic	ValueRx	Standard	Deluxe
Monthly Plan Premium	SW: \$48; WC: \$47	SW: \$48; WC: \$47; OW: \$43	SW: \$182; WC: \$148	SW: \$245; WC: \$209
Out-of-Pocket Maximum	Network: \$5,900; Catastrophic: \$8,950 \$0 Copay IN; \$0 Copay POS	Network: \$5,900; Catastrophic: \$8,950 \$0 Copay IN; \$0 Copay POS	Network: \$5,900; Catastrophic: \$8,950 \$0 Copay IN; \$0 Copay POS	Network: \$4,500; Catastrophic: \$8,950 \$0 Copay IN; \$0 Copay POS
Specialist Office Visit	\$30 Copay IN; \$30 Copay POS	\$40 Copay IN; \$40 Copay POS	\$30 Copay IN; \$30 Copay POS	\$25 Copay IN; \$25 Copay POS
Lab and Diagnostic Tests (Phys. Office or Free-standing Lab)	\$0 Copay IN; \$30 Copay POS	\$0 Copay IN; \$25 Copay POS	\$0 Copay IN; \$15 Copay POS	\$0 Copay IN; \$15 Copay POS
Lab and Diagnostic Tests (Outpatient Facility)	\$20 Copay IN; \$30 Copay POS	\$20 Copay IN; \$25 Copay POS	\$10 Copay IN; \$15 Copay POS	\$10 Copay IN; \$15 Copay POS
X-Rays	\$25 Copay IN; \$40 Copay POS	\$20 Copay IN; \$25 Copay POS	\$20 Copay IN; \$35 Copay POS	\$15 Copay IN; \$30 Copay POS
Radiation Therapy	\$100 Copay IN; \$175 Copay POS	\$175 Copay IN; \$225 Copay POS	\$125 Copay IN; \$175 Copay POS	\$75 Copay IN; \$125 Copay POS
Advanced Imaging	\$30 Copay IN; \$45 Copay POS	\$40 Copay IN; \$45 Copay POS	\$30 Copay IN; \$35 Copay POS	\$25 Copay IN; \$30 Copay POS
Preventive/Screening	\$30 Copay IN; \$45 Copay POS	\$40 Copay IN; \$45 Copay POS	\$30 Copay IN; \$35 Copay POS	\$25 Copay IN; \$30 Copay POS
Outpatient Physical, Speech, and Occupational Therapy, Mental Health, and Substance Abuse	\$30 Copay IN; \$45 Copay POS	\$40 Copay IN; \$45 Copay POS	\$30 Copay IN; \$35 Copay POS	\$25 Copay IN; \$30 Copay POS
Medicare Covered Acupuncture	ASC: \$100 Copay IN; \$250 Copay POS Facility: \$200 Copay IN; \$250 Copay POS	ASC: \$175 Copay IN; \$225 Copay POS Facility: \$200 Copay IN; \$250 Copay POS	ASC: \$125 Copay IN; \$175 Copay POS Facility: \$175 Copay IN; \$225 Copay POS	ASC: \$75 Copay IN; \$125 Copay POS Facility: \$150 Copay IN; \$200 Copay POS
Outpatient Surgical	\$125 Copay IN	SW: \$265 Copay IN; WC/OW: \$275 Copay IN	\$200 Copay IN	\$150 Copay IN
Ambulance	\$0 Copay IN. Up to 24 One-way Trips. Trip limit waived if trip is part of continued acute care after discharge from ER.	\$0 Copay IN. Up to 24 One-way Trips. Trip limit waived if trip is part of continued acute care after discharge from ER.	\$100 Copay	\$100 Copay
Transportation	\$50 Copay	\$50 Copay	\$5 Copay	\$5 Copay
Emergency Room	\$340/admit IN; \$390/admit POS	\$220/day (days 1-5), \$0/day (days 6-9) IN; \$270/day (days 1-5), \$0/day (days 6-9) POS	\$335/admit IN; \$385/admit POS	\$210/admit IN; \$260/admit POS
Urgent Care	\$340/admit IN; \$390/admit POS	\$220/day (days 1-5), \$0/day (days 6-9) IN; \$270/day (days 1-5), \$0/day (days 6-9) POS	\$335/admit IN; \$385/admit POS	\$210/admit IN; \$260/admit POS
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	\$340/admit IN; \$390/admit POS	\$220/day (days 1-5), \$0/day (days 6-9) IN; \$270/day (days 1-5), \$0/day (days 6-9) POS	\$335/admit IN; \$385/admit POS	\$210/admit IN; \$260/admit POS
Inpatient Psychiatry Stay	\$340/admit IN; \$390/admit POS	\$220/day (days 1-5), \$0/day (days 6-9) IN; \$270/day (days 1-5), \$0/day (days 6-9) POS	\$335/admit IN; \$385/admit POS	\$210/admit IN; \$260/admit POS
Skilled Nursing Facility	\$0 Copay IN	\$0/day (days 1-20); \$203/day (days 21-100) IN	\$0 Copay IN	\$0 Copay IN
Home Health	\$0 Copay IN	\$0 Copay IN	\$0 Copay IN	\$0 Copay IN
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies. IN	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies. IN	20% Coinsurance IN	20% Coinsurance IN. SW Only – Healing at Home: \$0 cost-share for 28 hours of non-skilled in home care related services once per calendar year within 90 Days of Discharge from Inpatient/Acute Hospital IN Only
Durable Medical Equipment	20% Coinsurance IN	20% Coinsurance IN	20% Coinsurance IN	20% Coinsurance IN. SW Only – Healing at Home: \$0 cost-share for 28 hours of non-skilled in home care related services once per calendar year within 90 Days of Discharge from Inpatient/Acute Hospital IN Only
Non-Skilled Care	Not Covered	Not Covered	Not Covered	Not Covered
Meal Benefit	28 Meals/14 Days IN upon discharge from an inpatient hospital stay, inpatient hospital psychiatric stay, or SNF stay to the home to qualify.	28 Meals/14 Days IN upon discharge from an inpatient hospital stay, inpatient hospital psychiatric stay, or SNF stay to the home to qualify.	\$0 Onduo Virtual Diabetes Program	\$0 Onduo Virtual Diabetes Program
Onduo	\$0 behavioral health care program	\$0 behavioral health care program	\$0 Onduo Virtual Diabetes Program	\$0 Onduo Virtual Diabetes Program
Spring Health	\$0 program for COPD and congestive heart failure to manage condition through an app.	\$0 program for COPD and congestive heart failure to manage condition through an app.	\$0 behavioral health care program	\$0 behavioral health care program
CHE and COPD Management powered by Vida	\$0 program for COPD and congestive heart failure to manage condition through an app.	\$0 program for COPD and congestive heart failure to manage condition through an app.	\$0 behavioral health care program	\$0 behavioral health care program
Healthcare Kits	Member Selected Healthcare Kit for members with diabetes, COPD, congestive heart failure, and/or hypertension to help manage their condition	Member Selected Healthcare Kit for members with diabetes, COPD, congestive heart failure, and/or hypertension to help manage their condition (WC only; Not Covered SW/OW)	Member Selected Healthcare Kit for members with diabetes, COPD, congestive heart failure, and/or hypertension to help manage their condition	Member Selected Healthcare Kit for members with diabetes, COPD, congestive heart failure, and/or hypertension to help manage their condition
Fitness Benefit	Covered in Full IN	Covered in Full IN	Covered in Full IN	Covered in Full IN
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient	Services covered with applicable Copay listed for outpatient	Services covered with applicable Copay listed for outpatient	Services covered with applicable Copay listed for outpatient
Part B Drugs – Chemotherapy and All Other Part B	0%–19.9% Coinsurance for Part B rebateable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance POS	0%–19.9% Coinsurance for Part B rebateable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance POS	0%–19.9% Coinsurance for Part B rebateable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance POS	0%–19.9% Coinsurance for Part B rebateable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance POS
Part B Drugs – Insulin	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance POS	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance POS	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance POS	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance POS
Medicare Covered Vision (Office Visit)	\$30 Copay IN; \$30 POS	\$40 Copay IN; \$40 POS	\$30 Copay IN; \$30 POS	\$25 Copay IN; \$25 POS
Routine Vision (Office Visit)	\$30 Copay IN; \$30 POS	\$40 Copay IN; \$40 POS	\$30 Copay IN; \$30 POS	\$25 Copay IN; \$25 POS
Routine Vision (Eyewear)	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$75 benefit maximum applies to non-standard frames and a \$75 benefit maximum for specialty contact lenses.	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$75 benefit maximum applies to non-standard frames and a \$75 benefit maximum for specialty contact lenses.	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$75 benefit maximum applies to non-standard frames and a \$75 benefit maximum for specialty contact lenses.	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$75 benefit maximum applies to non-standard frames and a \$75 benefit maximum for specialty contact lenses.
Medicare Covered Hearing Exam	\$30 Copay IN; \$30 POS	\$40 Copay IN; \$40 POS	\$30 Copay IN; \$30 POS	\$25 Copay IN; \$25 POS
Routine Hearing Exam	\$30 Copay IN; \$30 POS	\$40 Copay IN; \$40 POS	\$30 Copay IN; \$30 POS	\$25 Copay IN; \$25 POS
Routine Hearing (Hearing Aids)	Two hearing aids every year IN; TrueHearing Advanced – \$899 copay; TrueHearing Premium – \$899 copay	Two hearing aids every year IN; TrueHearing Advanced – \$899 copay; TrueHearing Premium – \$899 copay	Two hearing aids every year IN; TrueHearing Advanced – \$899 copay; TrueHearing Premium – \$899 copay	Two hearing aids every year IN; TrueHearing Advanced – \$899 copay; TrueHearing Premium – \$899 copay
Routine Dental	\$30 Copay IN	Office Visit: \$15 Copay IN (one every six months) X-ray: \$15 Copay IN (one every year)	\$30 Copay IN	\$25 Copay IN
Medicare Covered Comprehensive Dental	\$30 Copay IN	Office Visit: \$15 Copay IN (one every six months) X-ray: \$15 Copay IN (one every year)	\$30 Copay IN	\$25 Copay IN
Comprehensive Dental – Supplemental	\$30 Copay IN	Office Visit: \$15 Copay IN (one every six months) X-ray: \$15 Copay IN (one every year)	\$30 Copay IN	\$25 Copay IN
Medicare Covered Chiropractic	\$15 Copay IN; \$30 Copay POS	\$15 Copay IN; \$40 Copay POS	\$15 Copay IN; \$30 Copay POS	\$15 Copay IN; \$25 Copay POS
Routine Chiropractic	\$15 Copay IN (six visits)	\$15 Copay IN (six visits)	\$15 Copay IN (eight visits)	\$15 Copay IN (10 visits)
Medicare Covered Podiatry	\$30 Copay IN; \$30 Copay POS	\$40 Copay IN; \$40 Copay POS	\$30 Copay IN; \$30 Copay POS	\$25 Copay IN; \$25 Copay POS
Routine Podiatry	\$30 Copay IN (eight visits)	\$40 Copay IN (eight visits)	\$30 Copay IN (10 visits)	\$25 Copay IN (12 visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay IN; 30% Coinsurance POS	\$0 Copay IN; 30% Coinsurance POS	\$0 Copay IN; 30% Coinsurance POS	\$0 Copay IN; 30% Coinsurance POS
Formulary	Not Covered	Lean (Performance)	Base (Venture)	Base (Venture)
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Not Covered	Preferred Retail: Tier 1: \$0, Tier 2: \$13, Tier 3: \$45, Tier 4: \$95, Tier 5: 33% Standard Retail: Tier 1: \$5, Tier 2: \$19, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Preferred Retail: N/A Standard Retail: Tier 1: \$0, Tier 2: \$13, Tier 3: \$42, Tier 4: \$100, Tier 5: 33%	Preferred Retail: N/A Standard Retail: Tier 1: \$0, Tier 2: \$13, Tier 3: \$42, Tier 4: \$100, Tier 5: 33%
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply)	Not Covered	Preferred Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$27, Tier 3: \$115, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order (1-90-day supply): Tier 1: \$15, Tier 2: \$57, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%	Tier 1: \$0, Tier 2: \$32.50, Tier 3: \$110, Tier 4: \$250, Tier 5: 33%	Tier 1: \$0, Tier 2: \$32.50, Tier 3: \$105, Tier 4: \$250, Tier 5: 33%
Coverage Gap (Cost sharing is for up to 90-day supply except Specialty tier (up to 31-days supply))	Not Covered	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Generics: Tier 1 (\$0) Generics: Tier 2 (\$32.50) Generics Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$7,400	Not Covered	The plan pays the full cost for covered Part D drugs.	The plan pays the full cost for covered Part D drugs.	The plan pays the full cost for covered Part D drugs.
IRA Benefits – T3 and T4 offered through ICP and Coverage Gap stages	Not Covered	Tier 3 and Tier 4 Insulins: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	Tier 3 and Tier 4 Insulins: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	Tier 3 and Tier 4 Insulins: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy

# Freedom Blue PPO – WPA

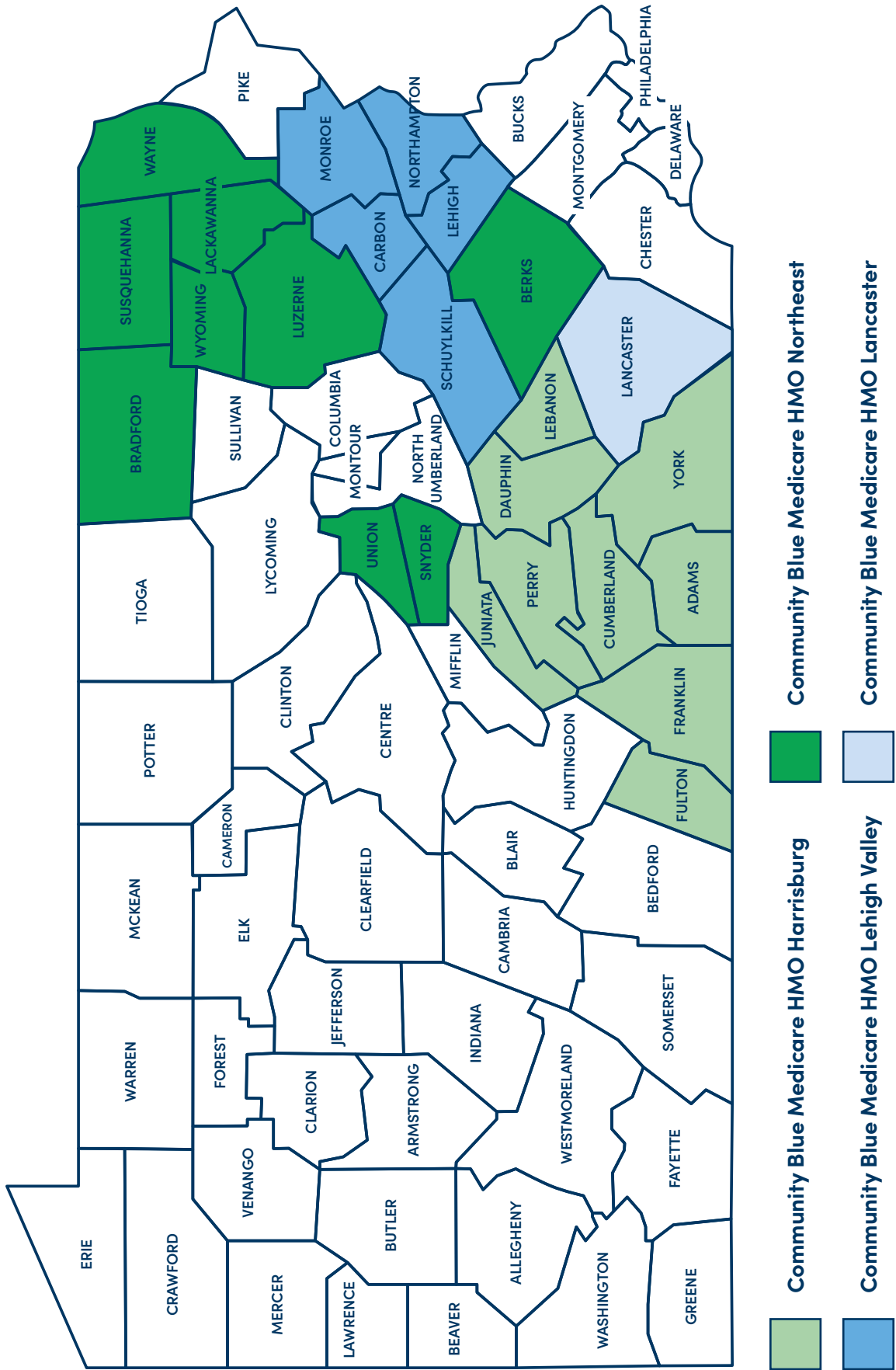


\*Pricing is subject to CMS approval

Freedom Blue PPO – WPA (Products and pricing by county)

	ValueRx	Select	Classic
Monthly Plan Premium	SW: \$64; WC: \$61		SW: \$71; WC: \$243
Part B Premium Giveback	\$0		\$0
Out-of-Pocket Maximum	Network: \$5,000; Catastrophic: \$8,950	Network: \$5,000; Catastrophic: \$8,950	Network: \$4,500; Catastrophic: \$8,950
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$40 Copay IN; \$40 Copay OON	\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Lab and Diagnostic Tests (Phys. Office or Free-standing Lab)	\$0 Copay IN; \$20 Copay OON	\$0 Copay IN; \$15 Copay OON	\$0 Copay IN; \$10 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$20 Copay IN; \$20 Copay OON	\$15 Copay IN; \$15 Copay OON	\$10 Copay IN; \$10 Copay OON
X-Rays	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON	\$15 Copay IN; \$15 Copay OON
Radiation Therapy	\$200 Copay IN; \$200 Copay OON	\$125 Copay IN; \$125 Copay OON	\$100 Copay IN; \$100 Copay OON
Preventive/Screening	\$40 Copay IN; \$40 Copay OON	\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Outpatient Physical, Speech and Occupational Therapy, Mental Health, and Substance Abuse	\$40 Copay IN; \$40 Copay OON	\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Medicare Covered Acupuncture	ASC: \$75 Copay IN; \$75 Copay OON Facility: \$200 Copay IN; \$200 Copay OON	ASC: \$75 Copay IN; \$75 Copay OON Facility: \$175 Copay IN; \$175 Copay OON	ASC: \$75 Copay IN; \$75 Copay OON Facility: \$150 Copay IN; \$150 Copay OON
Outpatient Surgical	Emergent/Non-Emergent: \$275 IN; Non-Emergent: 30% Coinsurance OON	Emergent/Non-Emergent: \$215 IN; Non-Emergent: 30% Coinsurance OON	Emergent/Non-Emergent: SW \$115 IN, WC \$165 IN; Non-Emergent: 30% Coinsurance OON
Ambulance	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON
Transportation	\$0 Copay IN; 30% Coinsurance OON	\$100 Copay IN	\$100 Copay IN; \$100 Copay OON
Emergency Room			
Urgent Care		\$5 Copay	
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	\$220/day (days 1-5), \$0/day (days 6-90) IN; \$220/day (days 1-5), \$0/day (days 6-90) OON	\$350/admit IN; \$350/admit OON	\$210/admit IN; \$210/admit OON
Inpatient Psychiatric Stay	\$220/day (days 1-5), \$0/day (days 6-90) IN; \$220/day (days 1-5), \$0/day (days 6-90) OON	\$350/admit IN; \$350/admit OON	\$210/admit IN; \$210/admit OON
Skilled Nursing Facility		\$0/day (days 1-20); \$203/day (days 21-100) IN; 30% Coinsurance OON	
Home Health		\$0 Copay IN; 30% Coinsurance OON	
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom. 20% coinsurance for all other covered diabetic supplies. IN; 30% Coinsurance OON	\$0 Onduo Virtual Diabetes Program \$0 behavioral health care program	
Onduo		\$0 program for COPD and congestive heart failure to manage condition through an app.	
Spring Health		Not Covered	
CHF and COPD Management powered by Vida		Not Covered	
OTC		Not Covered	
Durable Medical Equipment	20% Coinsurance IN; 30% Coinsurance OON	SW: 20% Coinsurance IN; 30% Coinsurance OON; Healing at Home: \$0 cost-share for DME up to a \$1,000 allowance once per calendar year within 90 days of discharge from Inpatient Acute Hospital IN/OON; WC: 20% Coinsurance IN; 30% Coinsurance OON	
Non-Skilled Care	Not Covered	SW: Healing at Home: \$0 cost-share for 28 hours of non-skilled in home care related services once per calendar year within 0 Days of Discharge from Inpatient Acute Hospital IN/OON; WC: Not Covered	
Meal Benefit	28 Meals/14 Days IN/OON upon discharge from an inpatient hospital stay, inpatient hospital psychiatric stay, or SNF stay to the home to qualify	Not Covered	
Healthcare Kits		Not Covered	
Flexion Benefit		Not Covered	
Additional Telehealth Services		Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	
Part B Drugs – Chemotherapy and All Other Part B	0% -19.99% Coinsurance for Part B rebateable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance OON	Services covered with applicable Copay listed for outpatient	
Part B Drugs – Insulin	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance OON		
Medicare Covered Vision (Office Visit)	\$40 Copay IN; \$40 Copay OON	\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Routine Vision (Office Visit)		\$0 Copay IN; \$50 Copay OON (one every year)	
Routine Vision (Eyewear)		IN/OON: A \$75 benefit maximum applies to non-standard frames and a \$175 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.	
Medicare Covered Hearing Exam	\$40 Copay IN; \$40 Copay OON	\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Routine Hearing Exam	\$0 Copay IN; \$40 Copay OON (one every year)	\$0 Copay IN; \$30 Copay OON (one every year)	\$0 Copay IN; \$25 Copay OON (one every year)
Routine Hearing (Hearing Aids)	Two hearing aids every year; TrueHearing Advanced – \$899 copay; TrueHearing Premium – \$899 copay IN; \$500 allowance OON	\$0 Copay IN; \$40 Copay OON (one every year)	\$0 Copay IN; \$25 Copay OON (one every year)
Routine Dental	Office Visit: \$15 Copay IN; \$15 Copay OON	\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Medicare Covered Comprehensive Dental	\$40 Copay IN; \$40 Copay OON	Not Covered	
Comprehensive Dental – Supplemental	\$15 Copay IN; \$15 Copay OON	\$15 Copay IN; \$15 Copay OON	\$15 Copay IN; \$15 Copay OON
Medicare Covered Chiropractic	\$15 Copay IN; \$15 Copay OON (six visits)	\$15 Copay IN; \$15 Copay OON (eight visits)	\$15 Copay IN; \$15 Copay OON (10 visits)
Medicare Covered Podiatry	\$40 Copay IN; \$40 Copay OON	\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Routine Podiatry	\$40 Copay IN; \$40 Copay OON (eight visits)	\$30 Copay IN; \$30 Copay OON (10 visits)	\$25 Copay IN; \$25 Copay OON (12 visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood		\$0 Copay IN; 30% Coinsurance OON	
<b>Part D Drugs</b>			
Formulary	Lean (Performance)	Base (Venture)	Base (Venture)
Initial Coverage Period Limit: \$5,050. Retail: Cost sharing is for up to 31-day supply. Can go up to 90-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.		Preferred Retail: Tier 1: \$0, Tier 2: \$13, Tier 3: \$48, Tier 4: \$95, Tier 5: 33% Standard Retail: Tier 1: \$5, Tier 2: \$19, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply)		Preferred Mail Order: Tier 1: \$0, Tier 2: \$27, Tier 3: \$115, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order: Tier 1: \$15, Tier 2: \$57, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%	
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	Brand (25% coinsurance) Generics (25% coinsurance)	Brand (25% coinsurance including 70% discount) Generics (25% coinsurance)	Preferred Mail: Preferred Generics: Tier 1 (\$0) Generics: Tier 2 (\$27); Standard Mail: Preferred Generics: Tier 1 (\$15) Generics: Tier 2 (\$57); Generics Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$8,000 IRA Benefits – T3 and T4 offered through ICP and Coverage Gap stages	Tier 3 and Tier 4. Insulins: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	The plan pays the full cost for covered Part D drugs.	

# Community Blue Medicare HMO – CPA/NEPA

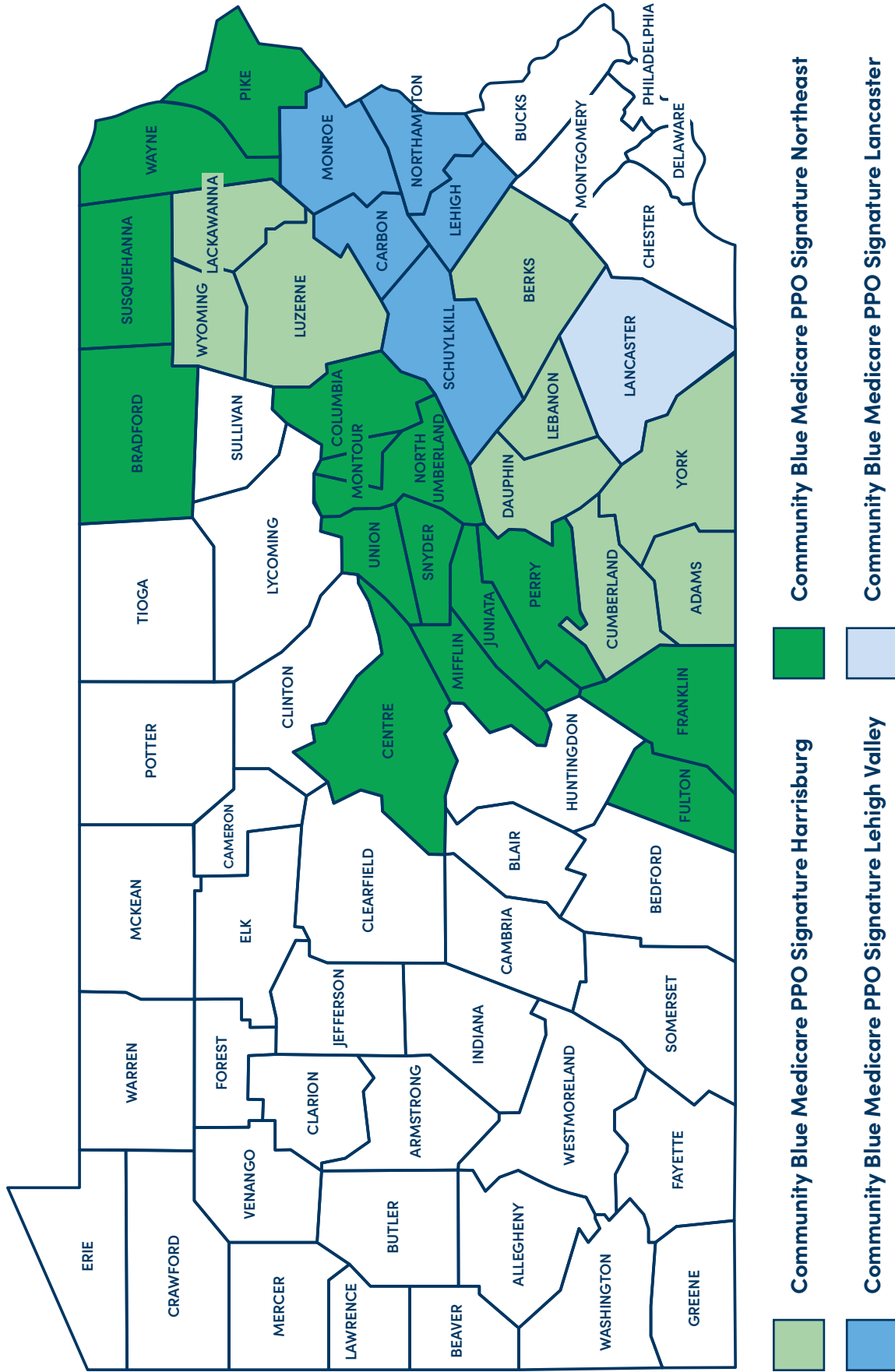


\*Pricing is subject to CMS approval

Community Blue Medicare HMO – CPA/NEPA (Products and pricing by county)

	Signature	Signature
Monthly Plan Premium	Harrisburg/Northeast/Lancaster: \$0	Lehigh Valley: \$0
Part B Premium Giveback	\$10	\$33
Out-of-Pocket Maximum	Network: \$6,500; Catastrophic: N/A	
PCP Office Visit	\$0 Copay	
Specialist Office Visit	\$0 Copay	
Lab and Diagnostic Tests (Phys. Office or Freestanding Lab)	\$0 Copay	
Lab and Diagnostic Tests (Outpatient Facility)	\$0 Copay	
X-Rays	\$10 Copay	
Radiation Therapy	\$60 Copay	
Advanced Imaging	\$200 Copay	
Preventive/Screening	Covered in Full (Office visit copay may apply)	
Outpatient Physical and Speech Therapy	\$20 Copay	\$0 Copay
Medicare Covered Acupuncture	\$20 Copay	\$0 Copay
Outpatient Occupational Therapy	\$20 Copay	\$10 Copay
Outpatient Mental Health	\$30 Copay	
Outpatient Substance Abuse	\$45 Copay	
Outpatient Surgical	ASC: \$125 Copay; Facility: \$175 Copay	ASC: \$175 Copay; Facility: \$325 Copay
Ambulance	\$250 Copay	
Transportation	\$0 Copay. Covered only if trip is part of continued acute care after discharge from ER.	
Emergency Room	\$100 Copay	
Urgent Care	\$0 Copay	
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	\$250/admit	\$295/admit
Inpatient Psychiatric Stay	\$425/day (days 1-3), \$0/day (days 4-90)	\$425/day (days 1-3), \$0/day (days 4-90)
Skilled Nursing Facility	\$0/day (days 1-20); \$203/day (days 21-100)	\$0 Copay
Home Health	\$0 Copay	
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies.	
Durable Medical Equipment	\$60 Allowance Once Per Quarter	\$145 Allowance Once Per Quarter
OTC	Not Covered	
Meal Benefit	\$0 Onduo Virtual Diabetes Program	
Onduo	\$0 behavioral health care program	
Spring Health	\$0 program for COPD and congestive heart failure to manage condition through an app.	
CHF and COPD Management powered by Vida	Diabetes Only Healthcare Kit for members with type 1 and type 2 diabetes to help manage their condition.	
Healthcare Kits	Covered in Full	Covered in Full
Fitness Benefit	Services covered with applicable Copay listed for outpatient	
Part B Drugs – Chemotherapy and All Other Part B	0%-19.99% Coinsurance for Part B reimbursable drugs and 20% Coinsurance for all other Part B drugs	
Part B Drugs – Insulin	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin	
Medicare Covered Vision (Office Visit)	\$0 Copay	\$0 Copay (one every year)
Routine Vision (Office Visit)	\$0 Copay (one every year)	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.
Routine Vision (Eyewear)	\$0 Copay (one every year)	\$0 Copay (one every year)
Medicare Covered Hearing Exam	2 Hearing Aids Every Year; TruHearing Advanced – \$699 copay;	\$0 Copay (one every year)
Routine Hearing Exam	TruHearing Premium – \$999 copay	2 Hearing Aids Every Year; TruHearing Advanced – \$699 copay;
Routine Hearing (Hearing Aids)	Office Visit: \$0 Copay (one every six months) includes exam, cleaning, and fluoride treatment. X-ray: \$0 Copay (one every year)	Office Visit: \$0 Copay (one every six months) includes exam, cleaning, and fluoride treatment. X-ray: \$0 Copay (one every year)
Routine Dental		
Medicare Covered Comprehensive Dental		
Dental Allowance – Preventive and/or Comprehensive	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics: 0% Coinsurance. See EOC for benefit limits.	
Comprehensive Dental – Supplemental	\$10 Copay	
Medicare Covered Chiropractic	\$0 Copay	
Routine Chiropractic	\$10 Copay (four visits)	
Medicare Covered Podiatry	\$0 Copay	
Routine Podiatry	\$0 Copay (four visits)	
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood		
Formulary	Lean (Performance)	Lean (Performance)
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$47, Tier 4: \$100, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31 days supply)	Preferred Mail Order: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order: Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%	
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier)	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Catastrophic OOP Threshold: \$6,000		
IRA Benefits – T3 and T4 offered through ICP and Coverage Gap stages	The plan pays the full cost for covered Part D drugs.	
	Tier 3 and Tier 4 Insulins: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	

# Community Blue Medicare PPO Signature – CPA/NEPA



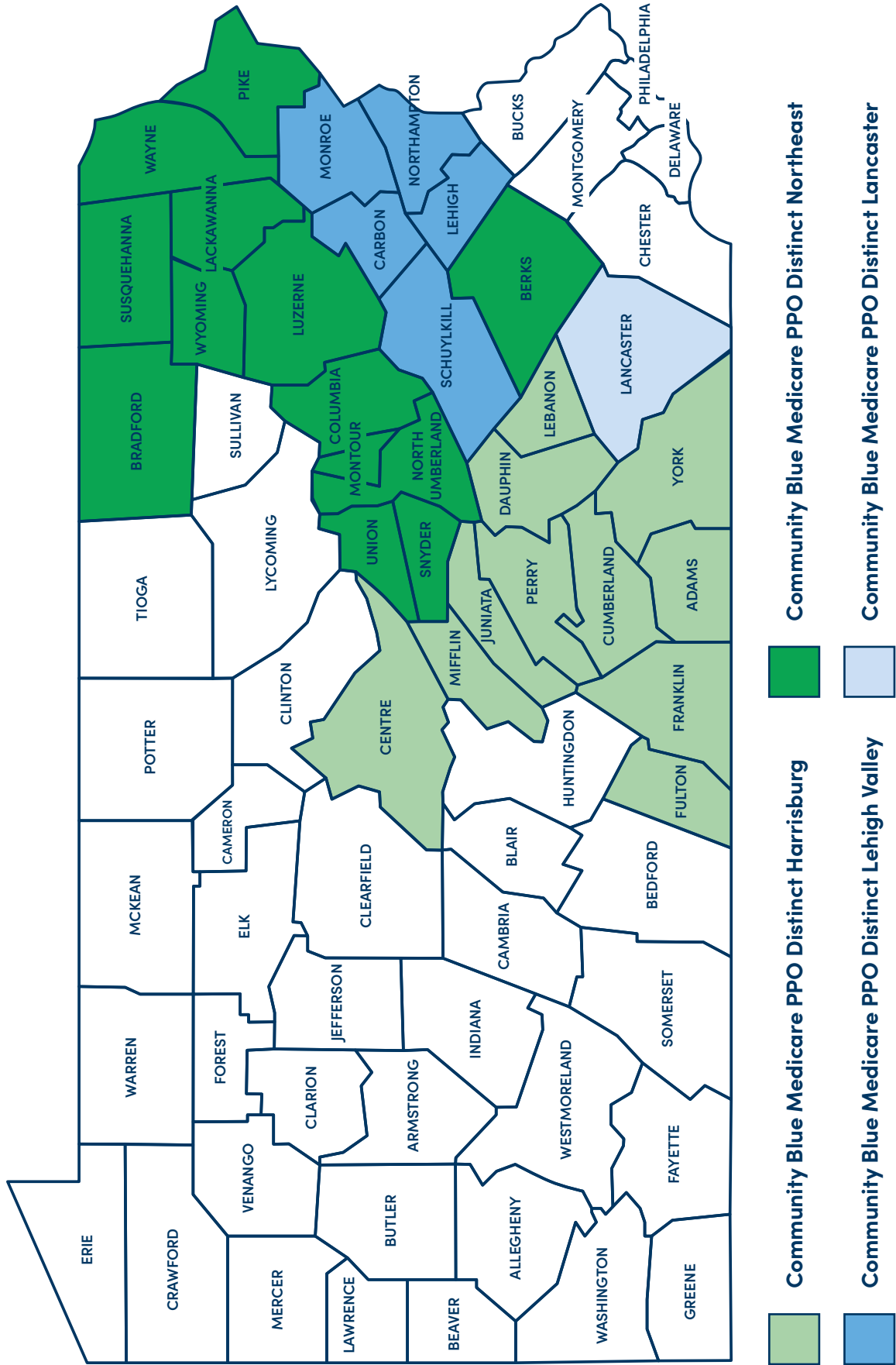
\*Pricing is subject to CMS approval



Community Blue Medicare PPO Signature — CPA/NEPA (Products and pricing by county)

	Signature	
Monthly Plan Premium	Lehigh Valley/Harrisburg/Northeast: \$0	Lancaster: \$0
Part B Premium Giveback	Lehigh Valley/Harrisburg: \$31; Northeast: \$10	\$31
Out-of-Pocket Maximum	Network: Lehigh Valley/Harrisburg: \$7,950; Northeast: \$7,550/Catastrophic: \$10,000	Network: \$7,950/Catastrophic: \$10,000
PCP Office Visit	Lehigh Valley/Harrisburg: \$25 Copay IN; \$25 Copay OON; Northeast: \$20 Copay IN; \$20 Copay OON	\$25 Copay IN; \$25 Copay OON
Specialist Office Visit	Lehigh Valley/Harrisburg: \$35 Copay OON; Northeast: \$30 Copay IN; \$35 Copay OON	\$35 Copay OON; \$30 Copay IN; \$35 Copay OON
Lab and Diagnostic Tests (Phys. Office or Free-standing Lab)	Lehigh Valley/Harrisburg: \$10 Copay IN; \$10 Copay OON; Northeast: \$0 Copay IN; \$0 Copay OON	\$10 Copay IN; \$10 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	Lehigh Valley/Harrisburg: \$10 Copay IN; \$10 Copay OON; Northeast: \$0 Copay IN; \$0 Copay OON	\$10 Copay IN; \$10 Copay OON
X-Rays	Lehigh Valley/Harrisburg: \$10 Copay IN; \$10 Copay OON; Northeast: \$0 Copay IN; \$0 Copay OON	\$10 Copay IN; \$10 Copay OON
Radiation Therapy	Lehigh Valley/Harrisburg: \$195 Copay IN; \$325 Copay OON; Northeast: \$175 Copay IN; \$325 Copay OON	\$195 Copay IN; \$325 Copay OON
Advanced Imaging	Covered in Full (Office visit copay may apply) IN/OON	
Preventive/Screening	Lehigh Valley/Harrisburg: \$35 Copay IN; \$60 Copay OON; Northeast: \$25 Copay IN; \$50 Copay OON	\$30 Copay IN; \$60 Copay OON
Outpatient Physical and Speech Therapy	Lehigh Valley/Harrisburg: \$35 Copay OON; Northeast: \$25 Copay IN; \$50 Copay OON	\$30 Copay IN; \$60 Copay OON
Medicare Covered Acupuncture	Lehigh Valley/Harrisburg: \$35 Copay OON; Northeast: \$25 Copay IN; \$50 Copay OON	\$30 Copay IN; \$60 Copay OON
Outpatient Occupational Therapy	Lehigh Valley/Harrisburg: \$35 Copay OON; Northeast: \$25 Copay IN; \$50 Copay OON	\$30 Copay IN; \$60 Copay OON
Outpatient Mental Health	Lehigh Valley/Harrisburg: \$35 Copay OON; Northeast: \$25 Copay IN; \$50 Copay OON	\$30 Copay IN; \$60 Copay OON
Outpatient Substance Abuse	Lehigh Valley/Harrisburg: \$35 Copay OON; Northeast: \$25 Copay IN; \$50 Copay OON	\$30 Copay IN; \$60 Copay OON
Outpatient Surgical	ASC: Lehigh Valley/Harrisburg: \$275 Copay IN; \$400 Copay OON; Northeast: \$225 Copay IN; \$400 Copay OON Facility: Lehigh Valley/Harrisburg: \$350 Copay IN; \$400 Copay OON; Northeast: \$300 Copay IN; \$400 Copay OON	ASC: \$275 Copay IN; \$400 Copay OON Facility: \$350 Copay IN; \$400 Copay OON
Ambulance	Emergency/Non-Emergent: \$250 IN; Non-Emergent: 30% Coinsurance OON	
Transportation	\$0 Copay IN; 30% Coinsurance OON. Covered only if trip is part of continued acute care after discharge from ER.	
Emergency Room	\$100 Copay	
Urgent Care	\$30 Copay	\$20 Copay
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	Lehigh Valley/Harrisburg: \$325/admit IN; \$225/day (days 1-7); \$0/day (days 8-90) OON; Northeast: \$250/admit IN; \$225/day (days 1-7); \$0/day (days 8-90) OON	\$325/admit IN; \$225/day (days 1-7); \$0/day (days 8-90) OON
Inpatient Psychiatry Stay	\$425/day (days 1-3); \$0/day (days 4-90) IN; \$500/day (days 1-3); \$0/day (days 4-90) OON	\$425/day (days 1-3); \$0/day (days 4-90) IN; \$500/day (days 1-3); \$0/day (days 4-90) OON
Skilled Nursing Facility	\$0/day (days 1-20); \$203/day (days 21-100) IN; 30% Coinsurance OON	\$0/day (days 1-20); \$203/day (days 21-100) IN; 30% Coinsurance OON
Home Health	\$0 Copay IN; 30% Coinsurance OON	
Diabetic Supplies and Services	0% coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies. IN; 30% Coinsurance OON	
Durable Medical Equipment	20% Coinsurance IN; 30% Coinsurance OON	
OTC	\$105 Allowance Once Per Quarter IN/OON	
Onduo	\$0 Onduo Virtual Diabetes Program	
Spring Health	\$0 behavioral health care program	
CHF and COPD Management powered by Vida	\$0 program for COPD and congestive heart failure to manage condition through an app.	
Fitness Benefit	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient	
Part B Drugs — Chemotherapy and All Other Part B	0% -19.9% Coinsurance for Part B rebateable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance OON	
Part B Drugs — Insulin	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance OON	
Medicare Covered Vision (Office Visit)	Lehigh Valley/Harrisburg: \$25 Copay IN; \$25 Copay OON; Northeast: \$20 Copay IN; \$20 Copay OON	\$25 Copay IN; \$25 Copay OON
Routine Vision (Office Visit)	\$0 Copay IN; \$50 Copay OON (one every year)	
Routine Vision (Eyewear)	Standard eyeglass lenses and frames or contact lenses are covered in full IN/OON. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post-cataract eyewear.	
Medicare Covered Hearing Exam	Lehigh Valley/Harrisburg: \$25 Copay IN; \$25 Copay OON; Northeast: \$20 Copay IN; \$20 Copay OON	\$25 Copay IN; \$25 Copay OON
Routine Hearing Exam	Lehigh Valley/Harrisburg: \$25 Copay OON (one every year); Northeast: \$20 Copay OON (one every year)	\$25 Copay IN; \$25 Copay OON
Routine Hearing (Hearing Aids)	Two hearing aids every year. TrueHearing Advanced — \$699 copay; TrueHearing Premium — \$999 copay IN; \$500 allowance OON	
Routine Dental	Office Visit: \$0 Copay IN; 30% Coinsurance OON (one every six months) Includes exam, cleaning, and fluoride treatment. X-ray: \$0 Copay IN; 30% Coinsurance OON (one every year)	
Medicare Covered Comprehensive Dental	Lehigh Valley/Harrisburg: \$25 Copay IN; \$25 Copay OON; Northeast: \$20 Copay IN; \$20 Copay OON	\$25 Copay IN; \$25 Copay OON
Dental Allowance — Preventive and/or Comprehensive	Combined maximum allowance of \$2,500	
Comprehensive Dental - Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics; 20% Coinsurance IN; 50% Coinsurance OON. See EOC for benefit limits.	
Medicare Covered Chiropractic	Lehigh Valley/Harrisburg: \$15 Copay IN; \$30 OON; Northeast: \$15 Copay IN; \$35 Copay OON	\$15 Copay IN; \$30 OON
Routine Chiropractic	Lehigh Valley/Harrisburg: \$15 Copay IN; \$30 OON (four visits); Northeast: \$15 Copay IN; \$35 Copay OON (four visits)	\$15 Copay IN; \$30 OON (four visits)
Medicare Covered Podiatry	Lehigh Valley/Harrisburg: \$25 Copay OON; Northeast: \$20 Copay IN; \$20 Copay OON	\$25 IN; \$25 OON
Routine Podiatry	Lehigh Valley/Harrisburg: \$25 Copay OON (four visits); Northeast: \$20 Copay OON (four visits)	\$25 Copay IN; \$25 OON (four visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay IN; 30% Coinsurance OON	
Formulary	Lean (Performance)	
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Preferred Retail: Tier 1: \$0, Tier 2: \$5, Tier 3: \$47, Tier 4: \$100, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31 days supply)	Preferred Mail Order: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order: Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%	
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31 days supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Catastrophic OOP Threshold: \$6,000	The plan pays the full cost for covered Part D drugs.	
IRA Benefits — T3 and T4 offered through ICP and Coverage Gap stages	Tier 3 and Tier 4 Insulins: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	

# Community Blue Medicare PPO Distinct – CPA/NEPA

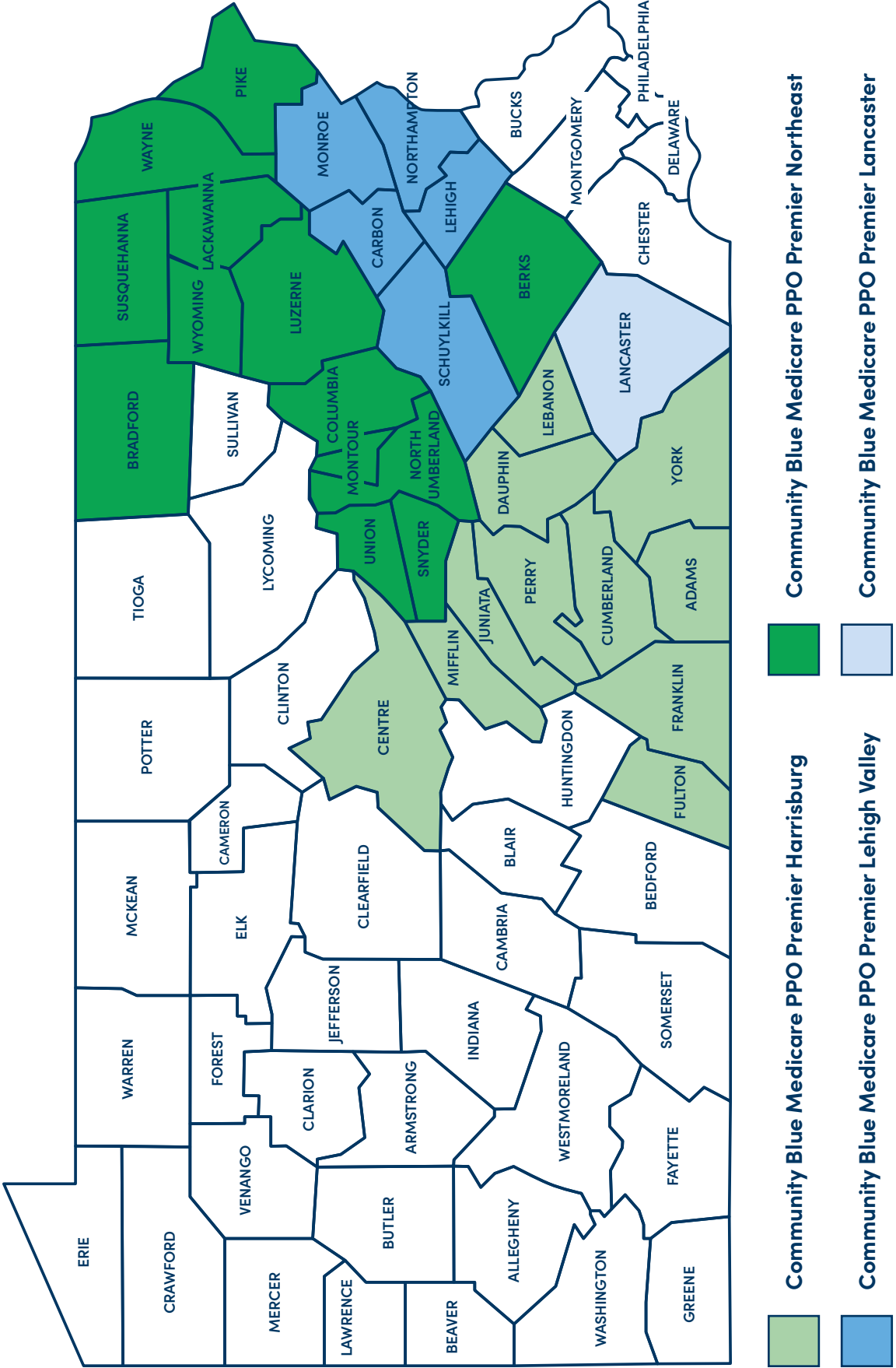


\*Pricing is subject to CMS approval

Community Blue Medicare PPO Distinct – CPA/NEPA (Products and pricing by county)

		Distinct		
Monthly Plan Premium	Lehigh Valley/Harrisburg/Northeast: \$27		Lancaster: \$27	
Out-of-Pocket Maximum	Network: \$5,500; Catastrophic: \$9,950		Network: \$5,500; Catastrophic: \$9,950	
PCP Office Visit		\$0 Copay IN; \$0 Copay OON		
Specialist Office Visit		\$15 Copay IN; \$15 Copay OON	\$5 Copay IN; \$5 Copay OON	
Lab and Diagnostic Tests (Phys. Office or Free-standing Lab)		\$0 Copay IN; \$0 Copay OON		
Lab and Diagnostic Tests (Outpatient Facility)		\$0 Copay IN; \$0 Copay OON		
X-Rays		\$20 Copay IN; \$20 Copay OON	\$15 Copay IN; \$15 Copay OON	
Radiation Therapy				
Advanced Imaging		\$60 Copay IN; \$60 Copay OON		
Preventive/Screening		\$175 Copay IN; \$175 Copay OON		
Outpatient Physical and Speech Therapy		Covered in Full (Office visit copay may apply) IN/OON		
Medicare Covered Acupuncture		\$15 Copay IN; \$15 Copay OON		
Outpatient Occupational Therapy		\$30 Copay IN; \$30 Copay OON		
Outpatient Mental Health		\$30 Copay IN; \$30 Copay OON		
Outpatient Substance Abuse		\$45 Copay IN; \$50 Copay OON		
Outpatient Surgical		ASC: \$175 Copay IN; \$175 Copay OON; Facility: \$245 Copay IN; \$245 Copay OON		
Ambulance		Emergent/Non-Emergent: \$250 IN; Non-Emergent: 30% Coinsurance OON		
Transportation		\$0 Copay IN; 30% Coinsurance OON. Covered only if trip is part of continued acute care after discharge from ER.		
Emergency Room		\$100 Copay		
Urgent Care		\$30 Copay	\$10 Copay	
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)		\$200/admit IN; \$200/admit OON		
Inpatient Psychiatry Stay		\$425/day (days 1-3); \$0/day (days 4-90) IN; \$425/day (days 1-3); \$0/day (days 4-90) OON		
Skilled Nursing Facility		\$0/day (days 1-20); \$203/day (days 21-100) IN; 30% Coinsurance OON		
Home Health		\$0 Copay IN; 30% Coinsurance OON		
Diabetic Supplies and Services		0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies. IN; 30% Coinsurance OON		
Durable Medical Equipment		\$190 Allowance Once Per Quarter IN/OON	\$215 Allowance Once Per Quarter IN/OON	
OTC				
Onduo		\$0 Onduo Virtual Diabetes Program		
Spring Health		\$0 behavioral health care program		
CHF and COPD Management powered by Vida		\$0 program for COPD and congestive heart failure to manage condition through an app.		
Healthcare Kits		Not Covered		
Fitness Benefit		Covered in Full IN; 50% Coinsurance offer satisfying a \$500 Deductible OON		
Additional Telehealth Services		Services covered with applicable Copay listed for outpatient		
Part B Drugs – Chemotherapy and All Other Part B		0%-19.99% Coinsurance for Part B reimbutable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance OON		
Part B Drugs – Insulin		20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance OON	\$5 Copay IN; \$5 Copay OON	
Medicare Covered Vision (Office Visit)		\$15 Copay IN; \$15 Copay OON		
Routine Vision (Office Visit)		\$0 Copay IN; \$50 Copay OON (one every year)		
Routine Vision (Eyewear)		Standard eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$150 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract frames and a \$150 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.	\$5 Copay IN; \$5 Copay OON	
Medicare Covered Hearing Exam		\$15 Copay IN; \$15 Copay OON	\$5 Copay IN; \$5 Copay OON	
Routine Hearing Exam		\$15 Copay IN; \$15 Copay OON (one every year)	\$5 Copay IN; \$5 Copay OON (one every year)	
Routine Hearing (Hearing Aids)		Two hearing aids every year; TrueHearing Advanced – \$699 copay; TrueHearing Premium – \$999 copay IN; \$500 allowance OON		
Routine Dental		Office Visit: \$0 Copay (one every six months) Includes exam, cleaning, and fluoride treatment X-ray: \$0 Copay (one every year)		
Medicare Covered Comprehensive Dental		\$15 Copay IN; \$15 Copay OON	\$5 Copay IN; \$5 Copay OON	
Dental Allowance – Preventive and/or Comprehensive		Combined maximum allowance of \$3,000		
Comprehensive Dental – Supplemental		Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics; 10% Coinsurance IN. 50% Coinsurance OON. See EOC for benefit limits.		
Medicare Covered Chiropractic		\$20 Copay IN; \$20 OON	\$15 Copay IN; \$15 OON	
Routine Chiropractic		\$20 Copay IN; \$20 OON (four visits)	\$15 Copay IN; \$15 OON (four visits)	
Medicare Covered Podiatry		\$15 IN; \$15 OON	\$5 IN; \$5 OON	
Routine Podiatry		\$15 Copay IN; \$15 OON (four visits)	\$5 Copay IN; \$5 OON (four visits)	
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood				
Formulary				
Network		Lean (Performance)		
Deductible		PA MPVW 25K CVS w/BPM Wrap		
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.		\$0		
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier. (up to 31 days supply)		Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$42, Tier 4: \$100, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%		
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier. (up to 31 days supply))		Preferred Mail Order: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order: Tier 1: \$71, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5: 33%		
Catastrophic OOP Threshold: \$6,000		Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)		
IRA Benefits – T3 and T4 offered through ICP and Coverage Gap stages		The plan pays the full cost for covered Part D drugs.		
		Tier 3 and Tier 4: Insulins: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy		

# New! Community Blue Medicare PPO Premier – CPA/NEPA

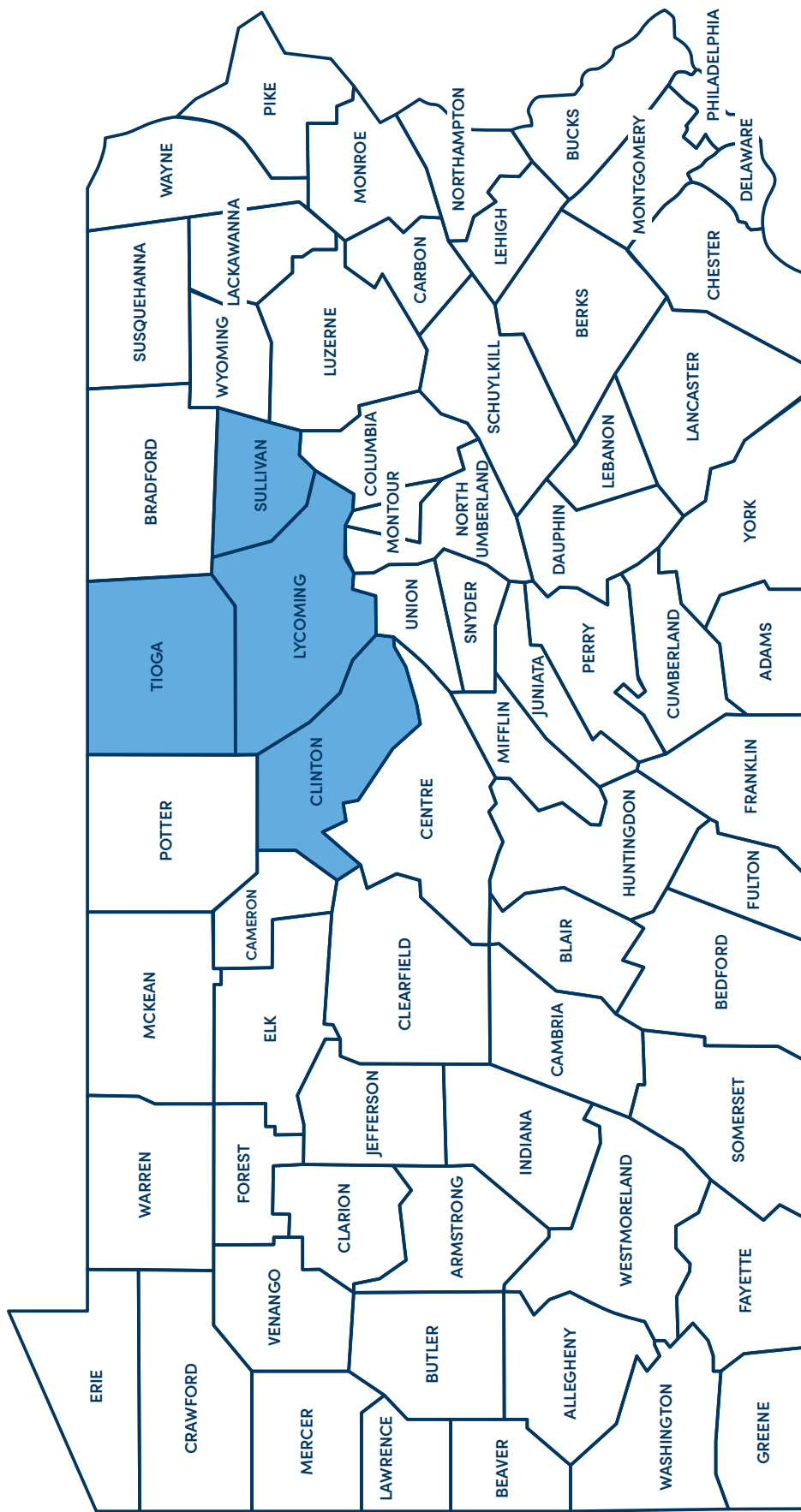


\*Pricing is subject to CMS approval

**New! Community Blue Medicare PPO Premier - CPA/NEPA (Products and pricing by county)**

	<b>Premier</b>	
Monthly Plan Premium	\$46	
Part B Premium Giveback	\$46	
Out-of-Pocket Maximum	Network: \$4,900 Catastrophic: \$8,950	
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	
Specialist Office Visit	\$0 Copay IN; \$0 Copay OON	
Lab and Diagnostic Tests (Phys. Office or Free-standing Lab)	\$0 Copay IN; \$0 Copay OON	
Lab and Diagnostic Tests (Outpatient Facility)	\$0 Copay IN; \$0 Copay OON	
X-Rays	\$20 Copay IN; \$20 Copay OON	
Radiation Therapy	\$60 Copay IN; \$60 Copay OON	
Advanced Imaging	\$150 Copay IN; \$150 Copay OON	
Preventive/Screening	Covered in full (Office visit copay may apply) IN/OON	
Outpatient Physical and Speech Therapy	\$0 Copay IN; \$0 Copay OON	
Medicare Covered Acupuncture	\$0 Copay IN; \$0 Copay OON	
Outpatient Occupational Therapy	\$0 Copay IN; \$0 Copay OON	
Outpatient Mental Health	\$30 Copay IN; \$30 Copay OON	
Outpatient Substance Abuse	\$45 Copay IN; \$50 Copay OON	
Outpatient Surgical	ASC: \$175 Copay IN; \$175 Copay OON Facility: \$245 Copay IN; \$245 Copay OON	
Ambulance	Emergent/Non-Emergent: \$250 IN; Non-Emergent: 30% Coinsurance OON	
Transportation	\$0 Copay IN; 30% Coinsurance OON. Covered only if trip is part of continued acute care after discharge from ER.	
Emergency Room	\$100 Copay	
Urgent Care	\$15 Copay	
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	\$200/admit IN; \$200/admit OON	
Inpatient Psychiatric Stay	\$425/day (days 1-3); \$0/day (days 4-90) IN; \$425/day (days 1-3); \$0/day (days 4-90) OON	
Skilled Nursing Facility	\$0/day (days 1-20); \$203/day (days 21-100) IN; 30% Coinsurance OON	
Home Health	\$0 Copay IN; 30% Coinsurance OON	
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom; 20% coinsurance for all other covered diabetic supplies. IN; 30% Coinsurance OON	
Durable Medical Equipment	20% Coinsurance IN; 30% Coinsurance OON	
OTC	\$120 Allowance Once Per Quarter	
Onduo	\$0 Onduo Virtual Diabetes Program	
Spring Health	\$0 behavioral health care program with digital tools, coaching, in-person and virtual clinical support to help members address behavioral health needs. IN	
CHF and COPD Management powered by Vida	\$0 program for COPD and congestive heart failure to manage condition through an app.	
Fitness Benefit	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient	
Part B Drugs - Chemotherapy and All Other Part B	0%-19.99% Coinsurance for Part B rebatable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance OON	
Part B Drugs - Insulin	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance OON	
Medicare Covered Vision (Office Visit)	\$0 Copay IN; \$0 Copay OON	
Routine Vision (Office Visit)	\$0 Copay IN; \$50 Copay OON (one every year)	
Routine Vision (Eyewear)	Standard eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.	
Medicare Covered Hearing Exam	\$0 Copay IN; \$0 Copay OON	
Routine Hearing Exam	\$0 Copay IN; \$0 Copay OON (one every year)	
Routine Hearing (Hearing Aids)	Two hearing aids every year; TrueHearing Advanced - \$699 copay; TrueHearing Premium - \$999 copay IN; \$500 allowance OON	
Routine Dental	Office Visit: \$0 Copay IN; 30% Coinsurance OON (one every six months) Includes exam, cleaning, and fluoride treatment X-ray: \$0 Copay IN; 30% Coinsurance OON (one every year)	
Medicare Covered Comprehensive Dental	\$0 Copay IN; \$0 Copay OON	
Dental Allowance - Preventive and/or Comprehensive	Combined maximum allowance of \$3,000	
Comprehensive Dental - Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics; 0% Coinsurance. 50% Coinsurance OON. See EOC for benefit limits.	
Medicare Covered Chiropractic	\$20 Copay IN; \$20 Copay OON	
Routine Chiropractic	\$20 Copay IN; \$20 Copay OON (Eight visits)	
Medicare Covered Podiatry	\$0 Copay IN; \$0 Copay OON	
Routine Podiatry	\$0 Copay IN; \$0 Copay OON (10 visits)	
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay IN; 30% Coinsurance OON	
<b>Part D Drugs</b>		
Formulary	Base (Venture)	
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$42, Tier 4: \$100, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31 days supply)	Mail Order: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33%	
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier. (up to 31-days supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Catastrophic OOP Threshold: \$8,000	The plan pays the full cost for covered Part D drugs.	
IRA Benefits - T3 and T4 offered through ICP and Coverage Gap stages	Tier 3 and Tier 4 Insulins: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	

# Community Blue Medicare Plus PPO – NEPA



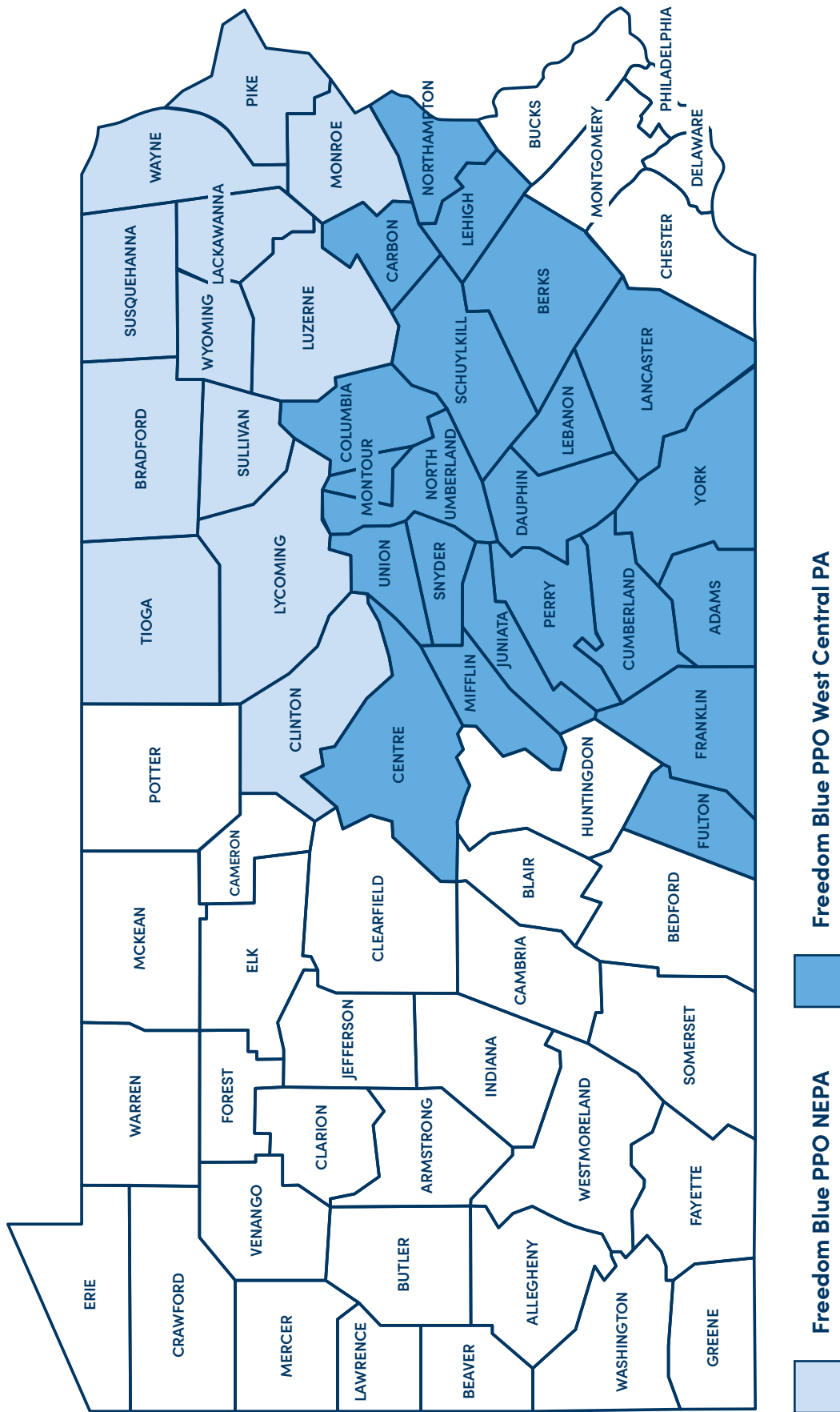
**Community Blue Medicare Plus PPO**

\*Pricing is subject to CMS approval

# Community Blue Medicare Plus PPO — NEPA (Products and pricing by county)

	Signature	Distinct	New! Premier
Monthly Plan Premium	\$0	\$27	\$46
Part B Premium Giveback	\$31	\$0	\$0
Out-of-Pocket Maximum	Network: \$7,950; Catastrophic: \$10,000	Network: \$5,500; Catastrophic: \$8,950	Network: \$4,900; Catastrophic: \$8,950
PCP Office Visit	\$0	\$0	\$0
Specialist Office Visit	\$25 Copay IN; \$25 Copay OON	\$15 Copay IN; \$15 Copay OON	\$0 Copay IN; \$0 Copay OON
Lab and Diagnostic Tests (Phys. Office or Freestanding Lab)	\$0 Copay IN; \$35 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$10 Copay IN; \$35 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
X-Rays	\$20 Copay IN; \$50 Copay OON	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON
Radiation Therapy	\$60 Copay IN; \$90 Copay OON	\$60 Copay IN; \$60 Copay OON	\$60 Copay IN; \$60 Copay OON
Advanced Imaging	\$195 Copay IN; \$325 Copay OON	\$175 Copay IN; \$175 Copay OON	\$150 Copay IN; \$150 Copay OON
Preventive/Screening	Covered in Full (Office visit copay may apply) IN/OON		
Outpatient Physical and Speech Therapy	\$30 Copay IN; \$50 Copay OON	\$15 Copay IN; \$15 Copay OON	\$0 Copay IN; \$0 Copay OON
Medicare Covered Acupuncture	\$30 Copay IN; \$50 Copay OON	\$15 Copay IN; \$15 Copay OON	\$0 Copay IN; \$0 Copay OON
Outpatient Occupational Therapy	\$30 Copay IN; \$50 Copay OON	\$30 Copay IN; \$30 Copay OON	\$0 Copay IN; \$0 Copay OON
Outpatient Mental Health	\$40 Copay IN; \$50 Copay OON	\$30 Copay IN; \$30 Copay OON	\$30 Copay IN; \$30 Copay OON
Outpatient Substance Abuse	\$45 Copay IN; \$50 Copay OON	\$45 Copay IN; \$50 Copay OON	\$45 Copay IN; \$50 Copay OON
Outpatient Surgical	ASC: \$275 Copay IN; \$400 Copay OON Facility: \$350 Copay IN; \$400 Copay OON	ASC: \$175 Copay IN; \$175 Copay OON Facility: \$245 Copay IN; \$245 Copay OON	ASC: \$175 Copay IN; \$175 Copay OON Facility: \$245 Copay IN; \$245 Copay OON
Ambulance	\$0 Copay IN; 30% Coinsurance OON	Emergency/Non-Emergent: \$250 IN; Non-Emergent: 30% Coinsurance OON	Emergency/Non-Emergent: \$250 IN; Non-Emergent: 30% Coinsurance OON
Transportation	\$0 Copay IN; 30% Coinsurance OON	Covered only if trip is part of continued acute care after discharge from ER.	Covered only if trip is part of continued acute care after discharge from ER.
Emergency Room	\$30 Copay	\$100 Copay	\$15 Copay
Urgent Care	\$395/admit IN; \$275/day (days 1-5); \$0/day (days 6-9) OON	\$250/admit IN; \$250/admit OON	\$200/admit IN; \$200/admit OON
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	\$425/day (days 1-3); \$0/day (days 4-9) IN; \$500/day (days 1-3); \$0/day (days 4-9) OON	\$425/day (days 1-3); \$0/day (days 4-9) IN; \$425/day (days 1-3); \$0/day (days 4-9) OON	\$425/day (days 1-3); \$0/day (days 4-9) IN; \$425/day (days 1-3); \$0/day (days 4-9) OON
Inpatient Psychiatric Stay	\$0/day (days 1-20); \$203/day (days 21-100) IN; 30% Coinsurance OON	\$0/day (days 1-20); \$203/day (days 21-100) IN; 30% Coinsurance OON	\$0/day (days 1-20); \$203/day (days 21-100) IN; 30% Coinsurance OON
Skilled Nursing Facility	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON
Home Health	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies, sensors and transmitters dispensed via retail or mail order pharmacy	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies, sensors and transmitters dispensed via retail or mail order pharmacy	0% Coinsurance for diabetic supplies received through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy
Diabetic Supplies and Services	\$110 Allowance Once Per Quarter IN/OON	\$195 Allowance Once Per Quarter IN/OON	\$120 Allowance Once Per Quarter IN/OON
Durable Medical Equipment	\$0 Onduo Virtual Diabetes Program	\$0 Onduo Virtual Diabetes Program	\$0 Onduo Virtual Diabetes Program
OTC	\$0 behavioral health care program	\$0 behavioral health care program	\$0 behavioral health care program
Spring Health	\$0 program for COPD and congestive heart failure to manage condition through an app.	\$0 program for COPD and congestive heart failure to manage condition through an app.	\$0 program for COPD and congestive heart failure to manage condition through an app.
CHF and COPD Management powered by Vida	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON
Fitness Benefit	Services covered with applicable Copay listed for outpatient	Services covered with applicable Copay listed for outpatient	Services covered with applicable Copay listed for outpatient
Additional Telehealth Services	0% -19.99% Coinsurance for Part B reimbursable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance OON	0% -19.99% Coinsurance for Part B reimbursable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance OON	0% -19.99% Coinsurance for Part B reimbursable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance OON
Part B Drugs — Chemotherapy and All Other Part B	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance OON	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance OON	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance OON
Part B Drugs — Insulin	\$25 Copay IN; \$25 Copay OON	\$15 Copay IN; \$15 Copay OON	\$0 Copay IN; \$0 Copay OON
Medicare Covered Vision (Office Visit)	Standard eyeglass lenses and frames or contact lenses are covered in full IN/OON; A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.	Standard eyeglass lenses and frames or contact lenses are covered in full IN/OON; A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.	Standard eyeglass lenses and frames or contact lenses are covered in full IN/OON; A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.
Routine Vision (Office Visit)	\$25 Copay IN; \$25 Copay OON	\$15 Copay IN; \$15 Copay OON	\$0 Copay IN; \$0 Copay OON
Routine Vision (Eyewear)	\$25 Copay IN; \$25 Copay OON	\$15 Copay IN; \$15 Copay OON	\$0 Copay IN; \$0 Copay OON
Medicare Covered Hearing Exam	Two hearing aids every year; TrueHearing Advanced — \$699 copay; TrueHearing Premium — \$999 copay IN; \$500 allowance OON	\$15 Copay IN; \$15 Copay OON	\$0 Copay IN; \$0 Copay OON
Routine Hearing Exam	Office Visit: \$0 Copay IN; 30% Coinsurance OON (one every six months) Includes exam, cleaning, and fluoride treatment. X-ray: \$0 Copay IN; 30% Coinsurance OON (one every year)	\$15 Copay IN; \$15 Copay OON	\$0 Copay IN; \$0 Copay OON
Routine Hearing (Hearing Aids)	\$25 Copay IN; \$25 Copay OON	\$15 Copay IN; \$15 Copay OON	\$0 Copay IN; \$0 Copay OON
Medicare Covered Comprehensive Dental	Combined maximum allowance of \$2,500	Combined maximum allowance of \$3,000	Combined maximum allowance of \$3,000
Dental Allowance — Preventive and/or Comprehensive	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics; 20% Coinsurance IN; 50% Coinsurance OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics; 10% Coinsurance IN; 50% Coinsurance OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics; 0% Coinsurance IN; 50% Coinsurance OON. See EOC for benefit limits.
Comprehensive Dental — Supplemental	\$15 Copay IN; \$30 Copay OON	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON
Medicare Covered Chiropractic	\$15 Copay IN; \$30 Copay OON	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON
Routine Chiropractic	\$15 Copay IN; \$25 Copay OON	\$15 Copay IN; \$15 Copay OON	\$0 Copay IN; \$0 Copay OON
Medicare Covered Podiatry	\$25 Copay IN; \$25 Copay OON	\$15 Copay IN; \$15 Copay OON	\$0 Copay IN; \$0 Copay OON
Routine Podiatry	\$25 Copay IN; \$25 Copay OON	\$15 Copay IN; \$15 Copay OON	\$0 Copay IN; \$0 Copay OON
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON
<b>Part D Drugs</b>			
Formulary	Lean (Performance)	Lean (Performance)	Base (Venture)
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Preferred Retail: Tier 1: \$0, Tier 2: \$5, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%; Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$42, Tier 4: \$100, Tier 5: 33%; Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$42, Tier 4: \$100, Tier 5: 33%; Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	Preferred Mail Order: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33%; Standard Mail Order: Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%	Preferred Mail Order: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33%; Standard Mail Order: Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%	Preferred Mail Order: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33%; Standard Mail Order: Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$8,000			
IRA Benefits — T3 and T4 offered through ICP and Coverage Gap stages	The plan pays the full cost for covered Part D drugs.	The plan pays the full cost for covered Part D drugs.	The plan pays the full cost for covered Part D drugs.

# Freedom Blue PPO – CPA/NEPA



\*Pricing is subject to CMS approval

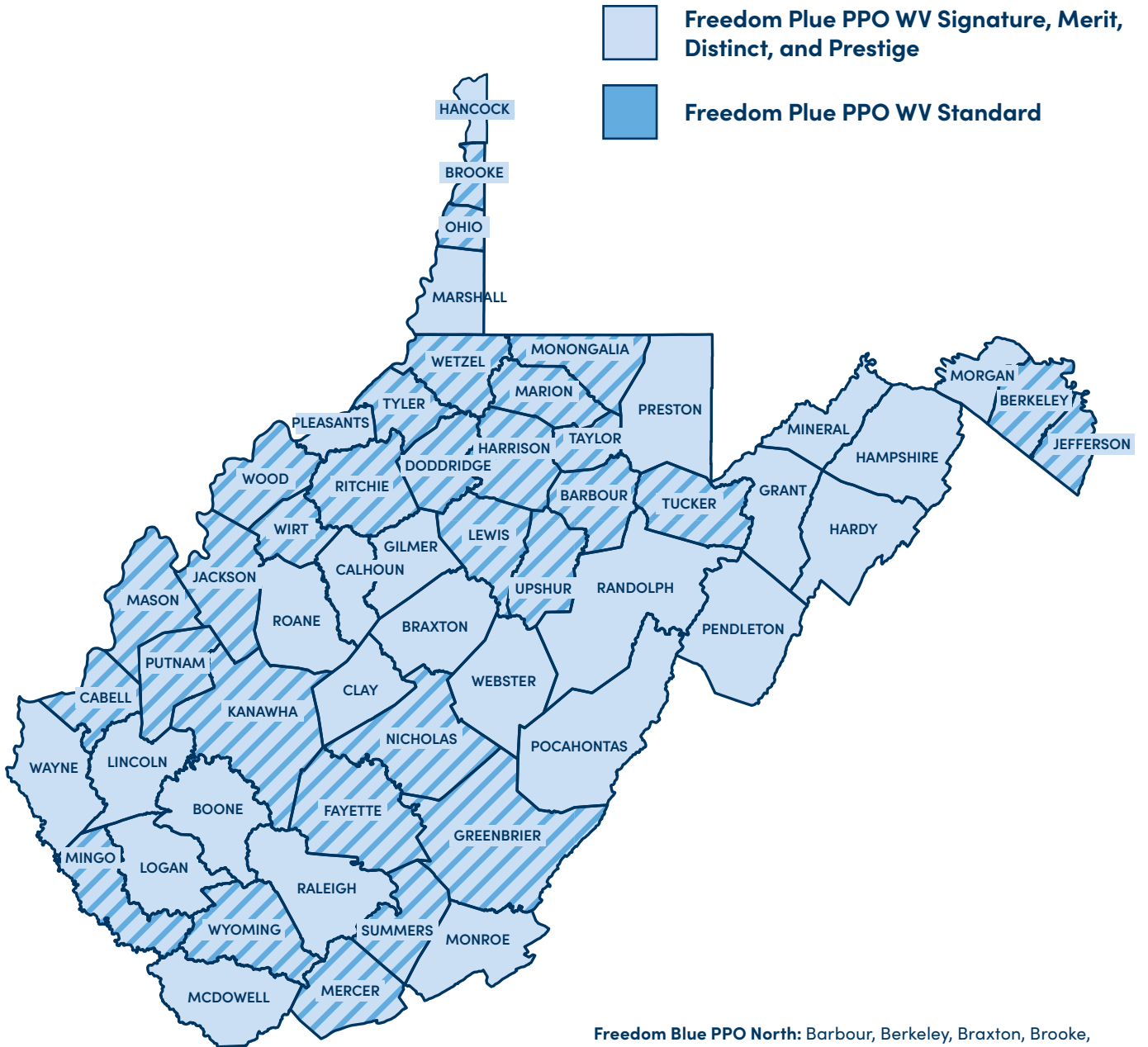


Freedom Blue PPO – CPA/NEPA (Products and pricing by county)

	Basic	ValueRx	Standard	Deluxe
Monthly Plan Premium	\$64	\$58	\$164	\$278
Part B Premium Giveback	\$0	\$0	\$0	\$0
Out-of-Pocket Maximum	Network: \$5,900; Catastrophic: \$8,950	Network: \$5,500; Catastrophic: \$8,950	Network: \$5,000; Catastrophic: \$8,950	Network: \$4,500; Catastrophic: \$8,950
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$35 Copay IN; \$35 Copay OON	\$40 Copay IN; \$40 Copay OON	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON
Lab and Diagnostic Tests (Phys. Office or Freestanding Lab)	\$0 Copay IN; \$20 Copay OON	\$0 Copay IN; \$20 Copay OON	\$0 Copay IN; \$15 Copay OON	\$0 Copay IN; \$10 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON	\$15 Copay IN; \$15 Copay OON	\$10 Copay IN; \$10 Copay OON
X-Rays	\$25 Copay IN; \$25 Copay OON	\$25 Copay IN; \$25 Copay OON	\$20 Copay IN; \$20 Copay OON	\$10 Copay IN; \$10 Copay OON
Radiation Therapy	\$150 Copay IN; \$150 Copay OON	\$175 Copay IN; \$175 Copay OON	\$125 Copay IN; \$125 Copay OON	\$75 Copay IN; \$75 Copay OON
Advanced Imaging		Covered in Full (Office visit copay may apply) IN/OON		
Prevention/Screening				
Outpatient Physical, Speech and Occupational Therapy, Mental Health, and Substance Abuse	\$35 Copay IN; \$35 Copay OON	\$40 Copay IN; \$40 Copay OON	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON
Medicare Covered Acupuncture	\$35 Copay IN; \$35 Copay OON	\$40 Copay IN; \$40 Copay OON	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON
Outpatient Surgical	ASC: \$200 Copay IN; \$100 Copay OON Facility: \$200 Copay IN; \$200 Copay OON	ASC: \$200 Copay IN; \$200 Copay OON Facility: \$225 Copay IN; \$225 Copay OON	ASC: \$150 Copay IN; \$150 Copay OON Facility: \$200 Copay IN; \$200 Copay OON	ASC: \$100 Copay IN; \$100 Copay OON Facility: \$175 Copay IN; \$175 Copay OON
Ambulance	Emergent/Non-Emergent: \$125 IN; Non-Emergent: 30% Coinsurance OON	Emergent/Non-Emergent: \$275 IN; Non-Emergent: 30% Coinsurance OON	Emergent/Non-Emergent: \$215 IN; Non-Emergent: 30% Coinsurance OON	Emergent/Non-Emergent: \$140 IN; Non-Emergent: 30% Coinsurance OON
Transportation	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON
Emergency Room	\$50 Copay	\$5 Copay	\$5 Copay	\$5 Copay
Urgent Care	\$340/admit IN; \$340/admit OON	\$245/day (days 1-5), \$0/day (days 6-90) IN; \$245/day (days 1-5), \$0/day (days 6-90) OON	\$475/admit IN; \$475/admit OON	\$235/admit IN; \$235/admit OON
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	\$340/admit IN; \$340/admit OON	\$245/day (days 1-5), \$0/day (days 6-90) IN; \$245/day (days 1-5), \$0/day (days 6-90) OON	\$475/admit IN; \$475/admit OON	\$235/admit IN; \$235/admit OON
Inpatient Psychiatric Stay		\$0/day (days 1-20); \$203/day (days 21-100) IN; 30% Coinsurance OON		
Skilled Nursing Facility				
Home Health				
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies. IN; 30% Coinsurance OON	\$0 Onduo Virtual Diabetes Program \$0 behavioral health care program \$0 program for COPD and congestive heart failure to manage condition through an app.		
Onduo				
Spring Health				
CHF and COPD Management powered by Vida				
Durable Medical Equipment				
Meal Benefit	28 Meals/14 Days IN/OON upon discharge from an inpatient hospital stay, inpatient hospital psychiatric stay, or SNF stay to the home to qualify.	20% Coinsurance IN; 30% Coinsurance OON		
Healthcare Kits	Diabetes Only Healthcare Kit for members with type 1 and type 2 diabetes to help manage their condition	Not Covered	Member Selected Healthcare Kit for members with diabetes, COPD, congestive heart failure, and/or hypertension to help manage their condition	Member Selected Healthcare Kit for members with diabetes, COPD, congestive heart failure, and/or hypertension to help manage their condition
Fitness Benefit				
Additional Telehealth Services				
Part B Drugs – Chemotherapy and All Other Part B	0% -19.98% Coinsurance for Part B reimbursable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance OON	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	Services covered with applicable Copay listed for outpatient	
Part B Drugs – Insulin	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance OON	\$0 Copay IN; \$40 Copay OON	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON
Medicare Covered Vision (Office Visit)				
Routine Vision (Office Visit)				
Routine Vision (Eyewear)				
Medicare Covered Hearing Exam				
Routine Hearing Exam				
Routine Hearing (Hearing Aids)				
Routine Dental				
Medicare Covered Comprehensive Dental				
Comprehensive Dental – Supplemental				
Medicare Covered Chiropractic				
Routine Chiropractic				
Medicare Covered Podiatry				
Routine Podiatry				
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood				
Formulary	Not Covered	Lean (Performance)	Base (Venture)	Base (Venture)
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5	Not Covered	Preferred Retail: Tier 1: \$0, Tier 2: \$13, Tier 3: \$45, Tier 4: \$95, Tier 5: 33% Standard Retail: Tier 1: \$5, Tier 2: \$19, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%		
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31 days supply)	Not Covered	Preferred Mail Order: Tier 1: \$0, Tier 2: \$27, Tier 3: \$115, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order: Tier 1: \$15, Tier 2: \$57, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%		
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	Not Covered	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Mail: Preferred Generics: Tier 1 (\$0) Generics: Tier 2 (\$27); Standard Mail: Preferred Generics: Tier 1 (\$15) Generics: Tier 2 (\$57); Generics Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 20% discount)
Catastrophic OOP Threshold: \$8,000 IRA Benefits – T3 and T4 offered through ICP and Coverage Gap stages	Not Covered	Tier 3 and Tier 4 Insulins: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy		



# Freedom Blue PPO – WV



**Freedom Blue PPO North:** Barbour, Berkeley, Braxton, Brooke, Calhoun, Doddridge, Gilmer, Grant, Hampshire, Hancock, Hardy, Harrison, Jefferson, Lewis, Marion, Marshall, Mineral, Monongalia, Morgan, Ohio, Pendleton, Pleasants, Preston, Randolph, Ritchie, Taylor, Tucker, Tyler, Upshur, Wetzel, Wirt and Wood counties.

**Freedom Blue PPO South:** Boone, Cabell, Clay, Fayette, Greenbrier, Jackson, Kanawha, Lincoln, Logan, Mason, McDowell, Mercer, Mingo, Monroe, Nicholas, Pocahontas, Putnam, Raleigh, Roane, Summers, Wayne, Webster, and Wyoming counties.

\*Pricing is subject to CMS approval

SECTION III | MEDICARE ADVANTAGE PRODUCTS AND PRICING BY COUNTY

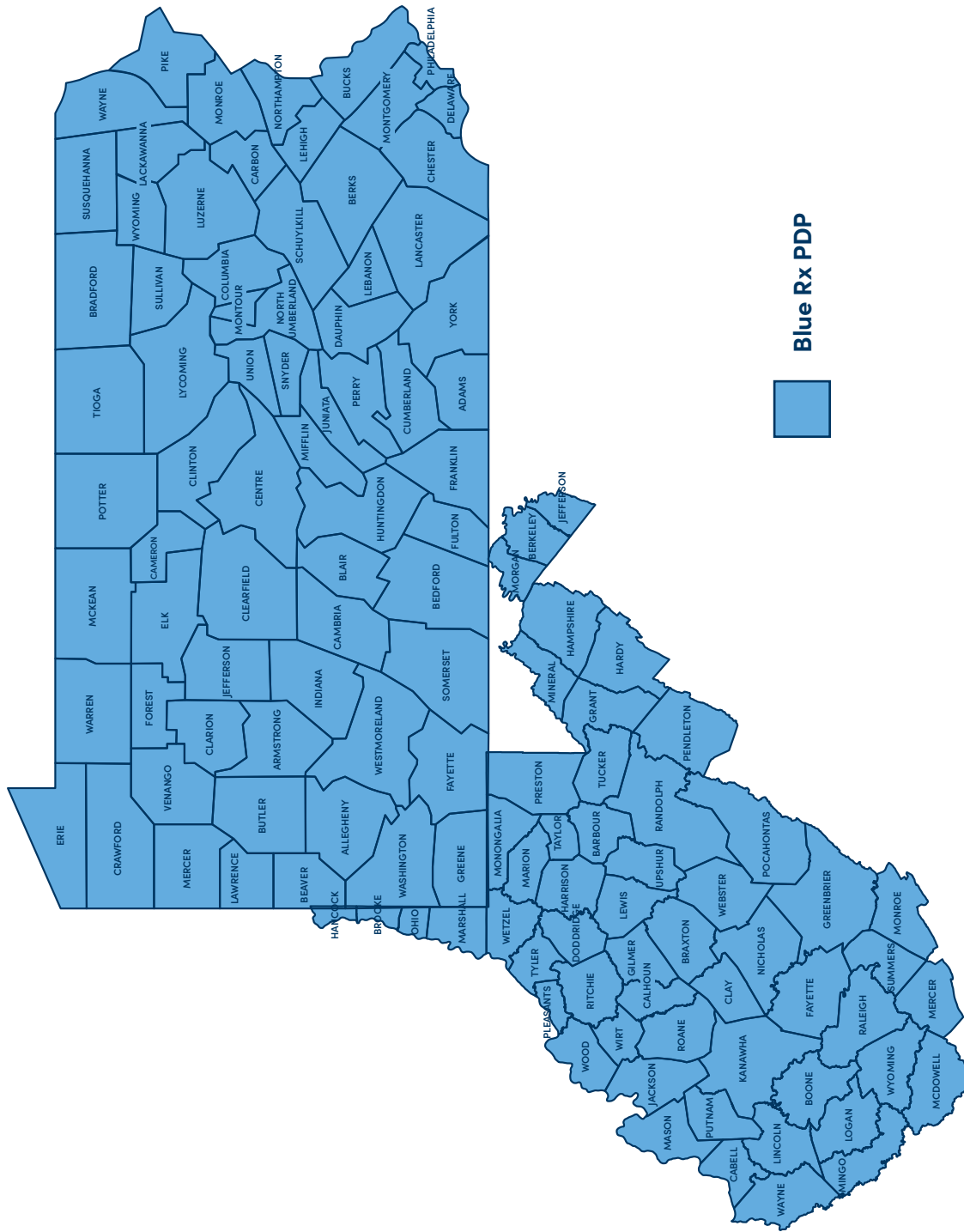
Freedom Blue PPO – WV (Products and pricing by county)

	Signature	Merit
Monthly Plan Premium	North: \$0/South: \$0	North: \$0/South: \$0
Part B Premium Giveback	\$10	\$85
Out-of-Pocket Maximum	Network: \$7,550; Catastrophic: \$10,000	Network: \$8,300; Catastrophic: \$13,000
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	
Specialist Office Visit	\$25 Copay IN; \$25 Copay OON	\$45 Copay IN; \$65 Copay OON
Lab and Diagnostic Tests (Phys. Office or Freestanding Lab)	\$0 Copay IN; \$20 Copay OON	\$0 Copay IN; \$100 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$10 Copay IN; \$20 Copay OON	\$100 Copay IN; \$100 Copay OON
X-Rays	\$25 Copay IN; \$40 Copay OON	\$75 Copay IN; \$100 Copay OON
Radiation Therapy	\$60 Copay IN; \$75 Copay OON	\$60 Copay IN; \$75 Copay OON
Advanced Imaging	\$250 Copay IN; \$350 Copay OON	\$300 Copay IN; \$350 Copay OON
Preventive/Screening	Covered in Full (Office visit copay may apply) IN/OON	
Outpatient Physical and Speech Therapy	\$30 Copay IN; \$50 Copay OON	\$45 Copay IN; \$55 Copay OON
Medicare Covered Acupuncture	\$30 Copay IN; \$50 Copay OON	\$45 Copay IN; \$55 Copay OON
Outpatient Occupational Therapy	\$30 Copay IN; \$50 Copay OON	\$40 Copay IN; \$50 Copay OON
Outpatient Mental Health	\$40 Copay IN; \$50 Copay OON	\$40 Copay IN; \$50 Copay OON
Outpatient Substance Abuse	\$40 Copay IN; \$50 Copay OON	\$40 Copay IN; \$50 Copay OON
Outpatient Surgical	\$250 Copay IN; \$350 Copay OON	\$300 Copay IN; \$375 Copay OON
	\$300 Copay IN; \$350 Copay OON	\$350 Copay IN; \$375 Copay OON
Ambulance	Emergent/Non-Emergent: \$250 IN Non-Emergent: 30% Coinsurance OON	Emergent/Non-Emergent: \$300 IN Non-Emergent: 30% Coinsurance OON
Transportation	\$0 Copay IN; 30% Coinsurance OON. Covered only if trip is part of continued acute care after discharge from ER.	\$0 Copay IN; 30% Coinsurance OON. Covered only if trip is part of continued acute care after discharge from ER.
Emergency Room	\$100 Copay	
Urgent Care	\$35 Copay	\$50 Copay
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	\$250/day (days 1-3), \$0/day (days 4-90) IN; \$425/day (days 1-5), \$0/day (days 6-90) OON	\$455/day (days 1-5), \$0/day (days 6-90) IN; \$550/day (days 1-5), \$0/day (days 6-90) OON
Inpatient Psychiatry Stay	\$425/day (days 1-3), \$0/day (days 4-90) IN; \$500/day (days 1-3), \$0/day (days 4-90) OON	\$645/day (days 1-3), \$0/day (days 4-90) IN; \$645/day (days 1-7), \$0/day (days 8-90) OON
Skilled Nursing Facility	\$0/day (days 1-20); \$203/day (days 21-100) IN; 30% Coinsurance OON	
Home Health	\$0 Copay IN; 30% Coinsurance OON	
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies. IN; 30% Coinsurance OON	
Durable Medical Equipment	20% Coinsurance IN; 30% Coinsurance OON	
OTC	\$85 Allowance Once Per Quarter	Not Covered
Meal Benefit	Not Covered	Not Covered
Onduo	\$0 Onduo Virtual Diabetes Program	
Spring Health	\$0 behavioral health care program	
CHF and COPD Management powered by Vida	\$0 program for COPD and congestive heart failure to manage condition through an app.	
Fitness Benefit	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient	
Part B Drugs – Chemotherapy and All Other Part B	0%–19.99% Coinsurance for Part B rebatable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance OON	
Part B Drugs – Insulin	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance OON	
Medicare Covered Vision (Office Visit)	\$25 Copay IN; \$25 Copay OON	\$45 Copay IN; \$65 Copay OON
Routine Vision (Office Visit)	\$0 Copay IN; \$50 Copay OON (one every year)	
Routine Vision (Eyewear)	Standard eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.	Standard eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.
Medicare Covered Hearing Exam	\$25 Copay IN; \$25 Copay OON	\$45 Copay IN; \$65 Copay OON
Routine Hearing Exam	\$30 Copay IN; \$30 Copay OON (one every year)	
Routine Hearing (Hearing Aids)	Two hearing aids every year; TruHearing Advanced – \$699 copay; TruHearing Premium – \$999 copay IN; \$500 allowance OON	Two hearing aids every year; TruHearing Advanced – \$699 copay; TruHearing Premium – \$999 copay IN; \$500 allowance OON
Routine Dental	Office Visit: \$0 Copay IN; 30% Coinsurance OON (one every six months) Includes exam, cleaning and fluoride treatment X-ray: \$0 Copay IN; 30% Coinsurance OON (one every year)	Office Visit: \$0 Copay IN; 30% Coinsurance OON (one every six months) Includes exam, cleaning and fluoride treatment X-ray: \$0 Copay IN; 30% Coinsurance OON (one every year)
Medicare Covered Comprehensive Dental	\$25 Copay IN; \$25 Copay OON	\$45 Copay IN; \$65 Copay OON
Dental Allowance – Preventive and/or Comprehensive	Combined maximum allowance of \$2,000	
Comprehensive Dental - Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics: 20% Coinsurance IN. 50% Coinsurance OON. See EOC for benefit limits.	
Medicare Covered Chiropractic	\$15 Copay IN; \$40 OON	\$15 Copay IN; \$40 Copay OON
Routine Chiropractic	\$15 Copay IN; \$40 OON (eight visits)	\$15 Copay IN; \$40 Copay OON (four visits)
Medicare Covered Podiatry	\$25 Copay IN; \$25 Copay OON	\$45 Copay IN; \$65 Copay OON
Routine Podiatry	\$25 Copay IN; \$25 Copay OON (10 visits)	\$45 Copay IN; \$65 Copay OON (eight visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay IN; 30% Coinsurance OON	Cardiac Rehab: \$15 Copay IN; 30% Coinsurance OON Partial Hospital: \$60 Copay IN; 30% Coinsurance OON Outpatient Blood: \$0 Copay IN; 30% Coinsurance OON
<b>Part D Drugs</b>		
Formulary	Lean (Performance)	
Deductible	\$0	Tier 1 –Tier 2: \$0, Tier 3–Tier 5: \$500
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Preferred Retail: Tier 1: \$0, Tier 2: \$5, Tier 3: \$47, Tier 4: \$100, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$20, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$10, Tier 3: \$47, Tier 4: \$100, Tier 5: 25% Standard Retail: Tier 1: \$7, Tier 2: \$20, Tier 3: \$47, Tier 4: \$100, Tier 5: 25%
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply)	Preferred Mail Order: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order: Tier 1: \$21, Tier 2: \$60, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%	Preferred Mail Order: Tier 1: \$0, Tier 2: \$10, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 25% Standard Mail Order: Tier 1: \$21, Tier 2: \$60, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 25%
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Catastrophic OOP Threshold: \$8,000	The plan pays the full cost for covered Part D drugs.	
IRA Benefits – T3 and T4 offered through ICP and Coverage Gap stages	Tier 3 and Tier 4 Insulins: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	Tier 3 and Tier 4 Insulins: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy

MEDICARE ADVANTAGE PRODUCTS AND PRICING BY COUNTY | SECTION III

Distinct	Prestige	Standard
North: \$35/South: \$25	North: \$39/South: \$39	\$156
\$0	\$0	\$0
Network: \$6,000; Catastrophic: \$9,550	Network: \$5,500; Catastrophic: \$8,950	Network: \$6,500; Catastrophic: \$10,000
\$20 Copay IN; \$25 Copay OON	\$0 Copay IN; \$0 Copay OON	\$35 Copay IN; \$35 Copay OON
\$0 Copay IN; \$20 Copay OON	\$0 Copay IN; \$20 Copay OON	\$0 Copay IN; \$10 Copay OON
\$0 Copay IN; \$20 Copay OON	\$0 Copay IN; \$20 Copay OON	\$10 Copay IN; \$10 Copay OON
\$15 Copay IN; \$35 Copay OON	\$15 Copay IN; \$35 Copay OON	\$25 Copay IN; \$25 Copay OON
\$60 Copay IN; \$75 Copay OON	\$60 Copay IN; \$75 Copay OON	\$60 Copay IN; \$60 Copay OON
\$200 Copay IN; \$350 Copay OON	\$150 Copay IN; \$350 Copay OON	\$75 Copay IN; \$75 Copay OON
Covered in Full (Office visit copay may apply) IN/OON		
\$25 Copay IN; \$30 Copay OON	\$20 Copay IN; \$30 Copay OON	\$35 Copay IN; \$35 Copay OON
\$25 Copay IN; \$30 Copay OON	\$20 Copay IN; \$30 Copay OON	\$35 Copay IN; \$35 Copay OON
\$25 Copay IN; \$30 Copay OON	\$20 Copay IN; \$30 Copay OON	\$35 Copay IN; \$35 Copay OON
\$40 Copay IN; \$50 Copay OON	\$40 Copay IN; \$50 Copay OON	\$35 Copay IN; \$35 Copay OON
\$40 Copay IN; \$50 Copay OON	\$40 Copay IN; \$50 Copay OON	\$35 Copay IN; \$35 Copay OON
\$225 Copay IN; \$350 Copay OON	\$225 Copay IN; \$350 Copay OON	\$100 Copay IN; \$100 Copay OON
\$300 Copay IN; \$350 Copay OON	\$300 Copay IN; \$350 Copay OON	\$150 Copay IN; \$150 Copay OON
Emergent/Non-Emergent: \$250 IN Non-Emergent: 30% Coinsurance OON	Emergent/Non-Emergent: \$250 IN Non-Emergent: 30% Coinsurance OON	Emergent/Non-Emergent: \$225 IN Non-Emergent: 30% Coinsurance OON
\$0 Copay IN; 30% Coinsurance OON. Covered only if trip is part of continued acute care after discharge from ER.	\$0 Copay IN; 30% Coinsurance OON. Covered only if trip is part of continued acute care after discharge from ER.	\$0 Copay IN; 30% Coinsurance OON. Up to 24 One-way trips. Trip limit waived if trip is part of continued acute care after discharge from ER.
\$100 Copay		
\$35 Copay	\$35 Copay	\$5 Copay
\$375/admit IN; \$500/admit OON	\$325/admit IN; \$500/admit OON	\$150/day (days 1-7) IN, \$0/day (days 8-90) IN; \$150/day (days 1-7), \$0/day (days 8-90) OON
\$425/day (days 1-3), \$0/day (days 4-90) IN; \$500/day (days 1-3), \$0/day (days 4-90) OON	\$425/day (days 1-3), \$0/day (days 4-90) IN; \$500/day (days 1-3), \$0/day (days 4-90) OON	\$150/day (days 1-7), \$0/day (days 8-90) IN; \$150/day (days 1-7), \$0/day (days 8-90) OON
\$0/day (days 1-20); \$203/day (days 21-100) IN; 30% Coinsurance OON		
\$0 Copay IN; 30% Coinsurance OON		
0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies. IN; 30% Coinsurance OON		
20% Coinsurance IN; 30% Coinsurance OON		
\$170 Allowance Once Per Quarter IN	\$115 Allowance Once Per Quarter IN	Not Covered
28 Meals/14 Days IN/OON upon discharge from an inpatient hospital stay, inpatient hospital psychiatric stay, or SNF stay to the home to qualify		
\$0 Onduo Virtual Diabetes Program		
\$0 behavioral health care program		
\$0 program for COPD and congestive heart failure to manage condition through an app.		
Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON		
Services covered with applicable Copay listed for outpatient		
0%-19.99% Coinsurance for Part B rebatable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance OON		
20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance OON		
\$20 Copay IN; \$25 Copay OON	\$0 Copay IN; \$0 Copay OON	\$35 Copay IN; \$35 Copay OON
\$0 Copay IN; \$50 Copay OON (one every year)		
Standard eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.	Standard eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.	Standard eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$175 benefit maximum applies to non-standard frames and a \$175 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.
\$20 Copay IN; \$25 Copay OON	\$0 Copay IN; \$0 Copay OON	\$35 Copay IN; \$35 Copay OON
\$25 Copay IN; \$25 Copay OON (one every year)	\$0 Copay IN; \$0 Copay OON (one every year)	\$0 Copay IN; \$35 Copay OON (one every year)
Two hearing aids every year; TruHearing Advanced – \$699 copay; TruHearing Premium – \$999 copay IN; \$500 allowance OON	Two hearing aids every year; TruHearing Advanced – \$699 copay; TruHearing Premium – \$999 copay IN; \$500 allowance OON	Two hearing aids every year; TruHearing Advanced – \$399 copay; TruHearing Premium – \$699 copay IN; \$500 allowance OON
Office Visit: \$0 Copay IN; 30% Coinsurance OON (one every six months) Includes exam, cleaning and fluoride treatment X-ray: \$0 Copay IN; 30% Coinsurance OON (one every year)	Office Visit: \$0 Copay IN; 30% Coinsurance OON (one every six months) Includes exam, cleaning and fluoride treatment X-ray: \$0 Copay IN; 30% Coinsurance OON (one every year)	Office Visit: \$15 Copay IN; 30% Coinsurance OON (one every six months) X-ray: \$15 Copay IN; 30% Coinsurance OON (one every year)
\$20 Copay IN; \$25 Copay OON	\$0 Copay IN; \$0 Copay OON	\$35 Copay IN; \$35 Copay OON
Combined maximum allowance of \$2,500		
Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics: 10% Coinsurance IN. 50% Coinsurance OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics: 0% Coinsurance IN. 50% Coinsurance OON. See EOC for benefit limits.	Not Covered
\$15 Copay IN; \$30 OON	\$20 Copay IN; \$30 OON	\$15 Copay IN; \$15 OON
\$15 Copay IN; \$30 OON (eight visits)	\$20 Copay IN; \$30 OON (eight visits)	\$15 Copay IN; \$15 OON (eight visits)
\$20 Copay IN; \$25 Copay OON	\$0 Copay IN; \$0 Copay OON	\$35 IN; \$35 OON
\$20 Copay IN; \$25 OON (10 visits)	\$0 Copay IN; \$0 Copay OON (10 visits)	\$35 Copay IN; \$35 OON (10 visits)
\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON
Part D Drugs		
Lean (Performance)		
\$0	\$0	\$0
Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$42, Tier 4: \$100, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$42, Tier 4: \$100, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$11, Tier 3: \$45, Tier 4: \$100, Tier 5: 33% Standard Retail: Tier 1: \$5, Tier 2: \$19, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%
Preferred Mail Order: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order: Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%	Preferred Mail Order: Tier 1: \$0, Tier 2: \$0, Tier 3: \$105, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order: Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%	Preferred Mail Order: Tier 1: \$0, Tier 2: \$27, Tier 3: \$115, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order: Tier 1: \$15, Tier 2: \$57, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%
Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)		
The plan pays the full cost for covered Part D drugs.		
Tier 3 and Tier 4 Insulins: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	Tier 3 Insulin: \$20 for 31-day supply and \$60 for 90-day supply at a retail or mail order pharmacy Tier 4 Insulin: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	Tier 3 and Tier 4 Insulins: \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy

# Blue Rx PDP – PA, WV

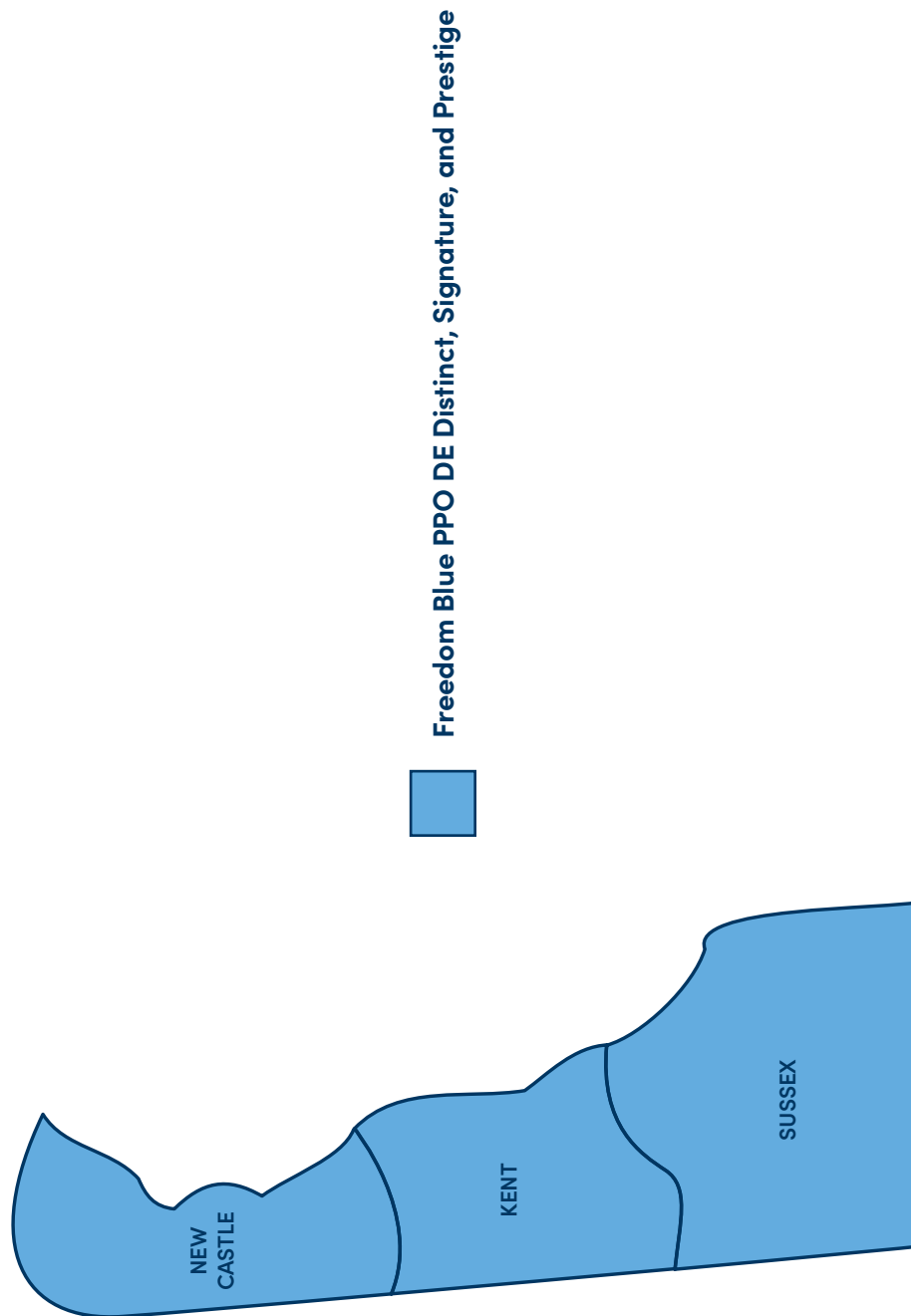


\*Pricing is subject to CMS approval

**Blue Rx PDP – PA, WV (Products and pricing by county)**

	Plus	Complete
Monthly Plan Premium	\$108.80	\$195.10
Deductible	\$545	\$0
Formulary	Base (Venture) Preferred Retail: \$0 Preferred Generic, \$7 Generic, 20% Preferred Brand, 40% Nonpreferred Drug, 25% Specialty Standard Retail: \$5 Preferred Generic, \$12 Generic, 25% Preferred Brand, 50% Nonpreferred Drug, 25% Specialty	Base (Venture) Preferred Retail: \$0 Preferred Generic, \$5 Generic, \$40 Preferred Brand, 35% Nonpreferred Drug, 33% Specialty Standard Retail: \$4 Preferred Generic, \$10 Generic, \$45 Preferred Brand, 50% Nonpreferred Drug, 33% Specialty
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Preferred Mail: Tier 1: \$0, Tier 2: \$17.50, Tier 3: 20%, Tier 4: 40%, Tier 5: 25% Standard Mail: Tier 1: \$10, Tier 2: \$30, Tier 3: 25%, Tier 4: 50%, Tier 5: 25%	Preferred Mail: Tier 1: \$0, Tier 2: \$12.50, Tier 3: \$100, Tier 4: 35%, Tier 5: 33% Standard Mail: Tier 1: \$10, Tier 2: \$25, Tier 3: \$112.50, Tier 4: 50%, Tier 5: 33%
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply)	Preferred Mail: Tier 1: \$0, Tier 2: \$17.50, Tier 3: 20%, Tier 4: 40%, Tier 5: 25% Standard Mail: Tier 1: \$10, Tier 2: \$30, Tier 3: 25%, Tier 4: 50%, Tier 5: 25%	Preferred Mail: Tier 1: \$0, Tier 2: \$12.50, Tier 3: \$100, Tier 4: 35%, Tier 5: 33% Standard Mail: Tier 1: \$10, Tier 2: \$25, Tier 3: \$112.50, Tier 4: 50%, Tier 5: 33%
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Mail: Preferred Generics: Tier 1 (10%) Generics: Tier 2 (10%), Standard Mail: Preferred Generics: Tier 1 (15%) Generics: Tier 2 (15%), Generics Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$6,000	The plan pays the full cost for covered Part D drugs.	
IRA Benefits – T3 and T4 offered through ICP and Coverage Gap stages	Tier 3 and Tier 4 Insulins (excludes deductible); \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	

# Freedom Blue PPO – DE





# Freedom Blue PPO – DE (Products and pricing by county)

	Signature	Distinct	New! Prestige
Monthly Plan Premium	\$0	\$25	\$39
Part B Premium Giveback	\$8	\$0	\$0
Out-of-Pocket Maximum	Network: \$6,700; Catastrophic: \$10,000	Network: \$6,000; Catastrophic: \$9,550	Network: \$5,500; Catastrophic: \$8,950
PCP Office Visit	\$30 Copay IN; \$30 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$0 Copay IN; \$50 Copay OON	\$20 Copay IN; \$20 Copay OON	\$0 Copay IN; \$40 Copay OON
Lab and Diagnostic Tests (Phys. Office or Free-standing Lab)	\$10 Copay IN; \$50 Copay OON	\$10 Copay IN; \$50 Copay OON	\$0 Copay IN; \$40 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$25 Copay IN; \$50 Copay OON	\$15 Copay IN; \$45 Copay OON	\$10 Copay IN; \$40 Copay OON
X-Rays	\$25 Copay IN; \$50 Copay OON	\$60 Copay IN; \$75 Copay OON	\$150 Copay IN; \$300 Copay OON
Radiation Therapy	\$225 Copay IN; \$350 Copay OON	\$195 Copay IN; \$300 Copay OON	\$150 Copay IN; \$300 Copay OON
Advanced Imaging	\$25 Copay IN; \$50 Copay OON	Covered in Full (Office visit copay may apply) IN/OON	\$0 Copay IN; \$40 Copay OON
Preventive/Screening	\$25 Copay IN; \$50 Copay OON	\$20 Copay IN; \$50 Copay OON	\$0 Copay IN; \$40 Copay OON
Outpatient Physical and Speech Therapy	\$25 Copay IN; \$50 Copay OON	\$20 Copay IN; \$50 Copay OON	\$0 Copay IN; \$40 Copay OON
Medicare Covered Acupuncture	\$30 Copay IN; \$50 Copay OON	\$30 Copay IN; \$50 Copay OON	\$30 Copay IN; \$40 Copay OON
Outpatient Occupational Therapy	\$40 Copay IN; \$50 Copay OON	\$30 Copay IN; \$45 Copay OON	\$30 Copay IN; \$40 Copay OON
Outpatient Mental Health	\$40 Copay IN; \$50 Copay OON	\$40 Copay IN; \$50 Copay OON	\$30 Copay IN; \$40 Copay OON
Outpatient Substance Abuse	\$225 Copay IN; \$350 Copay OON	\$195 Copay IN; \$300 Copay OON	\$155 Copay IN; \$300 Copay OON
Outpatient Surgical	\$300 Copay IN; \$350 Copay OON	\$250 Copay IN; \$300 Copay OON	\$200 Copay IN; \$300 Copay OON
Ambulance	Emergent/Non-Emergent: \$250 IN; Non-Emergent: 30% Coinsurance OON	Emergent/Non-Emergent: \$250 IN; Non-Emergent: 30% Coinsurance OON	
Transportation	Not Covered	Not Covered	
Emergency Room	\$40 Copay	\$35 Copay	\$0 Copay
Urgent Care	\$175/day (days 1-5); \$0/day (days 6-90) IN; \$350/day (days 1-5); \$0/day (days 6-90) OON	\$350/admit IN; \$350/day (days 1-5); \$0/day (days 6-90) OON	\$295/admit IN; \$395/admit OON
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	\$425/day (days 1-3); \$0/day (days 4-90) IN; \$500/day (days 1-3); \$0/day (days 4-90) OON	\$425/day (days 1-3); \$0/day (days 4-90) IN; \$500/day (days 1-3); \$0/day (days 4-90) OON	\$425/day (days 1-3); \$0/day (days 4-90) IN; \$500/day (days 1-3); \$0/day (days 4-90) OON
Inpatient Psychiatric Stay	\$0/day (days 1-20); \$203/day (days 21-100) IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON	
Skilled Nursing Facility	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies. IN; 30% Coinsurance OON		
Home Health			
Diabetic Supplies and Services			
Durable Medical Equipment	\$95 Allowance Once Per Quarter IN	\$120 Allowance Once Per Quarter IN	\$135 Allowance Once Per Quarter IN
OTC	Not Covered	Not Covered	28 Meals/14 Days IN/OON upon discharge from an inpatient hospital stay, inpatient hospital psychiatric stay, or SNF stay to the home to qualify
Meal Benefit			
Onduo	\$0 Onduo Virtual Diabetes Program		
Spring Health	\$0 Behavioral health care program		
CHF and COPD Management powered by Vida	\$0 program for COPD and congestive heart failure to manage condition through an app.		
Fitness Benefit	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON		
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient		
Part B Drugs – Chemotherapy and All Other Part B	0%–19.99% Coinsurance for Part B reimbursable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance OON		
Part B Drugs – Insulin	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance OON		
Medicare Covered Vision (Office Visit)	\$30 Copay IN; \$30 Copay OON	\$20 Copay IN; \$20 Copay OON	\$0 Copay IN; \$0 Copay OON
Routine Vision (Office Visit)			
Routine Vision (Eyewear)	Standard eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.		
Medicare Covered Hearing Exam	\$30 Copay IN; \$30 Copay OON	\$20 Copay IN; \$20 Copay OON	\$0 Copay IN; \$0 Copay OON
Routine Hearing Exam	\$30 Copay IN; \$30 Copay OON (one every year)	\$30 Copay IN; \$30 Copay OON (one every year)	\$0 Copay IN; \$0 Copay OON (one every year)
Routine Hearing (Hearing Aids)	Two hearing aids every year. TrueHearing Advanced – \$699 copay; TrueHearing Premium – \$999 copay IN; \$500 allowance OON		
Routine Dental	Office Visit: \$0 Copay IN; 30% Coinsurance OON (one every six months) Includes exam, cleaning, and fluoride treatment. X-ray: \$0 Copay IN; 30% Coinsurance OON (one every year)		
Medicare Covered Comprehensive Dental	\$30 Copay IN; \$30 Copay OON	\$20 Copay IN; \$20 Copay OON	\$0 Copay IN; \$0 Copay OON
Dental Allowance – Preventive and/or Comprehensive	Combined maximum allowance of \$2000	Combined maximum allowance of \$2500	Combined maximum allowance of \$3500
Comprehensive Dental - Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics: 40% Coinsurance with a maximum \$2000 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics: 40% Coinsurance with a maximum \$2500 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics: 40% Coinsurance with a maximum \$3500 Allowance IN/OON. See EOC for benefit limits.
Medicare Covered Chiropractic	\$15 Copay IN; \$30 OON	\$10 Copay IN; \$15 Copay OON	\$0 Copay IN; \$0 OON
Routine Chiropractic	\$15 Copay IN; \$30 OON (eight visits)	\$10 Copay IN; \$15 OON (eight visits)	\$0 Copay IN; \$0 OON (eight visits)
Medicare Covered Podiatry	\$30 Copay IN; \$30 Copay OON	\$20 Copay IN; \$20 Copay OON	\$0 Copay IN; \$0 Copay OON
Routine Podiatry	\$30 Copay IN; \$30 OON (10 visits)	\$20 Copay IN; \$20 OON (10 visits)	\$0 Copay IN; \$0 OON (10 visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood			
Part D Drugs			
Formulary	Lean (Performance)		
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Preferred Retail: Tier 1: \$0, Tier 2: \$5, Tier 3: \$47, Tier 4: \$100, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%		
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply)	Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5: 33% Standard Mail: Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5: 33%		
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)		
Catastrophic OOP Threshold: \$6,000			
IRA Benefits – T3 and T4 offered through ICP and Coverage Gap stages	Tier 3 and Tier 4 Insulins (excludes deductible); \$35 for 31-day supply and \$105 for 100-day supply at a retail or mail order pharmacy		

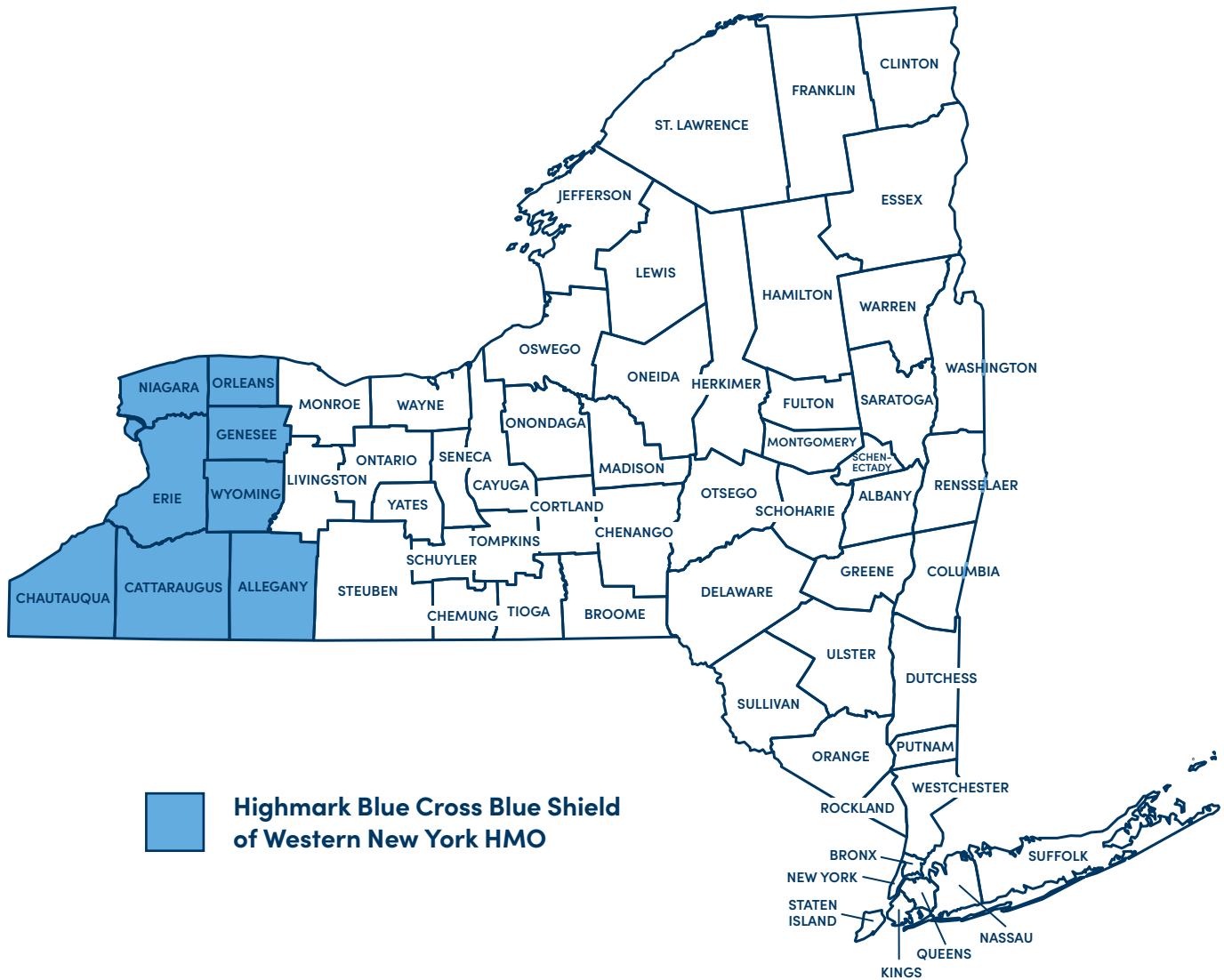


Freedom Blue PPO Valor — PA, WV, DE (Products and pricing by county)

	Valor
Monthly Plan Premium	\$0
Part B Premium Giveback	\$60
Out-of-Pocket Maximum	Network: \$6,000; Catastrophic: \$8,950
PCP Office Visit	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$10 Copay IN; \$10 Copay OON
Lab and Diagnostic Tests (Phys. Office or Free-standing Lab)	\$0 Copay IN; \$35 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$0 Copay IN; \$35 Copay OON
X-Rays	\$20 Copay IN; \$35 Copay OON
Radiation Therapy	\$60 Copay IN; \$80 Copay OON
Advanced Imaging	\$225 Copay IN; \$325 Copay OON
Preventive/Screening	Covered in Full (Office visit copay may apply) IN/OON
Outpatient Physical and Speech Therapy	\$15 Copay IN; \$35 Copay OON
Medicare Covered Acupuncture	\$15 Copay IN; \$35 Copay OON
Outpatient Occupational Therapy	\$15 Copay IN; \$35 Copay OON
Outpatient Mental Health	\$5 Copay IN; \$35 Copay OON
Outpatient Substance Abuse	\$5 Copay IN; \$35 Copay OON
Outpatient Surgical	\$195 Copay IN; \$325 Copay OON
Ambulance	\$245 Copay IN; \$375 Copay OON
Transportation	Emergency/Non-Emergent: \$250 IN; Non-Emergent: 30% Coinsurance OON
Emergency Room	\$0 Copay IN; 30% Coinsurance OON. Up to 24 One-way trips. Trip limit waived if trip is part of continued acute care after discharge from ER. (Not Covered in DE)
Urgent Care	\$100 Copay
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	\$275/admit IN; \$395/admit OON
Inpatient Psychiatric Stay	\$325/day (days 1-3); \$0/day (days 4-90) IN; \$475/day (days 1-3); \$0/day (days 4-90) OON
Skilled Nursing Facility	\$0/day (days 1-20); \$203/day (days 21-100) IN; 30% Coinsurance OON
Home Health	\$0 Copay IN; 30% Coinsurance OON
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands are covered through a DME Supplier; continuous glucose monitors, sensors and Transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom, 20% coinsurance for all other covered diabetic supplies. IN; 30% Coinsurance OON
Durable Medical Equipment	20% Coinsurance IN; 30% Coinsurance OON
OTC	\$100 Allowance Once Per Quarter IN
Onduo	\$0 Onduo Virtual Diabetes Program
Spring Health	\$0 behavioral health care program
CHF and COPD Management powered by Vida	\$0 program for COPD and congestive heart failure to manage condition through an app.
Fitness Benefit	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient
Part B Drugs — Chemotherapy and All Other Part B	0% -19.99% Coinsurance for Part B rebateable drugs and 20% Coinsurance for all other Part B drugs IN; 30% Coinsurance OON
Part B Drugs — Insulin	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 30% Coinsurance OON
Medicare Covered Vision (Office Visit)	\$10 Copay IN; \$10 Copay OON
Medicare Covered Vision (Office Visit)	\$0 Copay IN; \$50 Copay OON (one every year)
Routine Vision (Eyewear)	Standard eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A: \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.
Medicare Covered Hearing Exam	\$10 Copay IN; \$10 Copay OON
Routine Hearing Exam	\$10 Copay IN; \$10 Copay OON (one every year)
Routine Hearing (Hearing Aids)	Two hearing aids every year; TrueHearing Advanced — \$699 copay; TrueHearing Premium — \$999 copay IN; \$500 allowance OON
Routine Dental	Office Visit: \$0 Copay IN; 30% Coinsurance OON (one every six months) Includes exam, cleaning, and fluoride treatment. X-ray: \$0 Copay IN; 30% Coinsurance OON (one every year)
Medicare Covered Comprehensive Dental	\$10 Copay IN; \$10 Copay OON
Dental Allowance — Preventive and/or Comprehensive	Combined maximum allowance of \$3,000 (PA, DE)/\$2,000 (WV)
Comprehensive Dental — Supplemental	PA/WV: Restorative Services, Endodontics, Prosthodontics, Orthodontics, Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics; 20% Coinsurance IN; 50% Coinsurance OON. See EOC for benefit limits.
Medicare Covered Chiropractic	DE: Restorative Services, Endodontics, Prosthodontics, Orthodontics, Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics; 40% Coinsurance with a maximum \$3,000 Allowance IN/OON. See EOC for benefit limits.
Medicare Covered Chiropractic	\$15 Copay IN; \$35 Copay OON
Medicare Covered Podiatry	\$10 Copay IN; \$10 Copay OON (eight visits)
Routine Podiatry	\$10 Copay IN; \$10 OON (10 visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay IN; 30% Coinsurance OON
Formulary	Not Covered
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Not Covered
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply)	Not Covered
Initial Coverage (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-days supply))	Not Covered
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	Not Covered
Catastrophic OOP Threshold: \$6,000	Not Covered
IRA Benefits — T3 and T4 offered through ICP and Coverage Gap stages	Not Covered
<b>Part D Drugs</b>	
Formulary	Not Covered
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Not Covered
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply)	Not Covered
Initial Coverage (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-days supply))	Not Covered
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	Not Covered
Catastrophic OOP Threshold: \$6,000	Not Covered
IRA Benefits — T3 and T4 offered through ICP and Coverage Gap stages	Not Covered



# Highmark Blue Cross Blue Shield of Western New York HMO



\*Pricing is subject to CMS approval

## Highmark Blue Cross Blue Shield of Western New York HMO (Products and pricing by county)

	BlueSaver HMO	Senior Blue Basic HMO
Monthly Plan Premium	\$0	\$0
Part B Premium Giveback	\$8	\$62
Out-of-Pocket Maximum	Network: \$6,900; Catastrophic: N/A	Network: \$8,300; Catastrophic: N/A
PCP Office Visit	\$0 Copay IN	\$0-\$10 Copay IN
Specialist Office Visit	\$30 Copay IN	\$40 Copay IN
Lab and Diagnostic Tests (Phys. Office or Freestanding Lab)	\$0 Lab Copay IN; \$50 Diagnostic test IN	\$10 Lab Copay IN; \$60 Diagnostic test IN
Lab and Diagnostic Tests (Outpatient Facility)	\$0 Lab Copay IN; \$50 Diagnostic test IN	\$10 Lab Copay IN; \$60 Diagnostic test IN
X-Rays	\$45 Copay IN	\$50 Copay IN
Radiation Therapy	20% Coinsurance IN	20% Coinsurance IN
Advanced Imaging	\$175 Copay IN	\$225 Copay IN
Preventive/Screening	\$0 Copay IN	\$0 Copay IN
Outpatient Physical and Speech Therapy	\$30 Copay IN	\$40 Copay IN
Medicare Covered Acupuncture	\$30 Copay IN	\$40 Copay IN
Outpatient Occupational Therapy	\$30 Copay IN	\$40 Copay IN
Outpatient Mental Health	\$40 Copay IN	\$40 Copay IN
Outpatient Substance Abuse	\$40 Copay IN	\$40 Copay IN
Outpatient Surgical (Includes Observation)	\$275 Copay IN	\$425 Copay IN
Ambulance	\$375 Copay IN	\$475 Copay IN
Transportation	\$295 Copay	\$300 Copay
Emergency Room		Not Covered
Urgent Care		\$100 Copay
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	\$360 per day for days 1-5, \$1,800 OOP Max per year	\$400 per day for days 1-5, \$2,000 OOP Max per year
Inpatient Psychiatry Stay	\$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
Skilled Nursing Facility	\$0 per day for days 1-20; \$203 per day for days 21-100. No yearly benefit period maximum.	
Home Health	\$0 Copay IN	
Diabetic Supplies and Services	\$0 Copay IN Diabetic glucometer, test strip, and lancet brands dispensed via retail or mail order pharmacy are limited to LifeScan and Roche. Continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom. All other desired brands will need to be obtained from a Durable Medicare Equipment (DME) provider (or an exception process).	
Durable Medical Equipment	\$0 compression stockings, diabetic shoes/inserts; 20% all other items	
OTC	\$25 quarterly allowance	Not Covered
Meal Benefit	100% for one meal per day for seven days upon discharge from an inpatient hospital, SNF or Inpatient Psychiatry stay. Must be activated within 30 days of discharge.	
Onduo	\$0 Onduo Virtual Diabetes Program	
Spring Health	\$0 behavioral health care program	
CHF and COPD Management powered by Vida	\$0 program for COPD and congestive heart failure to manage condition through an app.	
Fitness Benefit		Covered in Full
Additional Telehealth Services		Services covered with applicable Copay listed for outpatient
Part B Drugs – Chemotherapy and All Other Part B	0%–19.99% Coinsurance for Part B rebatable drugs and 20% Coinsurance for all other Part B drugs IN	
Part B Drugs – Insulin	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin	
Medicare Covered Vision (Office Visit)	\$30 (except \$0 for diabetic retinal eye exam)	\$40 (except \$0 for diabetic retinal eye exam)
Routine Vision (Office Visit)	\$25 Copay IN	\$25 Copay IN
Routine Vision (Eyewear)	\$100 Allowance for routine eyewear	Not Covered
Medicare Covered Hearing Exam	\$30 Copay IN	\$40 Copay IN
Routine Hearing Exam	\$45 Copay IN (one every year)	Not Covered
Routine Hearing (Hearing Aids)	Two hearing aids every year; TruHearing Advanced – \$699 copay; TruHearing Premium – \$999 copay	Not Covered
Routine Dental	Office: \$0 Copay IN; (two per year) Includes exam, cleaning and fluoride treatment. X-Ray: \$0 Copay IN (one every year)	Office: \$20 Copay IN; (two per year) Includes exam, cleaning and fluoride treatment. X-Ray: \$20 Copay IN (one every year)
Medicare Covered Comprehensive Dental	\$30 Copay IN	\$40 Copay IN
Dental Allowance – Preventive and/or Comprehensive	Combined maximum allowance of \$2000	Combined maximum allowance of \$1000
Comprehensive Dental – Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics: 50% Coinsurance IN. Periodontal cleanings 0% coinsurance IN. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics: 50% Coinsurance IN. Periodontal cleanings \$20 Copay IN. See EOC for benefit limits.
Medicare Covered Chiropractic		\$15 Copay IN
Routine Chiropractic	\$15 Copay IN (six per plan year)	\$15 Copay IN (3 per plan year)
Medicare Covered Podiatry	\$30 Copay IN	\$40 Copay IN
Routine Podiatry	\$30 Copay IN (three visits)	\$40 Copay IN (three visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	Cardiac Rehab: \$10 Copay IN Partial Hospital: \$55 Copay IN Outpatient Blood: \$0 Copay IN	Cardiac Rehab: \$10 Copay IN Partial Hospital: \$55 Copay IN Outpatient Blood: \$0 Copay IN
Combined Acupuncture and Massage Therapy Allowance	\$250	\$100
Part D Drugs		
Formulary	Fundamental	Fundamental
Deductible	Tier 1–Tier 3: \$0, Tier 4–Tier 5: \$250	Tier 1–Tier 2: \$0, Tier 3–Tier 5: \$350
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Preferred Retail: Tier 1: \$0, Tier 2: \$12, Tier 3: \$42, Tier 4: \$94, Tier 5: 29% Standard Retail: Tier 1: \$5, Tier 2: \$17, Tier 3: \$47, Tier 4: \$100, Tier 5: 29%	Preferred Retail: Tier 1: \$0, Tier 2: \$12, Tier 3: \$42, Tier 4: \$94, Tier 5: 27% Standard Retail: Tier 1: \$9, Tier 2: \$17, Tier 3: \$47, Tier 4: \$100, Tier 5: 27%
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply)	Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$105, Tier 4: \$235, Tier 5: 29% Standard Mail: Tier 1: \$12.50, Tier 2: \$42.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: 29%	Preferred Mail: Tier 1: \$0, Tier 2: \$30, Tier 3: \$105, Tier 4: \$235, Tier 5: 27% Standard Mail: Tier 1: \$22.50, Tier 2: \$42.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: 27%
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$8,000	The plan pays the full cost for covered Part D drugs.	The plan pays the full cost for covered Part D drugs.
IRA Benefits – T3 and T4 offered through ICP and Coverage Gap stages	Tier 3 and Tier 4 Insulins (excludes deductible): \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	Tier 3 and Tier 4 Insulins (excludes deductible): \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy

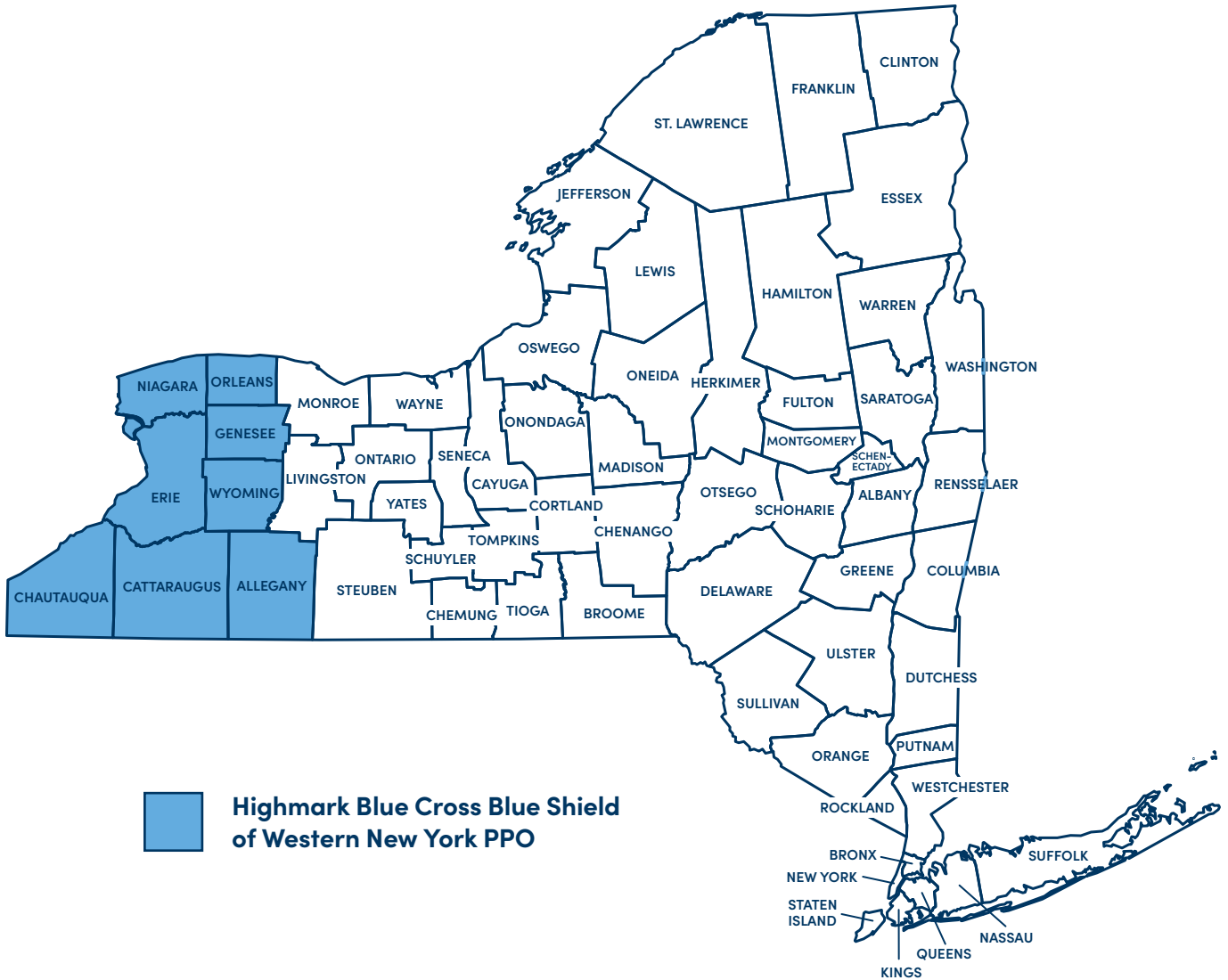
MEDICARE ADVANTAGE PRODUCTS AND PRICING BY COUNTY | SECTION III

Senior Blue 601 HMO	Senior Blue 651 HMO	Senior Blue Select HMO
\$0	\$115	\$52
\$0	\$0	\$0
Network: \$6,700; Catastrophic: N/A	Network: \$6,700; Catastrophic: N/A	Network: \$6,700; Catastrophic: N/A
\$0-\$5 Copay IN	\$0 Copay IN	\$0 Copay IN
\$45 Copay IN	\$25 Copay IN	\$30 Copay IN
\$0 Lab Copay IN; \$45 Diagnostic test IN	\$5 Lab Copay IN; \$40 Diagnostic test IN	\$0 Lab Copay IN; \$50 Diagnostic test IN
\$0 Lab Copay IN; \$45 Diagnostic test IN	\$5 Lab Copay IN; \$40 Diagnostic test IN	\$0 Lab Copay IN; \$50 Diagnostic test IN
\$45 Copay IN	\$40 Copay IN	\$45 Copay IN
20% Coinsurance IN	20% Coinsurance IN	20% Coinsurance IN
\$150 Copay IN	\$150 Copay IN	\$175 Copay IN
\$0 Copay IN	\$0 Copay IN	\$0 Copay IN
\$15 Copay IN	\$15 Copay IN	\$25 Copay IN
\$45 Copay IN	\$25 Copay IN	\$30 Copay IN
\$15 Copay IN	\$15 Copay IN	\$25 Copay IN
\$40 Copay IN	\$40 Copay IN	\$40 Copay IN
\$40 Copay IN	\$40 Copay IN	\$40 Copay IN
\$225 Copay IN	\$225 Copay IN	\$300 Copay IN
\$325 Copay IN	\$325 Copay IN	\$400 Copay IN
\$200 Copay	\$200 Copay	\$260 Copay
	Not Covered	
	\$100 Copay	
	\$55 Copay	
\$290 per day for days 1-7, \$2,030 OOP Max per year	\$225 per day for days 1-7, \$1,575 OOP Max per year	\$335 per day for days 1-5, \$1,675 OOP Max per year
\$260 per day for days 1-6, \$1,560 OOP Max per year	\$215 per day for days 1-6, \$1,290 OOP Max per year	\$260 per day for days 1-6, \$1,560 OOP Max per year
\$0 per day for days 1-20; \$203 per day for days 21-100. No yearly benefit period maximum.		
\$0 Copay IN		
\$0 Copay IN		
Diabetic glucometer, test strip, and lancet brands dispensed via retail or mail order pharmacy are limited to LifeScan and Roche. Continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom. All other desired brands will need to be obtained from a Durable Medicare Equipment (DME) provider (or an exception process).		
\$0 compression stockings, diabetic shoes/inserts; 20% all other items		
\$25 quarterly allowance	\$35 quarterly allowance	\$35 quarterly allowance
100% for one meal per day for seven days upon discharge from an inpatient hospital, SNF or Inpatient Psychiatry stay. Must be activated within 30 days of discharge.		
\$0 Onduo Virtual Diabetes Program		
\$0 behavioral health care program		
\$0 program for COPD and congestive heart failure to manage condition through an app.		
Covered in Full		
Services covered with applicable Copay listed for outpatient		
0%-19.99% Coinsurance for Part B reimbutable drugs and 20% Coinsurance for all other Part B drugs IN		
20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin		
\$45 (except \$0 for diabetic retinal eye exam)	\$25 (except \$0 for diabetic retinal eye exam)	\$30 (except \$0 for diabetic retinal eye exam)
\$25 Copay IN	\$25 Copay IN	\$25 Copay IN
\$100 Allowance for routine eyewear	\$200 Allowance for routine eyewear	\$200 Allowance for routine eyewear
\$45 Copay IN	\$25 Copay IN	\$30 Copay IN
\$45 Copay IN (one every year)	\$45 Copay IN (one every year)	\$45 Copay IN (one every year)
Two hearing aids every year; TruHearing Advanced – \$599 copay; TruHearing Premium – \$899 copay	Two hearing aids every year; TruHearing Advanced – \$499 copay; TruHearing Premium – \$799 copay	Two hearing aids every year; TruHearing Advanced – \$499 copay; TruHearing Premium – \$799 copay
Office: \$0 Copay IN (two per year) Includes exam and cleaning X-Ray: \$0 Copay IN (one every year)	Office: \$0 Copay IN (two per year) Includes exam and cleaning X-Ray: \$0 Copay IN (one every year)	Office: \$0 Copay IN (two per year) Includes exam and cleaning X-Ray: \$0 Copay IN (one every year)
\$45 Copay IN	\$25 Copay IN	\$30 Copay IN
Comprehensive maximum allowance of \$2000	Comprehensive maximum allowance of \$2000	Comprehensive maximum allowance of \$2000
Restorative Services, Endodontics, Extractions, Diagnostics, Periodontics: 50% Coinsurance IN. Periodontal cleanings \$0 Copay IN. See EOC for benefit limits.	Restorative Services, Endodontics, Extractions, Diagnostics, Periodontics: 50% Coinsurance IN. Periodontal cleanings \$0 Copay IN. See EOC for benefit limits.	Restorative Services, Endodontics, Extractions, Diagnostics, Periodontics: 50% Coinsurance IN. Periodontal cleanings \$0 Copay IN. See EOC for benefit limits.
	\$15 Copay IN	
\$15 Copay IN (six per plan year)	\$15 Copay IN (12 per plan year)	\$15 Copay IN (12 per plan year)
\$45 Copay IN	\$25 Copay IN	\$30 Copay IN
\$45 Copay IN (three visits)	\$25 Copay IN (three visits)	\$30 Copay IN (three visits)
Cardiac Rehab: \$15 Copay IN Partial Hospital: \$55 Copay IN Outpatient Blood: \$0 Copay IN	Cardiac Rehab: \$15 Copay IN Partial Hospital: \$55 Copay IN Outpatient Blood: \$0 Copay IN	Cardiac Rehab: \$15 Copay IN Partial Hospital: \$55 Copay IN Outpatient Blood: \$0 Copay IN
\$250	\$500	\$500
Part D Drugs		
Not Covered	Fundamental	Fundamental
Not Covered	\$0	Tier 1-Tier 2: \$0, Tier 3-Tier 5: \$175
Not Covered	Preferred Retail: Tier 1: \$2, Tier 2: \$10, Tier 3: \$42, Tier 4: \$94, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Preferred Retail: Tier 1: \$2, Tier 2: \$10, Tier 3: \$42, Tier 4: \$94, Tier 5: 30% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 30%
Not Covered	Preferred Mail: Tier 1: \$0, Tier 2: \$25, Tier 3: \$105, Tier 4: \$235, Tier 5: 33% Standard Mail: Tier 1: \$17.50, Tier 2: \$37.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: 33%	Preferred Mail: Tier 1: \$0, Tier 2: \$25, Tier 3: \$105, Tier 4: \$235, Tier 5: 30% Standard Mail: Tier 1: \$17.50, Tier 2: \$37.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: 30%
Not Covered	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)
Not Covered	The plan pays the full cost for covered Part D drugs.	The plan pays the full cost for covered Part D drugs.
Not Covered	Tier 3 and Tier 4 Insulins (excludes deductible): \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	Tier 3 and Tier 4 Insulins (excludes deductible): \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy





# Highmark Blue Cross Blue Shield of Western New York PPO



\*Pricing is subject to CMS approval

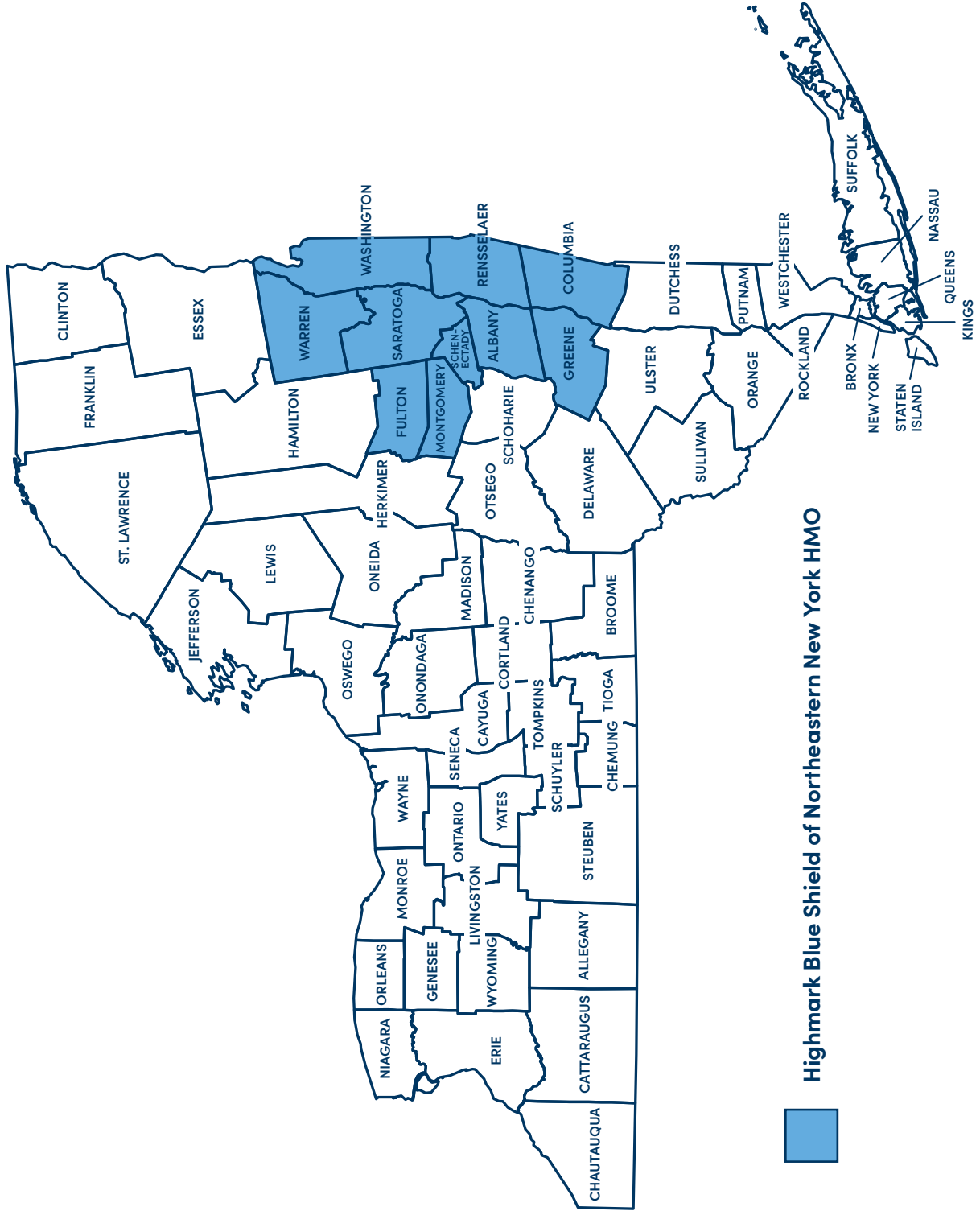
## Highmark Blue Cross Blue Shield of Western New York PPO (Products and pricing by county)

	Freedom Nation PPO
Monthly Plan Premium	\$24
Part B Premium Giveback	\$4
Out-of-Pocket Maximum	Network: \$6,750; Catastrophic: \$11,300
PCP Office Visit	\$0 Copay IN; 50% Coinsurance OON
Specialist Office Visit	\$30 Copay IN; 50% Coinsurance OON
Lab and Diagnostic Tests (Phys. Office or Freestanding Lab)	\$5 Lab Copay IN; \$50 Diagnostic Tests IN; Lab \$5 Copay OON; Diagnostic Test 50% Coinsurance OON
Lab and Diagnostic Tests (Outpatient Facility)	\$5 Lab Copay IN; \$50 Diagnostic Tests IN; Lab \$5 Copay OON; Diagnostic Test 50% Coinsurance OON
X-Rays	\$50 Copay IN; 50% Coinsurance OON
Radiation Therapy	20% Coinsurance IN; 50% Coinsurance OON
Advanced Imaging	\$200 Copay IN; 50% Coinsurance OON
Preventive/Screening	\$0 Copay IN; 50% Coinsurance OON
Outpatient Physical and Speech Therapy	\$25 Copay IN; 50% Coinsurance OON
Medicare Covered Acupuncture	\$30 Copay IN; 50% Coinsurance OON
Outpatient Occupational Therapy	\$25 Copay IN; 50% Coinsurance OON
Outpatient Mental Health	\$40 Copay IN; 50% Coinsurance OON
Outpatient Substance Abuse	\$40 Copay IN; 50% Coinsurance OON
Outpatient Surgical (Includes Observation)	\$275 Copay IN; 50% Coinsurance OON
Ambulance	\$375 Copay IN; 50% Coinsurance OON
Transportation	\$300 Copay
Emergency Room	Not Covered
Urgent Care	\$100 Copay
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	\$55 Copay
Inpatient Psychiatry Stay	\$370 per day for days 1-5, \$1,850 OOP Max per year IN; 50% Coinsurance OON
Skilled Nursing Facility	\$370 per day for days 1-5, \$1,850 OOP Max per year IN; 50% Coinsurance OON \$0 per day for days 1-20; \$203 per day for days 21-100, No yearly benefit period maximum IN; 50% Coinsurance OON
Home Health	\$0 Copay IN; 50% Coinsurance OON
Diabetic Supplies and Services	\$0 Copay IN; 50% Coinsurance OON Diabetic glucometer, test strip, and lancet brands dispensed via retail or mail order pharmacy are limited to LifeScan and Roche. Continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom. All other desired brands will need to be obtained from a Durable Medicare Equipment (DME) provider (or an exception process).
Durable Medical Equipment	\$0 compression stockings, diabetic shoes/inserts; 20% all other items IN; 50% Coinsurance OON
OTC	\$40 quarterly allowance
Meal Benefit	100% for one meal per day for seven days upon discharge from an inpatient hospital, SNF or Inpatient Psychiatry stay. Must be activated within 30 days of discharge.
Onduo	\$0 Onduo Virtual Diabetes Program
Spring Health	\$0 behavioral health care program
CHF and COPD Management powered by Vida	\$0 program for COPD and congestive heart failure to manage condition through an app.
Fitness Benefit	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient
Part B Drugs – Chemotherapy and All Other Part B	0%–19.99% Coinsurance for Part B reimbursable drugs and 20% Coinsurance IN; 50% Coinsurance OON
Part B Drugs – Insulin	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 50% Coinsurance OON
Medicare Covered Vision (Office Visit)	\$30 (except \$0 for diabetic retinal eye exam); 50% Coinsurance OON
Routine Vision (Office Visit)	\$25 Copay IN; 20% Coinsurance OON
Routine Vision (Eyewear)	\$100 Allowance for routine eyewear
Medicare Covered Hearing Exam	\$30 Copay IN; 50% Coinsurance OON
Routine Hearing Exam	\$45 Copay (one every year)
Routine Hearing (Hearing Aids)	Two hearing aids every year; TruHearing Advanced – \$699 copay; TruHearing Premium – \$999 copay
Routine Dental	Office: \$0 Copay IN; \$0 Copay OON (two per year) Includes exam, cleaning and fluoride treatment X-Ray: \$0 Copay IN (one every year); \$0 Copay OON
Medicare Covered Comprehensive Dental	\$30 Copay IN; 50% Coinsurance OON
Dental Allowance – Preventive and/or Comprehensive	Combined maximum allowance of \$2000
Comprehensive Dental – Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics: 50% Coinsurance IN. 50% Coinsurance OON. Periodontal cleanings \$0 Copay IN and OON. See EOC for benefit limits.
Medicare Covered Chiropractic	\$15 Copay IN; 50% Coinsurance OON
Routine Chiropractic	\$15 Copay IN (six per plan year); 50% Coinsurance OON
Medicare Covered Podiatry	\$30 Copay IN; 50% Coinsurance OON
Routine Podiatry	\$30 Copay IN; 50% Coinsurance OON (three visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	Cardiac Rehab: \$10 Copay IN; 50% Coinsurance OON Partial Hospital: \$55 copay IN; 50% Coinsurance OON Outpatient Blood: \$0 Copay IN; 50% Coinsurance OON
Combined Acupuncture and Massage Therapy Allowance	\$250
Part D Drugs	
Formulary	Fundamental
Deductible	Tier 1–Tier 3: \$0, Tier 4–Tier 5: \$200
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Preferred Retail: Tier 1: \$0, Tier 2: \$5, Tier 3: \$42, Tier 4: \$94, Tier 5: 29% Standard Retail: Tier 1: \$5, Tier 2: \$17, Tier 3: \$47, Tier 4: \$100, Tier 5: 29%
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31 days supply)	Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$105, Tier 4: \$235, Tier 5: 29% Standard Mail: Tier 1: \$12.50, Tier 2: \$42.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: 29%
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31 days supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$8,000	The plan pays the full cost for covered Part D drugs.
IRA Benefits – T3 and T4 offered through ICP and Coverage Gap stages	Tier 3 and Tier 4 Insulins (excludes deductible): \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy

MEDICARE ADVANTAGE PRODUCTS AND PRICING BY COUNTY | SECTION III

Forever Blue Value PPO	Forever Blue 751 PPO
\$144	\$209
\$0	\$0
Network: \$6,700; Catastrophic: \$10,000	Network: \$6,700; Catastrophic: \$10,000
\$0-\$10 Copay IN; 35% Coinsurance OON	\$0-\$5 Copay IN; 25% Coinsurance OON
\$30 Copay IN; 35% Coinsurance OON	\$25 Copay IN; 25% Coinsurance OON
\$5 Lab Copay IN; \$45 Diagnostic Tests; Both 35% Coinsurance OON	\$5 Lab Copay IN; \$40 Diagnostic Tests; Both 25% Coinsurance OON
\$5 Lab Copay IN; \$45 Diagnostic Tests; Both 35% Coinsurance OON	\$5 Lab Copay IN; \$40 Diagnostic Tests; Both 25% Coinsurance OON
\$45 Copay IN; 35% Coinsurance OON	\$40 Copay IN; 25% Coinsurance OON
20% Coinsurance IN; 35% Coinsurance OON	20% Coinsurance IN; 25% Coinsurance OON
\$150 Copay IN; 35% Coinsurance OON	\$150 Copay IN; 25% Coinsurance OON
\$0 Copay IN; 35% Coinsurance OON	\$0 Copay IN; 25% Coinsurance OON
\$20 Copay IN; 35% Coinsurance OON	\$20 Copay IN; 25% Coinsurance OON
\$30 Copay IN; 35% Coinsurance OON	\$25 Copay IN; 25% Coinsurance OON
\$20 Copay IN; 35% Coinsurance OON	\$20 Copay IN; 25% Coinsurance OON
\$40 Copay IN; 50% Coinsurance OON	\$40 Copay IN; 50% Coinsurance OON
\$40 Copay IN; 50% Coinsurance OON	\$40 Copay IN; 50% Coinsurance OON
\$250 Copay IN; 35% Coinsurance OON	\$200 Copay IN; 25% Coinsurance OON
\$350 Copay IN; 35% Coinsurance OON	\$300 Copay IN; 25% Coinsurance OON
\$250 Copay	\$225 Copay
	Not Covered
	\$100 Copay
	\$55 Copay
\$250 per day for days 1-7, \$1,750 OOP Max per year IN; 35% Coinsurance OON	\$205 per day for days 1-7, \$1,435 OOP Max per year IN; 30% Coinsurance OON
\$270 per day for days 1-6, \$1,620 OOP Max per year IN; 35% Coinsurance OON	\$270 per day for days 1-6, \$1,620 OOP Max per year IN; 30% Coinsurance OON
\$0 per day for days 1-20; \$203 per day for days 21-100, No yearly benefit period maximum IN; 50% Coinsurance OON	
\$0 Copay IN; 35% Coinsurance OON	\$0 Copay IN; 25% Coinsurance OON
\$0 Copay IN; 50% Coinsurance OON	
Diabetic glucometer, test strip, and lancet brands dispensed via retail or mail order pharmacy are limited to LifeScan and Roche. Continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom. All other desired brands will need to be obtained from a Durable Medicare Equipment (DME) provider (or an exception process).	
\$0 compression stockings, diabetic shoes/inserts; 20% all other items IN; 50% Coinsurance OON	
\$35 quarterly allowance	\$35 quarterly allowance
100% for one meal per day for seven days upon discharge from an inpatient hospital, SNF or Inpatient Psychiatry stay. Must be activated within 30 days of discharge.	
\$0 Onduo Virtual Diabetes Program	
\$0 behavioral health care program	
\$0 program for COPD and congestive heart failure to manage condition through an app.	
Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	
Services covered with applicable Copay listed for outpatient	
0%-19.99% Coinsurance for Part B rebatable drugs and 20% Coinsurance IN; 35% Coinsurance OON	0%-19.99% Coinsurance for Part B rebatable drugs and 20% Coinsurance IN; 25% Coinsurance OON
20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 35% Coinsurance OON	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 25% Coinsurance OON
\$30 (except \$0 for diabetic retinal eye exam); 35% Coinsurance OON	\$25 (except \$0 for diabetic retinal eye exam); 25% Coinsurance OON
\$25 Copay IN; 20% Coinsurance OON	
\$200 Allowance for routine eyewear	\$200 Allowance for routine eyewear
\$30 Copay IN; 35% Coinsurance OON	\$25 Copay IN; 25% Coinsurance OON
\$45 Copay (one every year)	
Two hearing aids every year; TruHearing Advanced – \$499 Copay; TruHearing Premium – \$799 copay	Two hearing aids every year; TruHearing Advanced – \$499 copay; TruHearing Premium – \$799 copay
Office: \$0 Copay IN; \$0 Copay OON (two per year) Includes exam, and cleaning	Office: \$0 Copay IN; \$0 Copay OON (two per year) Includes exam, and cleaning
X-Ray: \$0 Copay IN (one every year); \$0 Copay OON	X-Ray: \$0 Copay IN (one every year); \$0 Copay OON
\$30 Copay IN; 35% Coinsurance OON	\$25 Copay IN; 25% Coinsurance OON
Comprehensive maximum allowance of \$2000	Comprehensive maximum allowance of \$2000
Restorative Services, Endodontics, Extractions, Diagnostics, Periodontics: 50% Coinsurance IN, 50% Coinsurance OON. Periodontal cleanings \$0 Copay IN and OON. See EOC for benefit limits.	Restorative Services, Endodontics, Extractions, Diagnostics, Periodontics: 50% Coinsurance IN, 50% Coinsurance OON. Periodontal cleanings \$0 Copay IN and OON. See EOC for benefit limits.
\$15 Copay IN; 35% Coinsurance OON	\$15 Copay IN; 25% Coinsurance OON
\$15 Copay IN (12 per plan year); 25% Coinsurance OON	\$15 Copay IN (12 per plan year); 25% Coinsurance OON
\$30 Copay IN; 35% Coinsurance OON	\$25 Copay IN; 25% Coinsurance OON
\$30 Copay IN; 35% Coinsurance OON (three visits)	\$25 Copay IN; 25% Coinsurance OON (three visits)
Cardiac Rehab: \$5 Copay IN; 35% Coinsurance OON	Cardiac Rehab: \$15 Copay IN; 25% Coinsurance OON
Partial Hospital: \$55 copay IN; 35% Coinsurance OON	Partial Hospital: \$55 copay IN; 25% Coinsurance OON
Outpatient Blood: \$0 Copay IN; 35% Coinsurance OON	Outpatient Blood: \$0 Copay IN; 25% Coinsurance OON
\$500	\$500
Part D Drugs	
Fundamental	Fundamental
\$0	\$0
Preferred Retail: Tier 1: \$4, Tier 2: \$10, Tier 3: \$42, Tier 4: \$94, Tier 5: 33% Standard Retail: Tier 1: \$9, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Preferred Retail: Tier 1: \$2, Tier 2: \$8, Tier 3: \$42, Tier 4: \$94, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$13, Tier 3: \$47, Tier 4: \$99, Tier 5: 33%
Preferred Mail: Tier 1: \$0, Tier 2: \$25, Tier 3: \$105, Tier 4: \$235, Tier 5: 33% Standard Mail: Tier 1: \$22.50, Tier 2: \$37.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: 33%	Preferred Mail: Tier 1: \$0, Tier 2: \$20, Tier 3: \$105, Tier 4: \$235, Tier 5: 33% Standard Mail: Tier 1: \$17.50, Tier 2: \$32.50, Tier 3: \$117.50, Tier 4: \$247.50, Tier 5: 33%
Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)
The plan pays the full cost for covered Part D drugs.	
Tier 3 and Tier 4 Insulins (excludes deductible): \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	

# Highmark Blue Shield of Northeastern New York HMO



Highmark Blue Shield of Northeastern New York HMO

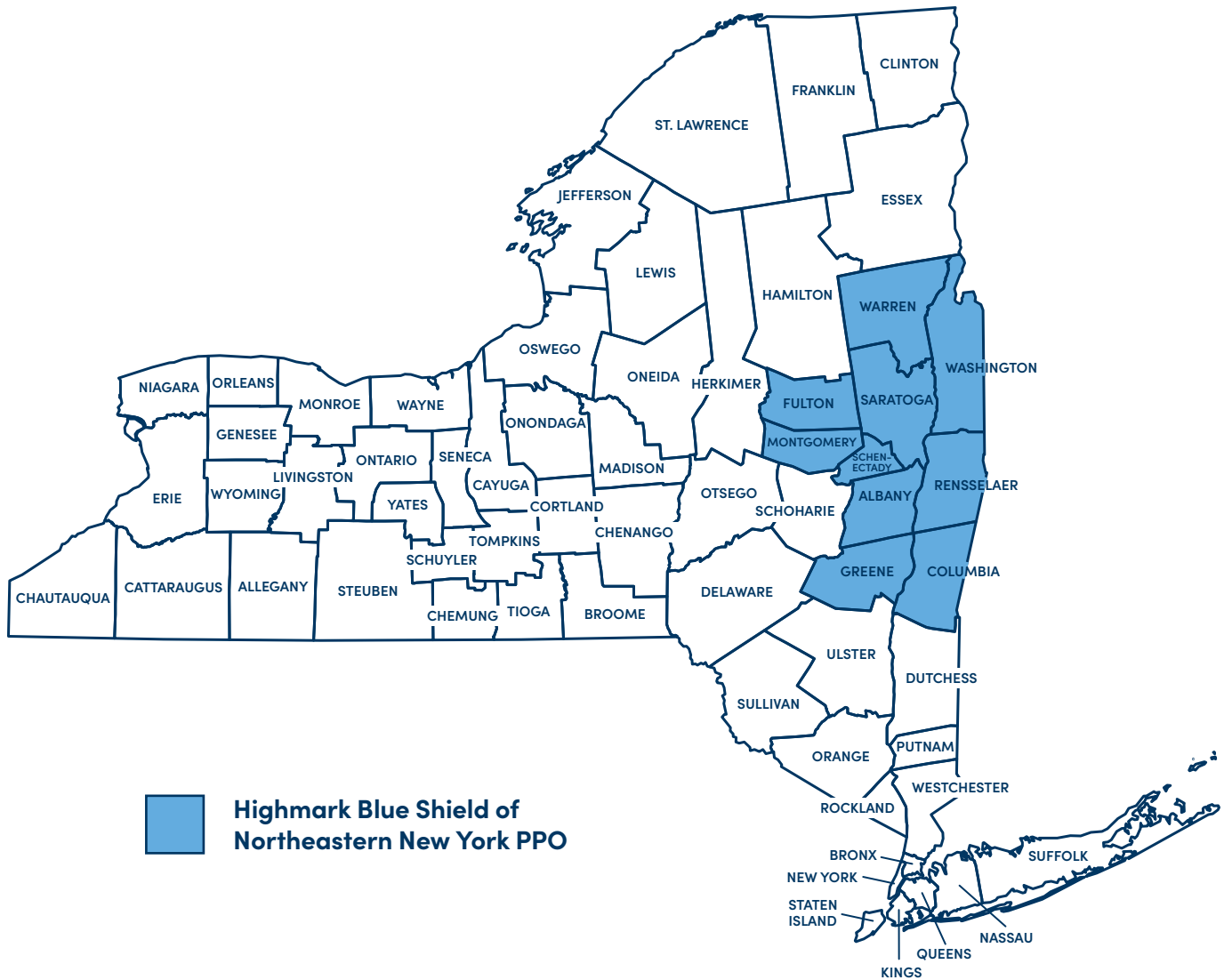
\*Pricing is subject to CMS approval

Highmark Blue Shield of Northeastern New York HMO (Products and pricing by county)

	Freedom Value HMO	Freedom Plus HMO	Senior Blue 652 HMO
Monthly Plan Premium	\$0	\$53	\$122
Part B Premium Giveback	\$8	\$0	\$0
Out-of-Pocket Maximum	Network: \$6,700; Catastrophic: N/A	Network: \$6,700; Catastrophic: N/A	Network: \$6,700; Catastrophic: N/A
PCP Office Visit	\$0 Copay IN	\$0-\$10 Copay IN	\$0 Copay IN
Specialist Office Visit	\$35 Copay IN	\$35 Copay IN	\$26 Copay IN
Lab and Diagnostic Tests (Phys. Office or Freestanding Lab)	\$10 lab Copay IN; \$50 diagnostic test copay IN	\$10 lab Copay IN; \$50 diagnostic test copay IN	\$5 lab Copay IN; \$50 diagnostic test copay IN
Lab and Diagnostic Tests (Outpatient Facility)	\$10 lab Copay IN; \$50 diagnostic test copay IN	\$10 lab Copay IN; \$50 diagnostic test copay IN	\$5 lab Copay IN; \$50 diagnostic test copay IN
X-Rays	\$50 Copay IN	\$50 Copay IN	\$50 Copay IN
Radiation Therapy	20% Coinsurance IN	20% Coinsurance IN	20% Coinsurance IN
Advanced Imaging	\$200 Copay IN	\$200 Copay IN	\$150 Copay IN
Preventive/Screening	\$0 Copay IN	\$0 Copay IN	\$0 Copay IN
Outpatient Physical and Speech Therapy	\$30 Copay IN	\$30 Copay IN	\$15 Copay IN
Medicare Covered Acupuncture	\$35 Copay IN	\$35 Copay IN	\$26 Copay IN
Outpatient Occupational Therapy	\$30 Copay IN	\$35 Copay IN	\$15 Copay IN
Outpatient Mental Health	\$40 Copay IN	\$40 Copay IN	\$40 Copay IN
Outpatient Substance Abuse	\$40 Copay IN	\$40 Copay IN	\$40 Copay IN
Outpatient Surgical (Includes Observation)	\$275 Copay IN	\$230 Copay IN	\$200 Copay IN
Ambulance	\$375 Copay IN	\$330 Copay IN	\$300 Copay IN
Transportation	\$290 Copay	Not Covered	\$200 Copay
Emergency Room		\$100 Copay	
Urgent Care		\$55 Copay	
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	\$375 per day for days 1-5, \$1,875 OOP Max per year	\$325 per day for days 1-4, \$1,300 OOP Max per year	\$225 per day for days 1-7, \$1,575 OOP Max per year
Inpatient Psychiatric Stay	\$310 per day for days 1-6, \$1,860 OOP Max per year	\$275 per day for days 1-6, \$1,650 OOP Max per year	\$260 per day for days 1-6, \$1,560 OOP Max per year
Skilled Nursing Facility	\$0 per day for days 1-20; \$203 per day for days 21-100. No yearly/benefit period maximum.	\$0 per day for days 1-20; \$203 per day for days 21-100. No yearly/benefit period maximum.	\$0 per day for days 1-20; \$203 per day for days 21-100. No yearly/benefit period maximum.
Home Health		\$0 Copay IN	\$0 Copay IN
Diabetic Supplies and Services	Diabetic glucometer, test strip, and lancet brands dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom. All other desired brands will need to be obtained from a Durable Medicare Equipment (DME) provider (or an exception process), or mail order pharmacy are limited to Abbott and Dexcom.	\$0 compression stockings, diabetic shoes/inserts; 20% all other items	\$0 compression stockings, diabetic shoes/inserts; 20% all other items
Durable Medical Equipment	\$25 quarterly allowance	\$35 quarterly allowance	\$35 quarterly allowance
OTC	\$0 copay, One meal per day for seven days upon discharge from an inpatient hospital; SNF or Inpatient Psychiatry stay. Must be activated within 30 days of discharge.	\$0 copay, One meal per day for seven days upon discharge from an inpatient hospital; SNF or Inpatient Psychiatry stay. Must be activated within 30 days of discharge.	\$0 copay, One meal per day for seven days upon discharge from an inpatient hospital; SNF or Inpatient Psychiatry stay. Must be activated within 30 days of discharge.
Meal Benefit		\$0 Onondio Virtual Diabetes Program	
Onndio		\$0 behavioral health care program	
Spring Health		Covered in Full	
CHF and COPD Management powered by Vida		Services covered with applicable Copay listed for outpatient	
Additional Telehealth Services		Part B Drugs - Chemotherapy and All Other Part B	
Part B Drugs - Chemotherapy and All Other Part B	0%-19.99% Coinsurance for Part B reimbutable drugs and 20% Coinsurance for all other Part B drugs IN	0%-19.99% Coinsurance for Part B reimbutable drugs and 20% Coinsurance for all other Part B drugs IN	0%-19.99% Coinsurance for Part B reimbutable drugs and 20% Coinsurance for all other Part B drugs IN
Part B Drugs - Insulin	20% Coinsurance up to a maximum of a \$35 copay for one month supply of insulin	20% Coinsurance up to a maximum of a \$35 copay for one month supply of insulin	20% Coinsurance up to a maximum of a \$35 copay for one month supply of insulin
Medicare Covered Vision (Office Visit)	\$35 (except \$0 for diabetic retinal eye exam)	\$35 (except \$0 for diabetic retinal eye exam)	\$26 (except \$0 for diabetic retinal eye exam)
Routine Vision (Office Visit)	\$100 Allowance IN; Benefit is carved out to Davis Vision	\$25 Copay IN; Benefit is carved out to Davis Vision	\$200 Allowance IN; Benefit is carved out to Davis Vision
Medicare Covered Hearing Exam	\$45 Copay (one every year)	\$45 Copay (one every year)	\$45 Copay (one every year)
Routine Hearing Exam	Two hearing aids every year; TrueHearing Advanced - \$999 copay; TrueHearing Premium - \$899 copay	Two hearing aids every year; TrueHearing Advanced - \$499 copay; TrueHearing Premium - \$799 copay	Two hearing aids every year; TrueHearing Advanced - \$499 copay; TrueHearing Premium - \$799 copay
Routine Hearing (Hearing Aids)	Office: \$0 Copay IN (two per year) Includes exam and cleaning; X-Ray: \$0 Copay IN (one every year)	Office: \$0 Copay IN (two per year) Includes exam and cleaning; X-Ray: \$0 Copay IN (one every year)	Office: \$0 Copay IN (two per year) Includes exam and cleaning; X-Ray: \$0 Copay IN (one every year)
Routine Dental	\$35 Copay IN	\$35 Copay IN	\$26 Copay IN
Medicare Covered Comprehensive Dental		Comprehensive maximum allowance of \$2000	
Dental Allowance - Preventive and/or Comprehensive	Restorative Services, Endodontics, Extractions, Diagnostics, Periodontics: 50% Coinsurance IN. Periodontal cleanings \$0 Copay IN. See EOC for benefit limits.	Restorative Services, Endodontics, Extractions, Diagnostics, Periodontics: 50% Coinsurance IN. Periodontal cleanings \$0 Copay IN. See EOC for benefit limits.	Restorative Services, Endodontics, Extractions, Diagnostics, Periodontics: 50% Coinsurance IN. Periodontal cleanings \$0 Copay IN. See EOC for benefit limits.
Medicare Covered Chiropractic	\$15 Copay IN (six per plan year)	\$15 Copay IN (12 per plan year)	\$15 Copay IN (12 per plan year)
Medicare Covered Podiatry	\$35 Copay IN	\$35 Copay IN (three visits)	\$26 Copay IN
Routine Podiatry	Cardiac Rehab: \$15 Copay IN; Partial Hospital: \$55 Copay IN; Outpatient Blood: \$0 Copay IN	Cardiac Rehab: \$15 Copay IN; Partial Hospital: \$55 Copay IN; Outpatient Blood: \$0 Copay IN	Cardiac Rehab: \$10 Copay IN; Partial Hospital: \$55 Copay IN; Outpatient Blood: \$0 Copay IN
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$250	\$500	\$500
Combined Acupuncture and Massage Therapy Allowance			
Formulary	Fundamental	Part D Drugs	Fundamental
Deductible	Tier 1-Tier 2: \$0, Tier 3-Tier 5: \$295	Tier 1-Tier 2: \$0, Tier 3-Tier 5: \$275	\$0
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Preferred Retail: Tier 1: \$3, Tier 2: \$10, Tier 3: \$42, Tier 4: \$94, Tier 5: 28% Standard Retail: Tier 1: \$8, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 28% Preferred Mail: Tier 1: \$0, Tier 2: \$25, Tier 3: \$105, Tier 4: \$235, Tier 5: 28% Standard Mail: Tier 1: \$20, Tier 2: \$37,50, Tier 3: \$117,50, Tier 4: \$250, Tier 5: 28%	Preferred Retail: Tier 1: \$2, Tier 2: \$10, Tier 3: \$42, Tier 4: \$94, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33% Preferred Mail: Tier 1: \$0, Tier 2: \$25, Tier 3: \$105, Tier 4: \$235, Tier 5: 33% Standard Mail: Tier 1: \$17,50, Tier 2: \$32,50, Tier 3: \$117,50, Tier 4: \$250, Tier 5: 33%	Preferred Retail: Tier 1: \$2, Tier 2: \$10, Tier 3: \$42, Tier 4: \$94, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33% Preferred Mail: Tier 1: \$0, Tier 2: \$25, Tier 3: \$105, Tier 4: \$235, Tier 5: 33% Standard Mail: Tier 1: \$17,50, Tier 2: \$32,50, Tier 3: \$117,50, Tier 4: \$250, Tier 5: 33%
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply)			
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	Brand (25% coinsurance)	Generics (25% coinsurance) including 70% discount	Generics (25% coinsurance) including 70% discount
Catastrophic OOP Threshold: \$6,000			
IRA Benefits - T3 and T4 offered through ICP and Coverage Gap stages	Tier 3 and Tier 4 Insulins (excludes deductible); \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	The plan pays the full cost for covered Part D drugs.	Brand (25% coinsurance including 70% discount)



# Highmark Blue Shield of Northeastern New York PPO



\*Pricing is subject to CMS approval

## Highmark Blue Shield of Northeastern New York PPO (Products and pricing by county)

	Freedom Nation PPO
Monthly Plan Premium	\$0
Part B Premium Giveback	\$8
Out-of-Pocket Maximum	Network: \$6,750; Catastrophic: \$11,300
PCP Office Visit	\$0 Copay IN; 40% Coinsurance OON
Specialist Office Visit	\$30 Copay INN; 40% Coinsurance OON
Lab and Diagnostic Tests (Phys. Office or Freestanding Lab)	\$5 lab Copay IN; \$5 copay OON \$50 diagnostic test copay IN; 50% Coinsurance OON
Lab and Diagnostic Tests (Outpatient Facility)	\$5 lab Copay IN; \$5 copay OON \$50 diagnostic test copay IN; 50% Coinsurance OON
X-Rays	\$50 Copay IN; 50% Coinsurance OON
Radiation Therapy	20% Coinsurance IN; 50% Coinsurance OON
Advanced Imaging	\$200 Copay IN; 50% Coinsurance OON
Preventive/Screening	\$0 Copay IN; 40% Coinsurance OON
Outpatient Physical and Speech Therapy	\$30 Copay IN; 50% Coinsurance OON
Medicare Covered Acupuncture	\$30 Copay IN; 40% Coinsurance OON
Outpatient Occupational Therapy	\$30 Copay IN; 50% Coinsurance OON
Outpatient Mental Health	\$40 Copay IN; 50% Coinsurance OON
Outpatient Substance Abuse	\$40 Copay IN; 50% Coinsurance OON
Outpatient Surgical (Includes Observation)	ASC: \$225 Copay IN; 50% Coinsurance OON Facility: \$325 Copay IN; 50% Coinsurance OON
Ambulance	\$310 Copay
Transportation	Not Covered
Emergency Room	\$100 Copay
Urgent Care	\$55 Copay
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	\$375 per day (days 1-5) IN, \$1,875 OOP Max per year; 50% per stay OON; OON: 50% Coinsurance
Inpatient Psychiatry Stay	INN: \$370 per day for days 1-5, \$1,850 OOP Max per year; OON: 50% Coinsurance
Skilled Nursing Facility	INN: \$0 per day for days 1-20; \$203 per day for days 21-100, No yearly benefit period maximum. OON: 50% Coinsurance
Home Health	\$0 Copay IN; 50% Coinsurance OON
Diabetic Supplies and Services	\$0 Copay IN; Diabetic glucometer, test strip, and lancet brands dispensed via retail or mail order pharmacy are limited to LifeScan and Roche. Continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom. All other desired brands will need to be obtained from a Durable Medicare Equipment (DME) provider (or an exception process); 50% coinsurance OON
Durable Medical Equipment	INN: \$0 compression stockings, diabetic shoes/inserts; 20% all other items. OON: 50% Coinsurance
OTC	\$25 Allowance Once Per Quarter IN
Meal Benefit	\$0 copay, one meal per day for seven days upon discharge from an inpatient hospital, SNF or Inpatient Psychiatry stay. Must be activated within 30 days of discharge.
Onduo	\$0 Onduo Virtual Diabetes Program
Spring Health	\$0 behavioral health care program
CHF and COPD Management powered by Vida	\$0 program for COPD and congestive heart failure to manage condition through an app.
Fitness Benefit	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient
Part B Drugs – Chemotherapy and All Other Part B	0%–19.99% Coinsurance for Part B rebatable drugs and 20% Coinsurance IN; 50% Coinsurance OON
Part B Drugs – Insulin	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 50% Coinsurance OON
Medicare Covered Vision (Office Visit)	\$30 (except \$0 for diabetic retinal eye exam); 40% coinsurance OON
Routine Vision (Office Visit)	\$25 Copay IN; 20% coinsurance OON; Benefit is carved out to Davis Vision
Routine Vision (Eyewear)	\$100 Allowance IN and OON Combined; Benefit is carved out to Davis Vision
Medicare Covered Hearing Exam	\$30 Copay IN; 40% Coinsurance OON
Routine Hearing Exam	\$45 Copay (one every year)
Routine Hearing (Hearing Aids)	Two hearing aids every year; TruHearing Advanced – \$699 copay; TruHearing Premium – \$999 copay
Routine Dental	Office: \$0 Copay IN; \$0 Copay OON (two per year) Includes exam, cleaning and fluoride treatment X-Ray: \$0 Copay IN (one every year); \$0 Copay OON
Medicare Covered Comprehensive Dental	\$30 Copay IN; 40% Coinsurance OON
Dental Allowance – Preventive and/or Comprehensive	Combined maximum allowance of \$2000
Comprehensive Dental – Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics: 50% Coinsurance IN. 50% Coinsurance OON. Periodontal cleanings \$0 Copay IN and OON. See EOC for benefit limits.
Medicare Covered Chiropractic	\$15 Copay IN; 50% Coinsurance OON
Routine Chiropractic	\$15 Copay IN (six per plan year); 50% Coinsurance OON
Medicare Covered Podiatry	\$30 Copay IN; 40% Coinsurance OON
Routine Podiatry	\$30 Copay IN; 40% Coinsurance OON (three visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	Cardiac Rehab: \$15 Copay IN; 50% Coinsurance OON Partial Hospital: \$55 copay IN; 40% Coinsurance OON Outpatient Blood: \$0 Copay IN; 50% Coinsurance OON
Combined Acupuncture and Massage Therapy Allowance	\$250
<b>Part D Drugs</b>	
Formulary	Fundamental
Deductible	Tier 1–Tier 3: \$0, Tier 4–Tier 5: \$125
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Preferred Retail: Tier 1: \$0, Tier 2: \$8, Tier 3: \$42, Tier 4: \$94, Tier 5: 30% Standard Retail: Tier 1: \$5, Tier 2: \$17, Tier 3: \$47, Tier 4: \$100, Tier 5: 30%
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply)	Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$105, Tier 4: \$235, Tier 5: 30% Standard Mail: Tier 1: \$12.50, Tier 2: \$42.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: 30%
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$8,000	The plan pays the full cost for covered Part D drugs.
IRA Benefits – T3 and T4 offered through ICP and Coverage Gap stages	Tier 3 and Tier 4 Insulins (excludes deductible): \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy

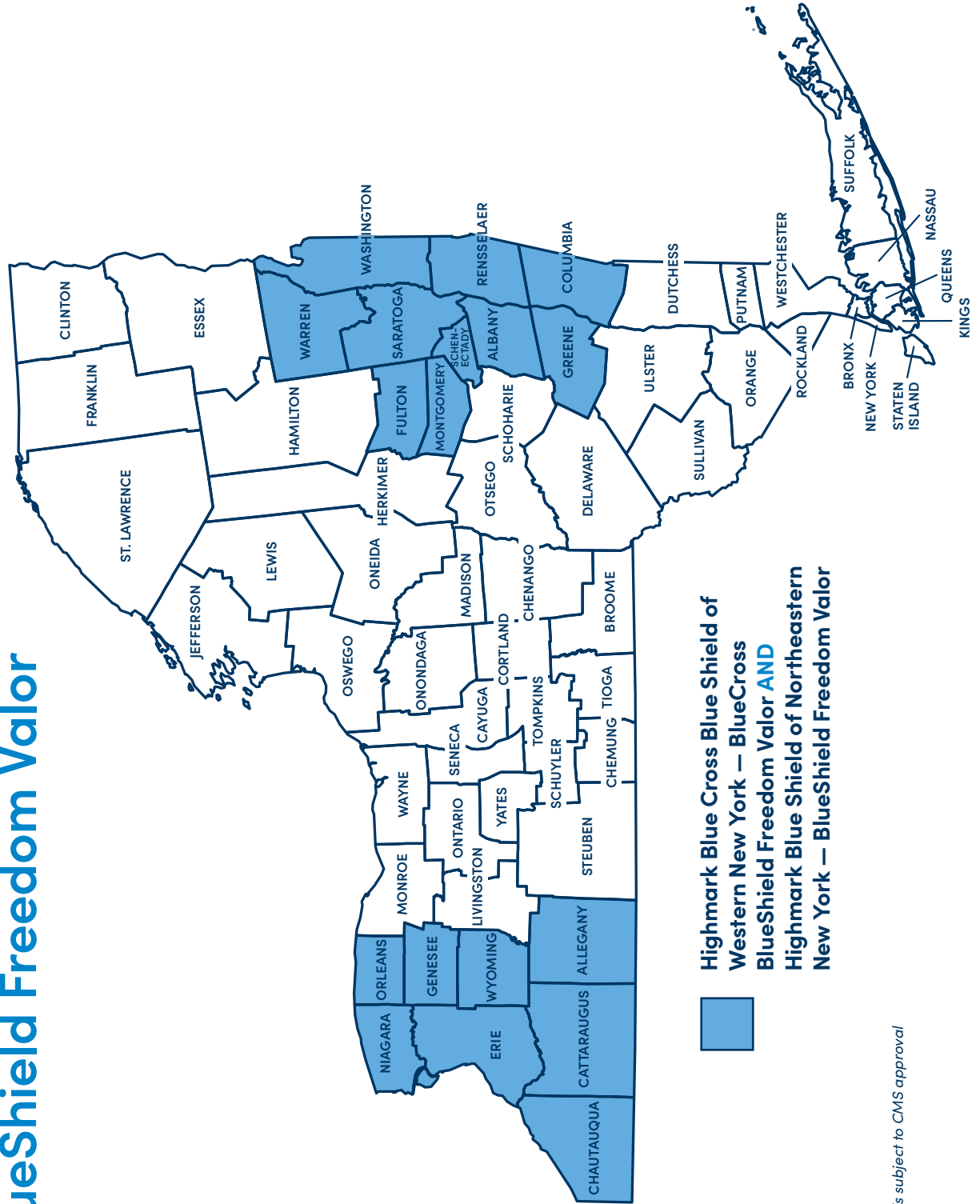


MEDICARE ADVANTAGE PRODUCTS AND PRICING BY COUNTY | SECTION III

Freedom Basic PPO	Forever Blue 770 PPO
\$0	\$206
\$57	\$0
Network: \$8,300; Catastrophic: \$12,450	Network: \$6,700; Catastrophic: \$10,000
\$0-\$10 Copay IN; 50% Coinsurance OON	\$0-\$5 Copay IN; 25% Coinsurance OON
\$40 Copay IN; 50% Coinsurance OON	\$22 Copay IN; 25% Coinsurance OON
\$10 lab Copay IN; \$10 copay OON	\$5 lab Copay IN; \$5 copay OON
\$50 diagnostic test copay IN; 50% Coinsurance OON	\$40 diagnostic test copay IN; 25% Coinsurance OON
\$10 lab Copay IN; \$10 copay OON	\$5 lab Copay IN; \$5 copay OON
\$50 diagnostic test copay IN; 50% Coinsurance OON	\$40 diagnostic test copay IN; 25% Coinsurance OON
\$50 Copay IN; 50% Coinsurance OON	\$40 Copay IN; 25% Coinsurance OON
20% Coinsurance IN; 50% Coinsurance OON	20% Coinsurance IN; 25% Coinsurance OON
\$200 Copay IN; 50% Coinsurance OON	\$150 Copay IN; 25% Coinsurance OON
\$0 Copay IN; 50% Coinsurance OON	\$0 Copay IN; 25% Coinsurance OON
\$40 Copay IN; 50% Coinsurance OON	\$15 Copay IN; 25% Coinsurance OON
\$40 Copay IN; 50% Coinsurance OON	\$22 Copay IN; 25% Coinsurance OON
\$40 Copay IN; 50% Coinsurance OON	\$15 Copay IN; 25% Coinsurance OON
\$40 Copay IN; 50% Coinsurance OON	\$40 Copay IN; 50% Coinsurance OON
\$40 Copay IN; 50% Coinsurance OON	\$40 Copay IN; 50% Coinsurance OON
\$425 Copay IN; 50% Coinsurance OON	\$175 Copay IN; 25% Coinsurance OON
\$475 Copay IN; 50% Coinsurance OON	\$275 Copay IN; 25% Coinsurance OON
\$305 Copay	\$200 Copay
	Not Covered
	\$100 Copay
	\$55 Copay
INN: \$400 per day for days 1-5, \$2,000 OOP Max per year; OON: 50% Coinsurance	INN: \$205 per day for days 1-7, \$1,435 OOP Max per year; OON: 30% Coinsurance
INN: \$395 per day for days 1-4, \$1,580 OOP Max per year; OON: 50% Coinsurance	INN: \$270 per day for days 1-6, \$1,620 OOP Max per year; OON: 30% Coinsurance
INN: \$0 per day for days 1-20; \$203 per day for days 21-100, No yearly benefit period maximum. OON: 50% Coinsurance	INN: \$0 per day for days 1-20; \$203 per day for days 21-100, No yearly benefit period maximum. OON: 30% Coinsurance
\$0 Copay IN; 50% Coinsurance OON	\$0 Copay IN; 25% Coinsurance OON
\$0 Copay IN; Diabetic glucometer, test strip, and lancet brands dispensed via retail or mail order pharmacy are limited to LifeScan and Roche. Continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom. All other desired brands will need to be obtained from a Durable Medicare Equipment (DME) provider (or an exception process); 50% coinsurance OON	
INN: \$0 compression stockings, diabetic shoes/inserts; 20% all other items; OON: 50% Coinsurance	
Not Covered	\$35 quarterly allowance
\$0 copay, one meal per day for seven days upon discharge from an inpatient hospital, SNF or Inpatient Psychiatry stay. Must be activated within 30 days of discharge.	
\$0 Onduo Virtual Diabetes Program	
\$0 behavioral health care program	
\$0 program for COPD and congestive heart failure to manage condition through an app.	
Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	
Services covered with applicable Copay listed for outpatient	
0%-19.99% Coinsurance for Part B rebatable drugs and 20% Coinsurance IN; 50% Coinsurance OON	0%-19.99% Coinsurance for Part B rebatable drugs and 20% Coinsurance IN; 25% Coinsurance OON
20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 50% Coinsurance OON	
\$40 (except \$0 for diabetic retinal eye exam); 50% coinsurance OON	\$22 (except \$0 for diabetic retinal eye exam); 25% coinsurance OON
	\$25 Copay IN; 20% coinsurance OON; Benefit is carved out to Davis Vision
Not Covered	\$200 Allowance IN and OON Combined; Benefit is carved out to Davis Vision
\$40 Copay IN; 50% Coinsurance OON	\$22 Copay IN; 25% Coinsurance OON
Not Covered	\$45 Copay (one every year)
Not Covered	Two hearing aids every year; TruHearing Advanced – \$499 copay; TruHearing Premium – \$799 copay
Office: \$20 Copay IN; \$20 copay OON (two per year) Includes exam, cleaning and fluoride treatment	Office: \$0 Copay IN; \$0 Copay OON (two per year) Includes exam, and cleaning
X-Ray: \$20 Copay IN (one every year); \$20 copay OON	X-Ray: \$0 Copay IN (one every year); \$0 Copay OON
\$40 Copay IN; 50% Coinsurance OON	\$22 Copay IN; 25% Coinsurance OON
Combined maximum allowance of \$1000	Comprehensive maximum allowance of \$2000
Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics: 50% Coinsurance IN. 50% Coinsurance OON. Periodontal cleanings \$20 Copay IN and OON. See EOC for benefit limits.	Restorative Services, Endodontics, Extractions, Diagnostics, Periodontics: 50% Coinsurance IN. 50% Coinsurance OON. Periodontal cleanings \$0 Copay IN and OON. See EOC for benefit limits.
\$15 Copay IN; 50% Coinsurance OON	\$15 Copay IN; 25% Coinsurance OON
\$15 Copay IN (3 per plan year); 50% Coinsurance OON	\$15 Copay IN (12 per plan year); 25% Coinsurance OON
\$40 Copay IN; 50% Coinsurance OON	\$22 Copay IN; 25% Coinsurance OON
\$40 Copay IN; 50% Coinsurance OON (three visits)	\$22 Copay IN; 25% Coinsurance OON (three visits)
Cardiac Rehab: \$10 Copay IN; 50% Coinsurance OON	Cardiac Rehab: \$15 Copay IN; 25% Coinsurance OON
Partial Hospital: \$55 copay IN; 50% Coinsurance OON	Partial Hospital: \$55 copay IN; 25% Coinsurance OON
Outpatient Blood: \$0 Copay IN; 50% Coinsurance OON	Outpatient Blood: \$0 Copay IN; 25% Coinsurance OON
\$100	\$500
Part D Drugs	
Fundamental	Fundamental
Tier 1-Tier 2: \$0, Tier 3-Tier 5: \$350	\$0
Preferred Retail: Tier 1: \$0, Tier 2: \$14, Tier 3: \$42, Tier 4: \$94, Tier 5: 27% Standard Retail: Tier 1: \$7, Tier 2: \$19, Tier 3: \$47, Tier 4: \$100, Tier 5: 27%	Preferred Retail: Tier 1: \$2, Tier 2: \$10, Tier 3: \$42, Tier 4: \$94, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%
Preferred Mail: Tier 1: \$0, Tier 2: \$35, Tier 3: \$105, Tier 4: \$235, Tier 5: 27% Standard Mail: Tier 1: \$17.50, Tier 2: \$47.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: 27%	Preferred Mail: Tier 1: \$0, Tier 2: \$25, Tier 3: \$105, Tier 4: \$235, Tier 5: 33% Standard Mail: Tier 1: \$17.50, Tier 2: \$37.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: 33%
Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
The plan pays the full cost for covered Part D drugs.	
Tier 3 and Tier 4 Insulins (excludes deductible): \$35 for 31-day supply and \$105 for 90-day supply at a retail or mail order pharmacy	

# Highmark Blue Cross Blue Shield of Western New York — BlueCross BlueShield Freedom Valor

# Highmark Blue Shield of Northeastern New York — BlueShield Freedom Valor



\*Pricing is subject to CMS approval

# Highmark Blue Cross Blue Shield of Western New York — BlueCross BlueShield Freedom Valor Highmark Blue Shield of Northeastern New York — BlueShield Freedom Valor (Products and pricing by county)

Freedom Valor PPO	
Monthly Plan Premium	\$0
Part B Premium Giveback	\$50
Out-of-Pocket Maximum	Network: \$6,700; Catastrophic: \$10,000
PCP Office Visit	\$0 Copay IN; 50% Coinsurance OON
Specialist Office Visit	\$35 Copay IN; 50% Coinsurance OON
Lab and Diagnostic Tests (Phys. Office or Freestanding Lab)	\$0 Lab Copay IN; 50% coinsurance OON; \$45 diagnostic test copay IN; 50% Coinsurance OON
Lab and Diagnostic Tests (Outpatient Facility)	\$0 Lab Copay IN; 50% coinsurance OON; \$45 diagnostic test copay IN; 50% Coinsurance OON
X-Rays	\$45 Copay IN; 50% Coinsurance OON
Radiation Therapy	20% Coinsurance IN; 50% Coinsurance OON
Advanced Imaging	\$150 Copay IN; 50% Coinsurance OON
Preventive/Screening	\$0 Copay IN; 50% Coinsurance OON
Outpatient Physical and Speech Therapy	\$15 Copay IN; 50% Coinsurance OON
Medicare Covered Acupuncture	\$35 Copay IN; 50% Coinsurance OON
Outpatient Occupational Therapy	\$15 Copay IN; 50% Coinsurance OON
Outpatient Mental Health	\$5 Copay IN; 50% Coinsurance OON
Outpatient Substance Abuse	\$5 Copay IN; 50% Coinsurance OON
Outpatient Surgical (Includes Observation)	\$225 Copay IN; 50% Coinsurance OON
	\$325 Copay IN; 50% Coinsurance OON
Ambulance	\$200 Copay
Transportation	Not Covered
Emergency Room	\$100 Copay
Urgent Care	\$55 Copay
Inpatient Hospital Stay (COVID-19 cost share waiver has been removed)	INN: \$290 per day for days 1-7; \$2,030 OOP Max per year; OON: 50% Coinsurance
Inpatient Psychiatry Stay	INN: \$260 per day for days 1-6; \$1,560 OOP Max per year; OON: 50% Coinsurance
Skilled Nursing Facility	INN: \$0 per day for days 1-20; \$203 per day for days 21-100. No yearly benefit period maximum. OON: 50% Coinsurance
Home Health	\$0 Copay IN; 50% Coinsurance OON
Diabetic Supplies and Services	\$0 Copay IN; 50% coinsurance OON
Durable Medical Equipment	Diabetic glucometer, test strip, and lancet brands dispensed via retail or mail order pharmacy are limited to LifeScan and Roche. Continuous glucose monitors, sensors and transmitters dispensed via retail or mail order pharmacy are limited to Abbott and Dexcom. All other desired brands will need to be obtained from a Durable Medicare Equipment (DME) provider (for an exception process); 50% coinsurance OON
OTC	INN: \$0 compression stockings, diabetic shoes/inserts; 20% all other items; OON: 50% Coinsurance
Meal Benefit	\$25 quarterly allowance
Onduo	\$0 Onduo Virtual Diabetes Program
Spring Health	\$0 behavioral health care program
CHF and COPD Management powered by Vida	\$0 program for COPD and congestive heart failure to manage condition through an app. M
Fitness Benefit	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient
Part B Drugs — Chemotherapy and All Other Part B	0% -19.99% Coinsurance for Part B rebatable drugs and 20% Coinsurance IN; 50% Coinsurance OON
Part B Drugs — Insulin	20% Coinsurance up to a maximum of a \$35 copay for a one month supply of insulin IN; 50% Coinsurance OON
Medicare Covered Vision (Office Visit)	\$35 (except \$0 for diabetic retinal eye exam); 50% coinsurance OON
Routine Vision (Office Visit)	\$25 Copay IN; 20% coinsurance OON; Benefit is carved out to Davis Vision
Routine Vision (Eyewear)	\$100 Allowance IN and OON Combined; Benefit is carved out to Davis Vision
Medicare Covered Hearing Exam	\$35 Copay IN; 50% Coinsurance OON
Routine Hearing Exam	\$45 Copay (one every year)
Routine Hearing (Hearing Aids)	Two hearing aids every year; TruHearing Advanced — \$699 copay; TruHearing Premium — \$999 copay
Routine Dental	Office: \$0 Copay IN; \$0 Copay OON (two per year) Includes exam, cleaning and fluoride treatment X-Ray: \$0 Copay IN (one every year); \$0 Copay OON
Medicare Covered Comprehensive Dental	\$35 Copay IN; 50% Coinsurance OON
Dental Allowance — Preventive and/or Comprehensive	Combined maximum allowance of \$2000
Comprehensive Dental — Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions, Non-Routine Services, Diagnostics, Periodontics; 50% Coinsurance IN; 50% Coinsurance OON; Periodontal cleanings \$0 Copay IN and OON; See EOC for benefit limits.
Medicare Covered Chiropractic	\$15 Copay IN; 50% Coinsurance OON
Routine Chiropractic	\$15 Copay IN (six per plan year); 50% Coinsurance OON
Medicare Covered Podiatry	\$35 Copay IN; 50% Coinsurance OON
Routine Podiatry	\$35 Copay IN; 50% Coinsurance OON (three visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	Cardiac Rehab: \$15 Copay IN; 50% Coinsurance OON; Partial Hospital: \$55 copay IN; 50% Coinsurance OON; Outpatient Blood: \$0 Copay IN; 50% Coinsurance OON
<b>Part D Drugs</b>	
Formulary	Not Covered
Deductible	Not Covered
Initial Coverage Period Limit: \$5,030. Retail: Cost sharing is for up to 31-day supply. Can get up to 100-day supply for T1 and T2 and 90-day supply for T3 and T4 at 3x copay, except Specialty Tier 5.	Not Covered
Mail Order: Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31 days supply)	Not Covered
Coverage Gap (Cost sharing is for up to 100-day supply for T1 and T2 and up to a 90-day supply for T3 and T4, except Specialty tier (up to 31-days supply))	Not Covered
Catastrophic OOP Threshold: \$6,000	Not Covered
IRA Benefits — T3 and T4 offered through ICP and Coverage Gap stages	Not Covered



## Pending CMS Approval

### Freedom Blue PPO, Security Blue HMO-POS, Complete Blue PPO, Together Blue Medicare HMO, and Community Blue Medicare HMO In-Network Hospitals

Facility Name	Freedom Blue PPO	Security Blue HMO-POS	Complete Blue PPO	Together Blue Medicare HMO	Community Blue Medicare HMO
<b>Allegheny County</b>					
AHN Allegheny General Hospital	✓	✓	✓	✓	✓
AHN Allegheny Valley Hospital	✓	✓	✓	✓	✓
AHN Brentwood Neighborhood Hospital	✓	✓	✓	✓	✓
AHN Forbes Hospital	✓	✓	✓	✓	✓
AHN Harmar Neighborhood Hospital	✓	✓	✓	✓	✓
AHN Jefferson Hospital	✓	✓	✓	✓	✓
AHN McCandless Neighborhood Hospital	✓	✓	✓	✓	✓
AHN West Penn Hospital	✓	✓	✓	✓	✓
AHN Wexford Hospital	✓	✓	✓	✓	✓
Heritage Valley Kennedy	✓	✓	✓		✓
Heritage Valley Sewickley	✓	✓	✓		✓
St. Clair Memorial Hospital	✓	✓	✓		✓
UPMC East	✓	✓	✓		
UPMC Magee	✓	✓	✓		
UPMC McKeesport	✓	✓	✓		
UPMC Mercy	✓	✓	✓		
UPMC Passavant	✓	✓	✓		
UPMC Presbyterian	✓	✓	✓		
UPMC Shadyside	✓	✓	✓		
UPMC St. Margaret's	✓	✓	✓		
<b>Armstrong County</b>					
Armstrong County Memorial Hospital	✓	✓	✓		✓
<b>Beaver County</b>					
Heritage Valley Beaver	✓	✓	✓		✓
<b>Bedford County</b>					
UPMC Bedford Memorial	✓	✓	✓	✓	✓
<b>Blair County</b>					
Conemaugh Nason Medical Center	✓	✓	✓		✓
Penn Highlands Tyrone	✓	✓	✓		✓
UPMC Altoona	✓	✓	✓	✓	✓
<b>Butler County</b>					
Butler Memorial Health System	✓	✓	✓		✓
UPMC Passavant Cranberry	✓	✓	✓		✓
<b>Cambria County</b>					
Conemaugh Memorial Medical Center	✓	✓	✓		✓
Conemaugh Miners Medical Center	✓	✓	✓		✓
<b>Clarion County</b>					
Clarion Hospital	✓	✓	✓		✓
Clarion Psychiatric Center	✓	✓	✓		✓
<b>Clearfield County</b>					
Penn Highlands Clearfield	✓	✓	✓		✓
Penn Highlands DuBois	✓	✓	✓		✓

# WPA, cont.

## Pending CMS Approval

### Freedom Blue PPO, Security Blue HMO-POS, Complete Blue PPO, Together Blue Medicare HMO, and Community Blue Medicare HMO In-Network Hospitals

Facility Name	Freedom Blue PPO	Security Blue HMO-POS	Complete Blue PPO	Together Blue Medicare HMO	Community Blue Medicare HMO
<b>Crawford County</b>					
Meadville Medical Center	✓	✓	✓		✓
Titusville Area Hospital	✓	✓	✓		✓
<b>Elk County</b>					
Penn Highlands Elk	✓	✓	✓		✓
<b>Erie County</b>					
AHN Saint Vincent Hospital	✓	✓	✓	✓	✓
Corry Memorial Hospital	✓	✓	✓		✓
<b>Erie County (cont'd)</b>					
Millcreek Community Hospital	✓	✓	✓		✓
UPMC Hamot	✓	✓	✓		
<b>Fayette County</b>					
Penn Highlands Connellsville	✓	✓	✓		✓
WVU Uniontown Hospital	✓	✓	✓		✓
<b>Greene County</b>					
Washington Health System Greene	✓	✓	✓		✓
<b>Huntingdon County</b>					
Penn Highlands Huntingdon Hospital	✓	✓	✓		✓
<b>Indiana County</b>					
Indiana Regional Medical Center	✓	✓	✓		✓
<b>Jefferson County</b>					
Penn Highlands Brookville	✓	✓	✓		✓
Punxsutawny Area Hospital	✓	✓	✓		✓
<b>Lawrence County</b>					
UPMC Jameson	✓	✓	✓	✓	✓
<b>McKean County</b>					
Bradford Regional Medical Center	✓	✓	✓		✓
UPMC Kane	✓	✓	✓	✓	✓
<b>Mercer County</b>					
AHN Grove City	✓	✓	✓	✓	✓
Edgewood Surgical Hospital	✓	✓	✓		✓
Sharon Regional Medical Center	✓	✓	✓		✓
UPMC Horizon	✓	✓	✓	✓	✓
UPMC Horizon – Shanango Campus	✓	✓	✓	✓	✓
<b>Potter County</b>					
UPMC Charles Cole	✓	✓	✓	✓	✓
<b>Somerset County</b>					
Chan Soon-Shiong Medical Center at Windber	✓	✓	✓		✓
Conemaugh Meyersdale Medical Center	✓	✓	✓		✓
UPMC Somerset	✓	✓	✓	✓	✓

# WPA, cont.

## Pending CMS Approval

### Freedom Blue PPO, Security Blue HMO-POS, Complete Blue PPO, Together Blue Medicare HMO, and Community Blue Medicare HMO In-Network Hospitals

Facility Name	Freedom Blue PPO	Security Blue HMO-POS	Complete Blue PPO	Together Blue Medicare HMO	Community Blue Medicare HMO
<b>Venango County</b>					
UPMC Northwest	✓	✓	✓	✓	✓
<b>Warren County</b>					
Warren General Hospital	✓	✓	✓		✓
<b>Washington County</b>					
Advanced Surgical Hospital	✓	✓	✓		✓
AHN Canonsburg Hospital	✓	✓	✓	✓	✓
Penn Highlands Mon Valley Hospital	✓	✓	✓		✓
Washington Hospital	✓	✓	✓		✓
<b>Westmoreland County</b>					
AHN Hempfield Neighborhood Hospital	✓	✓	✓	✓	✓
Excela Health Frick Hospital	✓	✓	✓		✓
Excela Health Latrobe Hospital	✓	✓	✓		✓
Excela Health Westmoreland Hospital	✓	✓	✓		✓

# CPA and NEPA

## Pending CMS Approval

### Freedom Blue PPO, Community Blue Medicare HMO, Community Blue Medicare Plus PPO, and Community Blue Medicare PPO In-Network Hospitals

Facility Name	Freedom Blue PPO	Community Blue Medicare HMO	Community Blue Medicare Plus PPO	Community Blue Medicare PPO
<b>Adams County</b>				
WellSpan Gettysburg Hospital	✓	✓	✓	✓
<b>Berks County</b>				
Penn State Health St. Joseph Medical Center	✓	✓	✓	✓
Reading Hospital	✓		✓	✓
Surgical Institute of Reading	✓		✓	✓
<b>Bradford County</b>				
Guthrie Robert Packer Hospital	✓	✓	✓	✓
Guthrie Robert Packer Hospital – Towanda Campus	✓	✓	✓	✓
Guthrie Troy Community Hospital	✓	✓	✓	✓
<b>Carbon County</b>				
Lehigh Valley Hospital – Carbon	✓	✓	✓	✓
St. Luke’s Hospital – Carbon	✓	✓	✓	✓
St. Luke’s Hospital – Lehighton Campus	✓		✓	✓
<b>Centre County</b>				
Mount Nittany Medical Center	✓	✓	✓	✓
<b>Clinton County</b>				
Bucktail Medical Center	✓		✓	✓
UPMC Lock Haven Hospital	✓		✓	✓
<b>Columbia County</b>				
Geisinger Bloomsburg Hospital	✓		✓	✓
<b>Cumberland County</b>				
Penn State Health Hampden Medical Center	✓	✓	✓	✓
Penn State Health Holy Spirit Hospital	✓	✓	✓	✓
UPMC Pinnacle Carlisle	✓		✓	✓
UPMC Pinnacle West Shore Campus	✓	✓	✓	✓
<b>Dauphin County</b>				
Penn State Health Milton S. Hershey Medical Center	✓	✓	✓	✓
UPMC Pinnacle Community Osteopathic	✓	✓	✓	✓
UPMC Pinnacle Harrisburg Campus	✓	✓	✓	✓
<b>Franklin County</b>				
WellSpan Chambersburg Hospital	✓	✓	✓	✓
WellSpan Waynesboro Hospital	✓	✓	✓	✓
<b>Fulton County</b>				
Fulton County Medical Center	✓		✓	✓
<b>Lackawanna County</b>				
Geisinger Community Medical Center	✓		✓	✓
Lehigh Valley Hospital – Dickson City	✓	✓	✓	✓
Moses Taylor Hospital	✓	✓	✓	✓
Regional Hospital of Scranton	✓	✓	✓	✓

# CPA and NEPA, cont.

## Pending CMS Approval

### Freedom Blue PPO, Community Blue Medicare HMO, Community Blue Medicare Plus PPO, and Community Blue Medicare PPO In-Network Hospitals

Facility Name	Freedom Blue PPO	Community Blue Medicare HMO	Community Blue Medicare Plus PPO	Community Blue Medicare PPO
<b>Lancaster County</b>				
Lancaster General Hospital	✓	✓	✓	✓
Penn State Health Lancaster Medical Center	✓	✓	✓	✓
UPMC Pinnacle Lititz	✓		✓	✓
WellSpan Ephrata Community Hospital	✓	✓	✓	✓
<b>Lebanon County</b>				
WellSpan Good Samaritan Hospital	✓	✓	✓	✓
<b>Lehigh County</b>				
Lehigh Valley Coordinated Health Hospital of Allentown	✓	✓	✓	✓
Lehigh Valley Hospital – 17th Street	✓	✓	✓	✓
Lehigh Valley Hospital – Cedar Crest	✓	✓	✓	✓
Lehigh Valley Hospital – Macungie	✓	✓	✓	✓
St. Luke's Hospital Allentown	✓		✓	✓
St. Luke's Sacred Heart Hospital	✓		✓	✓
<b>Luzerne County</b>				
Lehigh Valley Hospital – Hazleton	✓	✓	✓	✓
Wilkes-Barre General Hospital	✓	✓	✓	✓
<b>Lycoming County</b>				
Geisinger Jersey Shore Hospital	✓		✓	✓
Geisinger Medical Center Muncy	✓		✓	✓
UPMC Muncy Valley Hospital	✓	✓	✓	✓
UPMC Susquehanna Divine Providence Hospital	✓	✓	✓	✓
UPMC Williamsport Hospital	✓	✓	✓	✓
<b>Mifflin County</b>				
Geisinger Lewistown Hospital	✓		✓	✓
<b>Montour County</b>				
Geisinger Medical Center			✓	
<b>Monroe County</b>				
Lehigh Valley Hospital – Pocono	✓	✓	✓	✓
St. Luke's Hospital – Monroe Campus	✓		✓	✓
<b>Northampton County</b>				
Lehigh Valley Coordinated Health Bethlehem Hospital	✓	✓	✓	✓
Lehigh Valley Hospital – Hecktown Oaks	✓	✓	✓	✓
Lehigh Valley Hospital – Muhlenberg	✓	✓	✓	✓
St. Luke's Hospital – Anderson	✓		✓	✓
St. Luke's Hospital – Bethlehem	✓		✓	✓
St. Luke's Hospital – Easton	✓		✓	✓
<b>Northumberland County</b>				
Geisinger Shamokin Area Community Hospital	✓		✓	✓



# CPA and NEPA, cont.

## Pending CMS Approval

### Freedom Blue PPO, Community Blue Medicare HMO, Community Blue Medicare Plus PPO, and Community Blue Medicare PPO In-Network Hospitals

Facility Name	Freedom Blue PPO	Community Blue Medicare HMO	Community Blue Medicare Plus PPO	Community Blue Medicare PPO
<b>Schuylkill County</b>				
Geisinger St. Luke's Hospital	✓		✓	✓
Lehigh Valley Hospital – Schuylkill East Norwegian Street	✓	✓	✓	✓
Lehigh Valley Hospital – Schuylkill South Jackson Street	✓	✓	✓	✓
St. Luke's Miners Memorial Hospital	✓		✓	✓
<b>Susquehanna County</b>				
Barnes-Kasson County Hospital	✓		✓	✓
Endless Mountain Health Systems	✓	✓	✓	✓
<b>Tioga County</b>				
UPMC Soldiers and Sailors Hospital	✓	✓	✓	✓
<b>Union County</b>				
Evangelical Community Hospital	✓		✓	✓
<b>Wayne County</b>				
Wayne Memorial Hospital	✓	✓	✓	✓
<b>Wyoming County</b>				
Tyler Memorial Hospital	✓	✓	✓	✓
<b>York County</b>				
OSS Health Orthopaedic Hospital	✓		✓	✓
UPMC Pinnacle Hanover	✓		✓	✓
UPMC Pinnacle Memorial	✓		✓	✓
WellSpan Surgery and Rehabilitation Hospital	✓	✓	✓	✓
WellSpan York Hospital	✓	✓	✓	✓



## Pending CMS Approval

### Freedom Blue PPO In–Network Hospitals

Facility Name	Freedom Blue PPO
	County
Broadus Hospital	Barbour
WVU Medicine – Berkeley Medical Center	Berkeley
Boone Memorial Hospital	Boone
WVU Medicine – Braxton County Memorial Hospital	Braxton
Acuity Specialty Hospital of Ohio Valley – Weirton	Brooke
Weirton Medical Center	Brooke
Cabell Huntington Hospital	Cabell
River Park Hospital	
St. Mary's Medical Center	
Montgomery General Hospital	Fayette
CAMC – Plateau Medical Center	
Grant Memorial Hospital	Grant
CAMC – Greenbrier Valley Medical Center	Greenbrier
Valley Health – Hampshire Memorial Hospital	Hampshire
WVU Medicine – United Hospital Center	Harrison
WVU Medicine – Jackson General Hospital	Jackson
WVU Medicine – Jefferson Medical Center	Jefferson
Charleston Area Medical Center	Kanawha
Charleston Surgical Hospital	
Select Specialty Hospital – Charleston	
WVU Medicine – Saint Francis Hospital	
WVU Medicine – Thomas Memorial Hospital	
Mon Health Stonewall Jackson Memorial Hospital	Lewis
Logan Regional Medical Center	Logan
Mon Health Marion Neighborhood Hospital	Marion
WVU Medicine – Fairmont Medical Center	

Facility Name	Freedom Blue PPO
	County
WVU Medicine – Reynolds Memorial Hospital	Marshall
Pleasant Valley Hospital	Mason
Welch Community Hospital	McDowell
WVU Medicine – Princeton Community Hospital	Mercer
WVU Medicine – Potomac Valley Hospital	Mineral
Mon Health Medical Center	Monongalia
WVU Medicine – Chestnut Ridge Center	
WVU Medicine – Children's Hospital	
WVU Medicine – J.W. Ruby Memorial Hospital	
Valley Health – War Memorial Hospital	Morgan
WVU Medicine – Summersville Regional Medical Center	Nicholas
Acuity Specialty Hospital of Ohio Valley – Wheeling	Ohio
WVU Medicine – Wheeling Hospital	
Pocahontas Memorial Hospital	Pocahontas
Mon Health Preston Memorial Hospital	Preston
CAMC – Teays Valley Hospital	Putnam
Beckley ARH Hospital	Raleigh
Raleigh General Hospital	
Davis Medical Center	Randolph
Roane General Hospital	Roane
Summers County ARH Hospital	Summers
Sistersville General Hospital	Tyler
WVU Medicine – St. Joseph's Hospital	Upshur
Webster County Memorial Hospital	Webster
WVU Medicine – Wetzel County Hospital	Wetzel
WVU Medicine – Camden Clark Medical Center	Wood

# DE

Pending CMS Approval

## Freedom Blue PPO In-Network Hospitals

Facility Name	Freedom Blue PPO
	County
Bayhealth Hospital – Kent Campus	Kent
ChristianaCare – Christiana Hospital	New Castle
ChristianaCare – Wilmington Hospital	
Delaware Psychiatric Center	
Select Specialty Hospital – Wilmington	
Bayhealth Hospital – Sussex Campus	Sussex
Beebe Medical Center	
TidalHealth – Nanticoke Hospital	

# Northeastern New York

Pending CMS Approval

## In-Network Hospitals

Facility Name	County
Albany Medical Center Hospital	Albany
Albany Medical Center Hospital Rehab	
Albany Medical Center South Clinical Campus	
Samaritan Hospital – Albany Memorial Campus	
St Peter’s Hospital	Columbia
Columbia Memorial Hospital	Franklin
Alice Hyde Medical Center	Fulton
Nathan Littauer Hospital	Herkimer
Little Falls Hospital	Montgomery
St Mary’s Healthcare	
St Mary’s Hospital Memorial Campus	Rensselaer
Samaritan Hospital	Saratoga
Saratoga Hospital	Schenectady
Bellevue Woman’s Care Center of Ellis Hospital	
Ellis Hospital	
Sunnyview Hospital	Schoharie
Cobleskill Regional Hospital	Ulster
HealthAlliance Mary’s Avenue Campus	Warren
Glens Falls Hospital	

# Western New York

Pending CMS Approval

## In-Network Hospitals

Facility Name	County
Cuba Memorial Hospital	Allegany
Jones Memorial Hospital	
Brooks Memorial Hospital	Cattaraugus
Lake Shore Hospital Inc.	
Olean General Hospital	
UPMC Chautauqua at WCA	
Westfield Memorial Hospital	
AHN Saint Vincent Hospital	Erie
Bertrand Chaffee Hospital	
Bry Lin Hospital	
Buffalo General Hospital	
Encompass Health Rehabilitation Hospital of Erie	
Erie County Medical Center	
John R Oishei Children’s Hospital	
Kaleida Heath	
Kenmore Mercy Hospital	
Mercy Hospital of Buffalo	
Millard Fillmore Suburban Hospital	
Roswell Park Cancer Institute	
Sisters of Charity Hospital	
Sisters of Charity Hospital – St. Joseph Campus	
UPMC Hamot Medical Center	
United Memorial Medical Center	Genesee
Nicholas H. Noyes Memorial Hospital	Livingston
Bradford Regional Medical Center	Mckean
Highland Hospital	Monroe
Rochester General Hospital	
Strong Memorial Hospital	
Unity Hospital of Rochester	
Unity Hospital of Rochester – Buffalo Road	Niagara
DeGraff Memorial Hospital	
Eastern Niagara Hospital – Lockport	
Eastern Niagara Hospital – Newfane	
Mount St. Mary’s Hospital	
Niagara Falls Memorial Medical Center	Ontario
The Frederick Ferris Thompson Hospital	Orleans
Medina Memorial Hospital	Potter
UPMC Cole	Steuben
St. James Hospital	Wayne
Newark Wayne Community Hospital	Wyoming
Wyoming County Community Hospital	



SECTION III: MEDICARE ADVANTAGE

# Additional Resources

## Part B and D IRMAA

### What is the Part B and Part D Income Related Monthly Adjusted Amount (IRMAA)?

If your client or prospective client has a higher income, the law requires an adjustment to their monthly premiums for Medicare Part B (medical insurance) and Medicare Part D (prescription drug coverage). This adjustment is known as the Income Related Monthly Adjustment Amount (IRMAA). IRMAA is paid directly to Medicare, it is not part of the plan premium. Your client will be notified by Social Security if IRMAA is applicable. The following table is the most current information available as of the date of publication of this guide. Please note that the standard premium for 2023 is \$164.90.

File individual tax return*	File joint tax return*	File married and separate tax return*	Part B Monthly Premium Increase	Part D Monthly Premium Increase
\$97,000 or less	\$194,000 or less	\$97,000 or less	\$0	Plan premium
Above \$97,000 up to \$123,000	Above \$194,000 up to \$246,000	Not Applicable	\$65.90	\$12.20
Above \$123,000 up to \$153,000	Above \$246,000 up to \$306,000	Not Applicable	\$164.80	\$31.50
Above \$153,000 up to \$183,000	Above \$306,000 up to \$366,000	Not Applicable	\$263.70	\$50.70
Above \$183,000 up to \$500,000	Above \$366,000 up to \$750,000	Above \$97,000 up to \$403,000	\$362.60	\$70
\$500,000 and above	\$750,000 and above	\$403,000 and above	\$395.60	\$76.40

\*Based on 2021 filing for 2023 calendar year.

## Medicare Advantage and Part D Election Periods

**Initial Election Period (IEP)** is the period during which an individual may make an initial election to enroll in an MA plan.

**Annual Election Period (AEP)** is the period when an individual may enroll or disenroll from an MA plan.

**Open Enrollment Period (OEP)** is a time frame that allows an individual enrolled in a Medicare Advantage plan\* a one-time opportunity to:

- Switch to a different Medicare Advantage plan.
- Drop their Medicare Advantage plan and return to Original Medicare, Part A and Part B.
- Sign up for a stand-alone Medicare Part D Prescription Drug plan (if they return to Original Medicare).

**Special Election Period (SEP)** is a time frame that allows some individuals to enroll in an MA plan outside of the IEP and AEP if they meet certain requirements. A few examples are people who are eligible for extra help in paying for their Medicare prescription, such as if they qualify for Low Income Subsidy (LIS) or Programs of All-Inclusive Care for the Elderly (PACE), or people who have lost their employer group coverage or relocated outside the plan’s service area.

	Part C (Medicare Advantage plans)	Part D (Prescription Drug plans)	Plans Available		
			MA/MA-PD	PDP	Medigap
IEP	Once per lifetime	Starts 3 months before and ends 3 months after month of eligibility – total 7 months	X	X	X
AEP	Oct. 15 to Dec. 7	Oct. 15 to Dec. 7	X	X	X
OEP*	Jan. 1 to March 31		X	X	X
SEP	All year	All year	X	X	X
5-Star SEP					

\*Individuals enrolled in Original Medicare, a cost plan, or other plan types are not eligible to use OEP to enroll in an MA plan. Individuals enrolled in a Part D only plan are not eligible to make changes during OEP.

# PACE and PACENET

## What is PACE/PACENET coverage?

The Pharmaceutical Assistance Contract for the Elderly (PACE) program is a lottery-funded program that provides prescription drug coverage to Pennsylvania residents, ages 65 and older, who meet the program's income requirements:

	Single Income Limit	Married Income Limit	Copay Generic	Copay Single-Source Brand
PACE	\$14,500	\$17,700	\$6	\$9
PACENET	\$14,500 – \$33,500	\$17,700 – \$41,500	\$8	\$15

## PACE/PACENET FAQs

### Q: If I am enrolled in a Highmark Part D plan, will I still use my PACE or PACENET card?

Yes, show both cards at the pharmacy. This will let your pharmacist know to bill Highmark first and bill PACE or PACENET second. It will also let your pharmacist know that you are entitled to all of the drugs that are available under PACE and PACENET.

### Q: Will my copayments be higher with PACE/PACENET and Highmark Part D plan?

No, not for medications that are covered by PACE/PACENET. If your Highmark plan charges higher copayments than you were paying under PACE/PACENET, the program will pay the difference if the pharmacy has the capability to bill more than one payer for a prescription claim. If you are taking medications that are not covered by PACE/PACENET, you will pay the Highmark plan's copay for those drugs. If you run into any confusion at the pharmacy, call the program's toll-free number at **800-225-7223** while you're still at the pharmacy.

### Q: What happens if my Highmark plan charges lower copayments than PACE/PACENET?

You will pay the lower copayments when the Part D plan pays for medication.



**Q: Many Highmark Part D plans stop their coverage after you reach a certain dollar limit. This is referred to as the “donut hole” or “coverage gap.” How will this work if I have PACE/PACENET?**

You will not experience a “donut hole” or period of time when you have no prescription drug coverage. Instead, the PACE/PACENET program will fill in the gaps for covered medications, so that you can continue to get your prescriptions by only paying the PACE/PACENET copays.

**Q: What happens if my Highmark Part D plan doesn’t cover all of the drugs that PACE/PACENET covers?**

If your Part D plan has a restrictive drug formulary, PACE/PACENET will cover your prescription medications or work directly with the plan to process a prior authorization on your behalf so the drugs will be covered by your Part D plan.

**Q: Can I go to any pharmacy I choose if I am in PACE and Medicare Part D?**

No. You must use the pharmacies that are in your Highmark Part D plan’s network. If you decide to change pharmacies, check with your new pharmacy to make sure they participate in your Highmark Part D plan and PACE.

**Q: If my Part D plan offers a mail-order service, can I use it?**

Yes. However, the mail order pharmacy must participate with the PACE Program in order for the program to help pay for your extra copayments. Please have your doctors verify if the mail order pharmacy is in the PACE network prior to submitting prescriptions for processing. Also, when you receive a three-month supply of your drug(s) by mail, you will pay up to three PACE/PACENET copayments at once. For example, a PACE cardholder would pay up to \$18 for a 90-day supply of generic medications.

# New York EPIC Program

The Elderly Pharmaceutical Insurance Coverage (EPIC) program is a New York State program for seniors administered by the Department of Health. It helps more than 325,000 income-eligible seniors aged 65 and older to supplement their out-of-pocket Medicare Part D drug plan costs. Seniors can apply for EPIC at any time of the year and must be enrolled or eligible to be enrolled in a Medicare Part D drug plan to receive EPIC benefits and maintain coverage.

EPIC provides secondary coverage for Medicare Part D and EPIC-covered drugs purchased after any Medicare Part D deductible is met. EPIC also covers approved Part D-excluded drugs once a member is enrolled in Part D.

### To join EPIC, a senior must:

- Be a New York State resident age 65 or older.
- Have an annual income below \$75,000 if single or \$100,000 if married.
- Be enrolled or eligible to be enrolled in a Medicare Part D plan (no exceptions), and not be receiving full Medicaid benefits.

Note: You can join EPIC at any time during the year. Once enrolled, you will receive a ‘Special Enrollment Period’ to join a Medicare Part D drug plan. You are not eligible to receive EPIC benefits until you are enrolled in a Part D drug plan.

Seniors who are not eligible to join a Medicare Part D drug plan cannot join EPIC (e.g., seniors with a union/retiree drug subsidy program that is not a Part D plan, seniors without Medicare Part A or Medicare Part B).

Seniors with Medicare Advantage (HMO) health insurance can only join EPIC if they have Part D drug coverage with their HMO.

## Residency

To enroll in EPIC, you must be a resident of New York State. This means that your permanent home (not a summer or winter home) is located in New York State. It also means you live in the State on a regular, ongoing basis, and your New York State address is listed as your home address on official and legal documents. You need to notify EPIC whenever you change your address.

## Income

For purposes of your EPIC enrollment, household gross income is the previous year's total annual income of the senior or married spouses. It includes, but is not limited to:

- Federal adjusted gross household income as reported on your income tax return.
- Social Security payments (less Medicare premiums).
- Railroad retirement benefits.
- The taxable amount of IRA distributions and retirement annuities.
- Support money, including foster care support payments.
- Supplemental Security income.
- Tax-exempt interest.
- Worker's compensation.
- Gross amount of loss-of-time insurance.
- Cash public assistance and relief, other than medical assistance for the needy.
- Non-taxable strike benefits.
- Veterans' disability pensions.
- Lottery winnings.

### It does not include:

- Food stamps.
- Medicare premiums.
- Medicaid.
- Scholarships.
- Grants.
- Surplus food.
- Payments made to veterans under the federal Veterans' Dioxin and Radiation Exposure Compensations Standards Act (Agent Orange).
- Payments made to individuals because of their status as victims of Nazi persecution.

## Low Income Subsidy (LIS)

The Low Income Subsidy (LIS) helps people with Medicare pay for prescription drugs, and lowers the costs of Medicare prescription drug coverage.

The resource limits used to determine eligibility for the LIS are as follows:

LIS Level	Marital Status	2023 LIS Resource Limit
Full Subsidy LIS	Single	\$10,590
	Married	\$16,630
All Other LIS	Single	\$16,660
	Married	\$33,240

The maximum LIS beneficiary cost-sharing table is as follows:

Low-Income Subsidy Category	Deductible	Copayment up to Out-of-Pocket Threshold*	Copayment Above Out-of-Pocket Threshold*
Institutionalized Full-Benefit Dual Eligible; or Beneficiaries Receiving Home and Community-Based Services	\$0	\$0	\$0
Full-Benefit Dual Eligible $\leq$ 100% Federal Poverty Level (FPL)	\$0	\$1.45 generic, \$4.30 brand	\$0
Full-Benefit Dual Eligible $>$ 100% FPL; or Medicare Saving Program Participant; or SSI (but not Medicaid) Recipient; or Applicant $<$ 135% FPL	\$0	\$4.15 generic, \$10.35 brand	\$0
Applicant $<$ 135% FPL	\$0	\$4.15 generic, \$10.35 brand	\$0
Applicant $<$ 150% FPL	\$104	15%	\$4.15 generic, \$10.35 brand

## Frequently Asked Questions

### Q: What is the difference between the Freedom Blue and Complete Blue networks?

The **Complete Blue PPO** network offers broad access including INN to all western Pennsylvania Hospitals (including UPMC). Additionally, it provides:

- Highest quality, narrow network supplemental providers (SNF, DME, etc.).
- INN access to all BCBS MA providers across the country.
- Emergent and Urgent Care covered worldwide.

The **Freedom Blue PPO** network (western Pennsylvania) offers INN Access to all western Pennsylvania Hospitals. Additionally, it provides:

- Broad network of supplemental providers (SNF, DME, etc.) throughout western Pennsylvania.
- POS access to OON providers.
- Emergent and Urgent Care covered worldwide.

### Q: How do I locate a provider within the Blue Card network?

For PPO members visiting a county or state outside of their current plan coverage area, they can locate providers by following these steps:

1. Visit [provider.bcbs.com](http://provider.bcbs.com).
2. Enter a Zip code.
3. Select **Browse a List of Plans**.
4. Choose **Medicare Advantage PPO** and scroll down to choose the appropriate Highmark home plan.

### Q: What is the claim submission process when utilizing a provider through the BlueCard network?

Participating providers should submit claims to their local Blue Plan.

### Q: How am I billed for Emergency Care Worldwide?

When outside of the United States members should expect to pay upfront, however they can then submit an itemized receipt for reimbursement, less their Emergency Care copay.

### Q: What happens to my total drug spend if I switch plans throughout the year?

Their drug spend will only reset Jan. 1 of each year. It does not reset when changing plans.

### Q: How can I obtain my diabetic testing supplies?

Lifescan and Abbott brand testing supplies are available at pharmacies and DME suppliers. Other brands can either be obtained at a DME supplier or with a physician authorization at pharmacies.

### Q: How is Transportation covered with Community Blue Medicare?

The benefit will allow for a one-way trip to the home for continued acute care after discharge from an emergency room and any additional trips to a physician related to the continued acute home care. Arrangements for the trip will be made through the servicing provider.

### Q: How is Transportation covered with Freedom Blue and Security Blue Medicare plans?

There is a \$0 In-Network copay per one-way trip and provides a benefit for up to 24 one-way routine trips for non-emergency, medical-related purposes such as doctor visits, appointments for dental, vision, hearing, and behavioral health services, and visits to pharmacies to pick up prescription drugs within a 50-mile limit. The destination must always be plan-approved.

**Q: Where can I go to pay the lowest amount for lab work?**

To a participating freestanding lab such as Quest Diagnostics and Labcorp. Please check the provider search tool to verify available freestanding labs. Labs at a hospital or affiliated with a hospital will not process with the lowest cost share.

**Q: How do I utilize the OTC benefit? Am I automatically sent a catalog?**

You may redeem your OTC benefits by visiting the online store at [shophighmarkotc.com](https://shophighmarkotc.com). Physical catalogs are available on request from Member Service.

**Q: Does an unused OTC benefit amount carry over to the next quarter?**

No, it does not. OTC benefits must be used within the calendar quarter, or they will be forfeited. Conversely, any amount spent above the benefit allowance per quarter will be the responsibility of the member.

**Q: Is shipping covered with my OTC benefit?**

Shipping is free for the first order per quarter. All subsequent orders will incur a shipping charge at the member's expense.

**Q: How can I reach TruHearing to utilize benefits?**

Contact TruHearing directly at **855-544-7171** (or 800-334-1807, TTY: 711) to locate a provider and schedule an appointment.

**Q: Where can I find a list of participating vision providers?**

Optometrists for routine vision can be found by visiting [davisvision.com](https://davisvision.com).

5. Select **Find an eye care professional** from the banner at the top of the homepage.
6. From there you will be able to search by location and/or the provider's name or business name.

**Q: Where can I find a list of participating dental providers?**

Routine dental providers can be found by visiting [unitedconcordia.com](https://unitedconcordia.com).

1. Locate the three lines in the top right corner, select **Find a Dentist**.
2. Choose your location.
3. Select your network: National Medicare Advantage Dental (This is the same for all of our MAPD plans that include dental, as well as the Whole Health Balance option offered to Medigap members).

**Q: Why am I still receiving invoices despite signing up for Electronic Funds Transfer (EFT)?**

EFT takes approximately 45-60 days to be set up. Timing can be impacted by queue volume and response time from the member's bank. In the meantime, you will need to continue paying invoices until they receive notice that EFT is starting deductions.

**Q: A client would like me to be their Agent of Record (AOR). How do I request this change?**

A change cannot be requested. If the agent submits a plan change, the AOR change will go through. Duplicate applications submitted for the active plan will not process as an AOR change.

# Tips for Using the Online Provider Search Tool

## Q: How do I locate the provider search tool?

[medicare.highmark.com](https://www.medicare.highmark.com)

At the bottom of the homepage, you will find useful links such as **Find a Provider** and **Find a Dentist**. The dental link will automatically link you to the National Medicare Advantage dental search. Please note, the vision link is for a medical specialist (ophthalmologist). If you are looking for a routine vision provider, please see [davisvision.com](https://www.davisvision.com).

## Q: Why am I only finding one or a few of the providers from a practice and not the actual provider my client sees?

If you find the practice itself or other providers at that location, you can consider all providers at the practice/location as participating.

## Q: How do I find providers outside of the Highmark sales region?

[provider.bcbs.com](https://www.provider.bcbs.com)

Choose a location and a plan. From there, you will be asked for the alpha prefix. To bypass, select **Browse a list of plans**. For PA, you can use PA Highmark Blue Shield or PA Highmark Blue Cross Blue Shield. For WV, use WV Highmark Blue Cross Blue Shield. From there, you can search for providers available through our Travel Program.

## Q: Where do I find providers from the five Philadelphia counties?

Use [provider.bcbs.com](https://www.provider.bcbs.com). These counties are considered out of the area.

## Q: Why am I having trouble locating routine vision and dental providers?

An optometrist for routine vision can be found at [davisvision.com](https://www.davisvision.com). Routine dental providers can be found at [unitedconcordia.com](https://www.unitedconcordia.com).

## Q: What is the dental network?

All plans that include dental coverage (Whole Health Balance as well) use the National Medicare Advantage network through United Concordia.

# Medical Underwriting Guidelines

## Medigap Blue – Pennsylvania Updated Underwriting Guidelines

### Health questions to determine eligibility – Pennsylvania

Prior to approving an application for enrollment, Highmark reserves the right to review previous and current applications for coverage as well as claims history.

The following questions, if answered “yes,” will result in a member not being eligible for a Medigap Blue plan.

- Were you enrolled in Medicare prior to age 65 due to a disability?
- Are you now or have you been advised in the next year to be any of the following?
  - Admitted as an inpatient to a hospital
  - Confined to a nursing facility for other than short-term rehabilitation
  - Paralyzed, bedridden, or confined to a wheelchair
  - Receiving dialysis
- Within the past two years, have you been diagnosed or treated (including prescription drugs) for any of the following conditions? Do not include any genetic information, such as family medical history or any information related to genetic testing, services, or counseling.
  - Cancer (other than skin cancer), leukemia, lymphoma, melanoma
  - Heart, coronary, or carotid artery disease (not including high blood pressure), heart attack, aneurysm, congestive heart failure or any other type of heart failure, enlarged heart, stroke, transient ischemic attacks (TIA), or hemophilia
  - Bone marrow or other organ transplant
  - ALS (Lou Gehrig’s disease), multiple sclerosis (MS), Parkinson’s, systemic lupus erythematosus (SLE), Alzheimer’s, or dementia
  - AIDS, AIDS-related complex (ARC), or tested positive for HIV
  - Chronic renal disease such as ESRD
- Have you been advised to have a joint replacement in the next year, or have you received a joint replacement within the past six months?



## Health questions to determine eligibility — Pennsylvania (cont.)

### The following questions help determine rate.

If answer is “no” to the following questions, the application is approved at the preferred rate, unless the BMI is 40 or greater. If BMI is 40 or greater, the application is approved at the standard rate.

- Have you been diagnosed, received treatment (including prescription drugs), or had any of the following conditions?
  - **Heart conditions**
    - » Heart rhythm disorders
  - **Lung conditions**
    - » Chronic obstructive pulmonary disease (COPD)
    - » Emphysema
  - **Liver conditions**
    - » Cirrhosis of the liver
    - » Hepatitis C
  - **Diabetes**
    - » Type I or Type II
  - **Eye conditions**
    - » Macular degeneration
  - **Gastrointestinal conditions**
    - » Chronic pancreatitis
    - » Esophageal varices
    - » Ulcerative colitis
  - **Musculoskeletal conditions**
    - » Amputation due to disease
    - » Rheumatoid arthritis
    - » Spinal stenosis
    - » Degenerative disk or herniated disk
    - » Osteoporosis

- **Psychological/mental conditions**

- » Bipolar or manic depressive
- » Schizophrenia

- **Substance abuse**

- » Alcohol abuse or alcoholism
- » Drug abuse or use of illegal drugs

- Within the past two years, have you ever:
  - Been hospitalized or had inpatient surgery?
  - Smoked cigarettes or used any tobacco product?

**If a “yes” answer is provided for any of these questions, the application is approved at the standard rate.**

**If a “yes” answer is provided for the tobacco question and there is one or more “yes” answers in these questions, the application is denied.**

**If applicant answers “no” to these questions, with exception of “yes” answer to the tobacco question and the applicant’s BMI is 40 or greater, the application is denied.**

**If all answers are “no” and the tobacco question is answered “yes” and the applicant’s BMI is less than 40, the application is approved at the standard rate.**

## Medigap Blue — West Virginia Updated Underwriting Guidelines

### Health questions to determine eligibility — West Virginia

Prior to approving an application for enrollment, Highmark reserves the right to review previous and current applications for coverage as well as claims history.

#### The following questions help determine rate.

The following questions, if answered “yes,” will result in a member not being eligible for a Medigap Blue plan.

- Were you enrolled in Medicare prior to age 65 due to a disability?
- Are you now or have you been advised in the next year to be any of the following?
  - Admitted as an inpatient to a hospital
  - Confined to a nursing facility for other than short-term rehabilitation
  - Paralyzed, bedridden, or confined to a wheelchair
  - Receiving dialysis
- Within the past two years, have you been diagnosed or treated (including prescription drugs) for any of the following conditions? Do not include any genetic information, such as family medical history or any information related to genetic testing, services, or counseling.
  - Cancer (other than skin cancer), leukemia or lymphoma, melanoma
  - Heart, coronary, or carotid artery disease (not including high blood pressure), heart attack, aneurysm, congestive heart failure or any other type of heart failure, enlarged heart, stroke, transient ischemic attacks (TIA), hemophilia, or heart rhythm disorders
  - Diabetes
  - Chronic obstructive pulmonary disease (COPD), emphysema
  - Bone marrow or other organ transplant
  - ALS (Lou Gehrig’s disease), multiple sclerosis (MS), Parkinson’s, systemic lupus erythematosus (SLE), Alzheimer’s, or dementia
  - AIDS, AIDS-related complex (ARC), or tested

positive for HIV

- Hepatitis C
- Chronic pancreatitis, esophageal varices, or ulcerative colitis
- Chronic renal disease such as ESRD
- Bipolar, manic depressive, schizophrenia, or psychological illness requiring hospitalization
- Have you been advised to have a joint replacement in the next year, or have you received a joint replacement within the past six months?

#### Responses to the following questions will be collected, but will not affect the outcome of the review.

- Have you been diagnosed, received treatment (including prescription drugs), or had any of the following conditions?
  - **Musculoskeletal conditions**
    - » Amputation due to disease
    - » Rheumatoid arthritis
    - » Spinal stenosis
    - » Degenerative disk or herniated disk
    - » Osteoporosis
  - **Liver conditions**
    - » Cirrhosis of the liver
  - **Eye conditions**
    - » Mascular degeneration
- Within the past two years, have you ever:
  - Been hospitalized or had inpatient surgery?
  - Smoked cigarettes or used any tobacco product?

If the applicant’s BMI is greater than 40, **the application is denied.**

## Medigap Blue – Delaware Underwriting Guidelines

### Health questions to determine eligibility – Delaware

Prior to approving an application for enrollment, Highmark reserves the right to review previous and current applications for coverage as well as claims history.

**The following questions, if answered “yes,” will result in a member not being eligible for a Medigap Blue plan.**

- Were you enrolled in Medicare prior to age 65 due to a disability?
- Are you now or have you been advised in the next year to be any of the following?
  - Admitted as an inpatient to a hospital
  - Confined to a nursing facility for other than short-term rehabilitation
  - Paralyzed, bedridden, or confined to a wheelchair
  - Receiving dialysis
- Within the past two years, have you been diagnosed or treated (including prescription drugs) for any of the following conditions? Do not include any genetic information, such as family medical history or any information related to genetic testing, services, or counseling.
  - Cancer (other than skin cancer), leukemia, lymphoma, melanoma
  - Heart, coronary, or carotid artery disease (not including high blood pressure), heart attack, aneurysm, congestive heart failure or any other type of heart failure, enlarged heart, stroke, transient ischemic attacks (TIA), or hemophilia
  - Diabetes (using insulin)
  - Bone marrow or other organ transplant
  - ALS (Lou Gehrig’s disease), multiple sclerosis (MS), Parkinson’s, systemic lupus erythematosus (SLE), Alzheimer’s, or dementia
  - AIDS, AIDS-related complex (ARC), or tested positive for HIV
  - Chronic renal disease such as ESRD
  - Cirrhosis of the liver, hepatitis C
  - Chronic obstructive pulmonary disease (COPD), emphysema
  - Alcohol abuse or alcoholism, drug abuse or use of illegal drug
  - Bipolar or manic depressive, schizophrenia, psychological illness requiring hospitalization
  - BMI greater than 40
- Have you been advised to have a joint replacement in the next year, or have you received a joint replacement within the past six months?

**The following determines rate.**

- If the answer to tobacco usage in the past 12 months is “yes,” a 25% surcharge will be added to the premium.

**Responses to the following questions will be collected, but will not affect the outcome of the review.**

- Have you been diagnosed, received treatment (including prescription drugs), or had any of the following conditions?
  - Heart conditions
  - Heart rhythm disorders
  - Musculoskeletal conditions
  - Amputation due to disease
  - Rheumatoid arthritis
  - Spinal stenosis
  - Degenerative disc or herniated disc
  - Osteoporosis
  - Gastrointestinal conditions
  - Chronic pancreatitis
  - Esophageal varices
  - Ulcerative colitis

# Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or their authorized representative.

**Please initial below beside the type of product(s) you want the agent to discuss.**

## Stand-alone Medicare Prescription Drug Plans (Part D)

**Medicare Prescription Drug Plan (PDP)** — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

## Medicare Advantage Plans (Part C)

**Medicare Health Maintenance Organization (HMO)** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan** — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

## Medicare Supplement Plans (Medigap)

**Medicare Supplement (Medigap) Plan** — A Medicare Supplement Insurance (Medigap) policy, sold by private companies, can help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance, and deductibles.

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, impact your current or future enrollment status or enroll you in a Medicare plan.

### Beneficiary or authorized representative signature and signature date

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you are the authorized representative, please sign above and print below:*

Representative's name: \_\_\_\_\_

Your relationship to the beneficiary: \_\_\_\_\_

#### To be completed by Agent

Agent name:	Agent phone:
Beneficiary name:	Beneficiary phone:
Initial method of contact: (Indicate here if beneficiary was a walk-in)	
Agent signature:	
Plan(s) represented during the meeting:	
Date appointment completed:	
[Plan use only:]	

*\*Scope of Appointment documentation is subject to CMS record retention requirements.  
If the form was signed by the beneficiary at time of appointment, the Agent MUST provide an explanation why the SOA was not documented prior to meeting on the lines provided below:*

\_\_\_\_\_

\_\_\_\_\_

# Agent Sales Checklist

- Identify yourself as a Highmark licensed sales agent and have your name badge displayed.
- Confirm the Scope of Appointment was completed prior to the start of the meeting.
- Explain that in order to enroll in a Medicare Advantage plan, members must be enrolled in Medicare and continue to pay Part B premium.
- Describe Original Medicare and how it works when enrolled in a Medicare Advantage plan.
- Accurately describe the plans' deductibles, copays, coinsurance, OOP max.
- Accurately describe the copays and deductibles for drugs under Part D.
- Fully explain the cost of prescriptions during the coverage gap and catastrophic coverage period.
- Explain that certain prescription drugs have restrictions such as prior authorizations or quantity limits.
- Discuss the differences between MA and Medicare Supplement plans.
- Ensure the beneficiary(s) understood each plan(s) network and how they work.
- Explain how to locate a provider using the provider directory and/or provider website.
- Explain how to check if drugs are covered in the formulary.
- Review the Star Rating for all applicable plans.
- Describe the different enrollment periods including AEP, MAPD, and possible SEPs.
- Avoid making absolute statements.
- Avoid scare tactics.
- Avoid cross-selling of non-health products.
- Avoid using unapproved marketing material.

## SECTION IV

# Highmark Wholecare

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# Introduction

Highmark Wholecare Medicare Assured Diamond and Medicare Assured Ruby are specialized Medicare Advantage Plans (Medicare “Special Needs Plans”), which means the benefits are designed for people with special health care needs who have Medicare and are also entitled to assistance from Medicaid. Like all Medicare Advantage Plans, these Medicare Special Needs Plans are approved by Medicare and have contracts with the Pennsylvania Medicaid program to coordinate Medicaid benefits.

## What is a Dual Eligible Special Needs Plan?

Members who are eligible for both Medicare and Medicaid (Medical Assistance from the State), can join a Dual Eligible Special Needs Plan (DSNP). DSNPs are approved by Medicare but are run by private companies.

### Benefits of a DSNP:

- Members get hospital, medical, and prescription drug coverage through one plan.
- Members have a large network of providers to choose from.
- All medically necessary and preventive services offered under parts A and B are covered, in addition to prescription drug coverage under Part D.
- Many plans offer value added benefits, including hearing, dental, vision, transportation, healthy food cards, and more.

## D-SNP Enrollment Periods

### Initial Enrollment Period (IEP)

This is a seven-month period that starts three months before the month containing the member’s 65th birthday, and continues for three months after.

### Special Enrollment Period (SEP)

A member can change plans quarterly except for in the last quarter because of AEP. They can change plans if they’re moving out of their current plan’s service area, losing creditable group health insurance due to employment ending, or being released from jail. Some of the events that can qualify a member to enroll in a DSNP during this period include:

- Beneficiaries are given Q1, Q2, and Q3 SEP to change plans.
- Nursing home residency. Whether they’re moving in, moving out, or are currently living in a nursing home, they can enroll in a Special Needs Plan for the first time, switch plans, or opt out of their current plan.
- Qualifying for Medicaid. If they already have Medicaid benefits or become eligible, they can enroll in a Special Needs Plan at any time. Moving outside the service area. If they move outside the service area covered by their current Special Needs Plan and they want to switch to another plan, they can do it during the SEP. If they do not enroll in a different DSNP, they are automatically returned to coverage through Original Medicare.
- Their current DSNP leaves Medicare. If this happens, they can sign up for a different DSNP.

### Annual Enrollment Period (AEP)

**Oct 15. – Dec. 7** — Members can switch plans as many times as they want during AEP. They have until Dec. 7 by 11:59 p.m. to make a final decision.



# Enrollment Processes

## Cavulus

Cavulus is a CRM (Customer Relationship Management) software used to store contacts, sales opportunities, and upcoming seminars. It helps to prioritize tasks, schedule plans, and optimize member experience. Everything is automatically uploaded in the program, including member names, addresses, and any other details required for registration. You can easily contact members and access their background information to understand their plan needs.



## How to use Cavulus

- Sign in to your workspace with your Username and Password.
- Select **Broker Enrollment**.
- In quick forms, you can either choose **New Enrollment** or **Edit Current Active**.
  - Select product type: **Diamond** or **Ruby**
  - For election type, either enter Unknown or pick from the types listed
  - Choose the Effective Date
  - Choose the App Recs Date
  - Choose the Application Type
  - Type in Medicare Identifier if applicable
  - Fill in Date of birth
  - Upload any applicable files (Ex: Scope of Appointment (SOA))
  - Confirm Enrollment



### Checklist for enrollment

Information you'll need to enroll a member:

- Name
- Address
- Date of Birth
- Social Security Number
- Medicaid and Medicare numbers
- List of current doctors and prescriptions



### How to check eligibility

To check for eligibility of a prospective member or if you need a SOA, you can contact Agent Support over the phone at **888-871-0417** or by email at **agentspecialist@highmarkwholecare.com**.

- Make sure you have a PTC (Permission to Contact)/ Scope of Appointment.
- Have the member's name, address, and date of birth handy. If you're calling Agent Support, you should also have their social security number (SSN) and Medicare Beneficiary Number (MBI), if possible.

# Products Overview

## Highmark Wholecare offers two DSNP plans:

Medicare Assured <sup>SM</sup> Diamond	Medicare Assured Ruby
Live in service area	Live in service area
Entitled to Medicare Part A	Entitled to Medicare Part A
Enrolled in Medicare Part B	Enrolled in Medicare Part B
Full Medicaid: QMB, QMB+, SLMB+, and FBDE	Partial Medicaid: SLMB, and QI

To be eligible for the Diamond plan, you must have Medicare Parts A and B and Medical Assistance (FBDE, QMB+, SLMB+, or QMB) and you must live in our service area. To be eligible for the Ruby plan, you must have Medicare Parts A and B and Medical Assistance (SLMB or QI) and you must live in our service area.

## Eligibility Descriptions

<b>Qualified Medicare Beneficiaries (QMBs) without other Medicaid (QMB Only)</b>	These individuals are entitled to Medicare Part A, have income of 100% Federal poverty level (FPL) or less and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for full Medicaid.
<b>QMBs with full Medicaid (QMB Plus)</b>	These individuals are entitled to Medicare Part A, have income of 100% FPL or less and resources that do not exceed twice the limit for SSI eligibility, and are eligible for full Medicaid benefits.
<b>Specified Low-Income Medicare Beneficiaries (SLMBs) without other Medicaid (SLMB Only)</b>	These individuals are entitled to Medicare Part A, have income of greater than 100% FPL, but less than 120% FPL and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid.
<b>SLMBs with full Medicaid (SLMB Plus)</b>	These individuals are entitled to Medicare Part A, have income of greater than 100% FPL, but less than 120% FPL and resources that do not in exceed twice the limit for SSI eligibility, and are eligible for full Medicaid benefits.
<b>Qualified Disabled and Working Individuals (QDWIs)</b>	These individuals lost their Medicare Part A benefits due to their return to work. They are eligible to purchase Medicare Part A benefits, have income of 200% FPL or less and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid.

# Value-Added Benefits

## Utility Support Benefit and Healthy Food Benefits

Diamond members will receive \$175 per month and Ruby members will receive \$35 per month for Utility Support and Healthy Food Benefits. Members can use the allowance to pay plan approved utility expenses or buy healthy foods at select retail locations, online, or via catalog. Rollover will be for the first month of enrollment and will expire at the end of the second month. Remaining card allowances will expire at the end of each month and at the end of the calendar year. Fees and plan restrictions apply.

## Dental Benefit

Our plans give members an \$8,000 (**Diamond**) and \$3,500 (**Ruby**) allowance for dental care including benefits like:

- Cleanings.
- Oral exams.
- X-rays.
- Crowns.
- Fillings.
- Root canals.
- Annual coverage for dentures.

## Vision Benefit

Every Highmark Wholecare plan includes complete vision coverage. Benefits include an annual eye exam with free glasses or contacts from the Davis Vision collection each year, or up to \$600 (**Diamond Plan**) \$300 (**Ruby Plan**) toward your choice of eyewear.

## Hearing Benefit

We offer top-notch hearing benefits, including up to two TruHearing branded hearing aids every year for Diamond members and every three years for Ruby members. \$0 Copay for routine hearing exams and hearing aid fitting.

## Over-The-Counter Benefit

Diamond members can get up to \$1280 per year and Ruby members up to \$560 per year to spend on Brand Name and Generic OTC products. This is a quarterly benefit, so allowances don't carry over to the next quarter.

Members can spend this allowance on products including:

- Cold and allergy medicine.
- Dental/denture hygiene.
- Vitamins.
- First aid supplies.
- Ointments.
- Incontinence products.
- Pain medication.

## Transportation Benefit

Every Highmark Wholecare Medicare Assured Diamond plan includes combined free transportation to non-emergency medical appointments and medical appointments. Members can get up to 100 free rides within a 60-mile radius to:

- Their doctor's office or other medical appointments.
- Their local pharmacy.
- Their local fitness center.
- Other non-emergency medical appointments

Diamond Plan members can get extra milage with prior approval based on plan limits for medical related trips only. Milage reimbursement is available when a personal car is used.

Every Ruby plan includes free transportation to 30 one-way trips to plan approved health related locations. Mileage reimbursement is available when a personal car is used. Trip limit of 60-mile radius one way with prior approval for extra mileage based on plan limits.

## Fitness Benefit

The SilverSneakers program provides access to fitness and wellness classes at health clubs across the country at no extra cost. Your clients can get fit, make friends, and live a healthier, more active life with this program. Members can visit over 14,000 facilities nationwide, with cardio and weight equipment, pools, saunas, and exercise classes taught by certified senior fitness instructors.

# 2024 Pharmacy Network Updates

## In-network Pharmacies

PA

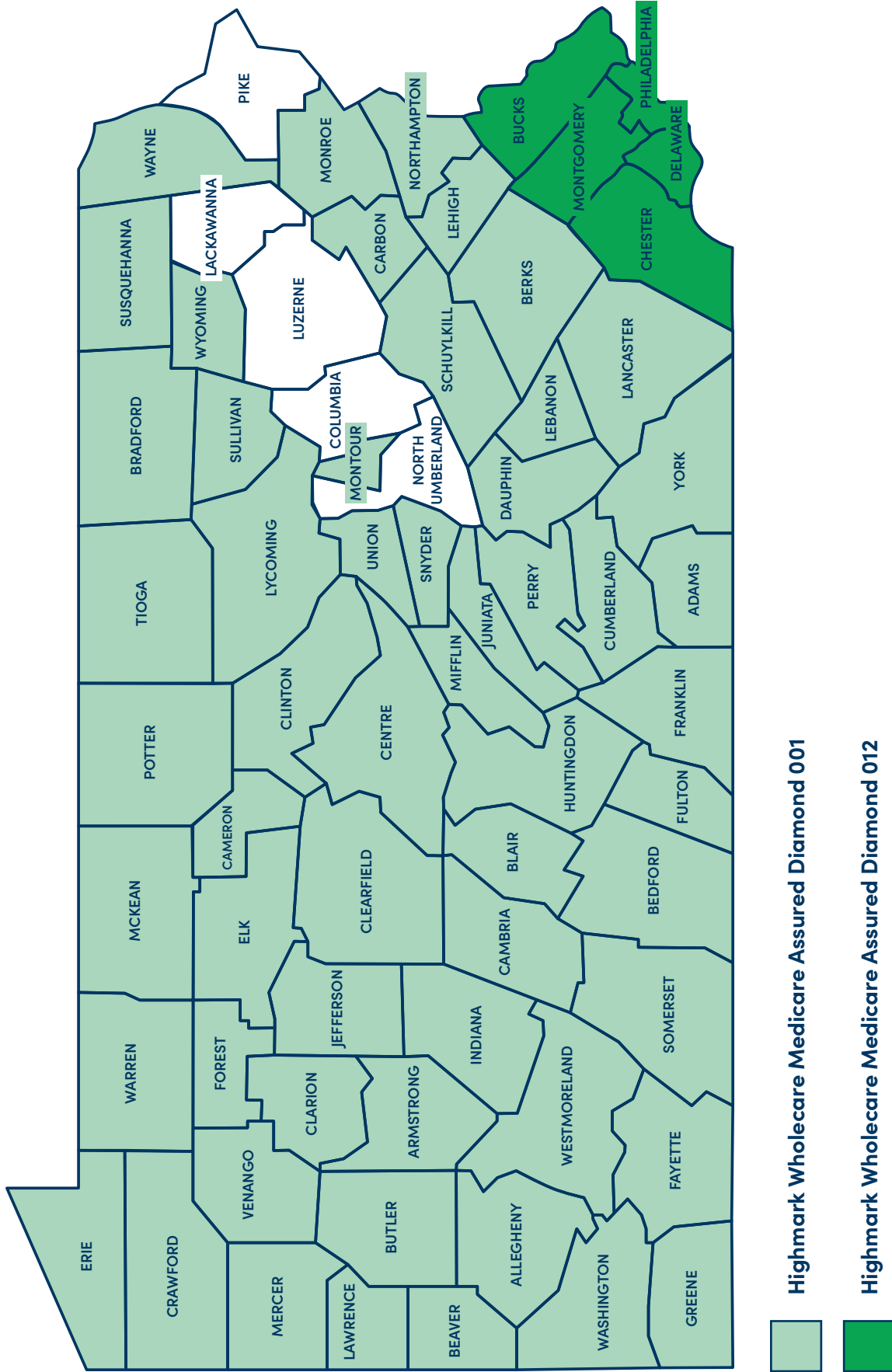


Select local pharmacies are also in-network.

SECTION IV: HIGHMARK WHOLECARE

# Products and Pricing by County

# Highmark Wholecare Medicare Assured Diamond



\*Pricing is subject to CMS approval



# Highmark Wholecare Medicare Assured Diamond (Products and pricing by county)

Highmark Wholecare Medicare Assured Diamond	
Monthly Plan Premium	\$0
Out-of-Pocket Maximum	\$9,850 OOP Max
PCP Office Visit	\$0 Copay
Specialist Office Visit	\$0 Copay and Authorization required
Lab and Diagnostic Tests (Phys. Office or Freestanding Lab)	\$0 Copay and Authorization required
Lab and Diagnostic Tests (Outpatient Facility)	\$0 Copay and Authorization required
X-Rays	\$0 and Authorization required
Radiation Therapy	\$0 Copay
Preventive/Screening	\$0 Copay and Authorization required
Outpatient Physical and Speech Therapy	\$0 Copay for Individual and Group Sessions
Outpatient Mental Health	\$0 Copay
Outpatient Substance Abuse	\$0 Copay and Authorization required
Medicare Covered Acupuncture	\$0 Copay and Authorization required
Ambulatory Surgical Services	\$0 Copay and Authorization required
Ambulance	\$0 Copay for Ground and Air; Authorization required for Non-Emergency Medicare Services
Non-Emergency Medical Transportation	Transportation for medical needs (supplemental benefit) and transportation for non-medical needs (VBIID) are a combined limit of 100 one-way trips to plan approved locations. Mileage reimbursement is available when a personal car is used. Trip limit of 60 mile radius one way. Extra mileage may be granted with prior approval based on plan limits for medical-related trips only. Beneficiary must call noted transportation vendor to receive service. Scheduling rules and plan restrictions apply.
Emergency Room	\$0 Copay
Urgent Care	\$0 Copay
Inpatient Hospital Stay (Acute and Psychiatric)	\$0 and Authorization required
Skilled Nursing Facility	\$0 and Authorization required
Home Health	\$0 and Authorization required
Diabetic Supplies and Services	\$0 Copay
OTC	\$320 every three months; allowance will not carry forward to following quarter. There is no proration on the quarterly allowance, so a new member will receive the full allowance regardless of when they join in the quarter. An OTC catalog of CMS-approved non-prescription over-the-counter medications and health-related items is available. COVID-19 tests are included. Quantity limits and plan restrictions apply.
Durable Medical Equipment	\$0 Copay and Authorization required
Meal Benefit	Beneficiary will be eligible for the benefit upon discharge from inpatient stay at hospital/rehab/skilled nursing facility as monitored by the plan. Plan restrictions apply. Plan covers 28 meals over 14 days, no limit for the number of admissions.
Fitness Benefit	Provides membership at participating network fitness centers at no cost
Home and Bathroom Safety Devices and Modifications	Benefit coordinated through Highmark Wholecare Case Management Department. Limited to six Bathroom Safety devices per year.
Personal Emergency Response System (PERS)	Benefit coordinated through Highmark Wholecare Health Case Management Department. Limited to one PERS device per member per lifetime.
General Supports for Living	\$175 every month for Healthy Benefits. Members can use the allowance to pay plan approved utility expenses or to purchase healthy foods at select retail locations, online, or via catalog. Rollover will be for the first month of enrollment and will expire at the end of the second month, remaining card allowances will expire at the end of each month and at the end of the calendar year. Fees and plan restrictions apply.
Transportation for Non-Medical Needs	Transportation for medical needs (supplemental benefit) and transportation for non-medical needs (VBIID) are a combined limit of 100 one-way trips to plan approved locations. Trip limit of 60 mile radius one way. Beneficiary must call noted transportation vendor to receive service. Scheduling rules and plan restrictions apply.
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient
Part B Drugs	\$0 Copay and Prior authorization required for certain prescription drugs
Medicare Covered Vision (Office Visit)	\$0 Copay
Routine Vision (Office Visit)	\$0 Copay; one visit per year
Routine Vision (Eyewear)	\$600 every year limited to one (1) pair of frames or contact lenses each year. Member options include vendor frames or standard contact lenses at no cost per calendar year when purchased from vendor vision collection, or \$600 toward non-vendor frames or non-vendor contact lenses per calendar year. Standard lenses covered in full for either option. Limited upgrades available for either option. Plan restrictions apply.
Medicare Covered Hearing Exam	\$0 Copay
Routine Hearing Exam	\$0 Copay; one visit per year
Routine Hearing (Hearing Aids)	Up to two TrueHearing-branded hearing aids every year (one per ear per year). Benefit is limited to TrueHearing-branded Advanced hearing aids, \$0 copayment per aid. You must see a TrueHearing provider to use this benefit.
Routine Dental	\$8,000 every year (combined with Comprehensive); One oral exam every six months; four cleanings every six months; Other X-ray includes: Panoramic and full mouth. X-rays once every five years, bitewing, periapical and occlusal X-rays once every six months.
Medicare Covered Comprehensive Dental	\$0 Copay
Comprehensive Dental — Supplemental	Authorization may be required for Medicare covered services \$8,000 every year (combined with Routine); Amalgam or resin fillings unlimited; Crowns limited to two per year; one crown in five years per tooth; Scaling and root planning limit four quadrants per visit with each quad once every year; full mouth debridement one per year; and any combination of routine prophylaxis and periodontal maintenance (D110 and D4910) totaling four per year; simple extractions only; dentures are covered one per arch every year including a full denture, a partial denture or an immediate denture, and denture repairs
Medicare Covered Chiropractic	\$0 Copay and Authorization required
Routine Chiropractic	\$0 Copay and Authorization required
Medicare Covered Podiatry	\$0 Copay
Routine Podiatry	\$0 Copay
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay
<b>Part D Drugs</b>	
Part D Reduced Cost Sharing	\$0 Copay on all tiers (1-5) in all coverage periods



# Highmark Wholecare Medicare Assured Ruby (Products and pricing by county)

Highmark Wholecare Medically Assured Ruby	
Monthly Plan Premium	\$0
Out-of-Pocket Maximum	\$6,700 OOP Max
PCP Office Visit	\$0 Copay
Specialist Office Visit	\$25 Copay
Labs and Diagnostic Tests (Phys. Office or Freestanding Lab)	\$0 Copay and Authorization required
Labs and Diagnostic Tests (Outpatient Facility)	\$0 Copay and Authorization required
X-Rays	\$20 Copay and Authorization required
Radiation Therapy	\$175 Copay for Diagnostic \$60 for Therapeutic and Authorization required
Preventive/Screening	\$0 Copay
Outpatient Physical and Speech Therapy	\$20 Copay and Authorization required
Outpatient Mental Health	\$25 Copay for Individual and Group Sessions
Outpatient Substance Abuse	\$25 Copay
Medicare Covered Acupuncture	\$25 Copay and Authorization required
Ambulatory Surgical Services	\$200 Copay and Authorization required
Ambulance	\$250 for Ground and Air; Authorization required for Non-Emergency Medicare Services
Non-Emergency Medical Transportation	\$30 one way trip to plan approved health related locations. Mileage reimbursement is available when a personal car is used. Trip limit of 60 mile radius one way with prior approval for extra mileage based on plan limits. Beneficiary must call noted transportation vendor to receive service. Scheduling rules and plan restrictions apply.
Emergency Room	\$95 Copay will be waived if admitted to hospital within 24 hours for the same condition and cannot be applied towards deductible
Urgent Care	\$25 Copay
Inpatient Hospital Stay (Acute and Psychiatric)	\$250 Copay Days 1 to 6/\$0 Copay Days 7 to 90 and Authorization required
Skilled Nursing Facility	\$0 Copay Days 1 to 20/\$203 Copay Days 21 to 100 and Authorization required
Home Health	\$0 and Authorization required
Diabetic Supplies and Services	\$0 Copay
OTC	\$140 Every three months; allowance will not carry forward to following quarter. There is no proration on the quarterly allowance, so a new member will receive the full allowance regardless of when they join in the quarter. An OTC catalog of CMS-approved non-prescription over-the-counter medications and health-related items is available. COVID-19 tests are included. Quantity limits and plan restrictions apply.
Durable Medical Equipment	20% Coinsurance and Authorization required
Meal Benefit	Beneficiary will be eligible for the benefit upon discharge from inpatient stay at hospital/rehab/skilled nursing facility as monitored by the plan. Plan restrictions apply. Plan covers 14 meals over seven days, no limit for the number of admissions.
Fitness Benefit	Provides membership at participating network fitness centers at no cost
Home and Bathroom Safety Devices and Modifications	Benefit coordinated through Highmark Wholecare Case Management Department. Limited to two Bathroom Safety devices per year.
Personal Emergency Response System (PERS)	Benefit coordinated through Highmark Wholecare Health Case Management Department. Limited to one PERS device per member per lifetime.
General Supports for Living	\$35 every month for Healthy Benefits. Members can use the allowance to pay plan approved utility expenses or to purchase healthy foods at select retail locations, online, or via catalog. Rollover will be for the first month of enrollment and will expire at the end of the second month, remaining card allowances will expire at the end of each month and at the end of the calendar year. Fees and plan restrictions apply.
Transportation for Non-Medical Needs	Not Covered
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient \$35 copay for Part B covered insulin. (CMS required in 2024.) 20% coinsurance for all other Part B covered drugs.
Part B Drugs	\$0 Copay for diabetic retinal eye exam; \$25 Copay applies to all other Medicare-covered benefits
Medicare Covered Vision (Office Visit)	\$0 Copay; one visit per year
Routine Vision (Office Visit)	\$200 every year limited to one pair of frames or contact lenses each year. Member options include vendor frames or standard contact lenses at no cost per calendar year when purchased from vendor vision collection, or \$200 toward non-vendor frames or non-vendor contact lenses per calendar year. Standard lenses covered in full for either option. Plan restrictions apply.
Medicare Covered Hearing Exam	\$25 Copay
Routine Hearing (Hearing Aids)	\$0 Copay; one visit per year Up to two TrueHearing-branded hearing aids every three years (one per ear every three years). Benefit is limited to TrueHearing-branded Advanced hearing aids. \$0 copayment per aid for TrueHearing Advanced. You must see a TrueHearing provider to use this benefit.
Routine Dental	One oral exam every six months; four cleanings every six months; Other X-ray includes: Panoramic and full mouth X-rays once every five years, bitewing, periapical and occlusal X-rays once every six months.
Medicare Covered Comprehensive Dental	\$25 Minimum Copay and \$250 Maximum Copay. Authorization may be required for Medicare covered services
Comprehensive Dental — Supplemental	\$3,500 every year; Amalgam or resin fillings unlimited; Crowns limited to one per year, one crown in five years per tooth. Scaling and root planing limit four quads per visit with each once every two years. Full mouth debridement one per year, and any combination of routine prophylaxis and periodontal maintenance (D1110 and D4910) totaling four per year; Simple extractions only; dentures are covered one per arch every five years, including a full denture, a partial denture or an immediate denture and are not applied to the comprehensive maximum plan coverage amount
Medicare Covered Chiropractic	\$15 Copay and Authorization required
Routine Chiropractic	\$15 Copay and Authorization required
Medicare Covered Podiatry	\$25 Copay
Routine Podiatry	\$25 Copay
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay
<b>Part D Drugs</b>	
Part D Reduced Cost Sharing	\$0 Copay on all tiers (1-5) in all coverage periods

# Pennsylvania

Facility Name	Medicare Assured Diamond	Medicare Assured Ruby
<b>Adams County</b>		
Wellspring Gettysburg Hospital	✓	✓
<b>Allegheny County</b>		
AHN Brentwood Neighborhood Hospital	✓	✓
AHN Forbes Hospital	✓	✓
AHN McCandless Neighborhood Hospital	✓	✓
AHN Observation Group	✓	✓
AHN West Penn Hospital	✓	✓
AHN Wexford Hospital	✓	✓
Allegheny General Hospital	✓	✓
Alle-Kiski Medical Center	✓	✓
Children's Hospital of Pittsburgh	✓	✓
Heritage Valley Kennedy	✓	✓
Heritage Valley Sewickley	✓	✓
Jefferson Regional Medical Center	✓	✓
St. Clair Hospital – Outpatient/Inpatient	✓	✓
UPMC East	✓	✓
UPMC Magee – Womens Hospital	✓	✓
UPMC McKeesport Hospital	✓	✓
UPMC Mercy	✓	✓
UPMC Passavant	✓	✓
UPMC Presbyterian Shadyside Hospital	✓	✓
UPMC St. Margaret Hospital	✓	✓
<b>Armstrong County</b>		
Armstrong County Memorial Hospital	✓	✓
<b>Beaver County</b>		
Heritage Valley Beaver	✓	✓
<b>Bedford County</b>		
UPMC Bedford Memorial	✓	✓
<b>Berks County</b>		
Reading Hospital and Medical Center	✓	✓
Reading Hospital – Weight Loss Surgery	✓	✓
Penn State Health St. Joseph Medical Center	✓	✓
Surgical Institute of Reading	✓	✓
<b>Blair County</b>		
Conemaugh Nason Medical Center	✓	✓
Penn Highlands Tyrone	✓	✓
UPMC Altoona	✓	✓
<b>Bradford County</b>		
Guthrie Robert Packer Hospital Acute Rehab	✓	✓
Guthrie Troy Community Hospital	✓	✓
Guthrie Robert Packer Hospital	✓	✓
Robert Packer Hospital – Towanda Campus	✓	✓

# Pennsylvania, cont.

Facility Name	Medicare Assured Diamond	Medicare Assured Ruby
<b>Bucks County</b>		
Aria Health – Bucks Campus	✓	✓
Avenues Recovery Medical Center at Valley Forge	✓	✓
Lower Bucks Hospital	✓	✓
St. Luke's Quakertown Hospital	✓	✓
St. Mary Medical Center	✓	✓
<b>Butler County</b>		
Butler Memorial Hospital	✓	✓
<b>Cambria County</b>		
Conemaugh Valley Memorial Hospital	✓	✓
Conemaugh Miners Medical Center	✓	✓
<b>Carbon County</b>		
St. Luke's Hospital – Lehighon Campus	✓	✓
St. Luke's Hospital – Carbon Campus	✓	✓
<b>Centre County</b>		
Mount Nittany Medical Center	✓	✓
<b>Chester County</b>		
Paoli Hospital	✓	✓
Penn Medicine Chester County Hospital	✓	✓
Phoenixville Hospital	✓	✓
<b>Clarion County</b>		
Clarion Hospital	✓	✓
<b>Clearfield County</b>		
Penn Highlands Clearfield	✓	✓
Penn Highlands Dubois	✓	✓
<b>Clinton County</b>		
Bucktail Medical Center	✓	✓
<b>Crawford County</b>		
Meadville Medical Center	✓	✓
Titusville Area Hospital	✓	✓
<b>Cumberland County</b>		
Penn State Health Holy Spirit Hospital	✓	✓
Holy Spirit Silver Creek Mediplex	✓	✓
Penn State Health Hampden Medical Center	✓	✓
UPMC Pinnacle Carlisle	✓	✓
<b>Dauphin County</b>		
Penn State Health Milton S. Hershey Medical Center	✓	✓
UPMC Pinnacle Community Osteopathic	✓	✓
<b>Delaware County</b>		
Crozer Health – Chester Medical Center	✓	✓
Crozer Health – Delaware County Memorial Hospital	✓	✓
Mercy Catholic Medical Center Fitzgerald Campus	✓	✓
Main Line Health – Riddle Hospital	✓	✓
Crozer Health – Springfield Hospital	✓	✓
Crozer Health – Taylor Hospital	✓	✓

# Pennsylvania, cont.

Facility Name	Medicare Assured Diamond	Medicare Assured Ruby
<b>Elk County</b>		
Penn Highlands Elk	✓	✓
<b>Erie County</b>		
AHN Saint Vincent Hospital	✓	✓
LECOM Health – Corry Memorial Hospital	✓	✓
LECOM Health – Millcreek Community Hospital	✓	✓
UPMC Hamot	✓	✓
<b>Fayette County</b>		
WVU Uniontown Hospital	✓	✓
<b>Franklin County</b>		
WellSpan Chambersburg Hospital	✓	✓
WellSpan Waynesboro Hospital	✓	✓
<b>Fulton County</b>		
Fulton County Medical Center	✓	✓
<b>Greene County</b>		
Washington Health System Greene	✓	✓
<b>Huntingdon County</b>		
Penn Highlands Huntingdon	✓	✓
<b>Indiana County</b>		
Indiana Regional Medical Center	✓	✓
<b>Jefferson County</b>		
Penn Highlands Brookville	✓	✓
Punxsutawney Area Hospital	✓	✓
<b>Lackawanna County</b>		
Lehigh Valley Hospital – Dickson City	✓	✓
<b>Lancaster County</b>		
Ephrata Community Hospital	✓	✓
Lancaster Behavioral Health Hospital	✓	✓
Lancaster General Hospital	✓	✓
Penn State Health Lancaster Medical Center	✓	✓
UPMC Pinnacle Lititz	✓	✓
<b>Lawrence County</b>		
UPMC Jameson	✓	✓
<b>Lebanon County</b>		
WellSpan Good Samaritan Hospital	✓	✓
<b>Lehigh County</b>		
Lehigh Valley Hospital	✓	✓
Lehigh Valley Hospital Coordinated Health Allentown	✓	✓
St. Luke's Hospital – Allentown	✓	✓
<b>Luzerne County</b>		
Lehigh Valley Hospital – Hazleton	✓	✓
<b>Lycoming County</b>		
UPMC Muncy Valley Hospital	✓	✓
Williamsport Regional Medical Center	✓	✓

# Pennsylvania, cont.

Facility Name	Medicare Assured Diamond	Medicare Assured Ruby
<b>McKean County</b>		
UPMC Kane Community Hospital	✓	✓
<b>Mercer County</b>		
AHN Grove City Hospital	✓	✓
Edgewood Surgical Hospital	✓	✓
Steward Sharon Regional Health System	✓	✓
UPMC Horizon	✓	✓
<b>Monroe County</b>		
Lehigh Valley Hospital – Pocono	✓	✓
St. Luke’s Hospital – Monroe Campus	✓	✓
<b>Montgomery County</b>		
Einstein Medical Center – Montgomery	✓	✓
Lankenau Medical Center	✓	✓
Pottstown Hospital	✓	✓
Suburban Community Hospital	✓	✓
<b>Northampton County</b>		
Lehigh Valley Hospital – Muhlenberg	✓	✓
Lehigh Valley Hospital Coordinated Health Bethlehem	✓	✓
Saint Lukes Hospital of Bethlehem, Pennsylvania	✓	✓
St. Luke’s Hospital – Anderson	✓	✓
St. Luke’s Hospital – Bethlehem Campus	✓	✓
St. Lukes Hospital – Easton Campus	✓	✓
<b>Philadelphia County</b>		
Albert Einstein Medical Center	✓	✓
Aria Health – Frankford Campus	✓	✓
Aria Health – Torresdale Campus	✓	✓
Chestnut Hill Hospital	✓	✓
Children’s Hospital of Philadelphia	✓	✓
Holy Redeemer Hospital	✓	✓
Hospital of the University of PA	✓	✓
Jeanes Hospital	✓	✓
Kensington Hospital	✓	✓
Mercy Catholic Hospital – Philadelphia Campus	✓	✓
Nazareth Hospital	✓	✓
Penn Presbyterian Medical Center	✓	✓
Pennsylvania Hospital	✓	✓
Roxborough Memorial Hospital	✓	✓
Temple University Hospital	✓	✓
Wills Eye Hospital	✓	✓
<b>Potter County</b>		
Charles Cole Memorial Hospital	✓	✓

# Pennsylvania, cont.

Facility Name	Medicare Assured Diamond	Medicare Assured Ruby
<b>Schuylkill County</b>		
Geisinger St. Luke's Hospital	✓	✓
Lehigh Valley Hospital – Schuylkill East Norwegian Street	✓	✓
St. Luke's Hospital – Miners Campus	✓	✓
<b>Somerset County</b>		
Meyersdale Medical Center	✓	✓
UPMC Somerset	✓	✓
Chan Soon-Shiong Medical Center at Windber	✓	✓
<b>Tioga County</b>		
UPMC Wellsboro	✓	✓
<b>Union County</b>		
Evangelical Community Hospital	✓	✓
<b>Venengo County</b>		
UPMC Northwest	✓	✓
<b>Warren County</b>		
Warren General Hospital	✓	✓
<b>Washington County</b>		
AHN Canonsburg Hospital	✓	✓
Washington Health System	✓	✓
Penn Highlands Mon Valley	✓	✓
<b>Westmoreland County</b>		
AHN Hempfield Neighborhood Hospital	✓	✓
Latrobe Area Hospital	✓	✓
Westmoreland Hospital	✓	✓
Frick Hospital	✓	✓
<b>York County</b>		
OSS Orthopaedic Hospital	✓	✓
UPMC Pinnacle Hanover	✓	✓
UPMC Pinnacle Memorial	✓	✓
WellSpan Philhaven Child Partial Hospitalization	✓	✓
WellSpan York Hospital	✓	✓
	✓	✓



## Delaware

Facility Name	Medicare Assured Diamond	Medicare Assured Ruby
<b>New Castle County</b>		
Christiana Care Health Services Inc.	✓	✓

## New York

Facility Name	Medicare Assured Diamond	Medicare Assured Ruby
<b>Cattaraugus County</b>		
Olean General Hospital	✓	✓
<b>Cortland County</b>		
Guthrie Cortland Medical Center – Cancer Center	✓	✓
<b>Steuben County</b>		
Guthrie Corning Hospital	✓	✓

## West Virginia

Facility Name	Medicare Assured Diamond	Medicare Assured Ruby
<b>Berkeley County</b>		
Berkeley Medical Center	✓	✓
<b>Jefferson County</b>		
Jefferson Medical Center	✓	✓
<b>Marshall County</b>		
Reynolds Memorial Hospital Inc.	✓	✓
<b>Mineral County</b>		
Potomac Valley Hospital of WV Inc	✓	✓
<b>Monongalia County</b>		
West Virginia University Hospitals Inc.	✓	✓
<b>Upshur County</b>		
WVU Medicine – St. Joseph’s Hospital	✓	✓
<b>Wetzel County</b>		
WVU Medicine – Wetzel County Hospital	✓	✓

## New Jersey

Facility Name	Medicare Assured Diamond	Medicare Assured Ruby
<b>Morris County</b>		
Morristown Medical Center – AHS Hospital Corp.	✓	✓
<b>Sussex County</b>		
Newton Medical Center – AHS Hospital Corp.	✓	✓
<b>Union County</b>		
Overlook Medical Center – AHS Hospital Corp.	✓	✓
<b>Warren County</b>		
Hackettstown Medical Center – AHS Hospital Corp.	✓	✓



SECTION IV: HIGHMARK WHOLECARE

# Additional Resources

# Scope of Appointment Confirmation Form

Highmark Wholecare offers individuals the following products:

## Medicare Special Needs Plans (HMO SNP)

For individuals entitled to Medicare Part A, enrolled in Medicare Part B, who live in the service area and receive Medicaid Assistance from the State.

**Please indicate how you wish to be contacted:**

I would like an agent to call me.

I would like an agent to meet with me in person.

## Beneficiary information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

In the space provided below, please initial the type of Medicare Advantage product(s) you want the agent to discuss:

\_\_\_\_\_ Medicare Special Needs Plans (HMO SNP)

Please remember to sign and date this form on the back side of this page.

### Beneficiary or authorized representative signature and signature date

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you are the authorized representative, please sign above and print below:*

Name: \_\_\_\_\_

Relationship to beneficiary: \_\_\_\_\_

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. The person does not work directly for the Federal Government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

### To be completed by Agent

Name:	Phone:
Initial method of contact: (Please indicate if beneficiary was a walk-in)	
Signature:	
Plan(s) represented during the meeting:	
Date appointment completed:	
[Plan use only:]	

*\*Scope of Appointment documentation is subject to CMS record retention requirements  
Agent, if the form was signed by the beneficiary at time of appointment, please provide explanation why SOA was not documented prior to meeting:*

\_\_\_\_\_

\_\_\_\_\_

Highmark Wholecare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Highmark Wholecare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Highmark Wholecare:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- o Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- o Qualified interpreters
- o Information written in other languages

If you need these services, contact Member Services at 1-800-685-5209, 8 a.m. - 8 p.m., 7 days a week from October 1 through March 31. From April 1 through September 30 our business hours are 8 a.m. – 8 p.m., Monday through Friday. TTY users should call 711.

If you believe that Highmark Wholecare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Appeals and Grievances

Attention: 1557 Coordinator

PO Box 22278

Pittsburgh, PA 15222

Phone: 1-844-207-0336

Fax: 1-412-255-4503

You can file a grievance by mail, or by fax. If you need help filing a grievance, Appeals and Grievances is available to help you. Additional information can be found at <https://highmarkwholecare.com/nondiscrimination-notice>.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-685-5209 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-685-5209 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-685-5209 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-685-5209 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-685-5209 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-685-5209 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-685-5209 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-685-5209 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-685-5209 (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-685-5209 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، بمساعدتك. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية (TTY 711) 1-800-685-5209 ليس عليك سوى الاتصال بنا على

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-685-5209 (TTY 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-685-5209 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-685-5209 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-685-5209 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-685-5209 (TTY 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-685-5209 (TTY 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Highmark Wholecare offers HMO plans with a Medicare contract. Enrollment in these plans depends on contract renewal. Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association ("Highmark Wholecare").

NS\_2801\_C (10/2022)

# Agent Sales Checklist

To enroll a new member, you need their:

Name

Address

Date of birth

Social Security Number

Medicaid and Medicare numbers (if available)

List of current doctors and prescriptions

## How to check eligibility

To check a member's eligibility, you can either call Agent Support or use one of the programs mentioned below to do it yourself. Here's how:

1. Make sure you have a POT (Permission to Contact)/Scope of Appointment.
2. Have the member's name, address, and date of birth handy. If you're calling Agent Support, you should also have their Social Security Number (SSN) and Medicare Beneficiary Number (MBI), if possible.
3. If the member already has a Medicare plan, you use their Medical Assistance Number, Eligibility Code, or SSN to look them up.
4. Sign into all programs (Cavulus, ECIS, MARx, Provider network tool, and Formulary tool) or call Agent Support. Use the member's information to find them in the programs, or provide their information to Agent Support.
5. Check for eligibility. Make sure you take notes and capture all information connected to the member.



SECTION V

# Highmark ACA Individual Market

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# Enrollment Processes

## For Plan Year 2024: Open Enrollment Period

**Nov. 1, 2023 – Jan. 15, 2024 (DE, PA, WV)**

**Nov. 16, 2023 – Jan. 31, 2024 (New York)**

Members who enroll by Dec. 15, 2023 will have a plan effective date of Jan. 1, 2024. Members who enroll in a plan between Dec. 16, 2023 and Jan. 15, 2024 will have a plan effective date of Feb. 1, 2024.

## Financial assistance

There are two kinds of extra cost savings available for Affordable Care Act (ACA) enrollees.

### Advanced Premium Tax Credits (APTC)

APTC may be applied, in advance, to lower payments each month for premiums at any level Marketplace plan except Catastrophic.

### Cost-Sharing Reductions (CSR)

CSR will lower deductibles and out-of-pocket costs that a member may pay at the time of service for doctor visits, lab tests, drugs, and other covered services. These savings are only available with enrollment in a Marketplace Silver plan. These plans will have the term **Extra Savings** in the name.

### Special Enrollment Period

Special Enrollment Periods can apply any time throughout the year. Outside the Open Enrollment Period, members may only change or enroll in coverage if they have a qualifying life event.

### Examples include:

- Losing eligibility for employer-sponsored coverage due to job loss, reduction in hours, or employer no longer offering benefits or closes.
- Expiration of COBRA coverage or non-calendar year policy.
- Losing pregnancy-related or medically necessary coverage under Medicaid.
- Losing eligibility for Medicaid or CHIP.
- Losing eligibility for Medicare.
- Having a baby.
- Getting married.

### Deadline for Loss of Minimum Essential

**Coverage:** The application, SEP form, and supporting documentation must be submitted within 60 days after coverage is lost. In some cases, but not all, the application may be submitted up to 60 days before the loss of coverage.

**Effective date:** In most cases, this may be the first day of the month immediately following the application, or the second month after the application, depending on the type of special enrollment and date of application.

**Note:** Voluntarily quitting other health insurance coverage, being terminated for not paying premiums, or losing health insurance coverage that does not qualify as minimum essential coverage are not considered a loss of qualifying coverage. A conversion or HIPAA plan may be a good option if your client's policy terms prior to end of month.

Once an application is approved, the member will receive:

- An enrollment confirmation email received the next business day after application confirmation.
- A payment confirmation email and SMS received the next business day after payment confirmation.
- A member ID card and buckslip received within seven business days of their active enrollment date.
- A welcome email or SMS received within the first 14 business days of enrollment.
- A welcome booklet received within the first 30–60 business days of enrollment.

### **Member eBill registration**

The simplest way for your client to pay their bill is by registering for an eBill account. Once they make their first payment and it's received, they can set up automatic payments to ensure they never miss one.

Refer to page page 15 for information on how to enroll and utilize eBill.

# Products Overview

## Together Blue EPO

Available in western Pennsylvania — Allegheny, Butler, Erie, Washington, and Westmoreland counties. The most affordable product option in western Pennsylvania, Together Blue EPO includes:

- Access to world-class care close to home from Allegheny Health Network (AHN) and select independent providers.
- Access to a dedicated Together Connect Team — on hand to help them navigate all the ins and outs of their care and coverage — when they receive services from an AHN provider.
- Plans that are available on- and off-exchange.

Please visit [ahn.org/locations](https://ahn.org/locations) for more information on AHN and expansion updates.

## Together Blue EPO Product Changes

1. The Together Blue Diabetes and Together Blue Diabetes + Adult Dental and Vision plans will be discontinued in 2024. All impacted members will be transitioned to the Together Blue Gold 0 (or with Adult Dental and Vision, if applicable).
2. Introduction of Together Blue Gold 1500 Virtual Choice plan which will offer low virtual copays for PCP, Specialist, Mental Health/Substance Abuse, and Urgent Care.
3. The Papa Pals program will be removed from all Premier level Together Blue EPO plans.

## my Direct Blue EPO

Available in 24 counties across western and central Pennsylvania. The most affordable product option in central Pennsylvania, my Direct Blue EPO includes:

- Community providers and hospitals that are participating with Highmark to deliver high-quality, lower-cost care.
- In-network access to national BlueCard providers outside of western and central Pennsylvania for routine care.
- Plans that are available on- and off-exchange.

## my Direct Blue EPO Product Changes

1. The service area for my Direct Blue EPO has been revised to remove Blair, Somerset, Fayette and Greene counties. Impacted members will be transitioned to the appropriate my Blue Access PPO plan.
2. Introduction of a low-deductible gold plan (Gold 1500) to meet the needs of consumers who are looking for a cost-effective option at the Gold metallic tier.
3. The Papa Pals program will be removed from all Premier level my Direct Blue EPO plans.

## my Blue Access PPO

Available in 54 counties across western, central, and southeastern Pennsylvania, my Blue Access includes:

- Comprehensive, in-network access throughout western, central, and southeastern Pennsylvania — including all AHN and UPMC hospitals and hospitals in central Pennsylvania and the Lehigh Valley.
- In-network access to national BlueCard providers outside of western, central, and southeastern Pennsylvania for routine care.
- Plans that are available on- and off-exchange in western, central, and southeastern Pennsylvania.

- The ability for members to select any provider of their choice, with benefits now available in and out of network.
- Select plans in the five-county southeastern region will allow members to save on labs, X-rays, and imaging when using free-standing facilities (“Member Savings Sites”) rather than utilizing hospital-based facilities. Member Savings Sites, or facilities where members can take advantage of the lower cost sharing, will be clearly identified in the online directory.

### my Blue Access PPO Product Changes

1. Expansion into the five-county southeastern region.
2. Introduction of a low-deductible gold plan (Gold 1500) to meet the needs of consumers who are looking for a cost-effective option at the Gold metallic tier.
3. The Papa Pals program will be removed from all Premier level my Blue Access PPO plans.

### my Priority Blue Flex PPO

Available in all 13 northeastern Pennsylvania counties, my Priority Blue Flex includes:

- In-network care offered at both the Enhanced and Standard levels of benefits, with lower out-of-pocket costs when receiving care from Enhanced providers.
- Standard level of benefits to my Direct Blue’s ACA Select network providers in western and central Pennsylvania as well as BlueCard providers outside of western, central, and northeastern Pennsylvania – including the Philadelphia region.
- Plans that are available on- and off-exchange.

### my Blue Access DE PPO

my Blue Access DE plans provide in-network access to a statewide network of high-quality, cost-effective care in Delaware as well as Maryland, New Jersey, and Pennsylvania. Members are able to select any in-network provider or facility of their choice. As part of our broadest network, these plans include in-network access to BlueCard providers outside of Delaware as well as facilities like ChristianaCare, Bayhealth, Beebe Medical Center, and Nemours/Alfred I. duPont Hospital for Children. Available in all three Delaware counties.

### my Blue Access WV PPO

my Blue Access WV plans provide in-network access to a statewide network of high-quality, cost-effective care in West Virginia as well as Kentucky, Maryland, Ohio, Pennsylvania, and Virginia. Members are able to select any in-network provider or facility of their choice. As part of our broadest network, these plans include in-network access to BlueCard providers outside of West Virginia. Available in all 55 West Virginia counties.

### New York

Available in eight counties in the western New York service area and 13 counties in the eastern New York service area, Point of Service plans include:

- In-network access to doctors and hospitals almost everywhere through the national BlueCard network.
- Pediatric, dental, and vision on all plans.
- Adult dental and vision on select plans at every metal level.
- Plans available on-and off-exchange.

## Value-Added Benefits

The **Mental Wellbeing** solution offers fast, expanded access to a network of high-quality mental health providers, using actionable data to deliver the right care for each member. This includes digital exercises, care navigation, coaching, therapy, medication management, and a 24/7/365 crisis support line. After enrolling, members are asked to complete an assessment that creates a care pathway based on their answers. Interventions range from self-guided activities to clinical appointments. This program is available to members 6 years and older, and offered to MA and ACA members as part of their medical benefits.

**Well360 Virtual Health powered by American Well** is a virtual care solution that provides Urgent Care, Behavioral Health, Virtual Primary Care, Dermatology, and Women's Health services. Members will easily and seamlessly access the entire suite of Well360 Virtual Health practices through our fully integrated My Highmark/Beneficity experience. Well360 Virtual Health is available to MA and ACA members as a part of their medical benefits.

### Benefits include:

- On-demand or scheduled appointments.
- Easy access to all practices via My Highmark and Beneficity apps and websites
- Ability to route members to in-network services for in-person care and lab work. High member satisfaction ratings (75% member satisfaction and 89% ease of use).\*
- Access, convenience, and time savings for members.
- Smaller care gaps and faster-time-to-treatment options with Dermatology and Behavioral Health.
- Expanded access to Primary Care.

### Highmark's Virtual Physical Care Program Powered by Sword

This program utilizes Sword Health, a digital musculoskeletal (MSK) care provider whose mission is to free people from chronic, acute, and post-surgical pain. Sword Health's clinical-grade digital MSK care platform pairs expert physical therapists with medical-grade wearable technology to deliver a personalized treatment plan that is more effective and easier to use. Key components of Highmark's Virtual Physical Care Program, powered by Sword include:

- Licensed physical therapists, delivering 100% of the human aspect of the program through virtual technology.
- Sensor based technology that gives real-time feedback that's more accurate than human eyes.
- Treatment of all the major joints — lower back, shoulder, neck, knee, elbow, hip, ankle, wrist.
- A program that can accommodate all phases of the spectrum: acute, chronic, pre-surgery and post-surgery rehab.
- A preventive program (self-service) that addresses low-level musculoskeletal care needs and is available to all program eligible members, even if they are not candidates for the full program.

\*Source: Highmark BoB 2022.

## **Kidney Care Management (Healthmap)**

Your clients with CKD and ESRD have complex treatment plans that often result in high-cost utilization and poor member experience. This solution works to support your client and providers with improved care coordination and high-touch personalized services. Available at no additional cost through their Highmark health plan, your clients have access to Healthmap Solutions (Healthmap) Kidney Care Management program. By enrolling, they'll have access to a Care Navigation team that works hand in hand with their doctor. The Care Navigation team can help them better understand their condition, answer questions about medication, help manage and schedule doctor visits and treatment appointments, and connect them with community services for services like meals and transportation.

## **CHF and COPD Management powered by Vida\***

CHF and COPD Management powered by Vida aims to help those with Chronic Obstructive Pulmonary Disease (COPD) or Congestive Heart Failure (CHF) better manage their condition, reduce or avoid hospital admissions, readmissions, and ER visits. The virtual solution allows your clients to learn how to expertly recognize, manage and monitor their symptoms all while utilizing the help of registered dietitians, health coaches, in-app trackers, lessons on symptom monitoring, regular mental health assessments, and monitoring devices. When needed, a patient will have access to digital scales, blood pressure monitoring devices, digital scales, and respiratory tracking devices.

\*Pending BCBSA approval

# 2024 Pharmacy Network Updates

	In Network		OON
PA	Costco CVS/Target Giant Eagle GIANT The Medicine Shoppe Rite Aid Sam's Club	Sav-On Walmart Wegmans Weis Select Specialty Pharmacies Select Independent Pharmacies	Walgreens
WV	CVS/Target Sam's Club The Medicine Shoppe Walgreens	Walmart Select Specialty Pharmacies Select Independent Pharmacies	
DE	CVS/Target Rite Aid Sam's Club Sav-On	Walgreens Walmart Select Specialty Pharmacies Select Independent Pharmacies	
New York	Costco CVS/Target Kinney Drugs Price Chopper Rite Aid Sam's Club Stop and Shop	The Medicine Shoppe Tops Walgreens Walmart Wegmans Select Specialty Pharmacies Select Independent Pharmacies	



SECTION V: ACA INDIVIDUAL MARKET

# Products and Pricing by County

# Western Pennsylvania

Coverage Level	MAJOR EVENTS 3 Free PCP Visits	BRONZE 8900	BRONZE HSA 7100 Custom Drug Benefit	BRONZE 3800
Plan Availability	Together Blue EPO my Direct Blue EPO my Blue Access PPO	Together Blue EPO my Direct Blue EPO my Blue Access PPO	Together Blue EPO my Direct Blue EPO my Blue Access PPO	Together Blue EPO my Direct Blue EPO my Blue Access PPO
In-Network Deductible	Individual: \$9,450 Family: \$18,900	Individual: \$8,900 Family: \$17,800	Individual: \$7,100 Family: \$14,200	Individual: \$3,800 Family: \$7,600
In-Network Out-of-pocket Maximum	Individual: \$9,450 Family: \$18,900	Individual: \$8,900 Family: \$17,800	Individual: \$7,100 Family: \$14,200	Individual: \$9,200 Family: \$18,400
Primary Care Visit	\$0 after deductible; First three visits \$0 (not subject to deductible)	\$0 after deductible	\$0 after deductible	\$65 copay
Specialist Visit	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$65 copay
Outpatient Mental Health/Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$65 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$65 copay
Diagnostic Test (Lab/X-ray)	\$0 after deductible	\$0 after deductible	\$0 after deductible	Lab: \$65 copay X-ray: \$150 copay
Urgent Care	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$100 copay
Emergency Services	\$0 after deductible	\$0 after deductible	\$0 after deductible	50% after deductible
Hospital Inpatient (per visit)	\$0 after deductible	\$0 after deductible	\$0 after deductible	50% after deductible
Pharmacy Summary	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	50%/50%/50%/50% after deductible
Adult Dental and Vision Available	No	No	No	Yes

# Western Pennsylvania, cont.

Coverage Level	SILVER 7000	PREMIER SILVER 2900	SILVER* 3500 (Off Exchange only)	GOLD 0
Plan Availability	Together Blue EPO my Direct Blue EPO my Blue Access PPO	Together Blue EPO my Direct Blue EPO my Blue Access PPO	Together Blue EPO my Direct Blue EPO my Blue Access PPO	Together Blue EPO my Direct Blue EPO my Blue Access PPO
In-Network Deductible	Individual: \$7,000 Family: \$14,000	Individual: \$2,900 Family: \$5,800	Individual: \$3,500 Family: \$7,000	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$9,450 Family: \$18,900	Individual: \$8,500 Family: \$17,000	Individual: \$9,350 Family: \$18,700	Individual: \$7,500 Family: \$15,000
Primary Care Visit	\$55 copay	\$75 copay	\$45 copay	\$20 copay
Specialist Visit	\$55 copay	\$75 copay	\$45 copay	\$20 copay
Outpatient Mental Health/Substance Abuse Visits	\$55 copay	\$75 copay	\$45 copay	\$20 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$55 copay	\$75 copay	\$45 copay	\$20 copay
Diagnostic Test (Lab/X-ray)	\$75 copay	\$75 copay	\$75 copay	\$35 copay
Urgent Care	\$100 copay	\$100 copay	\$90 copay	\$40 copay
Emergency Services	\$750 after deductible	\$750 after deductible	30% after deductible	\$300 copay
Hospital Inpatient (per visit)	\$1,125 after deductible	\$510 after deductible	30% after deductible	\$725 copay
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Adult Dental and Vision Available	No	Yes	Yes	Yes

## Western Pennsylvania, cont.

Coverage Level	PREMIER GOLD 0	GOLD 1500	GOLD HSA 1700
Plan Availability	Together Blue EPO my Direct Blue EPO my Blue Access PPO	Together Blue EPO* my Direct Blue EPO my Blue Access PPO	Together Blue EPO my Direct Blue EPO my Blue Access PPO
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$1,500 Family: \$3,000	Individual: \$1,700 Family: \$3,400
In-Network Out-of-pocket Maximum	Individual: \$6,550 Family: \$13,100	Individual: \$8,300 Family: \$16,600	Individual: \$5,700 Family: \$11,400
Primary Care Visit	\$15 copay	\$35 copay	\$20 after deductible
Specialist Visit	\$15 copay	\$35 copay	\$20 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$15 copay	\$35 copay	\$20 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$40 copay	\$35 copay	\$20 after deductible
Diagnostic Test (Lab/X-ray)	\$45 copay	\$40 copay	\$20 after deductible
Urgent Care	\$30 copay	\$70 copay	\$40 after deductible
Emergency Services	\$280 copay	\$350 copay	\$175 after deductible
Hospital Inpatient (per visit)	\$525 copay	\$725 copay	\$450 after deductible
Pharmacy Summary	\$0/\$25/\$75/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50% after deductible
Adult Dental and Vision Available	Yes	No	No

\*For Together Blue only: The Gold 1500 will be offered as Gold 1500 Virtual Choice which will feature \$0 virtual copays for PCP, Specialist, MH/SA, and urgent care.

# Western Pennsylvania — Extra Savings

Income Level	200–249% FPL		150–199% FPL	
Coverage Level	SILVER 3700	PREMIER SILVER 2100	SILVER 0	PREMIER SILVER 0
Plan Availability	Together Blue EPO my Direct Blue EPO my Blue Access PPO	Together Blue EPO my Direct Blue EPO my Blue Access PPO	Together Blue EPO my Direct Blue EPO my Blue Access PPO	Together Blue EPO my Direct Blue EPO my Blue Access PPO
In-Network Deductible	Individual: \$3,700 Family: \$7,400	Individual: \$2,100 Family: \$4,200	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$7,550 Family: \$15,100	Individual: \$7,200 Family: \$14,400	Individual: \$3,150 Family: \$6,300	Individual: \$3,150 Family: \$6,300
Primary Care Visit	\$55 copay	\$75 copay	\$15 copay	\$0 copay
Specialist Visit	\$55 copay	\$75 copay	\$15 copay	\$0 copay
Outpatient Mental Health/Substance Abuse Visits	\$55 copay	\$75 copay	\$15 copay	\$0 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$55 copay	\$75 copay	\$15 copay	\$0 copay
Diagnostic Test (Lab/X-ray)	\$65 copay	\$75 copay	\$25 copay	\$40 copay
Urgent Care	\$100 copay	\$100 copay	\$30 copay	\$10 copay
Emergency Services	\$750 after deductible	\$750 after deductible	\$275 copay	\$500 copay
Hospital Inpatient (per visit)	\$1,125 after deductible	\$510 after deductible	\$450 copay	\$450 copay
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$10/\$50/50%	\$0/\$10/\$50/50%
Adult Dental and Vision Available	No	Yes	No	Yes

## Western Pennsylvania — Extra Savings, cont.

Income Level	138–149% FPL	
Coverage Level	SILVER 0	PREMIER SILVER 0
Plan Availability	Together Blue EPO my Direct Blue EPO my Blue Access PPO	Together Blue EPO my Direct Blue EPO my Blue Access PPO
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$1,200 Family: \$2,400	Individual: \$1,200 Family: \$2,400
Primary Care Visit	\$1 copay	\$0 copay
Specialist Visit	\$1 copay	\$0 copay
Outpatient Mental Health/Substance Abuse Visits	\$1 copay	\$0 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$1 copay	\$0 copay
Diagnostic Test (Lab/X-ray)	\$1 copay	\$0 copay
Urgent Care	\$5 copay	\$5 copay
Emergency Services	\$75 copay	\$75 copay
Hospital Inpatient (per visit)	\$175 copay	\$175 copay
Pharmacy Summary	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%
Adult Dental and Vision Available	No	Yes

# Central Pennsylvania

Coverage Level	MAJOR EVENTS 3 Free PCP Visits	BRONZE 8900	BRONZE HSA 7100 Custom Drug Benefit	BRONZE 3800
Plan Availability	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO
In-Network Deductible	Individual: \$9,450 Family: \$18,900	Individual: \$8,900 Family: \$17,800	Individual: \$7,100 Family: \$14,200	Individual: \$3,800 Family: \$7,600
In-Network Out-of-pocket Maximum	Individual: \$9,450 Family: \$18,900	Individual: \$8,900 Family: \$17,800	Individual: \$7,100 Family: \$14,200	Individual: \$9,200 Family: \$18,400
Primary Care Visit	\$0 after deductible; First three visits \$0 (not subject to deductible)	\$0 after deductible	\$0 after deductible	\$65 copay
Specialist Visit	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$65 copay
Outpatient Mental Health/Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$65 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$65 copay
Diagnostic Test (Lab/X-ray)	\$0 after deductible	\$0 after deductible	\$0 after deductible	Lab: \$65 copay X-ray: \$150 copay
Urgent Care	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$100 copay
Emergency Services	\$0 after deductible	\$0 after deductible	\$0 after deductible	50% after deductible
Hospital Inpatient (per visit)	\$0 after deductible	\$0 after deductible	\$0 after deductible	50% after deductible
Pharmacy Summary	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	50%/50%/50%/50% after deductible
Adult Dental and Vision Available	No	No	No	Yes

## Central Pennsylvania, cont.

Coverage Level	SILVER 7000	PREMIER SILVER 2900	SILVER 3500 (Off Exchange only)	GOLD 0
Plan Availability	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO
In-Network Deductible	Individual: \$7,000 Family: \$14,000	Individual: \$2,900 Family: \$5,800	Individual: \$3,500 Family: \$7,000	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$9,450 Family: \$18,900	Individual: \$8,500 Family: \$17,000	Individual: \$9,350 Family: \$18,700	Individual: \$7,500 Family: \$15,000
Primary Care Visit	\$55 copay	\$75 copay	\$45 copay	\$20 copay
Specialist Visit	\$55 copay	\$75 copay	\$45 copay	\$20 copay
Outpatient Mental Health/Substance Abuse Visits	\$55 copay	\$75 copay	\$45 copay	\$20 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$55 copay	\$75 copay	\$45 copay	\$20 copay
Diagnostic Test (Lab/X-ray)	\$75 copay	\$75 copay	\$75 copay	\$35 copay
Urgent Care	\$100 copay	\$100 copay	\$90 copay	\$40 copay
Emergency Services	\$750 after deductible	\$750 after deductible	30% after deductible	\$300 copay
Hospital Inpatient (per visit)	\$1,125 after deductible	\$510 after deductible	30% after deductible	\$725 copay
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Adult Dental and Vision Available	No	Yes	Yes	Yes



## Central Pennsylvania, cont.

Coverage Level	PREMIER GOLD 0	GOLD 1500	GOLD HSA 1700
Plan Availability	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$1,500 Family: \$3,000	Individual: \$1,700 Family: \$3,400
In-Network Out-of-pocket Maximum	Individual: \$6,550 Family: \$13,100	Individual: \$8,300 Family: \$16,600	Individual: \$5,700 Family: \$11,400
Primary Care Visit	\$15 copay	\$35 copay	\$20 after deductible
Specialist Visit	\$15 copay	\$35 copay	\$20 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$15 copay	\$35 copay	\$20 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$40 copay	\$35 copay	\$20 after deductible
Diagnostic Test (Lab/X-ray)	\$45 copay	\$40 copay	\$20 after deductible
Urgent Care	\$30 copay	\$70 copay	\$40 after deductible
Emergency Services	\$280 copay	\$350 copay	\$175 after deductible
Hospital Inpatient (per visit)	\$525 copay	\$725 copay	\$450 after deductible
Pharmacy Summary	\$0/\$25/\$75/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50% after deductible
Adult Dental and Vision Available	Yes	No	No

# Central Pennsylvania — Extra Savings

Income Level	200–249% FPL		150–199% FPL	
Coverage Level	SILVER 3700	PREMIER SILVER 2100	SILVER 0	PREMIER SILVER 0
Plan Availability	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO
In-Network Deductible	Individual: \$3,700 Family: \$7,400	Individual: \$2,100 Family: \$4,200	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$7,550 Family: \$15,100	Individual: \$7,200 Family: \$14,400	Individual: \$3,150 Family: \$6,300	Individual: \$3,150 Family: \$6,300
Primary Care Visit	\$55 copay	\$75 copay	\$15 copay	\$0 copay
Specialist Visit	\$55 copay	\$75 copay	\$15 copay	\$0 copay
Outpatient Mental Health/Substance Abuse Visits	\$55 copay	\$75 copay	\$15 copay	\$0 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$55 copay	\$75 copay	\$15 copay	\$0 copay
Diagnostic Test (Lab/X-ray)	\$65 copay	\$75 copay	\$25 copay	\$40 copay
Urgent Care	\$100 copay	\$100 copay	\$30 copay	\$10 copay
Emergency Services	\$750 after deductible	\$750 after deductible	\$275 copay	\$500 copay
Hospital Inpatient (per visit)	\$1,125 after deductible	\$510 after deductible	\$450 copay	\$450 copay
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$10/\$50/50%	\$0/\$10/\$50/50%
Adult Dental and Vision Available	No	Yes	No	Yes

# Central Pennsylvania — Extra Savings, cont.

Income Level	138–149% FPL	
Coverage Level	SILVER 0	PREMIER SILVER 0
Plan Availability	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO	my Direct Blue EPO my Direct Blue LHV EPO my Blue Access PPO
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$1,200 Family: \$2,400	Individual: \$1,200 Family: \$2,400
Primary Care Visit	\$1 copay	\$0 copay
Specialist Visit	\$1 copay	\$0 copay
Outpatient Mental Health/Substance Abuse Visits	\$1 copay	\$0 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$1 copay	\$0 copay
Diagnostic Test (Lab/X-ray)	\$1 copay	\$0 copay
Urgent Care	\$5 copay	\$5 copay
Emergency Services	\$75 copay	\$75 copay
Hospital Inpatient (per visit)	\$175 copay	\$175 copay
Pharmacy Summary	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%
Adult Dental and Vision Available	No	Yes

# Southeastern Pennsylvania

Coverage Level	MAJOR EVENTS 3 Free PCP Visits	BRONZE 8900	BRONZE HSA 7100 Custom Drug Benefit	BRONZE 3800
Plan Availability	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$9,450 Family: \$18,900	Individual: \$8,900 Family: \$17,800	Individual: \$7,100 Family: \$14,200	Individual: \$3,800 Family: \$7,600
In-Network Out-of-pocket Maximum	Individual: \$9,450 Family: \$18,900	Individual: \$8,900 Family: \$17,800	Individual: \$7,100 Family: \$14,200	Individual: \$9,200 Family: \$18,400
Primary Care Visit	\$0 after deductible; First three visits \$0 (not subject to deductible)	\$0 after deductible	\$0 after deductible	\$65 copay
Specialist Visit	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$65 copay
Outpatient Mental Health/Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$65 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$65 copay
Diagnostic Test (Lab/X-ray)	\$0 after deductible	\$0 after deductible	\$0 after deductible	Lab: \$55/\$105 copay X-ray: \$125/\$250 copay
Urgent Care	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$100 copay
Emergency Services	\$0 after deductible	\$0 after deductible	\$0 after deductible	50% after deductible
Hospital Inpatient (per visit)	\$0 after deductible	\$0 after deductible	\$0 after deductible	50% after deductible
Pharmacy Summary	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	50%/50%/50%/50% after deductible
Adult Dental and Vision Available	No	No	No	Yes

## Southeastern Pennsylvania, cont.

Coverage Level	SILVER 7000	PREMIER SILVER 2900	SILVER 3500 (Off Exchange only)	GOLD 0
Plan Availability	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$7,000 Family: \$14,000	Individual: \$2,900 Family: \$5,800	Individual: \$3,500 Family: \$7,000	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$9,450 Family: \$18,900	Individual: \$8,500 Family: \$17,000	Individual: \$9,350 Family: \$18,700	Individual: \$7,500 Family: \$15,000
Primary Care Visit	\$55 copay	\$75 copay	\$45 copay	\$20 copay
Specialist Visit	\$55 copay	\$75 copay	\$45 copay	\$20 copay
Outpatient Mental Health/Substance Abuse Visits	\$55 copay	\$75 copay	\$45 copay	\$20 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$55 copay	\$75 copay	\$45 copay	\$20 copay
Diagnostic Test (Lab/X-ray)	\$70/\$95 copay	\$70/\$95 copay	\$65/\$115 copay	\$30/\$55 copay
Urgent Care	\$100 copay	\$100 copay	\$90 copay	\$40 copay
Emergency Services	\$750 after deductible	\$750 after deductible	30% after deductible	\$300 copay
Hospital Inpatient (per visit)	\$1,125 after deductible	\$510 after deductible	30% after deductible	\$725 copay
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Adult Dental and Vision Available	No	Yes	Yes	Yes

## Southeastern Pennsylvania, cont.

Coverage Level	PREMIER GOLD 0	GOLD 1500	GOLD HSA 1700
Plan Availability	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$1,500 Family: \$3,000	Individual: \$1,700 Family: \$3,400
In-Network Out-of-pocket Maximum	Individual: \$6,550 Family: \$13,100	Individual: \$8,300 Family: \$16,600	Individual: \$5,700 Family: \$11,400
Primary Care Visit	\$15 copay	\$35 copay	\$20 after deductible
Specialist Visit	\$15 copay	\$35 copay	\$20 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$15 copay	\$35 copay	\$20 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$40 copay	\$35 copay	\$20 after deductible
Diagnostic Test (Lab/X-ray)	\$40/\$65 copay	\$35/\$60 copay	\$20 after deductible
Urgent Care	\$30 copay	\$70 copay	\$40 after deductible
Emergency Services	\$280 copay	\$350 copay	\$175 after deductible
Hospital Inpatient (per visit)	\$525 copay	\$725 copay	\$450 after deductible
Pharmacy Summary	\$0/\$25/\$75/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50% after deductible
Adult Dental and Vision Available	Yes	No	No

# Southeastern Pennsylvania — Extra Savings

Income Level	200–249% FPL		150–199% FPL	
Coverage Level	SILVER 3700	PREMIER SILVER 2100	SILVER 0	PREMIER SILVER 0
Plan Availability	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$3,700 Family: \$7,400	Individual: \$2,100 Family: \$4,200	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$7,550 Family: \$15,100	Individual: \$7,200 Family: \$14,400	Individual: \$3,150 Family: \$6,300	Individual: \$3,150 Family: \$6,300
Primary Care Visit	\$55 copay	\$75 copay	\$15 copay	\$0 copay
Specialist Visit	\$55 copay	\$75 copay	\$15 copay	\$0 copay
Outpatient Mental Health/Substance Abuse Visits	\$55 copay	\$75 copay	\$15 copay	\$0 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$55 copay	\$75 copay	\$15 copay	\$0 copay
Diagnostic Test (Lab/X-ray)	\$60/\$85 copay	\$70/\$95 copay	\$20/\$45 copay	\$35/\$60 copay
Urgent Care	\$100 copay	\$100 copay	\$30 copay	\$10 copay
Emergency Services	\$750 after deductible	\$750 after deductible	\$275 copay	\$500 copay
Hospital Inpatient (per visit)	\$1,125 after deductible	\$510 after deductible	\$450 copay	\$450 copay
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$10/\$50/50%	\$0/\$10/\$50/50%
Adult Dental and Vision Available	No	Yes	No	Yes

## Southeastern Pennsylvania — Extra Savings, cont.

Income Level	138–149% FPL	
Coverage Level	SILVER 0	PREMIER SILVER 0
Plan Availability	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$1,200 Family: \$2,400	Individual: \$1,200 Family: \$2,400
Primary Care Visit	\$1 copay	\$0 copay
Specialist Visit	\$1 copay	\$0 copay
Outpatient Mental Health/Substance Abuse Visits	\$1 copay	\$0 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$1 copay	\$0 copay
Diagnostic Test (Lab/X-ray)	\$0/\$5 copay	\$0/\$0 copay
Urgent Care	\$5 copay	\$5 copay
Emergency Services	\$75 copay	\$75 copay
Hospital Inpatient (per visit)	\$175 copay	\$175 copay
Pharmacy Summary	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%
Adult Dental and Vision Available	No	Yes



# Northeastern Pennsylvania

Coverage Level	MAJOR EVENTS 3 Free PCP Visits	BRONZE 8900	BRONZE HSA 7100 Custom Drug Benefit	BRONZE 3800
Plan Availability	my Priority Blue Flex PPO	my Priority Blue Flex PPO	my Priority Blue Flex PPO	my Priority Blue Flex PPO
In-Network Deductible	Individual: \$9,450 Family: \$18,900	Individual: \$8,900 Family: \$17,800	Individual: \$7,100 Family: \$14,200	Individual: \$3,800 Family: \$7,600
In-Network Out-of-pocket Maximum	Individual: \$9,450 Family: \$18,900	Individual: \$8,900 Family: \$17,800	Individual: \$7,100 Family: \$14,200	Individual: \$9,200 Family: \$18,400
Primary Care Visit	\$0 after deductible; First three visits \$0 (not subject to deductible)	\$0 after deductible	\$0 after deductible	\$65/\$80 copay
Specialist Visit	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$65/\$80 copay
Outpatient Mental Health/Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$65/\$65 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$65/\$80 copay
Diagnostic Test (Lab/X-ray)	\$0 after deductible	\$0 after deductible	\$0 after deductible	Lab: \$65/\$95 copay X-ray: \$150/\$160 copay
Urgent Care	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$100 copay
Emergency Services	\$0 after deductible	\$0 after deductible	\$0 after deductible	50%/50% after deductible
Hospital Inpatient (per visit)	\$0 after deductible	\$0 after deductible	\$0 after deductible	50%/60% after deductible
Pharmacy Summary	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	50%/50%/50%/50% after deductible
Adult Dental and Vision Available	No	No	No	Yes

## Northeastern Pennsylvania, cont.

Coverage Level	SILVER 7000	PREMIER SILVER 2900	SILVER 3500 (Off Exchange only)	GOLD 0
Plan Availability	my Priority Blue Flex PPO	my Priority Blue Flex PPO	my Priority Blue Flex PPO	my Priority Blue Flex PPO
In-Network Deductible	Individual: \$7,000 Family: \$14,000	Individual: \$2,900 Family: \$5,800	Individual: \$3,500 Family: \$7,000	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$9,450 Family: \$18,900	Individual: \$8,500 Family: \$17,000	Individual: \$9,350 Family: \$18,700	Individual: \$7,500 Family: \$15,000
Primary Care Visit	\$55/\$65 copay	\$75/\$90 copay	\$45/\$60 copay	\$20/\$30 copay
Specialist Visit	\$55/\$65 copay	\$75/\$90 copay	\$45/\$60 copay	\$20/\$30 copay
Outpatient Mental Health/Substance Abuse Visits	\$55/\$55 copay	\$75/\$75 copay	\$45/\$45 copay	\$20/\$20 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$55/\$65 copay	\$75/\$100 copay	\$45/\$60 copay	\$20/\$30 copay
Diagnostic Test (Lab/X-ray)	\$75/\$90 copay	\$75/\$100 copay	\$75/\$80 copay	\$35/\$50 copay
Urgent Care	\$100/\$100 copay	\$100/\$100 copay	\$90/\$90 copay	\$40/\$40 copay
Emergency Services	\$750/\$750 after deductible	\$750/\$750 after deductible	30%/50% after deductible	\$300/\$300 copay
Hospital Inpatient (per visit)	\$1,125/\$1,360 after deductible	\$510/\$635 after deductible	30%/50% after deductible	\$725/\$885 copay
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Adult Dental and Vision Available	No	Yes	Yes	Yes

## Northeastern Pennsylvania, cont.

Coverage Level	PREMIER GOLD 0	GOLD 1500	GOLD HSA 1700
Plan Availability	my Priority Blue Flex PPO	my Priority Blue Flex PPO	my Priority Blue Flex PPO
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$1,500 Family: \$3,000	Individual: \$1,700 Family: \$3,400
In-Network Out-of-pocket Maximum	Individual: \$6,550 Family: \$13,100	Individual: \$8,300 Family: \$16,600	Individual: \$5,700 Family: \$11,400
Primary Care Visit	\$15/\$25 copay	\$35/\$40 copay	\$20/\$25 after deductible
Specialist Visit	\$15/\$25 copay	\$35/\$40 copay	\$20/\$25 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$15/\$15 copay	\$35/\$35 copay	\$20/\$20 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$40/\$60 copay	\$35/\$40 copay	\$20/\$25 after deductible
Diagnostic Test (Lab/X-ray)	\$45/\$55 copay	\$40/\$50 copay	\$20/\$25 after deductible
Urgent Care	\$30/\$30 after deductible	\$70 copay	\$40/\$40 after deductible
Emergency Services	\$280/\$280 copay	\$350/\$350 copay	\$175/\$175 after deductible
Hospital Inpatient (per visit)	\$525/\$650 copay	\$725/\$885 copay	\$450/\$560 after deductible
Pharmacy Summary	\$0/\$25/\$75/50%	\$0/\$30/\$150/\$1,000	\$0/\$30/\$150/50% after deductible
Adult Dental and Vision Available	Yes	Yes	No

# Northeastern Pennsylvania — Extra Savings

Income Level	200–249% FPL		150–199% FPL	
Coverage Level	SILVER 3700	PREMIER SILVER 2100	SILVER 0	PREMIER SILVER 0
Plan Availability	my Priority Blue Flex PPO	my Priority Blue Flex PPO	my Priority Blue Flex PPO	my Priority Blue Flex PPO
In-Network Deductible	Individual: \$3,700 Family: \$7,400	Individual: \$2,100 Family: \$4,200	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$7,550 Family: \$15,100	Individual: \$7,200 Family: \$14,400	Individual: \$3,150 Family: \$6,300	Individual: \$3,150 Family: \$6,300
Primary Care Visit	\$55/\$65 copay	\$75/\$90 copay	\$15/\$25 copay	\$0/\$15 copay
Specialist Visit	\$55/\$65 copay	\$75/\$90 copay	\$15/\$25 copay	\$0/\$15 copay
Outpatient Mental Health/Substance Abuse Visits	\$55/\$55 copay	\$75/\$75 copay	\$15/\$15 copay	\$0/\$0 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$55/\$65 copay	\$75/\$100 copay	\$15/\$25 copay	\$0/\$15 copay
Diagnostic Test (Lab/X-ray)	\$65/\$80 copay	\$75/\$100 copay	\$25/\$35 copay	\$40/\$50 copay
Urgent Care	\$100/\$100 copay	\$100/\$100 copay	\$30/\$30 copay	\$10/\$10 copay
Emergency Services	\$750/\$750 after deductible	\$750/\$750 after deductible	\$275/\$275 copay	\$500/\$500 copay
Hospital Inpatient (per visit)	\$1,125/\$1,360 after deductible	\$510/\$635 after deductible	\$450/\$560 copay	\$450/\$560 copay
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$10/\$50/50%	\$0/\$10/\$50/50%
Adult Dental and Vision Available	No	Yes	No	Yes

# Northeastern Pennsylvania — Extra Savings, cont.

Income Level	138–149% FPL	
Coverage Level	SILVER 0	PREMIER SILVER 0
Plan Availability	my Priority Blue Flex PPO	my Priority Blue Flex PPO
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$1,200 Family: \$2,400	Individual: \$1,200 Family: \$2,400
Primary Care Visit	\$1/\$5 copay	\$0/\$5 copay
Specialist Visit	\$1/\$5 copay	\$0/\$5 copay
Outpatient Mental Health/Substance Abuse Visits	\$1/\$1 copay	\$0/\$0 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$1/\$5 copay	\$0/\$5 copay
Diagnostic Test (Lab/X-ray)	\$1/\$5 copay	\$0/\$5 copay
Urgent Care	\$5/\$5 copay	\$5/\$5 copay
Emergency Services	\$75/\$75 copay	\$75/\$75 copay
Hospital Inpatient (per visit)	\$175/\$210 copay	\$175/\$210 copay
Pharmacy Summary	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%
Adult Dental and Vision Available	No	Yes

# West Virginia

Coverage Level	MAJOR EVENTS 3 Free PCP Visits	BRONZE 8900	STANDARD BRONZE 7500	BRONZE HSA 7100 Custom Drug Benefit
Plan Availability	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$9,450 Family: \$18,900	Individual: \$8,900 Family: \$17,800	Individual: \$7,500 Family: \$15,000	Individual: \$7,100 Family: \$14,200
In-Network Out-of-pocket Maximum	Individual: \$9,450 Family: \$18,900	Individual: \$8,900 Family: \$17,800	Individual: \$9,400 Family: \$18,800	Individual: \$7,100 Family: \$14,200
Primary Care Visit	\$0 after deductible; First three visits \$0 (not subject to deductible)	\$0 after deductible	\$50 copay	\$0 after deductible
Specialist Visit	\$0 after deductible	\$0 after deductible	\$100 copay	\$0 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$50 copay	\$0 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$0 after deductible	\$0 after deductible	\$50 copay	\$0 after deductible
Diagnostic Test (Lab/X-ray)	\$0 after deductible	\$0 after deductible	50% after deductible	\$0 after deductible
Urgent Care	\$0 after deductible	\$0 after deductible	\$75 copay	\$0 after deductible
Emergency Services	\$0 after deductible	\$0 after deductible	50% after deductible	\$0 after deductible
Hospital Inpatient (per visit)	\$0 after deductible	\$0 after deductible	50% after deductible	\$0 after deductible
Pharmacy Summary	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	\$25/\$50/\$100/\$500 after deductible	\$0/\$0/\$0/\$0 after deductible
Adult Dental and Vision Available	No	No	No	No

## West Virginia, cont.

Coverage Level	BRONZE 3800	SILVER 7000	STANDARD SILVER 5900	SILVER 3500 (Off Exchange only)
Plan Availability	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$3,800 Family: \$7,600	Individual: \$7,000 Family: \$14,000	Individual: \$5,900 Family: \$11,800	Individual: \$3,500 Family: \$7,000
In-Network Out-of-pocket Maximum	Individual: \$9,200 Family: \$18,400	Individual: \$9,450 Family: \$18,900	Individual: \$9,100 Family: \$18,200	Individual: \$9,350 Family: \$18,700
Primary Care Visit	\$65 copay	\$55 copay	\$40 copay	\$45 copay
Specialist Visit	\$65 copay	\$55 copay	\$80 copay	\$45 copay
Outpatient Mental Health/Substance Abuse Visits	\$65 copay	\$55 copay	\$40 copay	\$45 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$65 copay	\$55 copay	\$40 copay	\$45 copay
Diagnostic Test (Lab/X-ray)	Lab: \$65 copay X-ray: \$150 copay	\$75 copay	40% after deductible	\$75 copay
Urgent Care	\$100 copay	\$100 copay	\$60 copay	\$90 copay
Emergency Services	50% after deductible	\$750 after deductible	40% after deductible	40% after deductible
Hospital Inpatient (per visit)	50% after deductible	\$1,125 after deductible	40% after deductible	40% after deductible
Pharmacy Summary	50%/50%/50%/50% after deductible	\$0/\$30/\$150/50%	\$20*/\$40*/\$80/\$350	\$0/\$50/\$225/50%
Adult Dental and Vision Available	Yes	No	Yes	Yes

# West Virginia, cont.

Coverage Level	STANDARD GOLD 1500	GOLD 0	PREMIER GOLD 0	GOLD HSA 1700
Plan Availability	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$1,500 Family: \$3,000	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$1,700 Family: \$3,400
In-Network Out-of-pocket Maximum	Individual: \$8,700 Family: \$17,400	Individual: \$7,500 Family: \$15,000	Individual: \$6,700 Family: \$13,400	Individual: \$5,700 Family: \$11,400
Primary Care Visit	\$30 copay	\$20 copay	\$15 copay	\$20 after deductible
Specialist Visit	\$60 copay	\$20 copay	\$15 copay	\$20 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$30 copay	\$20 copay	\$15 copay	\$20 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$30 copay	\$20 copay	\$15 copay	\$20 after deductible
Diagnostic Test (Lab/X-ray)	25% after deductible	\$35 copay	\$65 copay	\$20 after deductible
Urgent Care	\$45 copay	\$40 copay	\$30 copay	\$40 after deductible
Emergency Services	25% after deductible	\$300 copay	\$280 copay	\$175 after deductible
Hospital Inpatient (per visit)	25% after deductible	\$725 copay	\$525 copay	\$450 after deductible
Pharmacy Summary	\$15*/\$30*/\$60*/\$250*	\$0/\$30/\$150/50%	\$0/\$25/\$75/50%	\$0/\$30/\$150/50% after deductible
Adult Dental and Vision Available	No	Yes	Yes	No

\*Not subject to deductible



# West Virginia — Extra Savings

Income Level	200–249% FPL		150–199% FPL	
Coverage Level	SILVER 3700	STANDARD SILVER 5700	SILVER 0	STANDARD SILVER 700
Plan Availability	my Blue Access WV PPO	my Blue Access WV PPO	my Blue Access WV PPO	my Blue Access WV PPO
In-Network Deductible	Individual: \$3,700 Family: \$7,400	Individual: \$5,700 Family: \$11,400	Individual: \$0 Family: \$0	Individual: \$700 Family: \$1,400
In-Network Out-of-pocket Maximum	Individual: \$7,550 Family: \$15,100	Individual: \$7,200 Family: \$14,400	Individual: \$3,150 Family: \$6,300	Individual: \$3,000 Family: \$6,000
Primary Care Visit	\$55 copay	\$40 copay	\$15 copay	\$20 copay
Specialist Visit	\$55 copay	\$80 copay	\$15 copay	\$40 copay
Outpatient Mental Health/Substance Abuse Visits	\$55 copay	\$40 copay	\$15 copay	\$20 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$55 copay	\$40 copay	\$15 copay	\$20 copay
Diagnostic Test (Lab/X-ray)	\$65 copay	40% after deductible	\$25 copay	30% after deductible
Urgent Care	\$100 copay	\$60 copay	\$30 copay	\$30 copay
Emergency Services	\$750 after deductible	40% after deductible	\$275 copay	30% after deductible
Hospital Inpatient (per visit)	\$1,125 after deductible	40% after deductible	\$450 copay	30% after deductible
Pharmacy Summary	\$0/\$30/\$150/50%	\$20*/\$40*/\$80/\$350	\$0/\$10/\$50/50%	\$10*/\$20*/\$60/\$250
Adult Dental and Vision Available	No	Yes	No	Yes

\*Not subject to deductible

# West Virginia — Extra Savings, cont.

Income Level	138–149% FPL	
Coverage Level	SILVER 0	STANDARD SILVER 0
Plan Availability	my Blue Access WV PPO	my Blue Access WV PPO
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$1,200 Family: \$2,400	Individual: \$1,800 Family: \$3,600
Primary Care Visit	\$1 copay	\$0 copay
Specialist Visit	\$1 copay	\$10 copay
Outpatient Mental Health/Substance Abuse Visits	\$1 copay	\$0 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$1 copay	\$0 copay
Diagnostic Test (Lab/X-ray)	\$1 copay	25% coinsurance
Urgent Care	\$5 copay	\$5 copay
Emergency Services	\$75 copay	25% coinsurance
Hospital Inpatient (per visit)	\$175 copay	25% coinsurance
Pharmacy Summary	\$0/\$5/\$15/50%	\$0*/\$15*/\$50*/\$150*
Adult Dental and Vision Available	No	Yes

\*Not subject to deductible

# Delaware

Coverage Level	MAJOR EVENTS 3 Free PCP Visits	BRONZE 8900	STANDARD BRONZE 7500	BRONZE HSA 7100 Custom Drug Benefit
Plan Availability	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$9,450 Family: \$18,900	Individual: \$8,900 Family: \$17,800	Individual: \$7,500 Family: \$15,000	Individual: \$7,100 Family: \$14,200
In-Network Out-of-pocket Maximum	Individual: \$9,450 Family: \$18,900	Individual: \$8,900 Family: \$17,800	Individual: \$9,400 Family: \$18,800	Individual: \$7,100 Family: \$14,200
Primary Care Visit	\$0 after deductible; First three visits \$0 (not subject to deductible)	\$0 after deductible	\$50 copay	\$0 after deductible
Specialist Visit	\$0 after deductible	\$0 after deductible	\$100 copay	\$0 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$50 copay	\$0 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$0 after deductible	\$0 after deductible	Speech: \$50 copay All others: \$17 copay	\$0 after deductible
Diagnostic Test (Lab/X-ray)	\$0 after deductible	\$0 after deductible	50% after deductible	\$0 after deductible
Urgent Care	\$0 after deductible	\$0 after deductible	\$75 copay	\$0 after deductible
Emergency Services	\$0 after deductible	\$0 after deductible	50% after deductible	\$0 after deductible
Hospital Inpatient (per visit)	\$0 after deductible	\$0 after deductible	50% after deductible	\$0 after deductible
Pharmacy Summary	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	\$25*/\$50/\$100/\$150 after deductible	\$0/\$0/\$0/\$0 after deductible
Adult Dental and Vision Available	No	No	No	No

\*Not subject to deductible

## Delaware, cont.

Coverage Level	BRONZE 3800	SILVER 7000	STANDARD SILVER 5900	SILVER 3500 (Off Exchange only)
Plan Availability	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$3,800 Family: \$7,600	Individual: \$7,000 Family: \$14,000	Individual: \$5,900 Family: \$11,800	Individual: \$3,500 Family: \$7,000
In-Network Out-of-pocket Maximum	Individual: \$9,200 Family: \$18,400	Individual: \$9,450 Family: \$18,900	Individual: \$9,100 Family: \$18,200	Individual: \$9,350 Family: \$18,700
Primary Care Visit	\$75 copay	\$75 copay	\$40 copay	\$55 copay
Specialist Visit	\$75 copay	\$75 copay	\$80 copay	\$55 copay
Outpatient Mental Health/Substance Abuse Visits	\$75 copay	\$75 copay	\$40 copay	\$55 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$17 copay	\$17 copay	Speech: \$40 copay All others: \$17 copay	\$17 copay
Diagnostic Test (Lab/X-ray)	Lab: \$65 copay X-ray: \$150 copay	\$75 copay	40% after deductible	\$75 copay
Urgent Care	\$100 copay	\$100 copay	\$60 copay	\$100 copay
Emergency Services	50% after deductible	\$750 after deductible	40% after deductible	40% after deductible
Hospital Inpatient (per visit)	50% after deductible	\$1,125 after deductible	40% after deductible	40% after deductible
Pharmacy Summary	50%/50%/50%/50% after deductible	\$0/\$30/\$150/50%	\$20*/\$40*/\$80/\$125	\$0/\$50/\$225/50%
Adult Dental and Vision Available	Yes	No	Yes	Yes

\*Not subject to deductible

# Delaware, cont.

Coverage Level	STANDARD GOLD 1500	GOLD 0	PREMIER GOLD 0	GOLD HSA 1700
Plan Availability	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$1,500 Family: \$3,000	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$1,700 Family: \$3,400
In-Network Out-of-pocket Maximum	Individual: \$8,700 Family: \$17,400	Individual: \$7,500 Family: \$15,000	Individual: \$6,700 Family: \$13,400	Individual: \$5,700 Family: \$11,400
Primary Care Visit	\$30 copay	\$20 copay	\$15 copay	\$20 after deductible
Specialist Visit	\$60 copay	\$20 copay	\$15 copay	\$20 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$30 copay	\$20 copay	\$15 copay	\$20 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	Speech: \$30 copay All others: \$17 copay	\$17 copay	\$15 copay	\$17 after deductible
Diagnostic Test (Lab/X-ray)	25% after deductible	\$35 copay	\$65 copay	\$20 after deductible
Urgent Care	\$45 copay	\$40 copay	\$30 copay	\$40 after deductible
Emergency Services	25% after deductible	\$300 copay	\$280 copay	\$175 after deductible
Hospital Inpatient (per visit)	25% after deductible	\$725 copay	\$525 copay	\$450 after deductible
Pharmacy Summary	\$15*/\$30*/\$60*/\$100*	\$0/\$30/\$150/50%	\$0/\$25/\$75/50%	\$0/\$30/\$150/50% after deductible
Adult Dental and Vision Available	No	Yes	Yes	No

\*Not subject to deductible

## Delaware, cont.

Coverage Level	STANDARD PLATINUM 0	PLATINUM 0
Plan Availability	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$3,200 Family: \$6,400	Individual: \$5,000 Family: \$10,000
Primary Care Visit	\$10 copay	\$5 copay
Specialist Visit	\$20 copay	\$5 copay
Outpatient Mental Health/Substance Abuse Visits	\$10 copay	\$5 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$10 copay	\$5 copay
Diagnostic Test (Lab/X-ray)	\$30 copay	\$10 copay
Urgent Care	\$15 copay	\$10 copay
Emergency Services	\$100 copay	\$100 copay
Hospital Inpatient (per visit)	\$360 copay	\$325 copay
Pharmacy Summary	\$5*/\$10*/\$50*/\$75	\$0/\$10/\$50/50%
Adult Dental and Vision Available	No	Yes

\*Not subject to deductible

# Delaware — Extra Savings

Income Level	200–249% FPL		150–199% FPL	
Coverage Level	SILVER 3700	STANDARD SILVER 5700	SILVER 0	STANDARD SILVER 700
Plan Availability	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$3,700 Family: \$7,400	Individual: \$5,700 Family: \$11,400	Individual: \$0 Family: \$0	Individual: \$700 Family: \$1,400
In-Network Out-of-pocket Maximum	Individual: \$7,550 Family: \$15,100	Individual: \$7,200 Family: \$14,400	Individual: \$3,150 Family: \$6,300	Individual: \$3,000 Family: \$6,000
Primary Care Visit	\$75 copay	\$40 copay	\$15 copay	\$20 copay
Specialist Visit	\$75 copay	\$80 copay	\$15 copay	\$40 copay
Outpatient Mental Health/Substance Abuse Visits	\$75 copay	\$40 copay	\$15 copay	\$20 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$17 copay	Speech: \$40 copay All others: \$17 copay	\$15 copay	Speech: \$20 copay All others: \$17 copay
Diagnostic Test (Lab/X-ray)	\$65 copay	40% after deductible	\$25 copay	30% after deductible
Urgent Care	\$100 copay	\$60 copay	\$30 copay	\$30 copay
Emergency Services	\$750 after deductible	40% after deductible	\$275 copay	30% after deductible
Hospital Inpatient (per visit)	\$1,125 after deductible	40% after deductible	\$450 copay	30% after deductible
Pharmacy Summary	\$0/\$30/\$150/50%	\$20*/\$40*/\$80/\$125	\$0/\$10/\$50/50%	\$10*/\$20*/\$60/\$100
Adult Dental and Vision Available	No	Yes	No	Yes

\*Not subject to deductible

## Delaware — Extra Savings, cont.

Income Level	138–149% FPL	
Coverage Level	SILVER 0	STANDARD SILVER 0
Plan Availability	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$1,200 Family: \$2,400	Individual: \$1,900 Family: \$3,800
Primary Care Visit	\$1 copay	\$0 copay
Specialist Visit	\$1 copay	\$10 copay
Outpatient Mental Health/Substance Abuse Visits	\$1 copay	\$0 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$1 copay	\$0 copay
Diagnostic Test (Lab/X-ray)	\$1 copay	25% coinsurance
Urgent Care	\$5 copay	\$5 copay
Emergency Services	\$75 copay	25% coinsurance
Hospital Inpatient (per visit)	\$175 copay	25% coinsurance
Pharmacy Summary	\$0/\$5/\$15/50%	\$0*/\$5*/\$10*/\$20*
Adult Dental and Vision Available	No	Yes

\*Not subject to deductible



# Western New York

Coverage Level	BRONZE STANDARD HSAQ	BRONZE POS 8000	SILVER STANDARD	SILVER POS 7000 HSAQ
Plan Availability	POS	POS	POS	POS
In-Network Deductible	Individual: \$6,100 Family: \$12,200	Individual: \$8,500 Family: \$17,000	Individual: \$2,100 Family: \$4,200	Individual: \$3,000 Family: \$6,000
In-Network Out-of-pocket Maximum	Individual: \$7,150 Family: \$14,300	Individual: \$9,100 Family: \$18,200	Individual: \$9,450 Family: \$18,900	Individual: \$7,000 Family: \$14,000
Primary Care Visit	50% after deductible	50% after deductible	\$30 after deductible One \$0 pre-deductible office visit	\$30 after deductible
Specialist Visit	50% after deductible	50% after deductible	\$65 after deductible	\$50 after deductible
Outpatient Mental Health/Substance Abuse Visits	50% after deductible	50% after deductible	\$30 after deductible	\$30 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	50% after deductible	50% after deductible	\$30 after deductible	\$30 after deductible
Diagnostic Test (Lab/X-ray)	50% after deductible	50% after deductible	\$50/\$75 after deductible	\$50 after deductible
Urgent Care	50% after deductible	50% after deductible	\$70 after deductible	\$75 after deductible
Emergency Services	50% after deductible	50% after deductible	\$500 after deductible	\$300 after deductible
Hospital Inpatient (per visit)	50% after deductible	50% after deductible	\$1,500 after deductible	\$1,000 after deductible
Pharmacy Summary	\$10/\$35/\$70 after deductible	\$15/50%/50% after deductible	\$15/\$40/\$75	\$5/\$50/50% after deductible
Adult Dental and Vision Available	No	Yes	No	No

## Western New York, cont.

Coverage Level	SILVER DESTINATION 65	GOLD STANDARD	GOLD POS 200 HSAQ	GOLD DESTINATION 65
Plan Availability	POS	POS	POS	POS
In-Network Deductible	Individual: \$2,500 Family: \$5,000	Individual: \$600 Family: \$1,200	Individual: \$1,700 Family: \$3,400	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$9,450 Family: \$18,900	Individual: \$5,900 Family: \$11,800	Individual: \$5,700 Family: \$11,400	Individual: \$9,450 Family: \$18,900
Primary Care Visit	\$0 after deductible	\$25 after deductible	\$20 after deductible	\$0 copay
Specialist Visit	\$35 after deductible	\$40 after deductible	\$40 after deductible	\$30 copay
Outpatient Mental Health/Substance Abuse Visits	\$0 after deductible	\$25 after deductible	\$20 after deductible	\$0 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$0 after deductible	\$30 after deductible	\$20 after deductible	\$0 copay
Diagnostic Test (Lab/X-ray)	\$0/\$125 after deductible	\$40 after deductible	\$40 after deductible	\$30/\$125 copay
Urgent Care	\$60 after deductible	\$60 after deductible	\$50 after deductible	\$60 copay
Emergency Services	\$300 after deductible	\$150 after deductible	\$300 after deductible	\$300 copay
Hospital Inpatient (per visit)	\$750 after deductible	\$1,000 after deductible	\$750 after deductible	\$750 copay
Pharmacy Summary	\$15/\$50/50%	\$10/\$35/\$70	\$5/\$40/50% after deductible	\$5/\$50/50%
Adult Dental and Vision Available	No	No	No	No

## Western New York, cont.

Coverage Level	PLATINUM STANDARD	PLATINUM POS PLUS
Plan Availability	POS	POS
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$2,000 Family: \$4,000	Individual: \$6,500 Family: \$13,000
Primary Care Visit	\$15 copay	\$10 copay
Specialist Visit	\$35 copay	\$30 copay
Outpatient Mental Health/Substance Abuse Visits	\$15 copay	\$10 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$25 copay	\$10 copay
Diagnostic Test (Lab/X-ray)	\$35 copay	\$30 copay
Urgent Care	\$55 copay	\$40 copay
Emergency Services	\$100 copay	\$300 copay
Hospital Inpatient (per visit)	\$500 copay	\$500 copay
Pharmacy Summary	\$10/\$30/\$60	\$5/\$30/50%
Adult Dental and Vision Available	No	Yes

# Western New York — Extra Savings

Income Level	200–249% FPL		
Coverage Level	SILVER STANDARD A	SILVER POS 7000 HSAQ A	SILVER DESTINATION 65 A
Plan Availability	POS	POS	POS
In-Network Deductible	Individual: \$1,925 Family: \$3,850	Individual: \$2,100 Family: \$4,200	Individual: \$1,925 Family: \$3,850
In-Network Out-of-pocket Maximum	Individual: \$7,550 Family: \$15,100	Individual: \$6,500 Family: \$13,000	Individual: \$7,550 Family: \$15,100
Primary Care Visit	\$30 after deductible One \$0 copay is available on any type of office visit	\$30 after deductible	\$0 after deductible
Specialist Visit	\$65 after deductible	\$50 after deductible	\$35 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$30 after deductible	\$30 after deductible	\$0 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$30 after deductible	\$30 after deductible	\$0 after deductible
Diagnostic Test (Lab/X-ray)	\$50/\$75 after deductible	\$50 after deductible	\$0/\$125 after deductible
Urgent Care	\$70 after deductible	\$75 after deductible	\$60 after deductible
Emergency Services	\$275 after deductible	\$300 after deductible	\$300 after deductible
Hospital Inpatient (per visit)	\$1,500 after deductible	\$1,000 after deductible	\$750 after deductible
Pharmacy Summary	\$15/\$40/\$75	\$5/\$50/50% after deductible	\$15/\$50/50%
Adult Dental and Vision Available	No	No	No

## Western New York — Extra Savings, cont.

Income Level	150–199% FPL		
Coverage Level	SILVER STANDARD B	SILVER POS 7000 B	SILVER DESTINATION 65 B
Plan Availability	POS	POS	POS
In-Network Deductible	Individual: \$275 Family: \$550	Individual: \$800 Family: \$1,600	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$3,150 Family: \$6,300	Individual: \$1,800 Family: \$3,600	Individual: \$3,150 Family: \$6,300
Primary Care Visit	\$15 after deductible One \$0 copay is available on any type of office visit	\$30 after deductible	\$0 copay
Specialist Visit	\$35 after deductible	\$50 after deductible	\$35 copay
Outpatient Mental Health/Substance Abuse Visits	\$15 after deductible	\$30 after deductible	\$0 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$25 after deductible	\$30 after deductible	\$0 copay
Diagnostic Test (Lab/X-ray)	\$35 after deductible	\$50 after deductible	\$0/\$125 copay
Urgent Care	\$50 after deductible	\$75 after deductible	\$60 copay
Emergency Services	\$75 after deductible	\$300 after deductible	\$300 copay
Hospital Inpatient (per visit)	\$250 after deductible	\$1,000 after deductible	\$750 copay
Pharmacy Summary	\$9/\$20/\$40	\$5/\$50/50% after deductible	\$15/\$50/50%
Adult Dental and Vision Available	No	No	No

## Western New York — Extra Savings, cont.

Income Level	138–149% FPL		
Coverage Level	SILVER STANDARD C	SILVER POS 7000 C	SILVER DESTINATION 65 C
Plan Availability	POS	POS	POS
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$1,000 Family: \$2,000	Individual: \$700 Family: \$1,400	Individual: \$750 Family: \$1,500
Primary Care Visit	\$10 copay	\$30 copay	\$0 copay
Specialist Visit	\$20 copay	\$50 copay	\$35 copay
Outpatient Mental Health/Substance Abuse Visits	\$10 copay	\$30 copay	\$0 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$15 copay	\$30 copay	\$0 copay
Diagnostic Test (Lab/X-ray)	\$20 copay	\$50 copay	\$0/\$125 copay
Urgent Care	\$30 copay	\$75 copay	\$60 copay
Emergency Services	\$50 copay	\$300 copay	\$300 copay
Hospital Inpatient (per visit)	\$100 copay	\$1,000 copay	\$750 copay
Pharmacy Summary	\$6/\$15/\$30	\$5/\$50/50%	\$15/\$50/50%
Adult Dental and Vision Available	No	No	No

# Northeastern New York

Coverage Level	BRONZE STANDARD HSAQ	SILVER STANDARD	SILVER DESTINATION 65	GOLD STANDARD
Plan Availability	POS	POS	POS	POS
In-Network Deductible	Individual: \$6,100 Family: \$12,200	Individual: \$2,100 Family: \$4,200	Individual: \$2,500 Family: \$5,000	Individual: \$600 Family: \$1,200
In-Network Out-of-pocket Maximum	Individual: \$7,150 Family: \$14,300	Individual: \$9,450 Family: \$18,900	Individual: \$9,450 Family: \$18,900	Individual: \$5,900 Family: \$11,800
Primary Care Visit	50% after deductible	\$30 after deductible One \$0 copay is allowed for any type of office visit	\$0 after deductible	\$25 after deductible
Specialist Visit	50% after deductible	\$65 after deductible	\$40 after deductible	\$40 after deductible
Outpatient Mental Health/Substance Abuse Visits	50% after deductible	\$30 after deductible	\$0 after deductible	\$25 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	50% after deductible	\$30 after deductible	\$0 after deductible	\$30 after deductible
Diagnostic Test (Lab/X-ray)	50% after deductible	\$50/\$75 after deductible	\$0/\$125 after deductible	\$40 after deductible
Urgent Care	50% after deductible	\$70 after deductible	\$60 after deductible	\$60 after deductible
Emergency Services	50% after deductible	\$500 after deductible	\$300 after deductible	\$150 after deductible
Hospital Inpatient (per visit)	50% after deductible	\$1,500 after deductible	\$750 after deductible	\$1,000 after deductible
Pharmacy Summary	\$10/\$35/\$70 after deductible	\$15/\$40/\$75	\$15/\$50/50%	\$10/\$35/\$70
Adult Dental and Vision Available	No	No	Yes	No

## Northeastern New York, cont.

Coverage Level	GOLD DESTINATION 65	PLATINUM STANDARD
Plan Availability	POS	POS
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$9,450 Family: \$18,900	Individual: \$2,000 Family: \$4,000
Primary Care Visit	\$0 copay	\$15 copay
Specialist Visit	\$35 copay	\$35 copay
Outpatient Mental Health/Substance Abuse Visits	\$0 copay	\$15 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$0 copay	\$25 copay
Diagnostic Test (Lab/X-ray)	\$0/\$125 copay	\$35 copay
Urgent Care	\$60 copay	\$55 copay
Emergency Services	\$300 copay	\$100 copay
Hospital Inpatient (per visit)	\$750 copay	\$500 copay
Pharmacy Summary	\$5/\$50/50%	\$10/\$30/\$60
Adult Dental and Vision Available	Yes	No



# Northeastern New York — Extra Savings

Income Level	200–249% FPL		150–199% FPL	
Coverage Level	SILVER STANDARD A	SILVER DESTINATION 65 A	SILVER STANDARD B	SILVER DESTINATION 65 B
Plan Availability	POS	POS	POS	POS
In-Network Deductible	Individual: \$1,925 Family: \$3,850	Individual: \$2,000 Family: \$4,000	Individual: \$275 Family: \$550	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$7,550 Family: \$15,100	Individual: \$7,550 Family: \$15,100	Individual: \$3,150 Family: \$6,300	Individual: \$3,150 Family: \$6,300
Primary Care Visit	\$30 after deductible One \$0 copay is allowed for any type of office visit	\$0 after deductible	\$15 after deductible One \$0 copay is allowed for any type of office visit	\$0 copay
Specialist Visit	\$65 after deductible	\$40 after deductible	\$35 after deductible	\$40 copay
Outpatient Mental Health/Substance Abuse Visits	\$30 after deductible	\$0 after deductible	\$15 after deductible	\$0 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$30 after deductible	\$0 after deductible	\$25 after deductible	\$0 copay
Diagnostic Test (Lab/X-ray)	\$50/\$75 after deductible	\$0/\$125 after deductible	\$35 after deductible	\$0/\$125 copay
Urgent Care	\$70 after deductible	\$60 after deductible	\$50 after deductible	\$60 copay
Emergency Services	\$275 after deductible	\$300 after deductible	\$75 after deductible	\$300 copay
Hospital Inpatient (per visit)	\$1,500 after deductible	\$750 after deductible	\$250 after deductible	\$750 copay
Pharmacy Summary	\$15/\$40/\$75	\$15/\$50/50%	\$9/\$20/\$40	\$15/\$50/50%
Adult Dental and Vision Available	No	Yes	No	Yes

## Northeastern New York — Extra Savings, cont.

Income Level	138-149% FPL	
Coverage Level	SILVER STANDARD C	SILVER DESTINATION 65 C
Plan Availability	POS	POS
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$1,000 Family: \$2,000	Individual: \$750 Family: \$1,500
Primary Care Visit	\$10 copay	\$0 copay
Specialist Visit	\$20 copay	\$40 copay
Outpatient Mental Health/Substance Abuse Visits	\$10 copay	\$0 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$15 copay	\$0 copay
Diagnostic Test (Lab/X-ray)	\$20 copay	\$0/\$125 copay
Urgent Care	\$30 copay	\$60 copay
Emergency Services	\$50 copay	\$300 copay
Hospital Inpatient (per visit)	\$100 copay	\$750 copay
Pharmacy Summary	\$6/\$15/\$30	\$15/\$50/50%
Adult Dental and Vision Available	No	Yes

# Pennsylvania — Together Blue EPO

Facility Name	County
AHN Allegheny General Hospital	Allegheny
AHN Allegheny Valley Hospital	
AHN Brentwood Neighborhood Hospital	
AHN Forbes Hospital	
AHN Harmar Neighborhood Hospital	
AHN Jefferson Hospital	
AHN McCandless Neighborhood Hospital	
AHN West Penn Hospital	
AHN Wexford Hospital	
The Children's Home of Pittsburgh	
The Children's Institute of Pittsburgh	
UPMC Children's Hospital of Pittsburgh	
UPMC Western Psychiatric Hospital	
UPMC Bedford Memorial	
UPMC Altoona	Blair
AHN Westfield Memorial Hospital	Chautauqua (New York)
AHN Saint Vincent Hospital	Erie
UPMC Jameson Hospital	Lawrence
UPMC Kane Community Hospital	Mckean
AHN Grove City Medical Center	Mercer
UPMC Horizon — Greenville	
UPMC Horizon — Shenango Valley	
UPMC Cole	Potter
UPMC Somerset Hospital	Somerset
UPMC Northwest	Venango
AHN Canonsburg Hospital	Washington
AHN Hempfield Neighborhood Hospital	Westmoreland

# Pennsylvania — my Direct Blue EPO

Facility Name	County
WellSpan Gettysburg Hospital	Adams
AHN Allegheny General Hospital	Allegheny
AHN Allegheny Valley Hospital	
AHN Brentwood Neighborhood Hospital	
AHN Forbes Hospital	
AHN Harmar Neighborhood Hospital	
AHN Jefferson Hospital	
AHN McCandless Neighborhood Hospital	
AHN West Penn Hospital	
AHN Wexford Hospital	
Curahealth Pittsburgh	
Heritage Valley Kennedy	
Heritage Valley Sewickley	
St. Clair Hospital	
The Children's Home of Pittsburgh	
The Children's Institute of Pittsburgh	
UPMC Children's Hospital of Pittsburgh	
UPMC Western Psychiatric Hospital	
Armstrong County Memorial Hospital	
Curahealth Hospital Heritage Valley	Beaver
Heritage Valley Beaver	
UPMC Bedford	Bedford
Penn State Health St. Joseph Medical Center	Berks
Surgical Institute of Reading	
Conemaugh Nason Medical Center	Blair
Penn Highlands Tyrone	
UPMC Altoona	Bradford
Guthrie Robert Packer Hospital	
Guthrie Towanda Memorial Hospital	
Guthrie Troy Community Hospital	
Doylestown Hospital	Bucks
Grand View Hospital	
Jefferson Health — Bucks Hospital	
St. Mary Medical Center	
BHS Butler Memorial Hospital	Butler
Conemaugh Memorial Medical Center	Cambria
Conemaugh Memorial Medical Center — Lee Campus	
Conemaugh Miners Medical Center	
Select Specialty Hospital — Johnstown	Carbon
St. Luke's Hospital — Carbon Campus	
St. Luke's Hospital — Leighton Campus	
Mount Nittany Medical Center	Centre
Main Line Health — Bryn Mawr Rehab Hospital	Chester
Main Line Health — Paoli Hospital	
Penn Medicine — Chester County Hospital	
BHS Clarion Hospital	Clarion

Facility Name	County
Bucktail Medical Center	Clinton
UPMC Lock Haven	
Meadville Medical Center	Crawford
Titusville Area Hospital	
Penn State Health Hampden Medical Center	Cumberland
Penn State Health Holy Spirit Medical Center	
Select Specialty Hospital — Camp Hill	
UPMC Carlisle	Dauphin
Penn State Health Children's Hospital — Milton S. Hershey Medical Center	
Penn State Health Milton S. Hershey Medical Center	Delaware
Crozer Health — Chester Medical Center	
Crozer Health — Delaware County Memorial Hospital	
Crozer Health — Springfield Hospital	
Crozer Health — Taylor Hospital	Erie
Main Line Health — Riddle Hospital	
AHN Saint Vincent Hospital	
LECOM Health — Corry Memorial Hospital	Erie
LECOM Health — Millcreek Community Hospital	
Select Specialty Hospital — Erie	Fayette
Penn Highlands Connellsville	
WVU Medicine — Uniontown Hospital	Franklin
WellSpan Chambersburg Hospital	
WellSpan Waynesboro Hospital	Greene
Washington Health System Greene	
CHS Moses Taylor Hospital	Lackawanna
CHS Regional Hospital of Scranton	
Geisinger Medical Center Muncy	
Geisinger Community Medical Center	Lancaster
Lancaster General Hospital	
Lancaster General Hospital Women & Babies	
Lancaster Surgery Center	
Penn State Health Lancaster Medical Center	Lawrence
WellSpan Ephrata Community Hospital	
Lawrence County Surgery Center of Edgewood Surgical Hospital	Lebanon
UPMC Jameson	
WellSpan Good Samaritan Hospital	Lehigh
Lehigh Valley Hospital — 17th Street	
Lehigh Valley Hospital — Cedar Crest	
Lehigh Valley Hospital — Coordinated Health Allentown	
Lehigh Valley Cedar Crest — Reilly Children's Hospital	Luzerne
CHS First Hospital Wyoming Valley	
CHS Wilkes-Barre General Hospital	
Geisinger Wyoming Valley Medical Center	
Lehigh Valley Hospital — Hazleton	

# Pennsylvania – my Direct Blue EPO, cont.

Facility Name	County	
Geisinger Jersey Shore Hospital	Lycoming	
UPMC Muncy		
UPMC Williamsport		
UPMC Williamsport Divine Providence		
Bradford Regional Medical Center	McKean	
UPMC Kane Community Hospital		
AHN Grove City Medical Center	Mercer	
Edgewood Surgical Hospital		
Sharon Regional Medical Center		
UPMC Horizon – Greenville		
UPMC Horizon – Shenango Valley	Monroe	
Lehigh Valley Hospital – Pocono		
St. Luke's Hospital – Monroe Campus	Montgomery	
Einstein Medical Center Elkins Park		
Einstein Medical Center Montgomery		
Holy Redeemer Hospital		
Jefferson Health – Abington Hospital		
Jefferson Health – Abington–Lansdale Hospital		
Main Line Health – Bryn Mawr Hospital		
Main Line Health – Lankenau Medical Center		
Lehigh Valley Hospital – Coordinated Health Bethlehem		Northampton
Lehigh Valley Hospital – Hecktown Oaks		
Lehigh Valley Hospital – Muhlenberg		
Children's Hospital of Philadelphia	Philadelphia	
Einstein Medical Center Philadelphia		
Jefferson Health – Frankford Hospital		
Jefferson Health – Methodist Hospital		
Jefferson Health – Thomas Jefferson University Hospital		
Jefferson Health – Torresdale Hospital		
Jefferson Health – WillsEye Hospital		
Penn Medicine – Hospital of the University of Pennsylvania		
Penn Medicine – Penn Presbyterian Medical Center		
Penn Medicine – Pennsylvania Hospital		
Temple Health – Fox Chase Cancer Center		
Temple Health – Temple University Hospital		
UPMC Cole		Potter
Geisinger St. Luke's Hospital		Schuylkill
Lehigh Valley Hospital – Schuylkill E. Norwegian Street		
Lehigh Valley Hospital – Schuylkill S. Jackson Street	Somerset	
Chan Soon-Shiong Medical Center at Windber		
Conemaugh Meyersdale Medical Center		
UPMC Somerset	Susquehanna	
Barnes-Kasson Hospital		
Endless Mountains Health Systems		
UPMC Wellsboro	Tioga	
Evangelical Community Hospital	Union	

Facility Name	County
UPMC Northwest	Venango
Warren General Hospital	Warren
Advanced Surgical Hospital	Washington
AHN Canonsburg Hospital	
Monongahela Valley Hospital	
Washington Hospital	Wayne
Wayne Memorial Hospital	
AHN Hempfield Neighborhood Hospital	Westmoreland
Excelsa Health Frick Hospital	
Excelsa Health Latrobe Hospital	
Excelsa Health Westmoreland Hospital	
Select Specialty Hospital – Laurel Highlands	Wyoming
CHS Tyler Memorial Hospital	
WellSpan York Hospital	York
WellSpan Surgery and Rehabilitation Hospital	

## Out of state providers

Facility Name	State
Meritus Medical Center	MD
The Johns Hopkins Hospital	
University of Maryland Medical Center	
UPMC Western Maryland	
WVU Medicine – Garrett Regional Medical Center	New York
AHN Westfield Memorial Hospital	
Guthrie Corning Hospital	
Olean General Hospital	
UR Medicine – Jones Memorial Hospital	OH
UR Medicine – Strong Memorial Hospital	
Cleveland Clinic	WV
WVU Medicine – Children's Hospital	
WVU Medicine – J.W. Ruby Memorial Hospital	

# Pennsylvania — my Blue Access PPO

Facility Name	County
WellSpan Gettysburg Hospital	Adams
AHN Allegheny General Hospital	Allegheny
AHN Allegheny Valley Hospital	
AHN Brentwood Neighborhood Hospital	
AHN Forbes Hospital	
AHN Harmar Neighborhood Hospital	
AHN Jefferson Hospital	
AHN McCandless Neighborhood Hospital	
AHN West Penn Hospital	
AHN Wexford Hospital	
Curahealth Pittsburgh	
Heritage Valley Kennedy	
Heritage Valley Sewickley	
Select Specialty Hospital — McKeesport	
Select Specialty Hospital — Pittsburgh UPMC	
St. Clair Hospital	
The Children's Home of Pittsburgh	
The Children's Institute of Pittsburgh	
UPMC Children's Hospital of Pittsburgh	
UPMC East	
UPMC Magee-Womens Hospital	
UPMC McKeesport	
UPMC Mercy	
UPMC Vision & Rehabilitation Tower	
UPMC Passavant - McCandless	
UPMC Presbyterian	
UPMC Shadyside	
UPMC St. Margaret	
UPMC Western Psychiatric Hospital	
Armstrong County Memorial Hospital	Armstrong
Curahealth Hospital Heritage Valley	Beaver
Heritage Valley Beaver	
UPMC Bedford Memorial	Bedford
Penn State Health St. Joseph Medical Center	Berks
Surgical Institute of Reading	
Reading Hospital — Tower Health	
Conemaugh Nason Medical Center	Blair
Penn Highlands Tyrone	
UPMC Altoona	
Guthrie Robert Packer Hospital	Bradford
Guthrie Towanda Memorial Hospital	
Guthrie Troy Community Hospital	
BHS Butler Memorial Hospital	Butler
UPMC Passavant — Cranberry	

Facility Name	County
Conemaugh Memorial Medical Center	Cambria
Conemaugh Memorial Medical Center — Lee Campus	
Conemaugh Miners Medical Center	
Select Specialty Hospital — Johnstown	Carbon
St. Luke's Hospital — Carbon Campus	
St. Luke's Hospital — Leighton Campus	
Mount Nittany Medical Center	Centre
Penn Medicine — Chester County Hospital	Chester
BHS Clarion Hospital	Clarion
Penn Highlands Clearfield	Clearfield
Penn Highlands DuBois	
Bucktail Medical Center	Clinton
UPMC Lock Haven	
CHS Berwick Hospital Center	Columbia
Geisinger Bloomsburg Hospital	
Meadville Medical Center	Crawford
Titusville Area Hospital	
Penn State Health Hampden Medical Center	Cumberland
Penn State Health Holy Spirit Medical Center	
Select Specialty Hospital — Camp Hill	
UPMC Carlisle	
UPMC West Shore	Dauphin
Penn State Health Children's Hospital	
Penn State Health Milton S. Hershey Medical Center	
UPMC Community Osteopathic	Elk
UPMC Harrisburg	
Penn Highlands Elk	Erie
AHN Saint Vincent Hospital	
LECOM Health — Corry Memorial Hospital	
LECOM Health — Millcreek Community Hospital	
Select Specialty Hospital — Erie	Fayette
UPMC Hamot	
Penn Highlands Connellsville	Franklin
WVU Medicine — Uniontown Hospital	
WellSpan Chambersburg Hospital	Fulton
WellSpan Waynesboro Hospital	
Fulton County Medical Center	Greene
Washington Health System Greene	Huntingdon
Penn Highlands Huntingdon	
Indiana Regional Medical Center	Jefferson
Penn Highlands Brookville	
Punxsutawney Area Hospital	Lackawanna
CHS Moses Taylor Hospital	
CHS Regional Hospital of Scranton	
Geisinger Community Medical Center	
Geisinger Medical Center Muncy	

# Pennsylvania — my Blue Access PPO, cont.

Facility Name	County	
Lancaster General Hospital	Lancaster	
Lancaster General Hospital Women and Babies		
Lancaster Surgery Center		
Penn State Health Lancaster Medical Center		
UPMC Lititz		
WellSpan Ephrata Community Hospital	Lawrence	
Lawrence County Surgery Center of Edgewood Surgical Hospital		
UPMC Jameson	Lebanon	
WellSpan Good Samaritan Hospital		
Lehigh Valley Hospital — 17th Street	Lehigh	
Lehigh Valley Hospital — Cedar Crest		
Lehigh Valley Hospital — Coordinated Health Allentown		
Lehigh Valley Reilly Children's Hospital		
St. Luke's Hospital — Allentown Campus		
St. Luke's Hospital — Sacred Heart Campus		
CHS First Hospital Wyoming Valley		Luzerne
CHS Wilkes-Barre General Hospital		
Geisinger Wyoming Valley Medical Center		
Lehigh Valley Hospital — Hazleton		
Geisinger Jersey Shore Hospital	Lycoming	
UPMC Muncy		
UPMC Williamsport		
UPMC Williamsport Divine Providence		
Bradford Regional Medical Center	McKean	
UPMC Kane		
AHN Grove City Hospital	Mercer	
Edgewood Surgical Hospital		
Sharon Regional Medical Center		
UPMC Horizon — Greenville		
UPMC Horizon — Shenango Valley		
Geisinger Lewistown Hospital	Mifflin	
Lehigh Valley Hospital — Pocono	Monroe	
St. Luke's Hospital — Monroe Campus		
Geisinger Janet Weis Children's Hospital	Montour	
Geisinger Medical Center		
Lehigh Valley Hospital — Coordinated Health Bethlehem	Northampton	
Lehigh Valley Hospital — Hecktown Oaks		
Lehigh Valley Hospital — Muhlenberg		
St. Luke's Hospital — Anderson Campus		
St. Luke's Hospital — Easton Campus		
St. Luke's University Hospital — Bethlehem	Northumberland	
Geisinger Shamokin Area Community Hospital		

Facility Name	County
Penn Medicine — Hospital of the University of Pennsylvania	Philadelphia
Penn Medicine — Penn Presbyterian Medical Center	
Penn Medicine — Pennsylvania Hospital	
Temple Health — Fox Chase Cancer Center	
Temple Health — Temple University Hospital	
UPMC Cole	Potter
Geisinger St. Luke's Hospital	Schuylkill
Lehigh Valley Hospital — Schuylkill E. Norwegian Street	
Lehigh Valley Hospital — Schuylkill S. Jackson Street	
St. Luke's Hospital — Miners Campus	Somerset
Chan Soon-Shiong Medical Center at Windber	
Conemaugh Meyersdale Medical Center	
UPMC Somerset	
Barnes-Kasson Hospital	Susquehanna
Endless Mountains Health Systems	
UPMC Wellsboro	Tioga
Evangelical Community Hospital	Union
UPMC Northwest	Venango
Warren General Hospital	Warren
Advanced Surgical Hospital	Washington
AHN Canonsburg Hospital	
Monongahela Valley Hospital	
Washington Hospital	Wayne
Wayne Memorial Hospital	
AHN Hempfield Neighborhood Hospital	Westmoreland
Excelsa Health Frick Hospital	
Excelsa Health Latrobe Hospital	
Excelsa Health Westmoreland Hospital	
Select Specialty Hospital — Laurel Highlands	Wyoming
CHS Tyler Memorial Hospital	
OSS Orthopaedic Hospital	York
UPMC Hanover	
UPMC Memorial	
WellSpan Surgery and Rehabilitation Hospital	
WellSpan York Hospital	

# Pennsylvania — my Blue Access PPO, cont.

## Out of state providers

Facility Name	State
Meritus Medical Center	MD
The Johns Hopkins Hospital	
University of Maryland Medical Center	
UPMC Western Maryland	
WVU Medicine — Garrett Regional Medical Center	
AHN Westfield Memorial Hospital	New York
Guthrie Corning Hospital	
Olean General Hospital	
UR Medicine — Jones Memorial Hospital	
UR Medicine — Strong Memorial Hospital	
Cleveland Clinic	OH
WVU Medicine — Children's Hospital	WV
WVU Medicine — J.W. Ruby Memorial Hospital	

This is not a complete list of out of state providers. Refer to Provider Directory to look up specific facilities that may be in-network via Blue Card.



# West Virginia – my Blue Access WV PPO

Facility Name	County
Broaddus Hospital	Barbour
WVU Medicine – Berkeley Medical Center	Berkeley
Boone Memorial Hospital	Boone
WVU Medicine – Braxton County Memorial Hospital	Braxton
Acuity Specialty Hospital of Ohio Valley – Weirton	Brooke
Weirton Medical Center	
Cabell Huntington Hospital	Cabell
River Park Hospital	
St. Mary's Medical Center	
Minnie Hamilton Health Center	Calhoun
Montgomery General Hospital	Fayette
Plateau Medical Center	
Grant Memorial Hospital	Grant
CAMC Greenbrier Valley Medical Center	Greenbrier
Valley Health – Hampshire Memorial Hospital	Hampshire
Weirton Medical Center	Hancock
WVU Medicine – United Hospital Center	Harrison
WVU Medicine – Highland–Clarksburg Hospital	
WVU Medicine – Jackson General Hospital	Jackson
WVU Medicine – Jefferson Medical Center	Jefferson
CAMC Womens and Children	Kanawha
CAMA General Hospital	
CAMA Memorial Hospital	
Saint Francis Hospital	
Select Specialty Hospital – Charleston	
Thomas Memorial Hospital	
Stonewall Jackson Memorial Hospital	Lewis
Logan General Hospital	Logan
WVU Medicine – Fairmont Medical Center	Marion
WVU Medicine – Reynolds Memorial Hospital	Marshall
Pleasant Valley Hospital	Mason
Welch Community Hospital	McDowell
WVU Medicine – Princeton Community Hospital	Mercer
WVU Medicine – Potomac Valley Hospital	Mineral
Mon Health Medical Center	Monongalia
WVU Medicine – Chestnut Ridge Center	
WVU Medicine – Children's Hospital	
WVU Medicine – J.W. Ruby Memorial Hospital	
Valley Health – War Memorial Hospital	Morgan
WVU Medicine – Summersville Regional Medical Center	Nicholas
Acuity Specialty Hospital of Ohio Valley – Wheeling	Ohio
WVU Medicine – Wheeling Hospital	

Facility Name	County
Pocahontas Memorial Hospital	Pocahontas
Mon Health Preston Memorial Hospital	Preston
Charleston Area Medical Center Teays Valley Hospital	Putnam
Beckley ARH Hospital	Raleigh
Raleigh General Hospital	
Davis Medical Center	Randolph
Roane General Hospital	Roane
Summers County ARH Hospital	Summers
Grafton City Hospital	Taylor
Sistersville General Hospital	Tyler
WVU Medicine – St. Joseph's Hospital	Upshur
Webster County Memorial Hospital	Webster
WVU Medicine – Wetzel County Hospital	Wetzel
WVU Medicine – Camden Clark Medical Center	Wood

## Out of state providers

Facility Name	State
King's Daughters Medical Center	KY
Pikeville Medical Center	
Tug Valley ARH Regional Medical Center	
University of Kentucky HealthCare Hospitals	MD
Meritus Medical Center	
The Johns Hopkins Hospital	
University of Maryland Medical Center	
UPMC Western Maryland	
WVU Medicine – Garrett Regional Medical Center	OH
Cleveland Clinic	
East Liverpool City Hospital	
Holzer Medical Center – Gallipolis	
Holzer Medical Center – Jackson	
Marietta Memorial Hospital	
Mount Carmel New Albany Surgical Hospital	
Selby General Hospital	
Southern Ohio Medical Center	
The Ohio State University Wexner Medical Center	
Trinity Medical Center East	
Trinity Medical Center West	
WVU Medicine – Barnesville Hospital	
WVU Medicine – Harrison Community Hospital	

# Delaware — my Blue Access PPO

Facility Name	County
Bayhealth Hospital – Kent Campus	Kent
ChristianaCare – Christiana Hospital	New Castle
ChristianaCare – Wilmington Hospital	
Delaware Psychiatric Center	
Nemours Children’s Hospital	
Saint Francis Hospital	
Select Specialty Hospital – Wilmington	
Bayhealth Hospital – Sussex Campus	Sussex
Beebe Medical Center	
Milford Memorial Rehabilitation	
TidalHealth – Nanticoke Hospital	

## Out of state providers

Facility Name	State
The Johns Hopkins Hospital	MD
TidalHealth – Peninsula Regional Medical Center	
Memorial Sloan Kettering Cancer Center – Basking Ridge	NJ
Children’s Hospital of Philadelphia	PA
Einstein Medical Center Philadelphia	
Penn Medicine – Hospital of the University of Pennsylvania	
Penn Medicine – Pennsylvania Hospital	

# Northeastern New York

Facility Name	County
Albany Medical Center Hospital	Albany
Albany Medical Center South Clinical Campus	Albany
Samaritan Hospital – Albany Memorial Campus	Albany
St Peter’s Hospital	Albany
Champlain Valley Physicians Hospital	Clinton
Columbia Memorial Hospital	Columbia
Vassar Brothers Hospital	Dutchess
Elizabethtown Community Hospital	Essex
Elizabethtown Community Hospital – MosesLudington Campus	Essex
Adirondack Medical Center	Franklin
Alice Hyde Medical Center	Franklin
Nathan Littauer Hospital	Fulton
Little Falls Hospital	Herkimer
St Mary’s Healthcare	Montgomery
St Mary’s Hospital Memorial Campus	Montgomery
Samaritan Hospital	Rensselaer
Saratoga Hospital	Saratoga
Bellevue Woman’s Care Center of Ellis Hospital	Schenectady
Ellis Hospital	Schenectady
Sunnyview Hospital	Schenectady
Cobleskill Regional Hospital	Schoharie
HealthAlliance Mary’s Avenue Campus	Ulster
Glens Falls Hospital	Warren

# Western New York

Facility Name	County
Cuba Memorial Hospital	Allegany
Bradford Regional Medical Center	Mckean
Jones Memorial Hospital	Allegany
Olean General Hospital	Cattaraugus
Brooks Memorial Hospital	Chautauqua
Lake Shore Hospital Inc .	Chautauqua
UPMC Chautauqua at WCA	Chautauqua
Westfield Memorial Hospital	Chautauqua
Bertrand Chaffee Hospital	Erie
Encompass Health Rehabilitation Hospital of Erie	Erie
Bry Lin Hospital	Erie
Buffalo General Hospital	Erie
Erie County Medical Center	Erie
John R Oishei Children’s Hospital	Erie
Kenmore Mercy Hospital	Erie
Mercy Hospital of Buffalo	Erie
Millard Fillmore Suburban Hospital	Erie
Roswell Park Cancer Institute	Erie
Sisters of Charity Hospital	Erie
Sisters of Charity Hospital – St. Joseph Campus	Erie
United Memorial Medical Center	Genesee
Nicholas H. Noyes Memorial Hospital	Livingston
Highland Hospital	Monroe
Rochester General Hospital	Monroe
Strong Memorial Hospital	Monroe
Unity Hospital of Rochester	Monroe
Unity Hospital of Rochester – Buffalo Road	Monroe
DeGraff Memorial Hospital	Niagara
Eastern Niagara Hospital – Lockport	Niagara
Eastern Niagara Hospital – Newfane	Niagara
Mount St. Mary’s Hospital	Niagara
Niagara Falls Memorial Medical Center	Niagara
The Frederick Ferris Thompson Hospital	Ontario
Medina Memorial Hospital	Orleans
St. James Hospital	Steuben
UPMC Cole	Potter
UPMC Hamot Medical Center	Erie
Newark Wayne Community Hospital	Wayne
Wyoming County Community Hospital	Wyoming

# Vision and Dental

## (Pennsylvania, West Virginia, Delaware, and New York)

For most products, one plan at each metal level will have two versions: one plan with medical benefits only and another plan with identical medical benefits, plus adult dental and vision.

### Benefits of vision coverage include:

- A free eye exam.
- A \$150 allowance for glasses or contacts.

### Benefits of dental coverage include:

- The convenience of only having one bill to pay for comprehensive medical and dental coverage.
- Decreased waiting periods on certain services compared to Blue Edge Dental.
- Two free cleanings.

It pays to have dental coverage		
Service	Average cost with dental coverage	Average cost without dental coverage (usual fee)
Exams, Cleanings, and X-rays	\$0 – 37	\$288
Composite Filling	\$71	\$170
Simple Extraction	\$33	\$163
Root Canal	\$400	\$1,000

## Vision network

### Davis Vision Network

This network is custom and specific to Highmark, and it can be accessed through [highmarkblueshield.com](https://highmarkblueshield.com).

### How to find a provider

Visit [highmarkblueshield.com](https://highmarkblueshield.com) and select the **Find a Doctor** or **Pharmacy** tab followed by **Find an Eye Care Provider**.

## Dental networks

### United Concordia Advantage Provider Network

More than 65,000 unique dentists at over 248,000 access points nationwide.

### How to find a provider

Visit [highmarkblueshield.com](https://highmarkblueshield.com) and select the **Find a Doctor** or **Pharmacy** tab.

### Blue Edge Dental

For members who would prefer a stand-alone dental plan, Highmark offers Blue Edge Dental plans. With Blue Edge Dental, members can choose from basic to comprehensive dental plans. Members have access to the United Concordia network of dentists.

SECTION V: ACA INDIVIDUAL MARKET

# Additional Resources

# Advanced Premium Tax Credits (APTC) and Cost-Sharing Reductions (CSR)

## Pennsylvania, West Virginia, and Delaware

Who needs coverage?	What is the income for those covered under health plan?				
	Eligible for Medicaid	Eligible for CSRs and APTCs			Eligible for APTCs
	Medicaid Eligible Range (100-138% or less FPL)	Silver Extra Savings Plans			Standard
		138-149% CSR plans	150-199% CSR plans	200-249% CSR plans	250%+FPL
Single	Less than \$20,120	\$20,121 – \$21,869	\$21,870 – \$29,159	\$29,160 – \$36,449	\$36,450 or more
Family of 2	Less than \$27,214	\$27,215 – \$29,579	\$29,580 – \$39,439	\$39,440 – \$49,299	\$49,300 or more
Family of 3	Less than \$34,307	\$34,308 – \$37,289	\$37,290 – \$49,719	\$49,720 – \$62,149	\$62,150 or more
Family of 4	Less than \$41,400	\$41,401 – \$44,999	\$45,000 – \$59,999	\$60,000 – \$74,999	\$75,000 or more
Family of 5	Less than \$48,493	\$48,494 – \$52,709	\$52,710 – \$70,279	\$70,280 – \$87,849	\$87,850 or more
Family of 6	Less than \$55,586	\$55,587 – \$60,419	\$60,420 – \$80,559	\$80,560 – \$100,699	\$100,700 or more
Family of 7	Less than \$62,680	\$62,681 – \$68,129	\$68,130 – \$90,839	\$90,840 – \$113,549	\$113,550 or more
Family of 8	Less than \$69,773	\$69,774 – \$75,839	\$75,840 – \$101,119	\$101,120 – \$126,399	\$126,400 or more

## New York

Who needs coverage?	Eligible for Medicaid	Eligible for Essential Plans		Eligible for APTCs
	100-138%	138%	250%	250% or more
Single	Less than \$20,120	\$20,121	\$36,450	\$36,450 or more
Family of 2	Less than \$27,214	\$27,215	\$49,300	\$49,300 or more
Family of 3	Less than \$34,307	\$34,308	\$62,150	\$62,150 or more
Family of 4	Less than \$41,400	\$41,401	\$75,000	\$75,000 or more
Family of 5	Less than \$48,493	\$48,494	\$87,850	\$87,850 or more
Family of 6	Less than \$55,586	\$55,587	\$100,700	\$100,700 or more
Family of 7	Less than \$62,680	\$62,681	\$113,550	\$113,550 or more
Family of 8	Less than \$69,773	\$69,774	\$126,400	\$126,400 or more

### Contribution and Out-of-Pocket Limits for QHDHPs and HSAs

	2024	2023	Change
<b>HSA contribution limit</b> (employer + employee)	Self-only: <b>\$4,150</b> Family: <b>\$8,300</b>	Self-only: \$3,850 Family: \$7,750	Self-only: +\$300 Family: +\$550
<b>HDHP minimum deductible</b>	Self-only: <b>\$1,600</b> Family: <b>\$3,200</b>	Self-only: \$1,500 Family: \$3,000	Self-only: +\$100 Family: +\$200
<b>HDHP maximum out-of-pocket amounts</b> (deductibles, copayments and other amounts, but no premiums)	Self-only: <b>\$8,050</b> Family: <b>\$16,100</b>	Self-only: \$7,500 Family: \$15,000	Self-only: +\$550 Family: +\$1,100

\* For more information, visit [highmarkspendingaccounts.com](https://highmarkspendingaccounts.com).

The Department of Health and Human Services (HHS) establishes the annual out-of-pocket limits for essential health benefits covered under an ACA-compliant plan.

#### Take a look at these limits below:

	2024	2023
<b>Out-of-pocket limits for ACA-compliant plans (HHS)</b>	Self-only: <b>\$9,450</b> Family: <b>\$18,900</b>	Self-only: \$9,100 Family: \$18,200
<b>Out-of-pocket limits for HSA-qualified HDHPs (IRS)</b>	Self-only: <b>\$8,050</b> Family: <b>\$16,100</b>	Self-only: \$7,500 Family: \$15,000

# Special Enrollment Period (SEP) Reminders

## New SEP forms and applications are now available

Off-exchange SEP forms and applications are now electronically fillable and contain a digital signature option. You can download these materials on [producer.highmark.com](http://producer.highmark.com), under the **Resources** section as separate documents. Completed applications can be submitted via the following methods:

- Email: [dp\\_applications@highmark.com](mailto:dp_applications@highmark.com) (one application per email)
- Fax: **866-224-5403**
- Mail: Use the address on the application

## Loss of Minimal Essential Coverage

### Examples include:

- Losing eligibility for employer-sponsored coverage due to job loss, reduction in hours, or employer no longer offering benefits or closes.
- Expiration of COBRA coverage or non-calendar year policy.
- Losing pregnancy related or medically needy coverage under Medicaid.
- Losing eligibility for Medicaid or CHIP.
- Losing eligibility for Medicare.

### Did you know...

Highmark pays commission on SEP enrollments for new contracts and renewals! To confirm your available commission amount, please contact the agency you write individual policies through.

**Deadline:** Application, SEP form, and documentation can be submitted up to 60 days in advance of the loss of coverage, but no later than 60 days since coverage was lost.

**Effective date:** The first day of the month following the receipt of required forms and documentation. Effective date cannot be prior to the loss of coverage.

**Note:** Voluntarily quitting other health insurance coverage, being terminated for not paying premiums or losing health insurance coverage that does not qualify as minimum essential coverage, are not considered a loss of qualifying coverage.

A conversion or HIPAA plan may be a good option if your client's policy terms prior to end of month

Please refer to the off-exchange application for more detail.



# Agent Sales Checklist

Here's the info needed for each person who will be covered on a plan.

Date of birth

Social Security number  
(or legal immigrant documents)

Income documentation for all household members,  
even if they won't be covered by the plan  
(pay stubs, W-2 forms, or wage and tax statements)

Current health insurance policy numbers (if applicable)

Info on any health insurance a consumer  
or their family could get from their job



SECTION V: ACA INDIVIDUAL MARKET

# Individual Coverage Health Reimbursement Arrangement (ICHRA)

# Individual Coverage Health Reimbursement Arrangement (ICHRA)

## ICHRA overview

### Background

In June 2019, the Departments of the Treasury, Labor, and Health & Human Services jointly published a final rule to expand the flexibility and use of health reimbursement arrangements (HRAs) and other account-based group health plans to provide Americans with additional options to obtain quality, affordable health care.

This rule permits employers to offer an “individual coverage HRA” (ICHRA) as an alternative to traditional group health plan coverage, subject to certain conditions. Among other medical care expenses, ICHRAs can be used to reimburse premiums for individual health insurance chosen by the employee, promoting employee and employer flexibility, while also maintaining the same tax-favored status for employer contributions towards a traditional group health plan.

Employers can offer employees an ICHRA instead of offering traditional job-based health coverage. An ICHRA reimburses employees for medical expenses, including monthly premiums and other out-of-pocket costs like copayments and deductibles for insurance policies purchased in the individual market.

### Things to keep in mind

- An ICHRA is not traditional group coverage — it is Individual coverage reimbursed by the employer group.
- Employers are required to provide the employee with an ICHRA Notice that establishes the 60-day SEP opportunity for the employee.
- Employees and any covered dependents are required to be enrolled in Individual coverage or Medicare Parts A and B, or Part C in order to be reimbursed.
- Employees cannot be given an option between an ICHRA and group coverage.
- Policies may be purchased through the Marketplace (not eligible for APTC) or Off-Exchange.

## Classifications

Once an employer group decides to move forward with an ICHRA, they begin the process by classifying those employees who will qualify for the ICHRA. Employers must follow specific guidelines to ensure equitable access to this offering, including:

- Employers cannot offer employees in the same class a choice between group or ICHRA.
- All employees that fit that classification designation must be offered the ICHRA.

The following are the 11 employee classifications and brief descriptions of each:

1. Full-time (working at least 30 hours a week)
2. Part-time (working less than 30 hours a week)
3. Seasonal (hired on a short-term basis or for a season)
4. CBA (part of a Collective Bargaining Agreement – agreement between employer, employee and their union)
5. Waiting period (just joined an employer)
6. Rating area (employees located in different geographic locations but their primary site of employment is in the same rating area)
7. Non-resident alien (non-resident aliens with no US based income; includes foreign employees working abroad)
8. Salaried
9. Non-salaried (hourly workers who do not receive a salary)
10. Staffing firm (employees placed for temp assignments)
11. Combination (two or more of the above classes can be combined to create a new class)

## ICHRA/QSEHRA Application Processes

Here are some important dates to keep in mind throughout the application process:

- Allow 14 days from the date of submission for the application to process and bill account information to populate.
- Applications should be submitted by the 15th of the month for effectuation of the first of the following month.
- Applications submitted after the requested effectuation date will result in effectuation of the first of the following month.

## Tools for navigating enrollment

### Producer Portal

**OEP** — Please visit page 8 for an overview and instructions for utilizing this tool during the ACA Open Enrollment Period.

**SEP** — Outside of the Open Enrollment Period, the Producer Portal is now a helpful resource for submitting ICHRA/QSEHRA SEP applications. Please keep in mind the following when utilizing this solution:

- This Producer Portal SEP process is **only available for ICHRA/QSEHRA** applications and requires upload of supporting documentation (SEP Form and ICHRA Employer Notice) in order to complete each submission.
- SEP Portal applications **must be submitted on or before 11:59 p.m. on the 15th of the month** for an effective date of the 1st of the following month. (Example: Applications submitted by 3/15/2023 will have the option of either a 4/1/2023 or 5/1/2023 effective date. Applications submitted on the portal between 3/16/2023 – 3/31/2023 will only have the option for a 5/1/2023 effective date). To ensure the following month's effective date for submissions after the 15th of the month, the paper application submission process must be utilized.

### Paper Application (OEP/SEP)

**Producer Managed eBill Payment Administration (Broker, Third Party Administrator, etc.):** Submit one application per contract per email (including SEP Form and ICHRA Notice when applicable) to the following addresses:

To: [dp\\_applications@highmark.com](mailto:dp_applications@highmark.com)

Cc: [ichra@highmark.com](mailto:ichra@highmark.com)

### Employee/Member Managed Payment

**Administration:** Submit one application per contract per email (including SEP Form and ICHRA Notice when applicable):

to: [dp\\_applications@highmark.com](mailto:dp_applications@highmark.com)

### Spreadsheet (OEP)

For more information on the availability of a spreadsheet process, please contact the ICHRA team at [ichra@highmark.com](mailto:ichra@highmark.com).

## Here’s how to use the Producer Portal during SEP

### Step 1: Login Page

- Go to [producer.highmark.com](https://producer.highmark.com).
- Enter Username and Password.
- Click **Submit** to login.



Step 1

### Step 2: Choose an Agency

- In the Individual box, select **New Business**.



Step 2

### Step 3: New Business — Plan Type

- For an ICHRA policy, select **Off Exchange Plans**.

### Step 4: New Business — Off Exchange

- Select **Start Enrollment** to enter member information and submit an application.



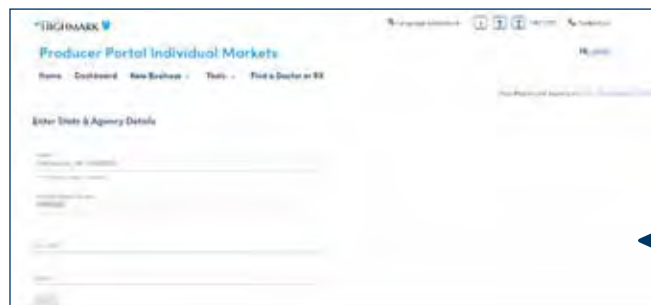
Step 3

### Step 5: State and Agency Details

- Select the appropriate agency using the drop-down option in the **Agency** box (select the appropriate state if agency writes for multiple).
- Enter the Zip Code and ensure the correct County populates.
- Once all information is correct, the **Next** button will turn blue to proceed.



Step 4

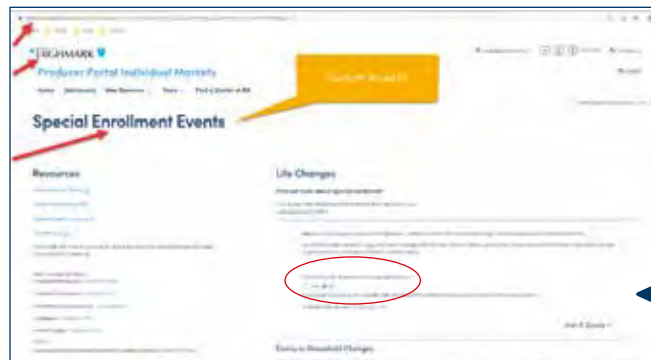


Step 5

### Step 6: Selecting the Special Event

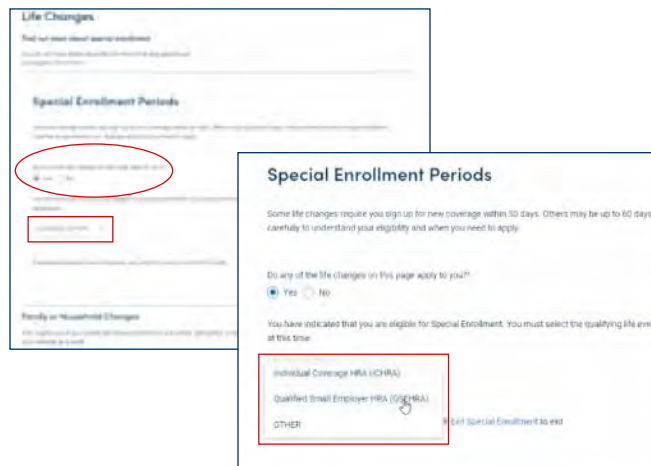
Keep an eye out to ensure:

- The URL confirms selections made thus far.
- The correct Highmark branding for the application region should be reflected.
- The title **Special Enrollment Events** should be displayed for PA, WV, and DE.



◀ Step 6

- Select **Yes** under **Do any of the life changes on this page apply to you?**
- Once **Yes** is selected, a drop-down for Qualifying Life Event will populate.
- Using the drop-down, select either **ICHRA** or **QSEHRA**.
- Click **Get A Quote** at the bottom of the page.

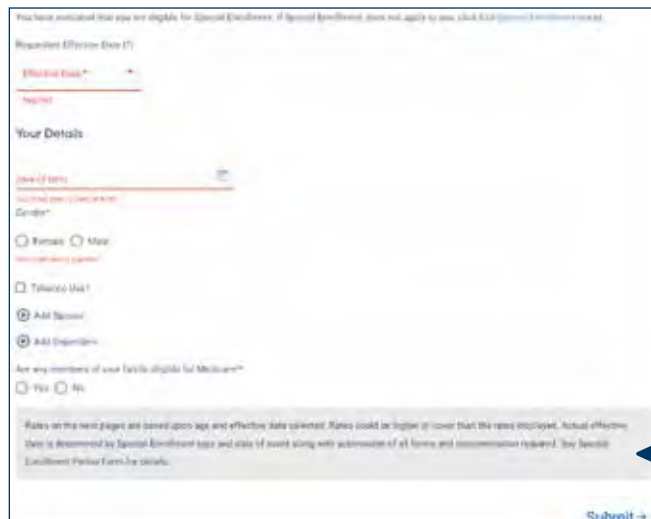


### Step 7: Enter Member Specific Information

Utilize the drop-down box to select the Effective Date.

**Note:** Portal applications must be submitted on or before 11:59 p.m. on the 15th of the month for an effective date of the 1st of the following month. (Example: Applications submitted by 3/15/2023 have the option for either a 4/1/2023 or 5/1/2023 effective date. Applications submitted on the portal from 3/16/2023 – 3/31/2023 will only have the option for a 5/1/2023 effective.)

- Enter the member’s Date of Birth.
- Select the member’s Gender.
- If the member uses tobacco, select the Tobacco Use box.
- Add a spouse or dependent by selecting ⊕ next to the appropriate choice.
- Answer the final question of **Are any members of you family eligible for Medicare?** Then click **Submit**.



◀ Step 7



**Step 8: Select Plan**

- Scroll through available plans.
  - Compare plans side by side by clicking the white square at the top left of the plan. Filter plans using the price toggle above plan boxes or by filtering by Premium, Deductible and all plans.
- Once the plan is selected, click the **Enroll** button at the bottom right of the plan box.



← Step 8

**Step 9: SEP Document Upload**

- The Effective Date of Coverage will be auto populated based on the selection made in Step 7.
- Download the SEP form by clicking on the **blue hyperlink**.
- You will not be able to proceed without downloading the SEP form, completing, and uploading along with the ICHRA Letter.
- Review the SEP form to ensure it is completed correctly and includes the required signatures (individual/spouse) before uploading.
- Follow instructions for uploading documents (separate documents is suggested).
- Select appropriate Document Type.
- Click **Upload** under the Status column to attach document.
- Once the blue check mark shows in the status box for each document, click **Next**.



← Step 9



### Step 10: Member Details

- Process is Business as Usual (BAU).

### Step 11: Health Insurance and Producer Information

#### Health Insurance Information

- Respond to the first three questions.
- Third Party Payer questions will pre-populate in grey based on your earlier application selections. No selection is necessary.
- Enter the Employers Name in the box (this is important for effective reconciliation and reporting).

#### Producer Information

- Double check that Producer information entered correctly into the boxes (this information should auto populate based off the login).

### Step 12: Communication Preferences

- This portion of the application is BAU; consult Producer Portal portion of Doing Business with Highmark Federal Markets section.

### Step 13: Application Summary

- This portion of the application is BAU; consult Producer Portal portion of Doing Business with Highmark Federal Markets section.



Step 11

### Step 14: Notifications and Authorizations

- This portion of the application is BAU; consult Producer Portal portion of Doing Business with Highmark Federal Markets section.

### Step 15: Application Submission

- This portion of the application is BAU; consult Producer Portal portion of Doing Business with Highmark Federal Markets section.

## ICHRA/QSEHRA eBill Payment Administration

Once an application has been submitted and processed, bill account information will generate an invoice for submission of the initial payment in order to effectuate the policy.

Highmark's eBill platform helps simplify the process whether the Producer (Broker, TPA) is managing payment administration, or the Employee is responsible for management of their own policy payments.

In either case, Highmark's eBill platform offers the ability to:

- Enter payment account information.
- Make an initial payment.
- Schedule recurring payments.
- Receive notifications on payment status.

For more information on eBill setup and support options available, please refer to the respective contact information based on your ICHRA payment administration scenario outlined below:

### Producer Managed eBill Payments

- Utilize unique eBill access after onboarding with ICHRA team.
- Work directly with ICHRA team for terminations and eBill support.
- For onboarding and Producer eBill support, reach out to [ichra@highmark.com](mailto:ichra@highmark.com).

### Employee Managed eBill Payments

- Utilize Member Portal access. Instructions are provided on page 15.
- Work directly with Member Service for assistance with billing and eBill support.
- For member setup or support inquiries, contact the Member Service number located on the back of the member ID card.

### ICHRA Contact Information

- General ICHRA Inquiries, eBill Onboarding Requests, Producer eBill Support: [ichra@highmark.com](mailto:ichra@highmark.com)
- Producer Enrollment and Billing Inquiries: [prodem@highmark.com](mailto:prodem@highmark.com)
- ACA Producer Needs: [ACAsalessupport@highmark.com](mailto:ACAsalessupport@highmark.com)
- ACA Commission Inquiries: [ACAcompensation@highmark.com](mailto:ACAcompensation@highmark.com)



# Contact Information

Question	Market	Region	Contact
Application Status, Benefits, Claims, Prescriptions, and Provider Network Questions	Medicare	PA, WV, DE	800-652-9459 (Monday – Friday, 8 a.m. – 4 p.m.) Option 1 (Senior Markets), then Option 1 <a href="mailto:prodem@highmark.com">prodem@highmark.com</a>
		WNY, NENY	844-946-6305 (Monday – Friday, 8 a.m. – 4 p.m.) Option 1 (Senior Markets), then Option 1 <a href="mailto:albany.liaison@bsneny.com">albany.liaison@bsneny.com</a>
	ACA	PA, WV, DE	800-652-9459 (Monday – Friday, 8 a.m. – 4 p.m.) Option 2 (ACA), then Option 1 <a href="mailto:prodem@highmark.com">prodem@highmark.com</a>
		WNY, NENY	844-946-6305 (Monday – Friday, 8 a.m. – 4 p.m.) Option 2 (ACA), then Option 1 <a href="mailto:prodem@highmark.com">prodem@highmark.com</a>
	D-SNP	PA	888-871-0417 (Monday – Friday, 8 a.m. – 8 p.m., and Saturday and Sunday, 9 a.m. – 5 p.m. Closed Sundays, May – Sept.) <a href="mailto:agentspecialist@highmarkwholesale.com">agentspecialist@highmarkwholesale.com</a>
Onboarding, Training, and Producer Portal Questions	Medicare	PA, WV, DE, WNY, NENY	800-652-9459 (Monday – Friday, 8 a.m. – 4 p.m.) Option 1 (Senior Markets), then Option 2 <a href="mailto:highmarkseniormarkets@highmark.com">highmarkseniormarkets@highmark.com</a>
Onboarding, Training, and Producer Portal Questions (continued)	ACA	PA, WV, DE, WNY, NENY	800-652-9459 (Monday – Friday, 8 a.m. – 4 p.m.) Option 2 (ACA), then Option 2 <a href="mailto:ACAsalessupport@highmark.com">ACAsalessupport@highmark.com</a>
	D-SNP	PA	888-871-0417 (Monday – Friday, 8 a.m. – 8 p.m., and Saturday and Sunday, 9 a.m. – 5 p.m. Closed Sundays, May – Sept.) <a href="mailto:agentspecialist@highmarkwholesale.com">agentspecialist@highmarkwholesale.com</a>
Additional Highmark Wholecare Resources	D-SNP	PA	800-685-5209 <a href="http://highmarkwholesale.com/medicare">highmarkwholesale.com/medicare</a>
Highmark Producer Portal	Medicare, ACA	PA, WV, DE, WNY, NENY	<a href="http://producer.highmark.com">producer.highmark.com</a>

**APPENDIX A | CONTACT INFORMATION**

Question	Market	Region	Contact
Highmark Consumer Websites	Medicare, ACA	Western PA, Northeastern PA	<a href="http://highmarkbcbs.com">highmarkbcbs.com</a>
		Central PA	<a href="http://highmarkblueshield.com">highmarkblueshield.com</a>
		WV	<a href="http://highmarkbcbswv.com">highmarkbcbswv.com</a>
		DE	<a href="http://highmarkbcbsde.com">highmarkbcbsde.com</a>
		WNY	<a href="http://bcbswny.com">bcbswny.com</a>
	NENY	<a href="http://bsneny.com">bsneny.com</a>	
	D-SNP	PA	<a href="http://highmarkwholecare.com">highmarkwholecare.com</a>
Highmark Integrity Office	Medicare, ACA, D-SNP	PA, WV, DE, WNY, NENY	800-985-1056 <a href="mailto:integrity@highmark.com">integrity@highmark.com</a>
PA Exchange (Pennie)	ACA	PA	<a href="http://pennie.com">pennie.com</a> 844-844-4440 <a href="mailto:brokers@pennie.com">brokers@pennie.com</a>
DE/WV Exchange	ACA	WV, DE	<a href="http://healthcare.gov">healthcare.gov</a> 855-788-6275
New York Exchange	ACA	WNY, NENY	<a href="http://nystateofhealth.ny.gov">nystateofhealth.ny.gov</a>
HealthSherpa	ACA	PA, WV, DE, WNY, NENY	888-684-1373 <a href="mailto:agent_support@healthsherpa.com">agent_support@healthsherpa.com</a>

# Glossary

<b>Applicable Law</b>	Means any local, state and federal laws, statutes, regulations, rules, codes, ordinances, orders, decisions, licensing requirement, regulatory guidance, pronouncements, and instructions, declarations, decrees, directives, legislative enactments, other binding restrictions or requirements of or by any governmental authority, any interpretation of any of the foregoing by a governmental authority having jurisdiction or authority or any modified or supplemented version of the foregoing items, which applies to or affects the services provided or the other obligations of the parties hereunder. "Applicable Law" includes but is not limited to HIPAA, the regulations, guidance and instructions issued by CMS (including but not limited to the MMG), the Medicare Improvement for Patients and Providers Act, the False Claims Act (31 U.S.C. §§ 3729 et seq.), the anti-kickback statute (42 U.S.C. § 1320a-7b(b)), Section 1557 of the Patient Protection and Affordable Care Act, TCPA and state and federal laws applicable to telemarketing, and laws or regulations applicable to insurers, agents and brokers.
<b>BPM</b>	Broad Performance Medicare Network
<b>CMS</b>	The Centers for Medicare and Medicaid Services. The federal agency who administers the Medicare Program.
<b>Field Agent Guide</b>	A confidential and proprietary document developed exclusively for Highmark Field Agents.
<b>Highmark</b>	All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.
<b>HMO</b>	Health Maintenance Organization
<b>Medicare</b>	Health insurance provided by the U.S. government for people over 65, or for some disabled persons.

<b>MPVN</b>	Medicare Preferred Value Network
<b>PDP</b>	Prescription Drug Plan (Part D)
<b>PPO</b>	Preferred Provider Plan
<b>Producer Portal</b>	The website you will use to enroll Medicare clients online, check the status of applications, order customized enrollment kits, request CMS approved marketing materials, view and download important documents, and view the most recent version of this Field Guide.
<b>Ready to Sell</b>	Trained, passed a background check, not on any exclusion lists, have an active state license, and have been appointed by Highmark to sell our products.
<b>We and Us</b>	Highmark
<b>You and Yours</b>	You, the reader



# Enrollment/Disenrollment Member Responsibilities Quick Reference

Disenroll FROM	Enroll INTO	Member Responsibility
<b>Medicare Advantage</b>	<b>Medicare Supplement</b>	<ul style="list-style-type: none"> <li>• Member must have a valid election to disenroll from Medicare Advantage and must submit a disenrollment request, in writing, with a valid signature to their Medicare Advantage Plan in order to disenroll.</li> <li>• If the member is requesting to cancel their MA Plan before the effective date, a written request can be submitted OR a verbal request can be taken on a recorded line with Member Service. Member can then be enrolled in Medigap once Proof of Prior Creditable Coverage documentation received.</li> <li>• If their MA Plan was also with Highmark and they now want to enroll in a Highmark Medigap Plan, a proof of prior coverage letter is not required, but we cannot move forward with a Medigap enrollment without an approved request to disenroll from their MA plan.</li> </ul>
<b>Medicare Advantage</b>	<b>Original Medicare</b>	<ul style="list-style-type: none"> <li>• Member must have a valid election to disenroll from Medicare Advantage and member must submit a disenrollment request, in writing, with a valid signature to the Medicare Advantage Plan in order to disenroll.</li> <li>• If attempting to cancel their MA Plan before the effective date, a written request can be submitted OR a verbal request can be taken on a recorded line with Member Service. Once disenrolled from Medicare Advantage, the member will automatically be re-enrolled into Original Medicare.</li> </ul>
<b>Medicare Supplement</b>	<b>Medicare Advantage</b>	<ul style="list-style-type: none"> <li>• Member must have a valid election to enroll into Medicare Advantage and application must be received by the plan PRIOR to the effective date.</li> <li>• Member must submit a disenrollment request, in writing, with a valid signature.</li> <li>• If attempting to cancel Med Sup before the effective date, a written request can be submitted OR a verbal request can be taken on a recorded line with Member Service.</li> </ul>

## Enrollment/Disenrollment Member Responsibilities Quick Reference, continued

Disenroll FROM	Enroll INTO	Member Responsibility
<b>Medicare Supplement</b>	<b>Original Medicare</b>	<ul style="list-style-type: none"> <li>Member must submit a disenrollment request, in writing, with a valid signature in order to disenroll.</li> <li>If the member is attempting to cancel their Med Sup before the effective date, a written request can be submitted OR a verbal request can be taken on a recorded line with Member Service; the member will then be placed back into Original Medicare.</li> </ul>
<b>Affordable Care Act (ACA) On-Exchange</b>	<b>Medicare Advantage</b>	<ul style="list-style-type: none"> <li>Member must disenroll via the Exchange (either Federal or Pennsylvania).</li> <li>Enrollment changes are received via file from the Exchanges.</li> <li>Member must have a valid election to enroll into Medicare Advantage. Application must be received by the plan PRIOR to the effective date.</li> </ul>
<b>Affordable Care Act (ACA) Off-Exchange</b>	<b>Medicare Advantage</b>	<ul style="list-style-type: none"> <li>Member must have a valid election to enroll into Medicare Advantage and application must be received by the plan PRIOR to the effective date.</li> <li>Member can call Member Service to disenroll from their off-exchange coverage or fill out a change form requesting the cancellation.</li> <li>Members will be disenrolled on the first of the following month after it is received OR the paid-to date.</li> </ul>
<b>Affordable Care Act (ACA) On-Exchange</b>	<b>Medicare Supplement</b>	<ul style="list-style-type: none"> <li>Member must disenroll via the Exchange (either Federal or Pennsylvania)/Enrollment changes are received via file from the Exchanges.</li> <li>Member can then be enrolled in Medigap once Proof of Prior Creditable Coverage documentation received from the applicant.</li> <li>If their Group Coverage was also with Highmark and they now want to enroll in a Highmark Medigap Plan, a letter is not required to show proof of prior coverage, but we cannot move forward with a Medigap enrollment without an end date to their group coverage appearing in Highmark's system.</li> </ul>

Disenroll FROM	Enroll INTO	Member Responsibility
Group Health Care	ACA On-Exchange	<ul style="list-style-type: none"> <li>Member must notify their employer as to when their group coverage should end, and the new coverage will begin.</li> <li>Member has to enroll VIA the Exchanges (either Federal or Pennsylvania).</li> </ul>
Group Health Care	ACA Off-Exchange	<ul style="list-style-type: none"> <li>Member must notify their employer as to when their group coverage should end, and the new coverage will begin.</li> <li>Member can enroll directly with Highmark.</li> <li>Outside of Open Enrollment Period, a valid SEP is needed, accompanied by all required documentation; effective date will be the first the following month.</li> </ul>
Group Health Care	Medicare Advantage	<ul style="list-style-type: none"> <li>Member must notify their employer as to when their group coverage should end, and the new coverage will begin.</li> </ul>
Group Health Care	Medicare Supplement	<ul style="list-style-type: none"> <li>Member must notify their employer as to when their group coverage should end, and the new coverage will begin.</li> </ul>



## Legal info

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association:

Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life, Highmark Wholecare or Highmark Senior Health Company.

Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Wholecare, Highmark Choice Company or Highmark Senior Health Company.

PA: Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.

Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield.

West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company. Visit <https://www.highmarkbcbswv.com/content/dam/highmark/en/highmarkbcbswv/member/redesign/pdfs/mhs/NetworkAccessPlan.pdf> to view the Access Plan required by the Health Benefit Plan Network Access and Adequacy Act. You may also request a copy by contacting us at the number on the back of your ID card.

Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield.

Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

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Sword Health, Inc. does not provide health care services. Sword Health, Inc. is an independent company that provides wellness services for your health plan. Sword Health Professionals provides its services through a group of independently owned professional practices consisting of Sword Health Care Providers, P.A., SWORD Health Care Providers of NJ, P.C., and SWORD Health Care Physical Therapy Providers of CA, P.C. The Sword virtual physical care program is made available with support from Sword Health.

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