





2024 Lancaster Regional Plan Highlights



Featured Plan Options	
Community Blue Medicare PPO - Signature	
Community Blue Medicare PPO - Distinct	
NEW! Community Blue Medicare PPO - Premier	



Agent Training Only: Not Approved Marketing Collateral

FEATURED PRODUCTS

Benefits	Community Blue Medicare PPO - Signature	Community Blue Medicare PPO - Distinct	Community Blue Medicare PPO - Premier
Monthly Premium	\$0 (\$31 Part B Giveback)	\$27	\$46
Out-of-Pocket Max	Network: \$7,950	Network: \$5,500	Network: \$4,900
Inpatient Hospital	\$325/admit IN; \$275/day (days 1-5), \$0/day (days 6-90) OON	\$200/admit IN; \$200/admit OON	\$200/admit IN; \$200/admit OON
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$25 Copay IN; \$25 Copay OON	\$5 Copay IN; \$5 Copay OON	\$0 Copay IN; \$0 Copay OON
Lab/Diagnostic Tests	Office/Lab: \$0 Copay IN; \$35 Copay OON Outpatient: \$10 Copay IN; \$35 Copay OON	Office/Lab: \$0 Copay IN; \$0 Copay OON Outpatient: \$0 Copay IN; \$0 Copay OON	Office/Lab: \$0 Copay IN; \$0 Copay OON Outpatient: \$0 Copay IN; \$0 Copay OON
X-Rays	\$20 Copay IN; \$50 Copay OON	\$15 Copay IN; \$15 Copay OON	\$20 Copay IN; \$20 Copay OON
Advanced Imaging	\$195 Copay IN; \$325 Copay OON	\$175 Copay IN; \$175 Copay OON	\$150 Copay IN; \$150 Copay OON
Outpatient Surgery	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
Routine Dental	Office Visit: \$0 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$0 Copay IN; 30% Coinsurance OON (1 Every Year)	Office Visit: \$0 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$0 Copay IN; 30% Coinsurance OON (1 Every Year)	Office Visit: \$0 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$0 Copay IN; 30% Coinsurance OON (1 Every Year)
Comprehensive Dental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 20% IN / 50% OON with a maximum \$2500 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 10% IN / 50% OON with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 0% IN / 50% OON with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.
Routine Hearing	\$25 Copay IN; \$25 Copay OON (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON	\$5 Copay IN; \$5 Copay OON (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON	\$0 Copay IN; \$0 Copay OON (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON
Routine Chiropractic	\$15 Copay IN; \$30 OON (4 visits)	\$15 Copay IN; \$15 OON (4 visits)	\$20 Copay IN; \$20 OON (8 visits)
Routine Podiatry	\$25 Copay IN; \$25 OON (4 visits)	\$5 Copay IN; \$5 OON (4 visits)	\$0 Copay IN; \$0 OON (10 visits)
Fitness	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
Over-the-Counter	\$105 Allowance Once Per Quarter	\$215 Allowance Once Per Quarter	\$120 Allowance Once Per Quarter
PART D DRUGS			
Formulary	Performance	Performance	Venture
Initial Coverage at Retail Locations (up to 31 days supply)	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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%	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%	Standard Retail: Tier 1: \$7, Tier 2: \$15, 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%

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Why Buy Blue?

- PPO BlueCard access to BCBSA's national network of doctors and hospitals
- PPO benefits include \$0 Preventive Dental copays, lower Comprehensive Dental coinsurance, and expanded coverage for services such as periodontics, non-routine services, and crowns
- Dental Office Visit benefit now includes fluoride treatment for all featured products
- Tier 1 and 2 Rx day limit increased to 100 days supply at same low copay

Community Blue Medicare PPO Signature

- \$0 PPO with \$31 monthly Part B Giveback offers affordable copays with strong core medical benefits
- In-patient PER STAY copay means peace of mind regardless of length of stay

Community Blue Medicare PPO Distinct

- Low-priced PPO provides cost predictability at an affordable premium
- \$215 OTC allowance per quarter includes Generic and Brand Name items
- Includes lower Outpatient copays
- \$0 Tier 1 and 2 drugs

Community Blue Medicare PPO Premier (NEW)

- Mid-priced for those looking for the most generous MA benefits and lowest out-of-pocket costs
- \$0 medical benefits including PCP, Specialist, PT, OT, and Labs makes perfect landing spot for those accustomed to Medigap predictability without the high-priced premiums
- First \$ IN dental with generous \$3,000 allowance and NO coinsurance
- Includes more robust Venture Formulary

Building High-Performing Provider Networks

As a member of the Blue Cross Blue Shield Association, Highmark's network is truly unique because of our balance of broad scale and market depth, combined with new value-based programs that align provider incentives to improve quality and control costs.

In Lancaster County, our provider network includes:

- Lancaster General Hospital
- Penn State Health
- UPMC Pinnacle Lititz*
- Wellspan Ephrata Community Hospital
- Access to all INN hospitals outside of Lancaster County

*verify plan participation by hospital

Pennsylvania PPO Plans



Pennsylvania HMO Plans



Emergency care is always covered at the in-network benefit level at any hospital.

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