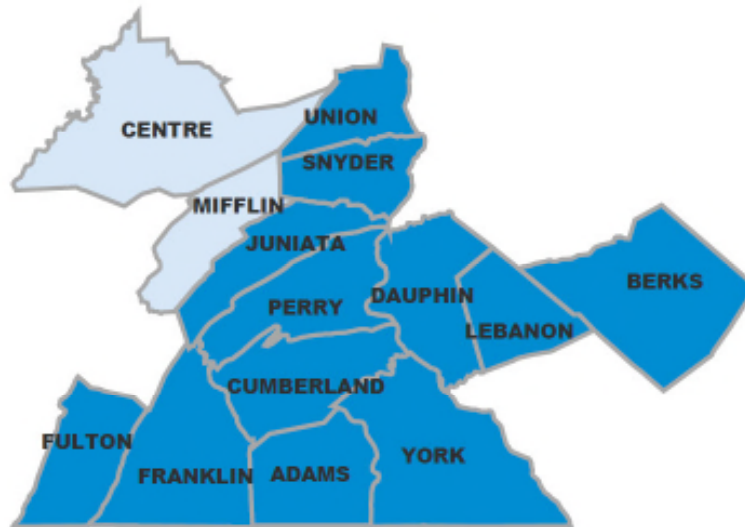


2024 South Central PA Regional Plan Highlights



Featured Plan Options	●	●
Community Blue Medicare HMO - Signature	✓	
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 HMO - Signature	Community Blue Medicare PPO - Signature
Monthly Premium	\$0 (\$10 Part B Giveback)	\$0 (Region 1 \$10 Part B: Centre, Franklin, Fulton, Mifflin, Juniata, Perry, Snyder, and Union. Region 2 \$31 Part B: Adams, Berks, Cumberland, Dauphin, Lebanon, and York)
Out-of-Pocket Max	Network: \$6,500	Network: Reg 1: \$7,550; Reg 2: \$7,950
Inpatient Hospital	\$250/admit	Reg 1: \$250/admin IN; Reg 2: \$325/admit IN; \$225/day (days 1-7), \$0/day (days 8-90) OON
PCP Office Visit	\$0 Copay	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$0 Copay	Reg 1: \$20 Copay IN; \$20 Copay OON Reg 2: \$25 Copay IN; \$25 Copay OON
Lab/Diagnostic Tests	Office/Lab: \$0 Copay Outpatient: \$0 Copay	Office/Lab: \$0 Copay IN; \$35 Copay OON Outpatient: Reg 1: \$0 Copay IN; \$35 Copay OON; Reg 2: \$10 Copay IN; \$35 Copay OON
X-Rays	\$10 Copay	\$20 Copay IN; \$50 Copay OON
Advanced Imaging	\$200 Copay	Reg 1 \$175 Copay IN; Reg 2 \$195 Copay IN; \$325 Copay OON
Outpatient Surgery	ASC: \$125 Copay Facility: \$175 Copay	ASC: Reg 1: \$225 Copay IN; Reg 2: \$275 Copay IN; \$400 Copay OON Facility: Reg 1: \$300 Copay IN; Reg 2: \$350 Copay IN; \$400 Copay OON
Routine Dental	Office Visit: \$0 Copay (1 Every Six Months); X-ray: \$0 Copay (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: 0% Coinsurance with a maximum \$3000 Allowance. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 20% Coinsurance with a maximum \$2500 Allowance IN/OON. See EOC for benefit limits.
Routine Hearing	\$0 Copay (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay	Reg 1: \$20 Copay IN; \$20 Copay OON (1 Every Year); Reg 2: \$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
Routine Chiropractic	\$10 Copay (4 visits)	Reg 1: \$15 Copay IN; \$35 OON (4 visits) Reg 2: \$15 Copay IN; \$30 OON (4 visits)
Routine Podiatry	\$0 Copay (4 visits)	Reg 1: \$20 Copay IN; \$20 OON (4 visits) Reg 2: \$25 Copay IN; \$25 OON (4 visits)
Fitness	Covered in Full	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON
Over-the-Counter	\$60 Allowance Once Per Quarter	\$105 Allowance Once Per Quarter
PART D DRUGS		
Formulary	Performance	Performance
Initial Coverage at Retail Locations (up to 31 days supply)	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	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%	Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%

FEATURED PRODUCTS

Benefits	Community Blue Medicare PPO - Distinct	Community Blue Medicare PPO - Premier
Monthly Premium	\$27	 \$46
Out-of-Pocket Max	Network: \$5,500	Network: \$4,900
Inpatient Hospital	\$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
Specialist Office Visit	\$15 Copay IN; \$15 Copay OON	\$0 Copay IN; \$0 Copay OON
Lab/Diagnostic Tests	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; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON
Advanced Imaging	\$175 Copay IN; \$175 Copay OON	\$150 Copay IN; \$150 Copay OON
Outpatient Surgery	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)
Comprehensive Dental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 10% Coinsurance with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 0% Coinsurance with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.
Routine Hearing	\$15 Copay IN; \$15 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	\$20 Copay IN; \$20 OON (4 visits)	\$20 Copay IN; \$20 OON (8 visits)
Routine Podiatry	\$15 Copay IN; \$15 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
Over-the-Counter	\$190 Allowance Once Per Quarter	\$120 Allowance Once Per Quarter
PART D DRUGS		
Formulary	Performance	Venture
Initial Coverage at Retail Locations (up to 31 days supply)	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%

Why Buy Blue?

- PPO BlueCard access to BCBSA's national network of doctors and hospitals
- Dental Office Visit benefit now includes fluoride treatment for all featured products
- PPO benefits include \$0 Preventive Dental copays, lower coinsurance, and expanded coverage for services such as periodontics and crowns
- 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
- Includes lower Outpatient copays and low per-admit Inpatient Hospital copay
- \$3,000 Dental allowance with low coinsurance now covering comprehensive services such as periodontics and crowns
- \$0 Tier 1 and 2 drugs

Community Blue Medicare PPO Premier (NEW)

- Mid-priced plan 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 South Central PA, our provider network includes:

Adams County

WellSpan Gettysburg Hospital

Berks County

Penn State Health St. Joseph Medical Center

Reading Hospital*

Surgical Institute of Reading*

Centre County

Mount Nittany Medical Center

Cumberland County

Penn State Health Holy Spirit

UPMC Pinnacle West Shore

Dauphin County

Penn State Health Milton S. Hershey Medical Center

Franklin County

WellSpan Chambersburg Hospital

WellSpan Waynesboro Hospital

Fulton County

Fulton County Medical Center*

Lebanon County

WellSpan Good Samaritan Hospital

Mifflin County

Geisinger-Lewistown Hospital*

York County

OSS Orthopedic Hospital*

UPMC Pinnacle Hanover*

UPMC Pinnacle Memorial*

*Community Blue Medicare PPO Only

Pennsylvania PPO Plans



Pennsylvania HMO Plans



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

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