






# 2024 West Central PA Regional Plan Highlights



Featured Plan Options	
Community Blue Medicare HMO - Signature	
Complete Blue PPO - Signature	
Complete Blue PPO - Distinct	
<b>NEW!</b> Complete Blue PPO - Premier	




Agent Training Only: Not Approved Marketing Collateral

# FEATURED PRODUCTS

Benefits	Community Blue Medicare HMO - Signature	Complete Blue PPO - Signature
Monthly Premium	\$0 (\$10 Part B Giveback)	\$0 (\$10 Part B Giveback)
Out-of-Pocket Max	Network: \$5,500	Network: \$6,500
Inpatient Hospital	\$250/admit	\$150/day (days 1-3) IN, \$0/day (days 4-90) IN; \$300/day (days 1-3), \$0/day (days 4-90) OON
PCP Office Visit	\$0 Copay	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$20 Copay	\$20 Copay IN; \$20 Copay OON
Lab/Diagnostic Tests	Office/Lab: \$0 Copay Outpatient: \$0 Copay	Office/Lab: \$0 Copay IN; \$25 Copay OON Outpatient: \$0 Copay IN; \$25 Copay OON
X-Rays	\$20 Copay	\$20 Copay IN; \$35 Copay OON
Advanced Imaging	\$195 Copay	\$195 Copay IN; \$325 Copay OON
Outpatient Surgery	ASC: \$175 Copay Facility: \$245 Copay	ASC: \$195 Copay IN; \$325 Copay OON Facility: \$245 Copay IN; \$375 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% IN / 50% OON with a maximum \$2500 Allowance IN/OON. See EOC for benefit limits.
Routine Hearing	\$20 Copay (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay	\$20 Copay IN; \$20 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 (4 visits)	\$15 Copay IN; \$35 OON (4 visits)
Routine Podiatry	\$20 Copay (4 visits)	\$20 Copay IN; \$20 OON (4 visits)
Fitness	Covered in Full	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON
Over-the-Counter	\$105 Allowance Once Per Quarter	\$105 Allowance Once Per Quarter
<b>PART D DRUGS</b>		
Formulary	Performance	Performance
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: \$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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# FEATURED PRODUCTS

Benefits	Complete Blue PPO - Distinct	Complete Blue PPO - Premier
Monthly Premium	\$27	 \$46
Out-of-Pocket Max	Network: \$5,500	Network: \$4,900
Inpatient Hospital	\$225/admit IN; \$225/admit OON	\$225/admit IN; \$225/admit OON
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$10 Copay IN; \$10 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	\$10 Copay IN; \$10 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: \$200 Copay IN; \$200 Copay OON	ASC: \$175 Copay IN; \$175 Copay OON Facility: \$200 Copay IN; \$200 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% 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	\$10 Copay IN; \$10 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; \$15 OON (4 visits)	\$20 Copay IN; \$20 OON (8 visits)
Routine Podiatry	\$10 Copay IN; \$10 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	\$200 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: \$20, 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%

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## 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 Comprehensive Dental coinsurance, and expanded coverage for services such as periodontics, non-routine services, and crowns
- Tier 1 and 2 Rx day limit increased to 100 days supply at same low copay

## Complete Blue PPO Signature

- \$0 plan that provides access to the most doctors and hospitals in the region including ALL AHN, UPMC, and local community hospitals
- \$0 Tier 1 and 2 drugs

## Complete Blue PPO Distinct

- Low-priced plan for members who prefer lower, more predictable out-of-pocket costs
- \$3,000 Dental allowance with low coinsurance
- Generous OTC allowance per quarter includes Generic and Brand Name items
- \$0 Tier 1 and 2 drugs

## Complete Blue 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 West Central PA, our provider network includes:

### Armstrong County

Armstrong County Memorial Hospital

### Bedford County

UPMC Bedford Memorial

### Blair County

Conemaugh Nason Medical Center  
Penn Highlands Tyrone  
UPMC Altoona

### Cambria County

Conemaugh Memorial Medical Center  
Conemaugh Miners Medical Center

### Clarion County

Clarion Hospital

### Clearfield County

Penn Highlands Clearfield  
Penn Highlands Dubois

### Elk County

Penn Highlands Elk

### Huntingdon County

Penn Highlands Huntingdon

### Indiana County

Indiana Regional Medical Center

### Jefferson County

Penn Highlands Brookville  
Punxsutawney Area Hospital

### Somerset County

Chan Soon-Shiong Medical Center at Windber  
Conemaugh Meyersdale Medical Center  
UPMC Somerset

## AND MANY MORE...

### Pennsylvania PPO Plans



### Pennsylvania HMO Plans



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

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