

Highmark Medicare Advantage and ACA Individual Markets **Agent Field Guide**

2023



Confidential and Proprietary —
For Agent Use Only



Dear Highmark Agent:

Welcome to Highmark Federal Markets — what we're calling our combined Medicare Advantage 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 the state of New York, with the inclusion of Western New York and Northeastern New York. 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 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.



In 2021, Highmark was thrilled to complete its affiliation with the former HealthNow New York, expanding our footprint into both Western New York and Northeastern New York. This allows Highmark to bring its resources, tools, and advanced technologies to these areas, enhance customer and clinical engagement, create better health outcomes, control costs, and improve affordability.



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*

Working with Highmark is easy when you use the tools we've provided.

One of these helpful resources is our online Producer Portal — producer.highmark.com. This user-friendly website gives you many informational tools to help you have productive conversations with your clients. And it will help you build a greater knowledge base about Highmark as well.

The Producer Portal enables you to:

- 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.

The screenshot shows the Highmark Producer Portal Individual Markets dashboard. At the top, the Highmark logo is on the left, and links for Language Assistance, Text Size, and Contact Us are on the right. The user is logged in as ROBERT. The dashboard includes a navigation bar with Home, Dashboard, New Business, and Tools. A message states the user's region and agency are PA - WESTLER TOWNHIP BENEFITS GENERAL AGENCY LLC. The main section is titled 'My Dashboard' and features a 'Class Action Settlement Notice'. Below this are two main action buttons: 'ON EXCHANGE PLANS' (Find plans on the Insurance Exchange) and 'OFF EXCHANGE PLANS' (Quote and submit an application off-exchange (Highmark plans) only).

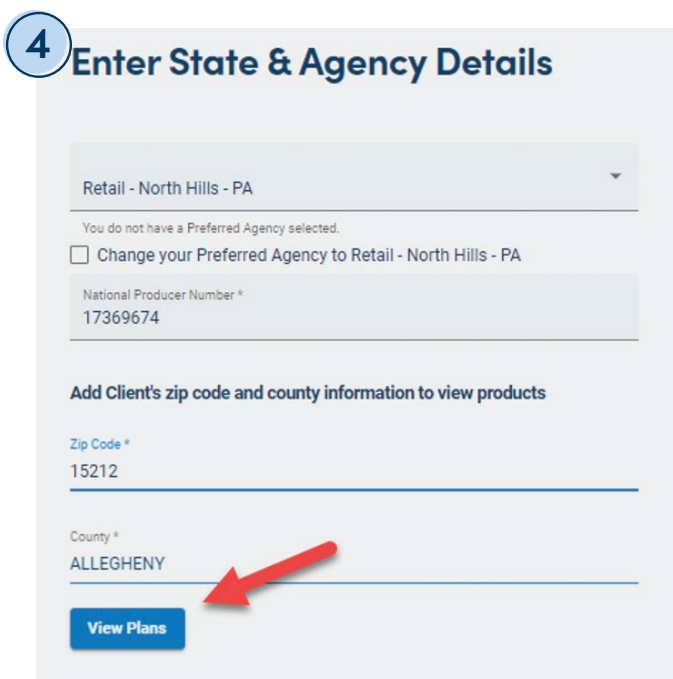
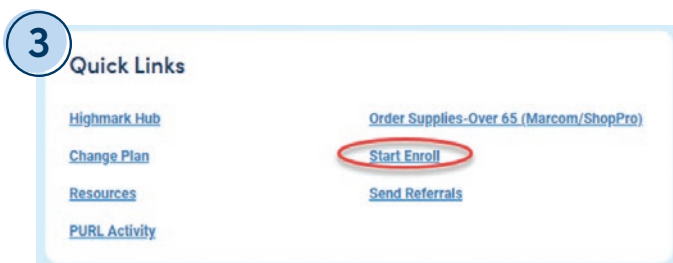
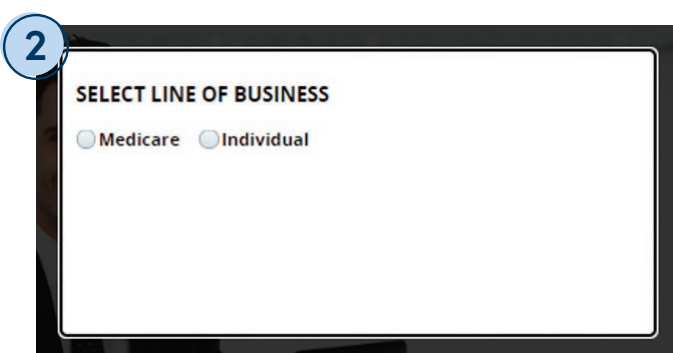
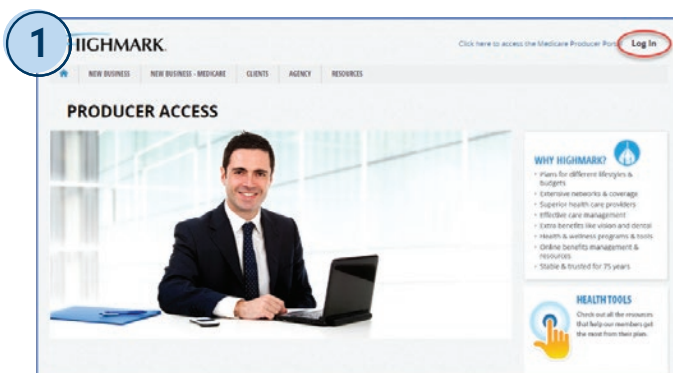
* Unless ACA is mentioned specifically, information in this section pertains only to Medicare Advantage.

Enroll your clients with ease

To enroll your clients faster and easier, utilize the online enrollment tool. The online enrollment tool 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.) 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 resides in, and then choose **View Plans** to make a selection.
5. Next you will come to the **Review** screen. At this screen, you will be able to 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 may check the status of the application through the Producer Portal. To do so:

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.

Web Application Finder

Web Confirmation Number **SEARCH** Sort By: None

[SHOW MORE SEARCH OPTIONS](#)

APP-10042423 CANCELED

Dashboard

Recent Activity Summary

New Enrollments	Disenrollments	Pending Applications (MA/PDP Only)

Viewing and downloading documents

The Producer Portal houses many 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, and will include additional resources like the **Scope of Appointment** document.

Resources

Grow your sales with product materials, training resources, directories, and industry news.

2021 Agent Resources

Western PA Central PA NEPA Delaware West Virginia

Community Blue HMO

Community Blue PPO

Complete Blue PPO

Freedom Blue PPO

Sharing PURLs from the Producer Portal

Sharing PURLs applies to Medicare Advantage only.

Your PURLs (Personalized URLs — links 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**.

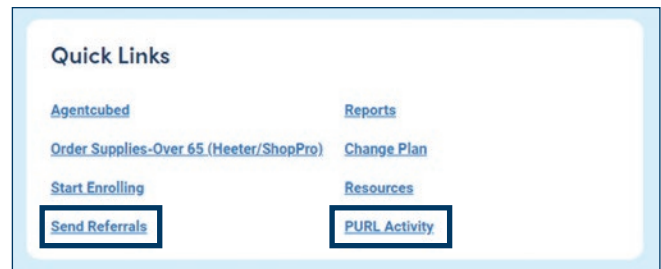
From **Send Referrals**, your details are prepopulated and you can enter your prospect's ZIP code, county, and email address, then select the type of referral you're sending (referral email, enrollment kit, or roadmap kit).

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

We strongly urge you to send PURLs directly from the Producer Portal in this way. Doing so ensures this 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 Referral

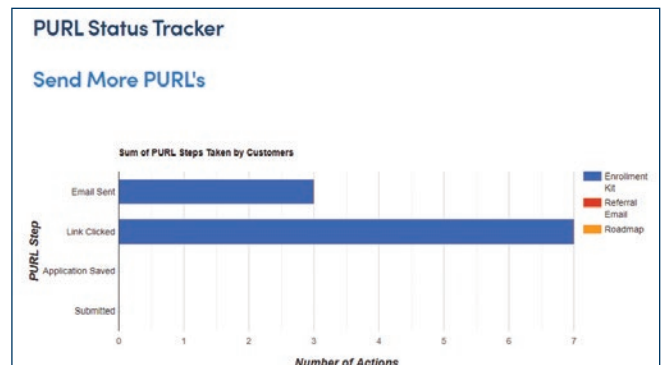
[PURL Dashboard](#)
[PURL Reference Guide](#)

Agency Name

Agency Number

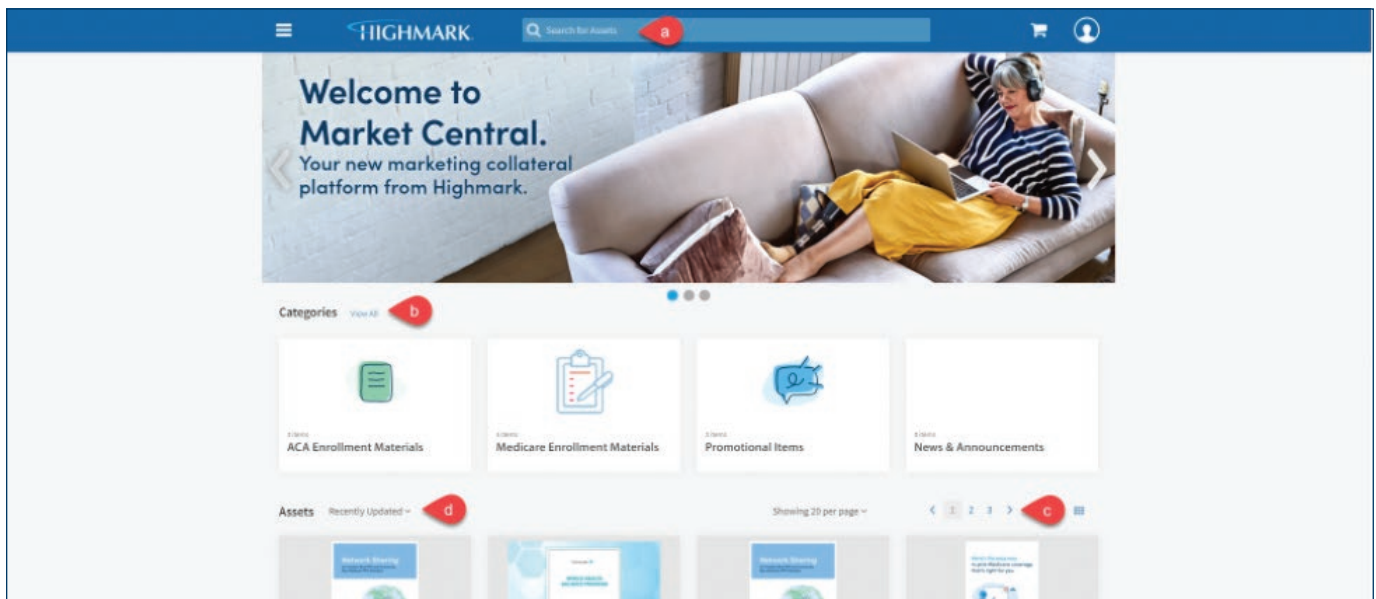
National Producer Number

Zip Code *



Utilizing Marcom — our online source for enrollment kits and support materials

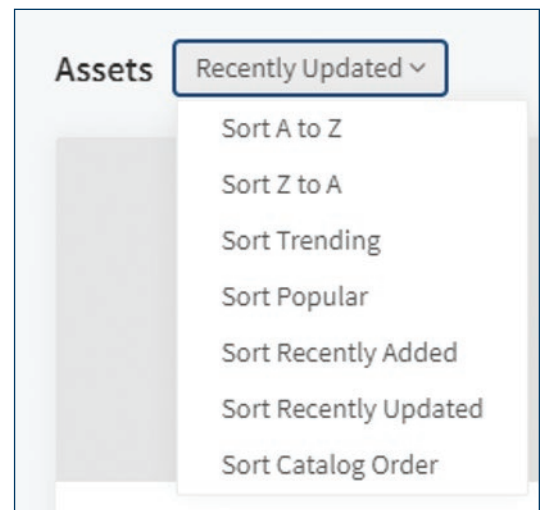
Highmark agents have one website for all of their marketing materials and enrollment kits. To get started, log in to **Highmark Producer Portal** at producer.highmark.com. You may access Marcom by selecting the **Order Supplies-Over 65** link under **Quick Links**.



How to navigate

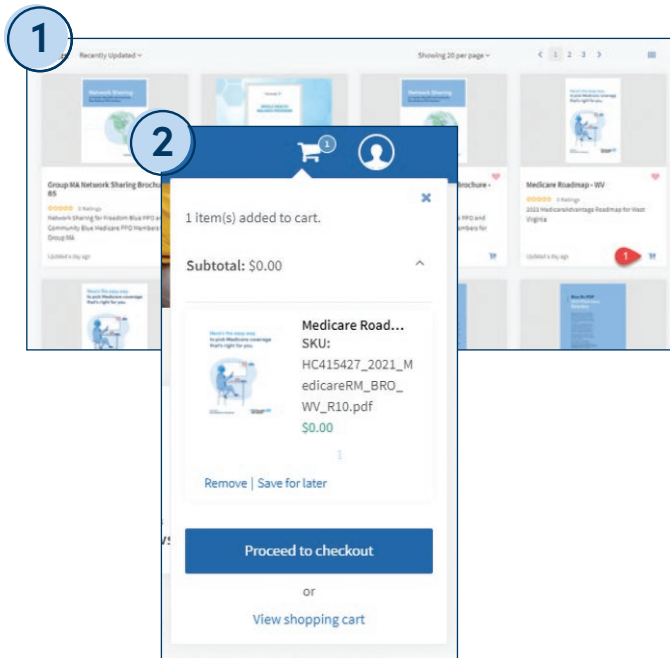
You can search the portal a few ways:

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

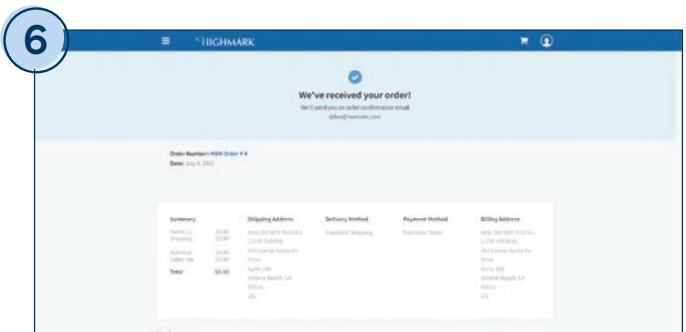
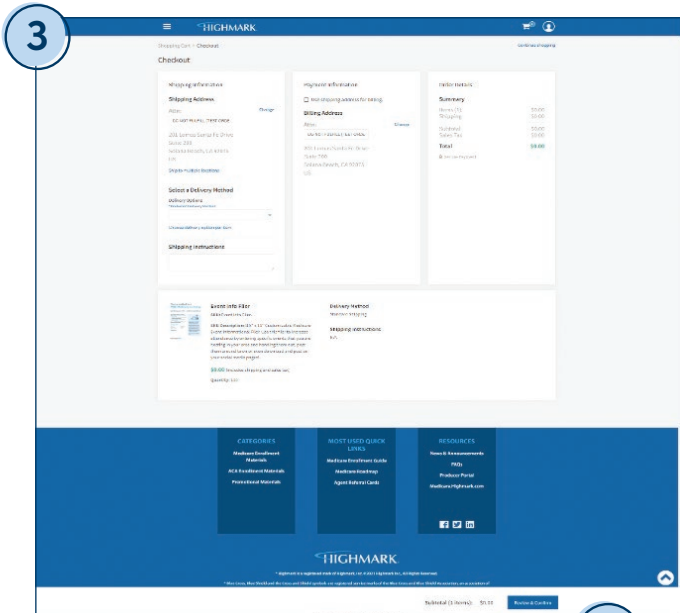
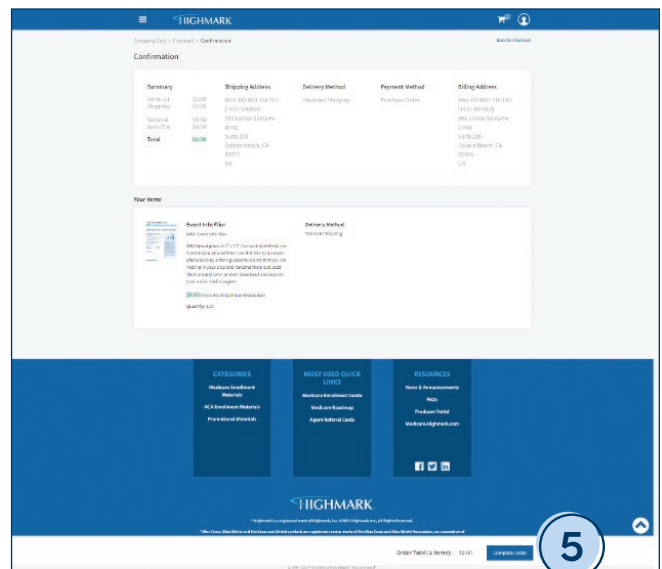


How to check out

1. Select the product you would like to order. Depending on if the piece required customization, you can simply 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 site.

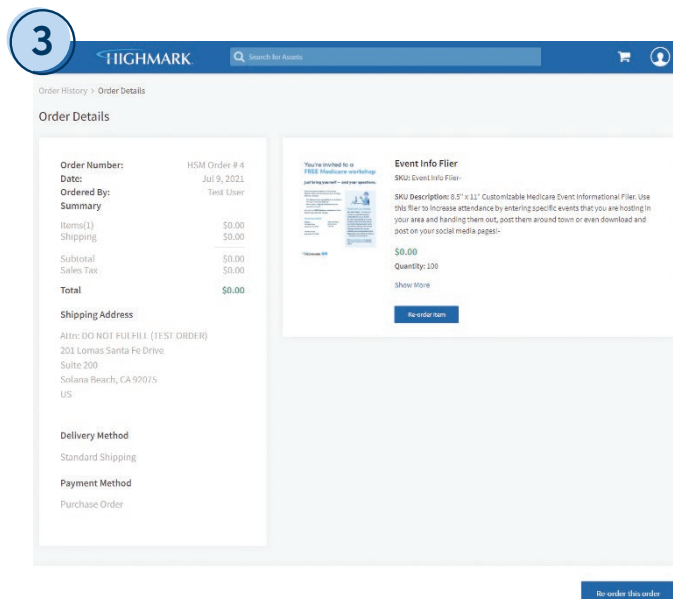
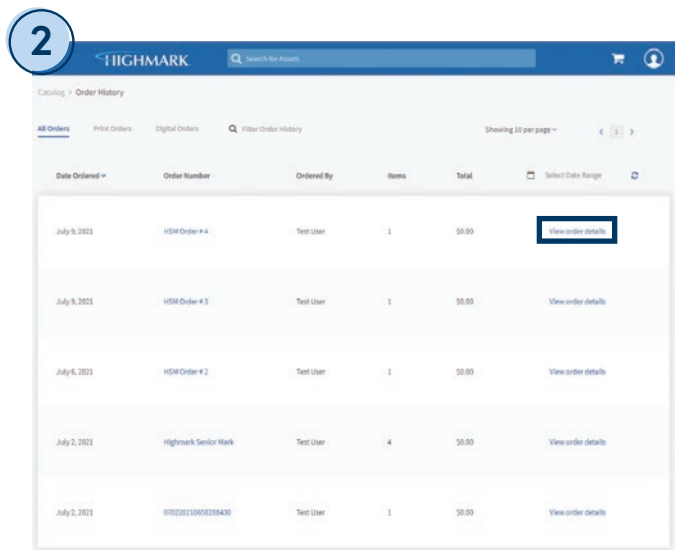
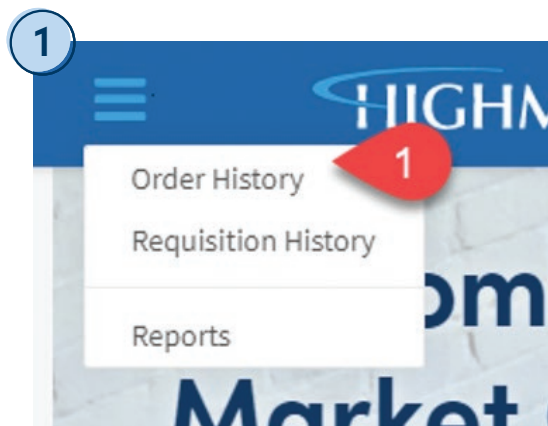


3. From there, you can continue shopping, hit the **View Shopping Cart** or the **Proceed to Checkout** button to begin the checkout process. If you hit **Proceed to Checkout** you will begin to fill out your **Shipping and Billing Information**. Once you have completed that, hit **Refresh order details** at the bottom to apply your changes to the order.
4. If everything looks good, select the **Review and Confirm** button.
5. Review details and if everything is good, select the **Complete Order** button.
6. Your order is placed, and you will receive your order number.



How to check order history

1. To check on past orders, you can go to the three lines in the top left corner and select **Order History**.
2. All orders will be listed here with the most recent showing at the top. Here you can search by order number, date range, etc.
3. You can select the **View order details** link to check what items were in that 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 stay on top of your coverage.

Thanks for choosing Highmark — we're so excited for you to join us. Your coverage starts once you reach your coverage effective date and make your first payment. The simplest way to do that is by registering for an eBill account. After that, you can set up automatic payments to make paying on time even easier. Here's how to get started:

1. **Create your account** by visiting our secure member website and selecting the **Register** link. From there, you can use your Highmark member ID to create your account.
2. **After you receive and pay your first invoice** — congrats! You're officially a member.
3. **Set up automatic payments**, so you never miss one. If you miss a payment, there's a chance you could lose your coverage.

Below is a step-by-step guide on how to make your first payment. We'll show you how to set up automatic payments, too.

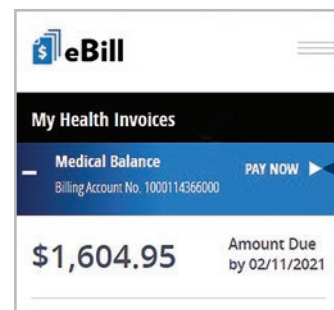
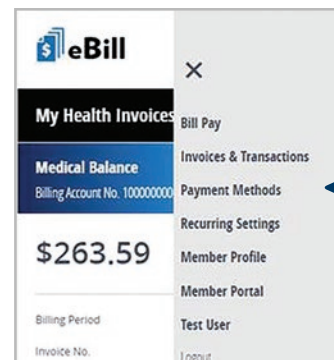
Step 1:

Log in to your account and click the **Pay Premium** tab.

This will take you to the eBill landing page. If you're using a mobile device, click the three lines in the upper right-hand corner to access the menu.

Step 2:

Under **My Health Invoices**, find the invoice you'd like to pay and tap **Pay Now** in the blue bar.



Step 3:

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

- Tap the blue plus symbol to the right of **I want to pay with.**
Enter the details of your preferred payment method, then tap **Add Payment.**

Step 4:

Once your preferred payment method is added, tap **Pay Invoice.**

Step 5:

On the **Confirm Invoice Payment** page, review and confirm that all the information is correct. If everything looks good, tap **Confirm and Pay.**

Make Invoice Payment

\$780.65

Invoice No. KH-P95001035710262012

I want to pay

☒ **Invoice Balance** ⓘ : \$780.65

☐ **Account Balance** ⓘ : \$0.00

☐ **Other Amount:** _____

I want to pay on

📅 5/7/2021 *

Invoice is past due, a one-time payment can be made using current

I want to pay with ⓘ +

Send a second memo to split pay

☒ 🏠 happychef, x9077

☐ 🏠 TESTINGDESIGNA, x7890

☐ 🏠 testingfoo, x0090

PAY INVOICE

Step 3

Step 4

Confirm Invoice Payment

\$50.44

Invoice No. 130903001288889

I am paying **\$50.44**

Remaining **\$0.00**

On...

4/8/2021

With...

🏠 Test ACH, x4756

CONFIRM & PAY

Step 5

After you get that first invoice out of the way, you can sign up for automatic payments — and make paying your bills online easier than ever. Here's how it works:

Step 1

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

Your preferred payment method will automatically be selected. If you want to use multiple payment methods, you can uncheck the preferred payment method and choose another.

Step 5

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

Step 1

The first screenshot shows the eBill app's main menu. The 'Recurring Settings' option is highlighted in blue. Other options include 'My Health Invoices', 'Medical Balance', 'Billing Account No. 100000000', '\$263.59', 'Bill Pay', 'Invoices & Transactions', 'Payment Methods', 'Recurring Settings', and 'Member Profile'.

Step 2

The second screenshot shows the 'Add Recurring Payment' screen. The 'I want to pay for' section shows 'Coverage Type' as 'Blue Individual HMO'. The 'I want to pay' section shows '0' days before due date. The 'Starting' date is '5/21/2018'. The 'Make payments until coverage ends' checkbox is checked. The 'I want to pay with' section shows 'My Bank Acct.' as the selected method.

Step 3

The 'Make payments until coverage ends' checkbox is checked.

Step 4

The 'My Bank Acct.' option is selected under 'I want to pay with'.

Step 5

The 'SET RECURRING' button is highlighted in blue at the bottom of the screen.

Ethics and Integrity

Highmark Health is committed to complying with all applicable federal and state regulatory requirements.

Highmark Health's 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 our appointed agent, you have the responsibility to comply with our Third Party Code of Business Conduct.¹ 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

You are obligated to report any questionable behavior by Highmark Health employees, 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: **1-800-985-1056**
- 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 through 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.

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 to 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 Our 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.

The best way to find a BlueCard facility is to call **1-800-810-BLUE** or visit the **BlueCard Doctor and National Hospital Finder website at bcbs.com**.

* According to the Blue Cross Blue Shield Association.

SECTION III

Medicare Advantage

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 2020 was used by CMS for our 2022 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 2022 Star Ratings¹

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



HM Health Insurance Company
(Blue Rx PDP)



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



Highmark of Western New York PPO



Highmark of Western New York HMO



Highmark of Northeastern New York PPO



**Highmark of Northeastern
New York HMO**



¹Reference [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: **1-888-663-0258**

- 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

3. Phone Number: **1-866-673-9112**

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.

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.

Medicare 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	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
Blue Rx PDP	PA, WV	PDP
Senior Blue	Western New York, Northeastern New York	HMO
Senior Blue Select	Western New York	HMO
Blue Saver	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 Blue

Medigap Blue plans help pay for costs that are not covered by Original Medicare, such as deductibles, coinsurance, and copayments. Medigap Blue offers you a choice of eight plans: Plan A, B, C, D, F, F High Deductible, G, and N. With Medigap Blue, 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 Blue 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.

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 CallSM:** 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 **1-888-258-3428**.

- **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 **1-877-317-0216**.
- **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 **1-800-988-0706**, 8:30 a.m. – 4:30 p.m., Monday – Friday.
- **SilverSneakers®:** 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 **1-888-423-4632** or visit **SilverSneakers.com** to take advantage of this valuable program.*
- **Highmark Passport Rewards:** 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.*

2023 Pharmacy Network Updates

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

Out of Network

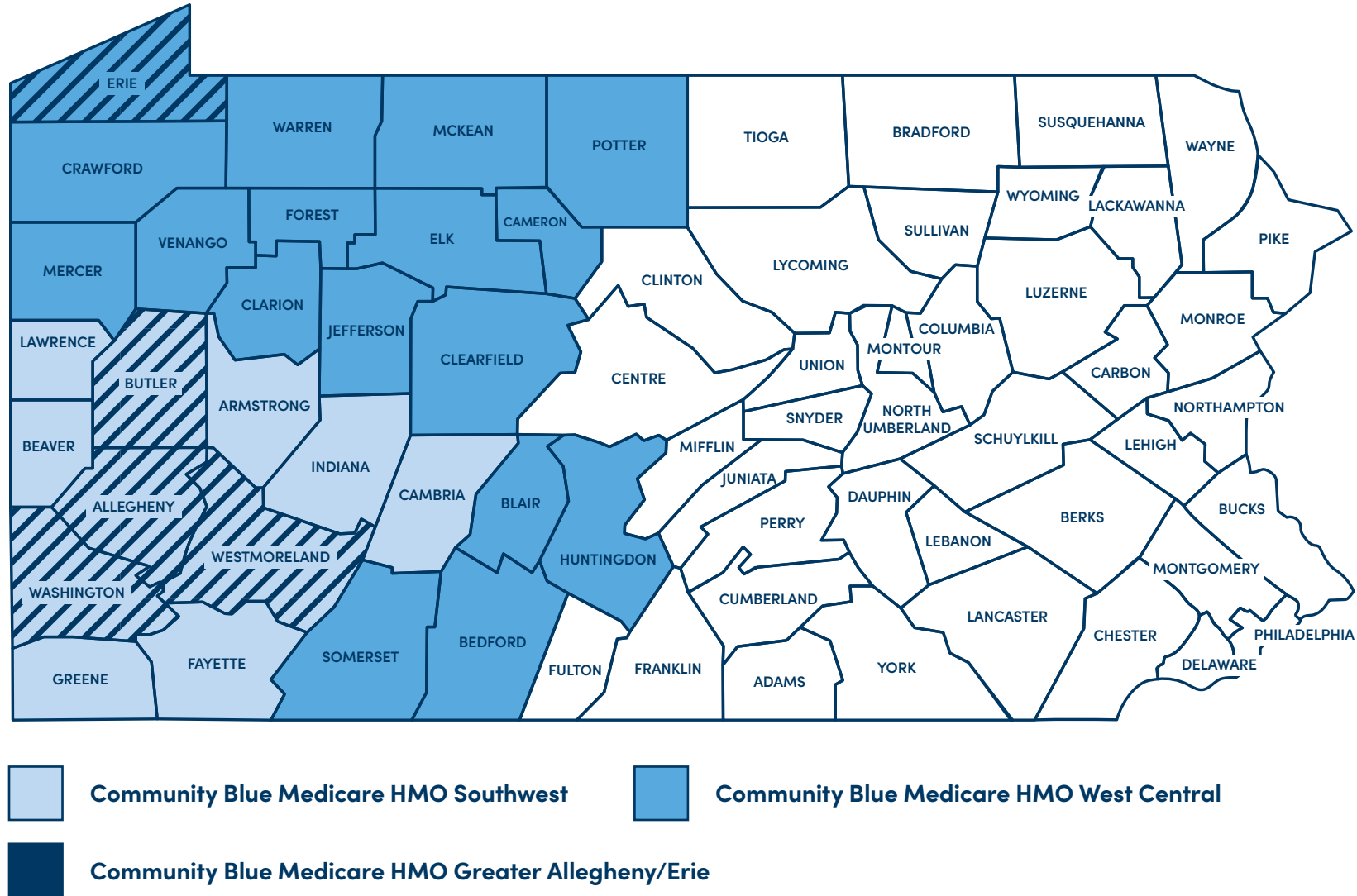
- Select specialty pharmacies
- Select independent pharmacies

SECTION IV

Medicare Advantage Products and Pricing by County

Community Blue Medicare HMO – WPA

(Products and pricing by county)



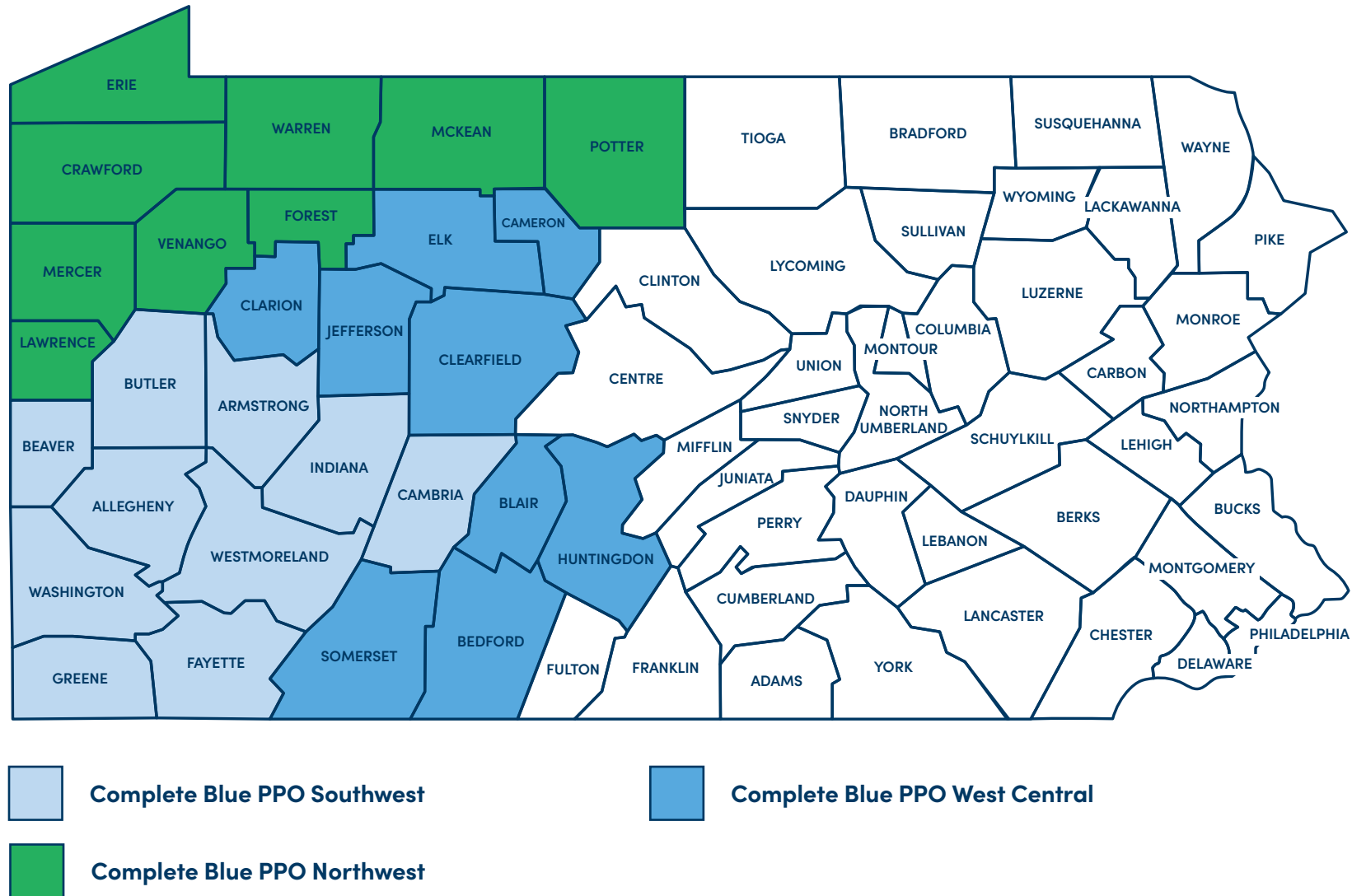
*Pricing is subject to CMS approval

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

	Signature	Prestige
Monthly Plan Premium	GAE: \$0	SW: \$50
Part B Premium Buyback	\$4	\$0
Out-of-Pocket Maximum	Network: SW/WC: \$6,000; OW: \$6,700 Catastrophic: N/A	Network: \$5,500 Catastrophic: N/A
PCP Office Visit	\$0 Copay	\$0 Copay
Specialist Office Visit	SW/WC: \$25 Copay; OW: \$30 Copay	\$0 Copay
Lab and Diagnostic Tests (Phys Office or Freestanding Lab)	\$0 Copay	\$0 Copay
Lab and Diagnostic Tests (Outpatient Facility)	SW/WC: \$0 Copay; OW: \$30 Copay	\$0 Copay
X-Rays	\$20 Copay	\$20 Copay
Radiation Therapy	\$60 Copay	\$50 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: \$30 Copay; OW: \$40 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	\$95 Copay	
Urgent Care	\$50 Copay	\$30 Copay
Inpatient Hospital Stay	SW/WC: \$250/admit; OW: \$295/admit	\$200/admit
Inpatient Psych Stay	\$425/day (days 1-3), \$0/day (days 4-90)	\$225/admit
Skilled Nursing Facility	\$0/day (days 1-20); \$196/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 covered through a DME Supplier, 20% coinsurance for all other covered diabetic supplies	
Durable Medical Equipment	20% Coinsurance	
OTC	SW/WC: \$100 Allowance Once Per Quarter; OW: \$75 Allowance Once Per Quarter	\$55 Allowance Once Per Quarter
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips.	
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	20% Coinsurance	
Medicare Covered Vision (Office Visit)	SW/WC: \$25 Copay; OW: \$30 Copay	\$0 Copay
Routine Vision (Office Visit)	\$0 Copay (1 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. IN	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. IN
Medicare Covered Hearing Exam	SW/WC: \$25 Copay; OW: \$30 Copay	\$0 Copay
Routine Hearing Exam	SW/WC: \$25 Copay (1 Every Year); OW: \$30 Copay (1 Every Year)	\$0 Copay (1 Every Year)
Routine Hearing (Hearing Aids)	2 hearing aids every year; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay	2 hearing aids every year; TruHearing Advanced: \$499 copay; TruHearing Premium: \$799 copay
Routine Dental	Office Visit: \$0 Copay (1 Every Six Months) X-ray: \$0 Copay (1 Every Year)	Office Visit: \$0 Copay (1 Every Six Months) X-ray: \$0 Copay (1 Every Six Months)
Medicare Covered Comprehensive Dental	SW/WC: \$25 Copay; OW: \$30 Copay	\$0 Copay
Comprehensive Dental – Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3000 Allowance. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 25% Coinsurance with a maximum \$3500 Allowance. See EOC for benefit limits.
Medicare Covered Chiropractic	\$20 Copay	\$10 Copay
Routine Chiropractic	\$20 (4 visits)	\$10 Copay (8 visits)
Medicare Covered Podiatry	SW/WC: \$25 Copay; OW: \$30 Copay	\$0 Copay
Routine Podiatry	SW/WC: \$25 Copay (4 visits); OW: \$30 Copay (4 visits)	\$0 Copay (10 visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay	
Part D Drugs		
Formulary	Lean (Performance)	Base (Venture)
Initial Coverage Period/Retail	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%
Initial Coverage (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day supply))	Preferred Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31 day supply): 33% Standard Mail Order (1-90-day supply): Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31 day supply): 33%	Preferred Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$0, Tier 3: \$92.50, 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%
Coverage Gap	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Preferred Generics: Tier 1 (\$0) Generics: Tier 2 (\$0) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics: Tier 1 (\$5) Generics: Tier 2 (\$19) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day supply))	Generics (25% coinsurance) 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) Brand (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$7,400	Greater of: 5% or \$4.15 Gen/Pref. Multi Source or \$10.35 for all others	
Part D Senior Savings Model	Tier 3 & 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

(Products and pricing by county)



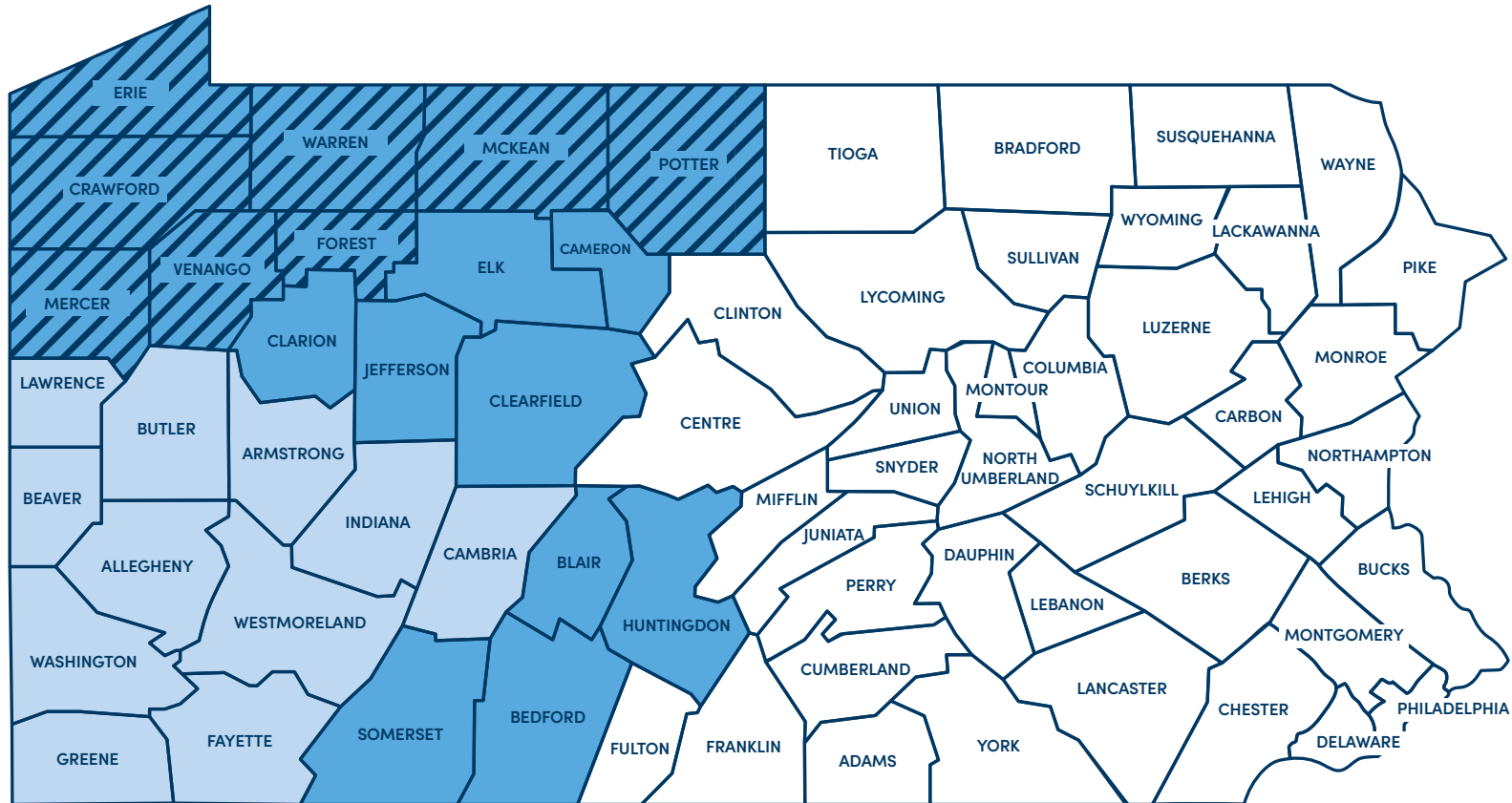
*Pricing is subject to CMS approval

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

	Signature	Signature	Distinct
Monthly Plan Premium	SW/WC: \$0	NW: \$0	SW/WC/NW: \$25
Part B Premium Buyback	\$4	\$4	\$0
Out-of-Pocket Maximum	Network: \$7,550 Catastrophic: \$10,000	Network: \$7,000 Catastrophic: \$10,000	Network: \$6,500 Catastrophic: \$10,000
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	\$25 Copay IN; \$25 Copay OON	\$10 Copay IN; \$10 Copay OON
Lab and Diagnostic Tests (Phys Office or Freestanding Lab)	\$0 Copay IN; \$25 Copay OON	\$0 Copay IN; \$25 Copay OON	\$0 Copay IN; \$0 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$0 Copay IN; \$25 Copay OON	\$0 Copay IN; \$25 Copay OON	\$0 Copay IN; \$0 Copay OON
X-Rays	\$20 Copay IN; \$35 Copay OON	\$20 Copay IN; \$30 Copay OON	\$20 Copay IN; \$20 Copay OON
Radiation Therapy	\$60 Copay IN; \$80 Copay OON	\$60 Copay IN; \$90 Copay OON	\$50 Copay IN; \$50 Copay OON
Advanced Imaging	\$195 Copay IN; \$325 Copay OON	\$195 Copay IN; \$300 Copay OON	\$175 Copay IN; \$175 Copay OON
Preventive/Screening	Covered in Full (Office visit copay may apply) IN/OON		
Outpatient Physical and Speech Therapy	\$20 Copay IN; \$35 Copay OON	\$20 Copay IN; \$30 Copay OON	\$5 Copay IN; \$5 Copay OON
Medicare Covered Acupuncture	\$20 Copay IN; \$35 Copay OON	\$20 Copay IN; \$30 Copay OON	\$5 Copay IN; \$5 Copay OON
Outpatient Occupational Therapy	\$30 Copay IN; \$50 Copay OON	\$30 Copay IN; \$60 Copay OON	\$30 Copay IN; \$40 Copay OON
Outpatient Mental Health	\$40 Copay IN; \$50 Copay OON	\$40 Copay IN; \$60 Copay OON	\$40 Copay IN; \$40 Copay OON
Outpatient Substance Abuse	\$45 Copay IN; \$50 Copay OON	\$45 Copay IN; \$60 Copay OON	\$45 Copay IN; \$50 Copay OON
Outpatient Surgical	ASC: \$195 Copay IN; \$325 Copay OON Facility: \$245 Copay IN; \$375 Copay OON	ASC: \$175 Copay IN; \$300 Copay OON Facility: \$225 Copay IN; \$350 Copay OON	ASC: \$175 Copay IN; \$175 Copay OON Facility: \$200 Copay IN; \$200 Copay OON
Ambulance	Emergent/Non-Emergent: \$275 IN; Non-Emergent: 30% Coinsurance OON		
Transportation	\$0 Copay IN; 30% Coinsurance OON. Up to 24 One-way trips. 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. Covered only if trip is part of continued acute care after discharge from ER.
Emergency Room	\$95 Copay	\$95 Copay	\$95 Copay
Urgent Care	\$50 Copay	\$50 Copay	\$30 Copay
Inpatient Hospital Stay	\$150/day (days 1-3) IN, \$0/day (days 4-90) IN; \$300/day (days 1-3), \$0/day (days 4-90) OON	\$250/admit IN; \$475/admit OON	\$225/admit IN; \$225/admit OON
Inpatient Psych Stay	\$425/day (days 1-3), \$0/day (days 4-90) IN; \$475/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; \$475/day (days 1-3), \$0/day (days 4-90) OON
Skilled Nursing Facility	\$0/day (days 1-20); \$196/day (days 21-100) IN; 30% Coinsurance OON	\$0/day (days 1-20); \$196/day (days 21-100) IN; 30% Coinsurance OON	\$0/day (days 1-20); \$196/day (days 21-100) IN; 30% Coinsurance OON
Home Health	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON	\$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, 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 covered through a DME Supplier, 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 covered through a DME Supplier, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON
Durable Medical Equipment	20% Coinsurance IN; 30% Coinsurance OON	20% Coinsurance IN; 30% Coinsurance OON	20% Coinsurance IN; 30% Coinsurance OON
OTC	\$100 Allowance Once Per Quarter IN/OON	\$125 Allowance Once Per Quarter IN/OON	\$145 Allowance Once Per Quarter IN/OON
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips. IN		
Healthcare Kits	Not Covered	Not Covered	Not Covered
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	20% Coinsurance IN; 30% Coinsurance OON	20% Coinsurance IN; 30% Coinsurance OON	20% Coinsurance IN; 30% Coinsurance OON
Medicare Covered Vision (Office Visit)	\$25 Copay IN; \$25 Copay OON	\$25 Copay IN; \$25 Copay OON	\$10 Copay IN; \$10 Copay OON
Routine Vision (Office Visit)	\$0 Copay IN; \$50 Copay OON (1 Every Year)	\$0 Copay IN; \$50 Copay OON (1 Every Year)	\$0 Copay IN; \$50 Copay OON (1 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	\$25 Copay IN; \$25 Copay OON	\$25 Copay IN; \$25 Copay OON	\$10 Copay IN; \$10 Copay OON
Routine Hearing Exam	\$25 Copay IN; \$25 Copay OON (1 Every Year)	\$25 Copay IN; \$25 Copay OON (1 Every Year)	\$10 Copay IN; \$10 Copay OON (1 Every Year)
Routine Hearing (Hearing Aids)	2 hearing aids every year; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay IN; \$500 allowance OON		
Routine Dental	Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 Copay IN; 30% Coinsurance OON (1 Every Year)	Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 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)
Medicare Covered Comprehensive Dental	\$25 Copay IN; \$25 Copay OON	\$25 Copay IN; \$25 Copay OON	\$10 Copay IN; \$10 Copay OON
Comprehensive Dental – Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/ Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$2500 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/ Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$2500 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/ Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.
Medicare Covered Chiropractic	\$20 Copay IN; \$35 OON	\$20 Copay IN; \$30 OON	\$20 Copay IN; \$20 OON
Routine Chiropractic	\$20 Copay IN; \$35 Copay OON (4 visits)	\$20 Copay IN; \$30 Copay OON (4 Visits)	\$20 Copay IN; \$20 Copay OON (4 visits)
Medicare Covered Podiatry	\$25 Copay IN; \$25 Copay OON	\$25 Copay IN; \$25 Copay OON	\$10 Copay IN; \$10 Copay OON
Routine Podiatry	\$25 Copay IN; \$25 Copay OON (4 visits)	\$25 Copay IN; \$25 Copay OON (4 visits)	\$10 Copay IN; \$10 Copay OON (4 visits)
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
Part D Drugs			
Formulary	Lean (Performance)		
Initial Coverage Period/Retail	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: \$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%
Initial Coverage (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day 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: \$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%
Coverage Gap	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day 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: \$7,400	Greater of: 5% or \$4.15 Gen/Pref. Multi Source or \$10.35 for all others		
Part D Senior Savings Model	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy

Security Blue HMO-POS — WPA

(Products and pricing by county)



 Security Blue HMO-POS Southwest

 Security Blue HMO-POS Northwest

 Security Blue HMO-POS West Central

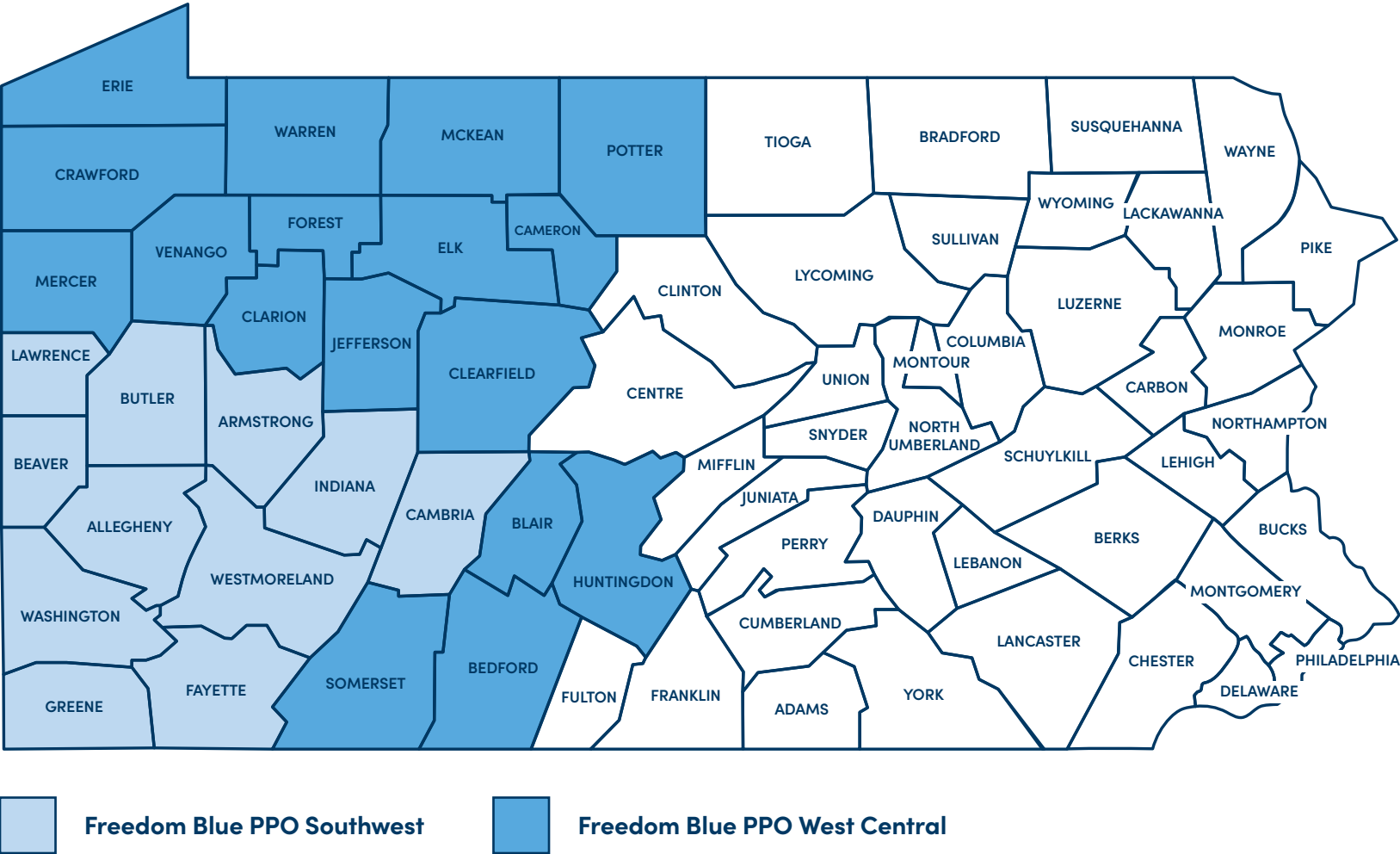
*Pricing is subject to CMS approval

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

	Basic	ValueRx	Standard	Deluxe
Monthly Plan Premium	SW: \$50; WC: \$49	SW: \$59; WC: \$54; NW: \$54	SW: \$193; WC: \$159	SW: \$256; WC: \$220
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 POS	\$0 Copay IN; \$0 Copay POS	\$0 Copay IN; \$0 Copay POS	\$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 Freestanding 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	\$60 Copay IN; \$75 Copay POS			
Advanced Imaging	\$100 Copay IN; \$175 Copay POS	\$175 Copay IN; \$225 Copay POS	\$125 Copay IN; \$175 Copay POS	\$75 Copay IN; \$125 Copay POS
Preventive/Screening	Covered in Full (Office visit copay may apply) IN/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	\$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 Surgical	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
Ambulance	\$125 Copay IN	SW: \$265 Copay IN; WC/OW: \$275 Copay IN	\$200 Copay IN	\$150 Copay IN
Transportation	\$0 Copay IN. Up to 24 One-way trips. Trip limit waived if trip is part of continued acute care after discharge from ER.			
Emergency Room	\$95 Copay			
Urgent Care	\$50 Copay		\$5 Copay	
Inpatient Hospital Stay	\$340/admit IN; \$390/admit POS	\$220/day (days 1-5), \$0/day (days 6-90) IN; \$270/day (days 1-5), \$0/day (days 6-90) POS	\$335/admit IN; \$385/admit POS	\$210/admit IN; \$260/admit POS
Inpatient Psych Stay	\$340/admit IN; \$390/admit POS	\$220/day (days 1-5), \$0/day (days 6-90) IN; \$270/day (days 1-5), \$0/day (days 6-90) POS	\$335/admit IN; \$385/admit POS	\$210/admit IN; \$260/admit POS
Skilled Nursing Facility	\$0/day (days 1-20); \$196/day (days 21-100) IN			
Home Health	\$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 covered through a DME Supplier, 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 covered through a DME Supplier, 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 covered through a DME Supplier, 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 covered through a DME Supplier, 20% coinsurance for all other covered diabetic supplies IN
Durable Medical Equipment	20% Coinsurance IN	20% Coinsurance IN	20% Coinsurance IN SW Only - 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 Only	20% Coinsurance IN SW Only - 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 Only
Non-Skilled Care	Not Covered	Not Covered	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	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
Meal Benefit	28 Meals/14 Days IN, must be used within 30 days from discharge from inpatient hospital to home			
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips. IN			
Healthcare Kits	Member Selected Healthcare Kit for members with Diabetes, COPD, Congestive Heart Failure, and/or Hypertension to help manage their condition	Single Healthcare Kit for members with Type 1 and Type 2 Diabetes to help manage their condition (WC ONLY)	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			
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient			
Part B Drugs	20% Coinsurance 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)	\$0 Copay IN (1 Every Year)			
Routine Vision (Eyewear)	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. IN			
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	\$0 Copay IN (1 Every Year)			
Routine Hearing (Hearing Aids)	2 hearing aids every year IN; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay			2 hearing aids every year IN; TruHearing Advanced: \$499 copay; TruHearing Premium: \$799 copay
Routine Dental	Office Visit: \$15 Copay IN (1 Every Six Months) X-ray: \$15 Copay IN (1 Every Year)			
Medicare Covered Comprehensive Dental	\$30 Copay IN	\$40 Copay IN	\$30 Copay IN	\$25 Copay IN
Comprehensive Dental - Supplemental	Not Covered			
Medicare Covered Chiropractic	\$20 Copay IN; \$30 Copay POS	\$20 Copay IN; \$40 Copay POS	\$20 Copay IN; \$30 Copay POS	\$20 Copay IN; \$25 Copay POS
Routine Chiropractic	\$20 Copay IN (6 visits)	\$20 Copay IN (6 visits)	\$20 Copay IN (8 visits)	\$20 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 (8 visits)	\$40 Copay IN (8 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			
Part D Drugs				
Formulary	Not Covered	Lean (Performance)	Base (Venture)	Base (Venture)
Initial Coverage Period/Retail	Not Covered	Preferred Retail: Tier 1: \$0, Tier 2: \$13, Tier 3: \$45, Tier 4: \$95, Tier 5: 33%	N/A	N/A
	Not Covered	Standard Retail: Tier 1: \$5, Tier 2: \$19, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Standard Retail: Tier 1: \$0, Tier 2: \$13, Tier 3: \$44, Tier 4: \$100, Tier 5: 33%	Standard Retail: Tier 1: \$0, Tier 2: \$13, Tier 3: \$42, Tier 4: \$100, Tier 5: 33%
Initial Coverage (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day 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	Not Covered	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	N/A	N/A
	Not Covered	Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Standard Retail: Generics: Tier 1 (\$0) Generics: Tier 2 (\$13) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day 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	Greater of: 5% or \$4.15 Gen/Pref. Multi Source or \$10.35 for all others		
Part D Senior Savings Model	Not Covered	Tier 3 & 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

(Products and pricing by county)



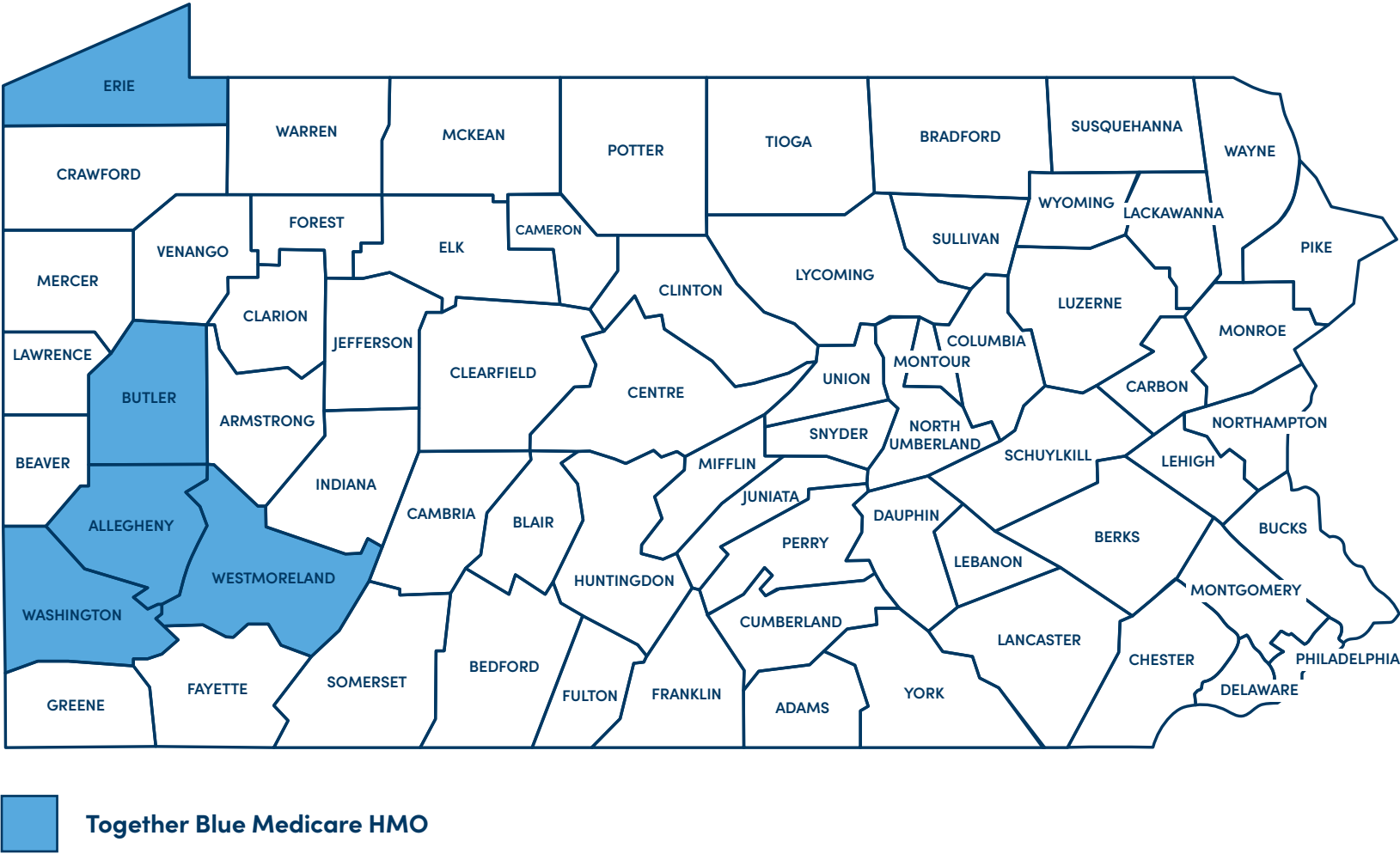
*Pricing is subject to CMS approval

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

	ValueRx	Select	Classic
Monthly Plan Premium	SW: \$71 / WC: \$68	SW: \$166 / WC: \$127	SW: \$278 / WC: \$250
Part B Premium Buyback	\$0	\$0	\$0
Out-of-Pocket Maximum	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
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 Freestanding 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		\$60 Copay IN; \$60 Copay OON	
Advanced Imaging	\$200 Copay IN; \$200 Copay OON	\$125 Copay IN; \$125 Copay OON	\$100 Copay IN; \$100 Copay OON
Preventive/Screening		Covered in Full (Office visit copay may apply) IN/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	\$40 Copay IN; \$40 Copay OON	\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Outpatient Surgical	ASC: \$175 Copay IN; \$175 Copay OON Facility: \$200 Copay IN; \$200 Copay OON	ASC: \$125 Copay IN; \$125 Copay OON Facility: \$175 Copay IN; \$175 Copay OON	ASC: \$75 Copay IN; \$75 Copay OON Facility: \$150 Copay IN; \$150 Copay OON
Ambulance	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
Transportation	\$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.		
Emergency Room		\$95 Copay	
Urgent Care		\$5 Copay	
Inpatient Hospital 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
Inpatient Psych 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); \$196/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, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON		
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips. IN		
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 90 days of discharge from inpatient acute hospital IN/OON; WC: Not Covered	
Meal Benefit	28 Meals/14 Days IN/OON, must be used within 30 days from discharge from inpatient hospital to home		
Healthcare Kits		Not Covered	
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		20% Coinsurance 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 (1 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	\$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 (1 Every Year)	\$0 Copay IN; \$30 Copay OON (1 Every Year)	\$0 Copay IN; \$25 Copay OON (1 Every Year)
Routine Hearing (Hearing Aids)	2 hearing aids every year; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay IN; \$500 allowance OON		
Routine Dental	Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 Copay IN; 30% Coinsurance OON (1 Every Year)		
Medicare Covered Comprehensive Dental	\$40 Copay IN; \$40 Copay OON	\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Comprehensive Dental — Supplemental		Not Covered	
Medicare Covered Chiropractic	\$20 Copay IN; \$20 Copay OON	\$15 Copay IN; \$15 Copay OON	\$15 Copay IN; \$15 Copay OON
Routine Chiropractic	\$20 Copay IN; \$20 Copay OON (6 visits)	\$15 Copay IN; \$15 Copay OON (8 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 (8 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	
Part D Drugs			
Formulary	Lean (Performance)	Base (Venture)	Base (Venture)
Initial Coverage Period/Retail	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 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%"		
Coverage Gap	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics: Tier 1 (\$0) Generics: Tier 2 (\$13) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics: Tier 1 (\$5) Generics: Tier 2 (\$19) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day supply))	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 70% discount)
Catastrophic OOP Threshold: \$7,400	Greater of: 5% or \$4.15 Gen/Pref. Multi Source or \$10.35 for all others		
Part D Senior Savings Model	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy		

Together Blue Medicare HMO – WPA

(Products and pricing by county)

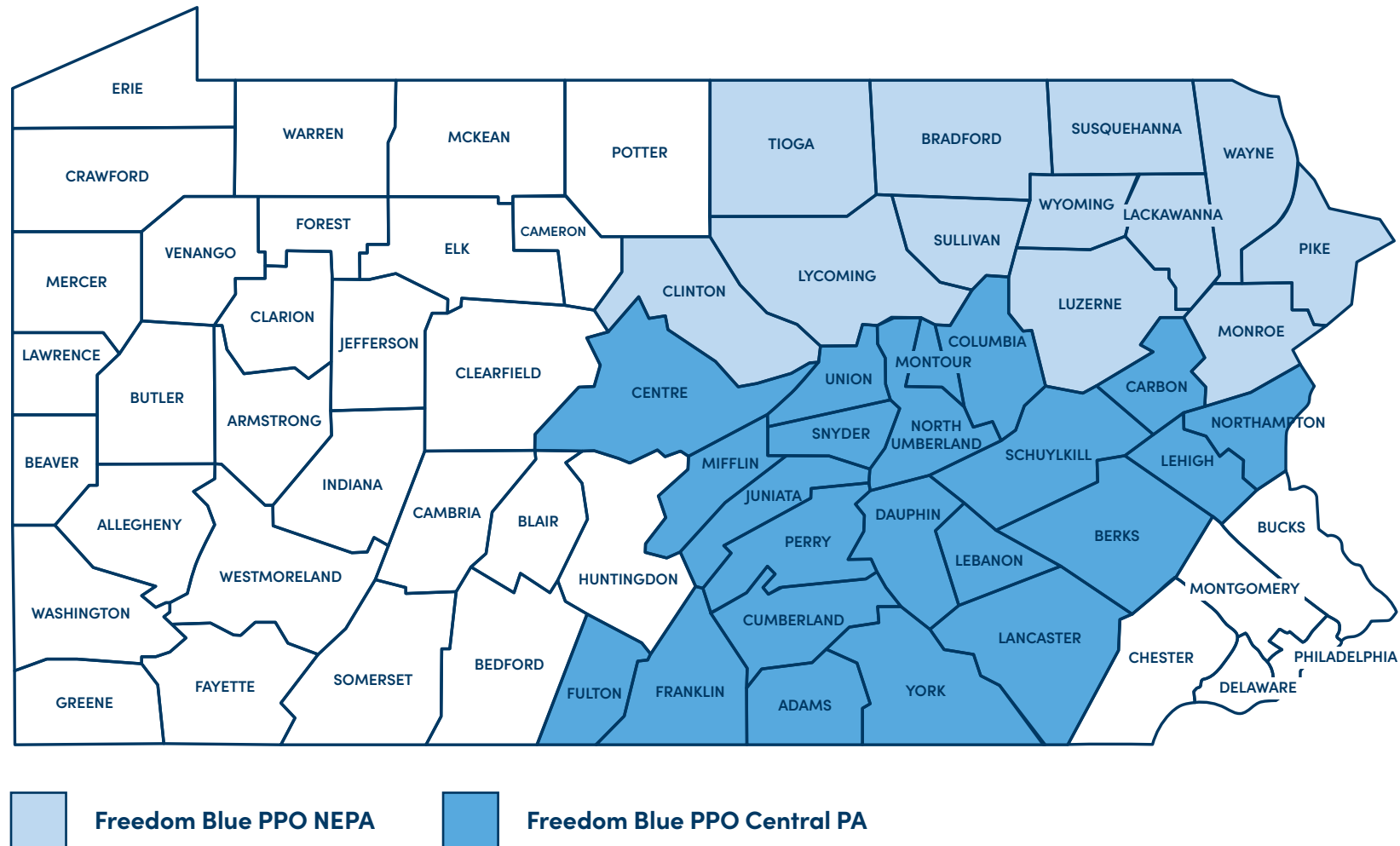


*Pricing is subject to CMS approval

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

	Signature
Monthly Plan Premium	\$0
Part B Premium Buyback	\$24
Out-of-Pocket Maximum	Network: \$6,700 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	\$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	\$10 Copay
Medicare Covered Acupuncture	\$10 Copay
Outpatient Occupational Therapy	\$30 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	\$95 Copay
Urgent Care	\$30 Copay
Inpatient Hospital Stay	\$200/admit
Inpatient Psych Stay	\$325/day (days 1-3), \$0/day (days 4-90)
Skilled Nursing Facility	\$0/day (days 1-20); \$196/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 covered through a DME Supplier, 20% coinsurance for all other covered diabetic supplies
Durable Medical Equipment	20% Coinsurance
OTC	\$75 Allowance Once Per Quarter
Meal Benefit	Not Covered
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips.
Papa Pals	Not Covered
Healthcare Kits	Not Covered
Fitness Benefit	Covered in Full
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient
Part B Drugs	20% Coinsurance
Medicare Covered Vision (Office Visit)	\$0 Copay
Routine Vision (Office Visit)	\$0 Copay (1 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 (1 Every Year)
Routine Hearing (Hearing Aids)	2 hearing aids every year; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay
Routine Dental	Office Visit: \$0 Copay (1 Every Six Months) X-ray: \$0 Copay (1 Every Year)
Medicare Covered Comprehensive Dental	\$0 Copay
Comprehensive Dental – Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$1000 Allowance. See EOC for benefit limits.
Medicare Covered Chiropractic	\$20 Copay
Routine Chiropractic	\$20 Copay (4 visits)
Medicare Covered Podiatry	\$0 Copay
Routine Podiatry	\$0 Copay (10 visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay
Part D Drugs	
Formulary	Lean (Performance)
Initial Coverage Period/Retail	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 Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order (1-90-day supply): Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%
Coverage Gap	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$7,400	Greater of: 5% or \$4.15 Gen/Pref. Multi Source or \$10.35 for all others
Part D Senior Savings Model	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy

(Products and pricing by county)



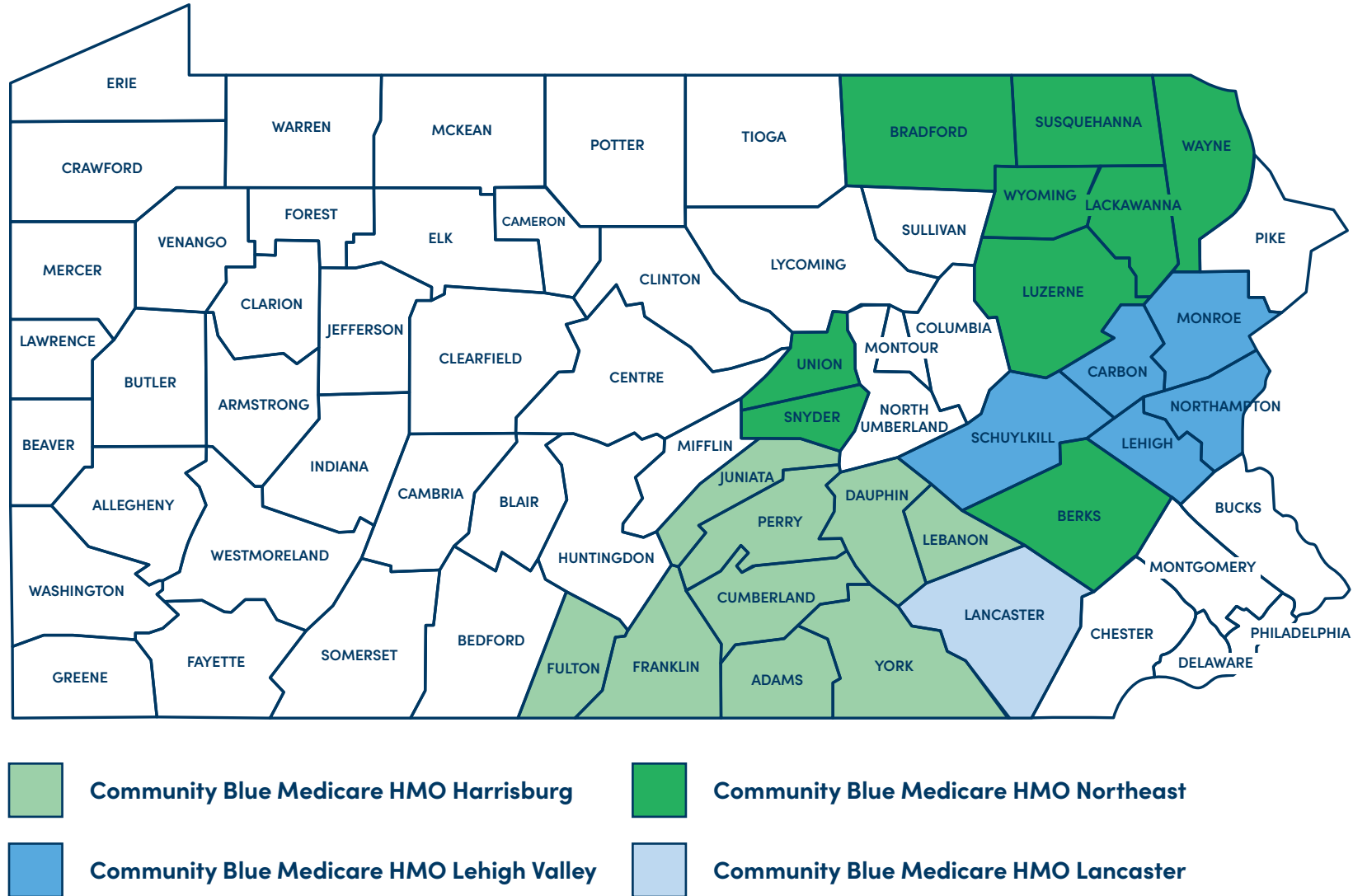
SECTION IV | MEDICARE ADVANTAGE PRODUCTS AND PRICING BY COUNTY

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

	Basic	ValueRx	Standard	Deluxe
Monthly Plan Premium	\$62	\$66	\$171	\$285
Part B Premium Buyback	\$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	\$60 Copay IN; \$60 Copay OON			
Advanced Imaging	\$150 Copay IN; \$150 Copay OON	\$175 Copay IN; \$175 Copay OON	\$125 Copay IN; \$125 Copay OON	\$75 Copay IN; \$75 Copay OON
Preventive/Screening	Covered in Full (Office visit copay may apply) IN/OON			
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: \$100 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. Up to 24 One-way trips. Trip limit waived if trip is part of continued acute care after discharge from ER.			
Emergency Room	\$95 Copay			
Urgent Care	\$50 Copay	\$5 Copay	\$5 Copay	\$5 Copay
Inpatient Hospital Stay	\$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 Psych Stay	\$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
Skilled Nursing Facility	\$0/day (days 1-20); \$196/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, 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 covered through a DME Supplier, 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 covered through a DME Supplier, 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 covered through a DME Supplier, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips. IN			
Durable Medical Equipment	20% Coinsurance IN; 30% Coinsurance OON			
Meal Benefit	28 Meals/14 Days IN/OON, must be used within 30 days from discharge from inpatient hospital to home			
Papa Pals	Not Covered	Not Covered	36 Hours per calendar year IN	36 Hours per calendar year IN
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	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	20% Coinsurance IN; 30% Coinsurance OON			
Medicare Covered Vision (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
Routine Vision (Office Visit)	\$0 Copay IN; \$50 Copay OON (1 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	\$35 Copay IN; \$35 Copay OON	\$40 Copay IN; \$40 Copay OON	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON
Routine Hearing Exam	\$0 Copay IN; \$35 Copay OON (1 Every Year)	\$0 Copay IN; \$40 Copay OON (1 Every Year)	\$0 Copay IN; \$35 Copay OON (1 Every Year)	\$0 Copay IN; \$30 Copay OON (1 Every Year)
Routine Hearing (Hearing Aids)	2 hearing aids every year; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay IN; \$500 allowance OON			2 hearing aids every year; TruHearing Advanced: \$499 copay; TruHearing Premium: \$799 copay IN; \$500 allowance OON
Routine Dental	Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 Copay IN; 30% Coinsurance OON (1 Every Year)			
Medicare Covered Comprehensive Dental	\$35 Copay IN; \$35 Copay OON	\$40 Copay IN; \$40 Copay OON	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON
Comprehensive Dental – Supplemental	Not Covered			
Medicare Covered Chiropractic	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON
Routine Chiropractic	\$20 Copay IN; \$20 Copay OON (8 visits)	\$20 Copay IN; \$20 Copay OON (6 visits)	\$20 Copay IN; \$20 Copay OON (8 visits)	\$20 Copay IN; \$20 Copay OON (10 visits)
Medicare Covered Podiatry	\$35 Copay IN; \$35 Copay OON	\$40 Copay IN; \$40 Copay OON	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON
Routine Podiatry	\$35 Copay IN; \$35 Copay OON (10 visits)	\$40 Copay IN; \$40 Copay OON (8 visits)	\$35 Copay IN; \$35 Copay OON (10 visits)	\$30 Copay IN; \$30 Copay OON (12 visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay IN; 30% Coinsurance OON			
Part D Drugs				
Formulary	Not Covered	Lean (Performance)	Base (Venture)	Base (Venture)
Initial Coverage Period/Retail	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 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%		
Coverage Gap	Not Covered	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics: Tier 1 (\$0) Generics: Tier 2 (\$13) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
	Not Covered	Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Standard Retail: Generics: Tier 1 (\$5) Generics: Tier 2 (\$19) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day 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 70% discount)
Catastrophic OOP Threshold: \$7,400	Not Covered	Greater of: 5% or \$4.15 Gen/Pref. Multi Source or \$10.35 for all others		
Part D Senior Savings Model	Not Covered	Tier 3 & 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 – CPA/NEPA

(Products and pricing by county)



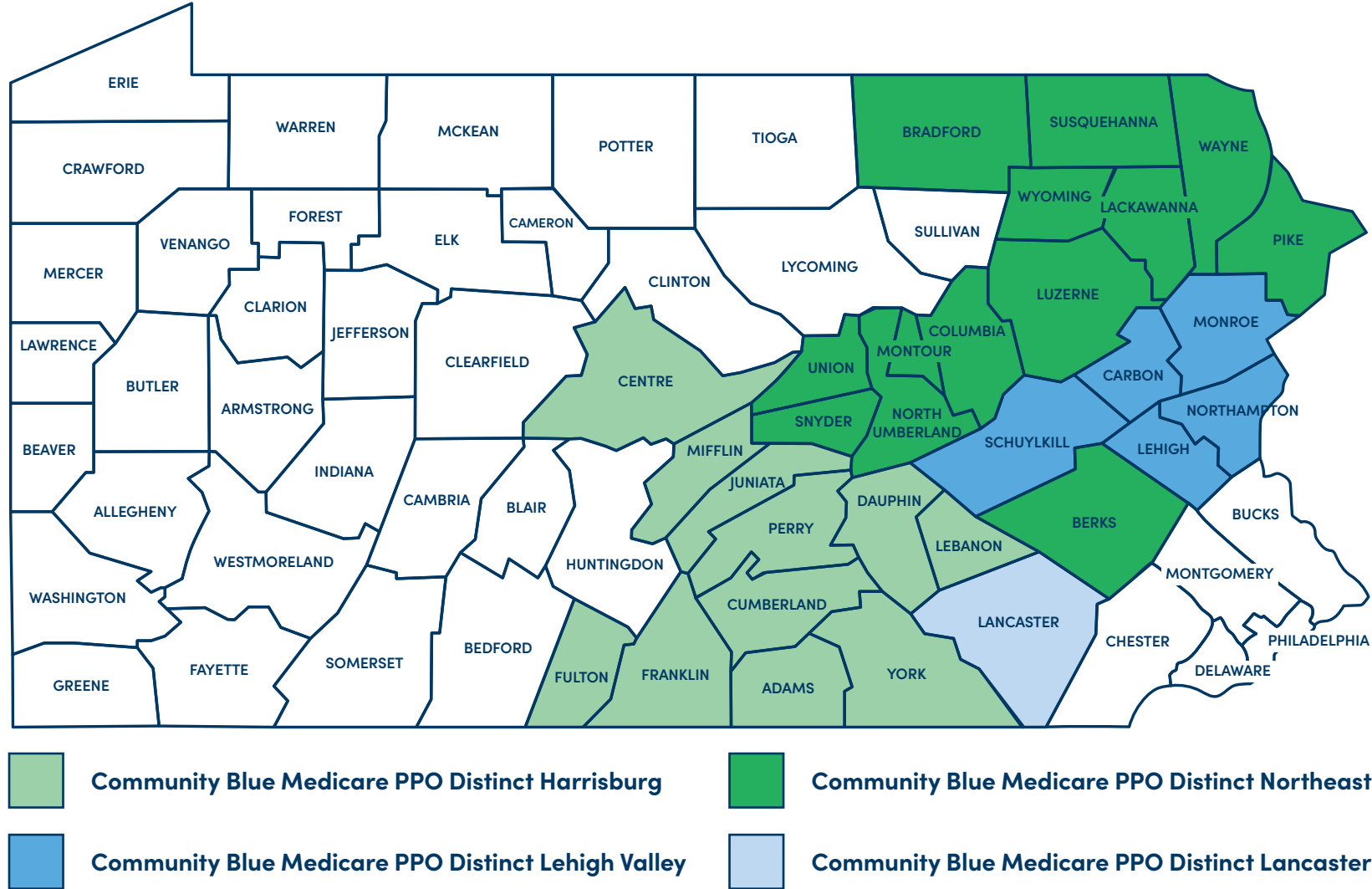
*Pricing is subject to CMS approval

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 Buyback	\$4	\$27
Out-of-Pocket Maximum		Network: \$6,700 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	\$25 Copay	\$15 Copay
Radiation Therapy		\$60 Copay
Advanced Imaging		\$225 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	\$40 Copay	\$30 Copay
Outpatient Mental Health		\$40 Copay
Outpatient Substance Abuse		\$45 Copay
Outpatient Surgical	ASC: \$125 Copay Facility: \$175 Copay	ASC: \$200 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		\$95 Copay
Urgent Care		\$0 Copay
Inpatient Hospital Stay	\$250/admit	\$295/admit
Inpatient Psych 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); \$196/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 covered through a DME Supplier, 20% coinsurance for all other covered diabetic supplies	
Durable Medical Equipment		20% Coinsurance
OTC	\$25 Allowance Once Per Quarter	\$125 Allowance Once Per Quarter
Meal Benefit		Not Covered
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips.	
Papa Pals		36 Hours per calendar year
Healthcare Kits	Diabetes Only Healthcare Kit for members with Type 1 and Type 2 Diabetes to help manage their condition	
Fitness Benefit	Covered in Full	Covered in Full
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient	
Part B Drugs		20% Coinsurance
Medicare Covered Vision (Office Visit)		\$0 Copay
Routine Vision (Office Visit)	\$0 Copay (1 Every Year)	\$0 Copay (1 Every Year)
Routine Vision (Eyewear)	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.	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.
Medicare Covered Hearing Exam		\$0 Copay
Routine Hearing Exam	\$0 Copay (1 Every Year)	\$0 Copay (1 Every Year)
Routine Hearing (Hearing Aids)	2 hearing aids every year; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay	2 hearing aids every year; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay
Routine Dental	Office Visit: \$0 Copay (1 Every Six Months) X-ray: \$0 Copay (1 Every Year)	Office Visit: \$0 Copay (1 Every Six Months) X-ray: \$0 Copay (1 Every Year)
Medicare Covered Comprehensive Dental		\$0 Copay
Comprehensive Dental – Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3000 Allowance. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3000 Allowance. See EOC for benefit limits.
Medicare Covered Chiropractic		\$20 Copay
Routine Chiropractic		\$20 Copay (4 visits)
Medicare Covered Podiatry		\$0 Copay
Routine Podiatry		\$0 Copay (4 visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood		\$0 Copay
Part D Drugs		
Formulary	Lean (Performance)	Lean (Performance)
Initial Coverage Period/Retail	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 Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$12, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order (1-90-day supply): Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%	
Coverage Gap	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Catastrophic OOP Threshold: \$7,400	Greater of: 5% or \$4.15 Gen/Pref. Multi Source or \$10.35 for all others	
Part D Senior Savings Model	Tier 3 & 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

(Products and pricing by county)

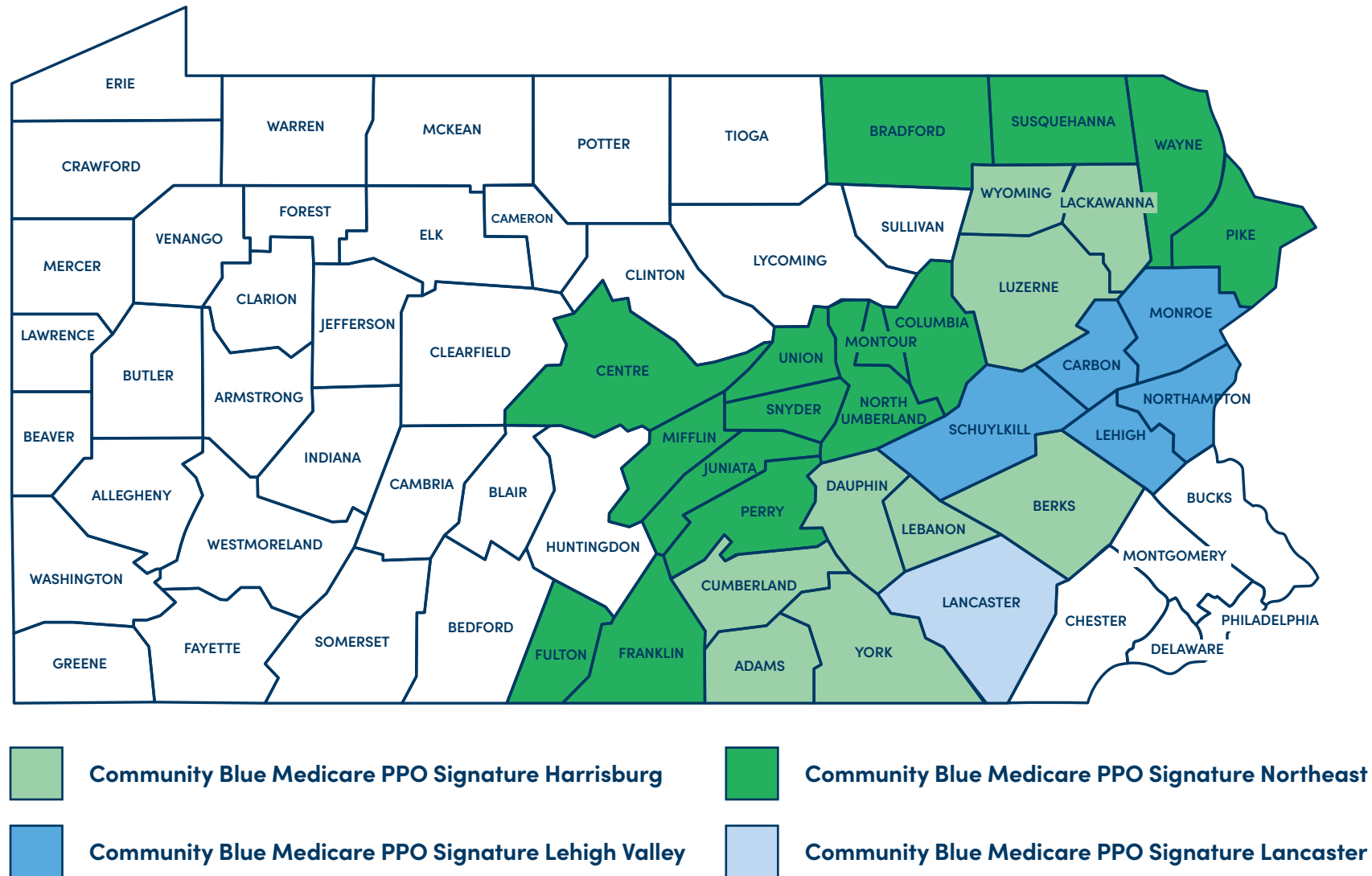


*Pricing is subject to CMS approval

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

	Distinct	
Monthly Plan Premium	Lehigh Valley/Harrisburg/Northeast: \$25	Lancaster: \$25
Out-of-Pocket Maximum	Network: \$6,000 Catastrophic: \$8,950	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 Freestanding Lab)	\$0 Copay IN; \$0 Copay OON	
Lab and Diagnostic Tests (Outpatient Facility)	\$0 Copay IN; \$0 Copay OON	
X-Rays	\$15 Copay IN; \$15 Copay OON	
Radiation Therapy	\$60 Copay IN; \$60 Copay OON	
Advanced Imaging	\$175 Copay IN; \$175 Copay OON	
Preventive/Screening	Covered in Full (Office visit copay may apply) IN/OON	
Outpatient Physical and Speech Therapy	\$15 Copay IN; \$15 Copay 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	\$95 Copay	
Urgent Care	\$30 Copay	
Inpatient Hospital Stay	\$200/admit IN; \$200/admit OON	
Inpatient Psych 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); \$196/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, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON	
Durable Medical Equipment	20% Coinsurance IN; 30% Coinsurance OON	
OTC	\$145 Allowance Once Per Quarter IN/OON	
Onduo	\$170 Allowance Once Per Quarter IN/OON	
Healthcare Kits	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips. IN	
Fitness Benefit	Not Covered	
Additional Telehealth Services	Covered in full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	
Part B Drugs	Services covered with applicable Copay listed for outpatient	
Medicare Covered Vision (Office Visit)	20% Coinsurance IN; 30% Coinsurance OON	
Routine Vision (Office Visit)	\$10 Copay IN; \$10 Copay OON	
Routine Vision (Eyewear)	\$0 Copay IN; \$50 Copay OON (1 Every Year)	
Medicare Covered Hearing Exam	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 Hearing Exam	\$20 Copay IN; \$20 Copay OON	
Routine Hearing (Hearing Aids)	\$10 Copay IN; \$10 Copay OON	
Routine Dental	2 hearing aids Every year; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay IN; \$500 allowance OON	
Medicare Covered Comprehensive Dental	Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months)	
Comprehensive Dental – Supplemental	X-ray: \$15 Copay IN; 30% Coinsurance OON (1 Every Year)	
Medicare Covered Chiropractic	Office Visit: \$0 Copay IN; 30% Coinsurance OON (1 Every Six Months)	
Routine Chiropractic	X-ray: \$0 Copay IN; 30% Coinsurance OON (1 Every Year)	
Medicare Covered Podiatry	\$20 Copay IN; \$20 Copay OON	
Routine Podiatry	\$10 Copay IN; \$10 Copay OON	
Cardiac & Pulmonary Rehab & SET, Partial Hospital, Outpatient Blood	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.	
	\$20 Copay IN; \$20 OON	
	\$15 Copay IN; \$15 OON	
	\$20 Copay IN; \$20 OON (4 visits)	
	\$20 IN; \$20 OON	
	\$10 Copay IN; \$10 OON (4 visits)	
	\$20 Copay IN; \$20 OON (4 visits)	
	\$0 Copay IN; 30% Coinsurance OON	
	Part D Drugs	
	Lean (Performance)	
Network	PA MPVN 25k CVS w/BPM Wrap	
Deductible	\$0	
Initial Coverage Period/Retail	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 (1-90 day supply): Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31 day supply): 33%	
Coverage Gap	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Catastrophic OOP Threshold: \$7,400	Greater of: 5% or \$4.15 Gen/Pref. Multi Source or \$10.35 for all others	
Part D Senior Savings Model	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	

(Products and pricing by county)



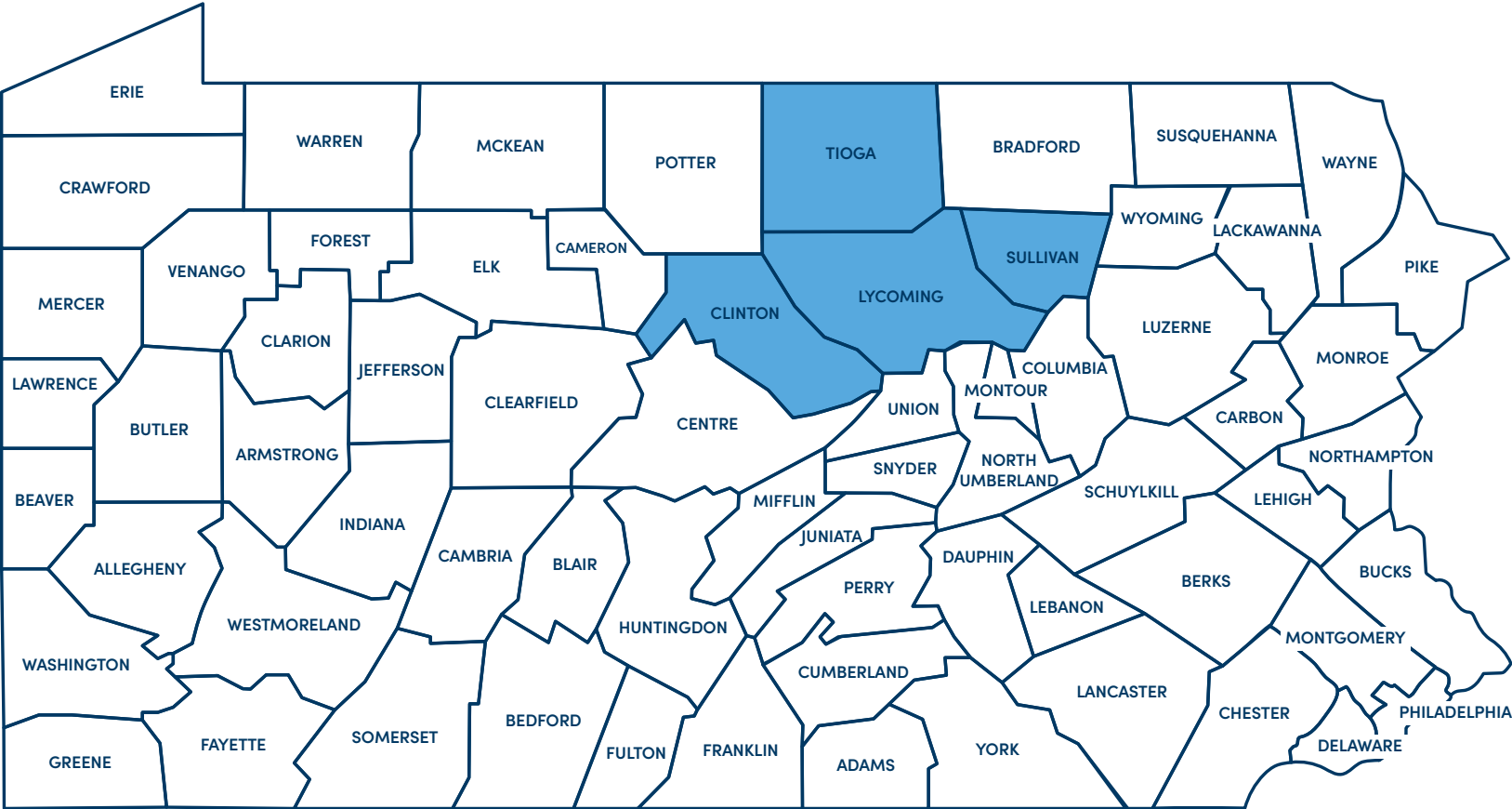
**Pricing is subject to CMS approval*

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 Buyback	Lehigh Valley/Harrisburg: \$27 Northeast: \$4	\$27
Out-of-Pocket Maximum	Network: Lehigh Valley/Harrisburg: \$8,300; Northeast: \$7,550 Catastrophic: \$10,000	Network: \$8,300 Catastrophic: \$10,000
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	
Specialist Office Visit	Lehigh Valley/Harrisburg: \$30 Copay IN; \$30 Copay OON; Northeast: \$25 Copay IN; \$25 Copay OON	\$30 Copay IN; \$30 Copay OON
Lab and Diagnostic Tests (Phys Office or Freestanding Lab)	\$0 Copay IN; \$35 Copay OON	\$0 Copay IN; \$50 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	Lehigh Valley/Harrisburg: \$10 Copay IN; \$35 Copay OON; Northeast: \$0 Copay IN; \$35 Copay OON	\$10 Copay IN; \$50 Copay OON
X-Rays	\$20 Copay IN; \$50 Copay OON	
Radiation Therapy	\$60 Copay IN; \$90 Copay OON	
Advanced Imaging	Lehigh Valley/Harrisburg: \$195 Copay IN; \$325 Copay OON; Northeast: \$175 Copay IN; \$325 Copay OON	\$195 Copay IN; \$325 Copay OON
Preventive/Screening	Covered in Full (Office visit copay may apply) IN/OON	
Outpatient Physical and Speech Therapy	Lehigh Valley/Harrisburg: \$35 Copay IN; \$60 Copay OON; Northeast: \$25 Copay IN; \$50 Copay OON	\$30 Copay IN; \$60 Copay OON
Medicare Covered Acupuncture	Lehigh Valley/Harrisburg: \$35 Copay IN; \$60 Copay OON; Northeast: \$25 Copay IN; \$50 Copay OON	\$30 Copay IN; \$60 Copay OON
Outpatient Occupational Therapy	\$30 Copay IN; \$60 Copay OON	
Outpatient Mental Health	\$40 Copay IN; \$60 Copay OON	
Outpatient Substance Abuse	\$45 Copay IN; \$60 Copay OON	
Outpatient Surgical	ASC: Lehigh Valley/Harrisburg: \$275 Copay IN; \$400 Copay OON; Northeast: \$225 Copay IN; \$400 Copay OON	ASC: \$275 Copay IN; \$400 Copay OON
	Facility: Lehigh Valley/Harrisburg: \$350 Copay IN; \$400 Copay OON; Northeast: \$300 Copay IN; \$400 Copay OON	Facility: \$350 Copay IN; \$400 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	\$95 Copay	
Urgent Care	\$30 Copay	\$20 Copay
Inpatient Hospital Stay	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; \$275/day (days 1-5), \$0/day (days 6-90) OON
Inpatient Psych 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); \$196/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, 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/OON	\$100 Allowance Once Per Quarter IN/OON
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips. IN	
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	20% Coinsurance IN; 30% Coinsurance OON	
Medicare Covered Vision (Office Visit)	Lehigh Valley/Harrisburg: \$30 Copay IN; \$30 Copay OON; Northeast: \$25 Copay IN; \$25 Copay OON	\$30 Copay IN; \$30 Copay OON
Routine Vision (Office Visit)	\$0 Copay IN; \$50 Copay OON (1 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: \$30 Copay IN; \$30 Copay OON; Northeast: \$25 Copay IN; \$25 Copay OON	\$30 Copay IN; \$30 Copay OON
Routine Hearing Exam	Lehigh Valley/Harrisburg: \$30 Copay IN; \$30 Copay OON (1 Every Year); Northeast: \$25 Copay IN; \$25 Copay OON (1 Every Year)	\$30 Copay IN; \$30 Copay OON (1 Every Year)
Routine Hearing (Hearing Aids)	2 hearing aids every year; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay IN; \$500 allowance OON	
Routine Dental	Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 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)
Medicare Covered Comprehensive Dental	Lehigh Valley/Harrisburg: \$30 Copay IN; \$30 Copay OON; Northeast: \$25 Copay IN; \$25 Copay OON	\$30 Copay IN; \$30 Copay OON
Comprehensive Dental – Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$2500 Allowance IN/OON. See EOC for benefit limits.	
Medicare Covered Chiropractic	Lehigh Valley/Harrisburg: \$20 Copay IN; \$30 OON; Northeast: \$20 Copay IN; \$35 Copay OON	\$20 Copay IN; \$30 OON
Routine Chiropractic	Lehigh Valley/Harrisburg: \$20 Copay IN; \$30 OON (4 visits); Northeast: \$20 Copay IN; \$35 Copay OON (4 Visits)	\$20 Copay IN; \$30 OON (4 visits)
Medicare Covered Podiatry	Lehigh Valley/Harrisburg: \$30 Copay IN; \$30 Copay OON; Northeast: \$25 Copay IN; \$25 Copay OON	\$30 IN; \$30 OON
Routine Podiatry	Lehigh Valley/Harrisburg: \$30 Copay IN; \$30 Copay OON (4 visits); Northeast: \$25 Copay IN; \$25 Copay OON (4 Visits)	\$30 Copay IN; \$30 OON (4 visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay IN; 30% Coinsurance OON	
Part D Drugs		
Formulary	Lean (Performance)	
Initial Coverage Period/Retail	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 Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order (1-90-day supply): Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%	
Coverage Gap	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Catastrophic OOP Threshold: \$7,400	Greater of: 5% or \$4.15 Gen/Pref. Multi Source or \$10.35 for all others	
Part D Senior Savings Model	Tier 3 & 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

(Products and pricing by county)



 Community Blue Medicare Plus PPO

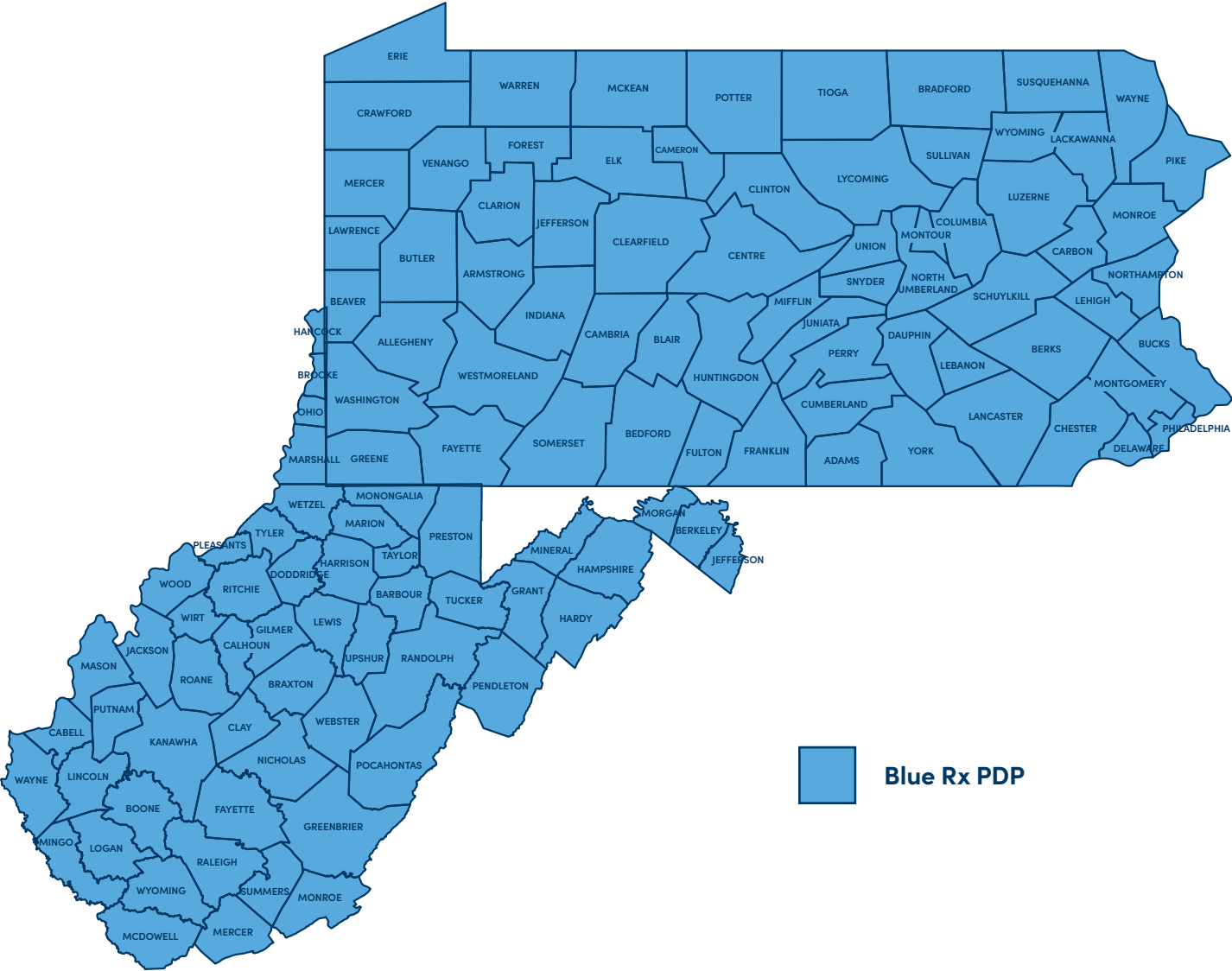
**Pricing is subject to CMS approval*

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

	Signature	Distinct
Monthly Plan Premium	\$0	\$25
Part B Premium Buyback	\$27	\$0
Out-of-Pocket Maximum	Network: \$8,300 Catastrophic: \$10,000	Network: \$6,000 Catastrophic: \$8,950
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	
Specialist Office Visit	\$30 Copay IN; \$30 Copay OON	\$20 Copay IN; \$20 Copay OON
Lab and Diagnostic Tests (Phys Office or Freestanding Lab)	\$0 Copay IN; \$35 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
X-Rays	\$20 Copay IN; \$50 Copay OON	\$20 Copay IN; \$20 Copay OON
Radiation Therapy	\$60 Copay IN; \$90 Copay OON	\$60 Copay IN; \$60 Copay OON
Advanced Imaging	\$195 Copay IN; \$325 Copay OON	\$175 Copay IN; \$175 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
Medicare Covered Acupuncture	\$30 Copay IN; \$50 Copay OON	\$15 Copay IN; \$15 Copay OON
Outpatient Occupational Therapy	\$30 Copay IN; \$50 Copay OON	\$30 Copay IN; \$30 Copay OON
Outpatient Mental Health	\$40 Copay IN; \$50 Copay OON	\$30 Copay IN; \$30 Copay OON
Outpatient Substance Abuse	\$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
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	\$95 Copay	
Urgent Care	\$30 Copay	
Inpatient Hospital Stay	\$395/admit IN; \$275/day (days 1-5), \$0/day (days 6-90) OON	\$250/admit IN; \$250/admit OON
Inpatient Psych 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; \$425/day (days 1-3), \$0/day (days 4-90) OON
Skilled Nursing Facility	\$0/day (days 1-20); \$196/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, 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/OON	\$145 Allowance Once Per Quarter IN/OON
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips.IN	
Healthcare Kits	Not Covered	Diabetes Only Healthcare Kit for members with Type 1 and Type 2 Diabetes to help manage their condition
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	20% Coinsurance IN; 30% Coinsurance OON	
Medicare Covered Vision (Office Visit)	\$30 Copay IN; \$30 Copay OON	\$20 Copay IN; \$20 Copay OON
Routine Vision (Office Visit)	\$0 Copay IN; \$50 Copay OON (1 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 \$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	\$30 Copay IN; \$30 Copay OON	\$20 Copay IN; \$20 Copay OON
Routine Hearing Exam	\$30 Copay IN; \$30 Copay OON (1 Every Year)	\$20 Copay IN; \$20 Copay OON (1 Every Year)
Routine Hearing (Hearing Aids)	2 hearing aids every year; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay IN; \$500 allowance OON	
Routine Dental	Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 Copay IN; 30% Coinsurance OON (1 Every Year)	
Medicare Covered Comprehensive Dental	\$30 Copay IN; \$30 Copay OON	\$20 Copay IN; \$20 Copay OON
Comprehensive Dental – Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$2500 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.
Medicare Covered Chiropractic	\$20 Copay IN; \$30 Copay OON	\$20 Copay IN; \$20 Copay OON
Routine Chiropractic	\$20 Copay IN; \$30 Copay OON (4 visits)	\$20 Copay IN; \$20 Copay OON (4 visits)
Medicare Covered Podiatry	\$30 Copay IN; \$30 Copay OON	\$20 Copay IN; \$20 Copay OON
Routine Podiatry	\$30 Copay IN; \$30 Copay OON (4 visits)	\$20 Copay IN; \$20 Copay OON (4 visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay IN; 30% Coinsurance OON	
Part D Drugs		
Formulary	Lean (Performance)	Lean (Performance)
Initial Coverage Period/Retail	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 Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order (1-90-day supply): Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 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 Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order (1-90-day supply): Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%
Coverage Gap	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day supply))		
Catastrophic OOP Threshold: \$7,400	Greater of: 5% or \$4.15 Gen/Pref. Multi Source or \$10.35 for all others	
Part D Senior Savings Model	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	Tier 3 & 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

(Products and pricing by county)



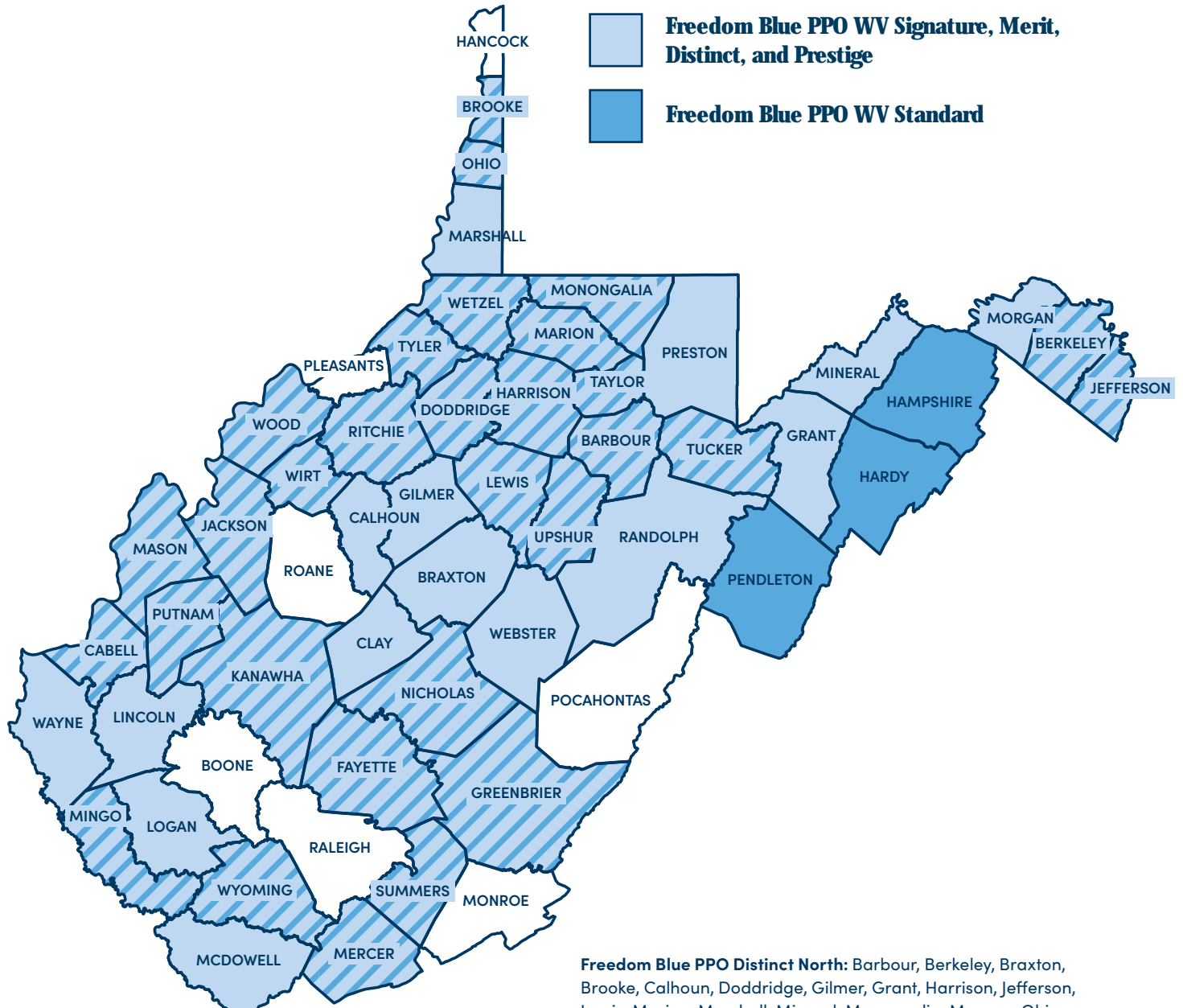
*Pricing is subject to CMS approval

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

	Plus	Complete
Monthly Plan Premium	\$121.10	\$192.60
Deductible	\$505	\$0
Formulary	Base (Venture)	Base (Venture)
Initial Coverage Period/Retail	Preferred Retail: \$0 Pref. Gen, \$7 Generic, 20% Pref. Brand, 40% NonPref Drug, 25% Specialty Standard Retail: \$6 Pref. Gen, \$14 Generic, 25% Pref. Brand, 50% NonPref Drug, 25% Specialty	Preferred Retail: \$0 Pref. Gen, \$5 Generic, \$40 Pref. Brand, 35% NonPref Drug, 33% Specialty Standard Retail: \$4 Pref. Gen, \$10 Generic, \$45 Pref. Brand, 50% NonPref Drug, 33% Specialty
Initial Coverage (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day supply))	Preferred Mail: Tier 1: \$0, Tier 2: \$17.50, Tier 3: 20%, Tier 4: 40%, Tier 5: 25% Standard Mail: Tier 1: \$18, Tier 2: \$42, 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: \$12, Tier 2: \$30, Tier 3: \$135, Tier 4: 50%, Tier 5: 33%
Coverage Gap	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics: Tier 1 (10%) Generics: Tier 2 (10%) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics: Tier 1 (15%) Generics: Tier 2 (15%) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day 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: \$7,400	Greater of: 5% or \$4.15 Gen/Pref. Multi Source or \$10.35 for all others	
Part D Senior Savings Model	Tier 3 & Tier 4 Insulins (excludes deductible): \$35 for 31 day supply at a retail or mail order pharmacy	Tier 3 & 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

(Products and pricing by county)



*Pricing is subject to CMS approval

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

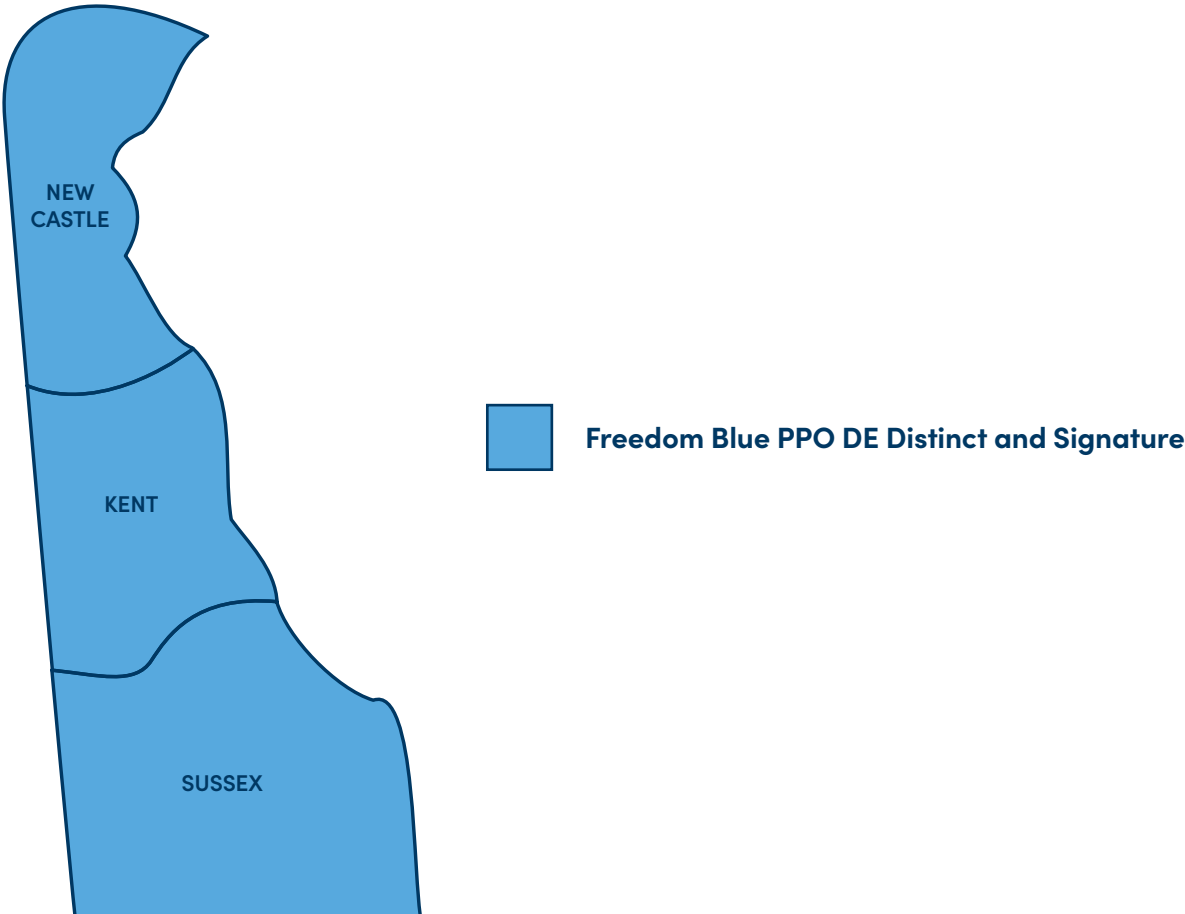
	Signature	Merit
Monthly Plan Premium	North: \$0/ South: \$0	North: \$0 / South: \$0
Part B Premium Buyback	\$4	\$34
Out-of-Pocket Maximum	Network: \$7,550 Catastrophic: \$10,000	Network: \$8,300 Catastrophic: \$10,000
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	
Specialist Office Visit	\$30 Copay IN; \$30 Copay OON	\$40 Copay IN; \$40 Copay OON
Lab and Diagnostic Tests (Phys Office or Freestanding Lab)	\$0 Copay IN; \$20 Copay OON	\$0 Copay IN; \$50 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$10 Copay IN; \$20 Copay OON	\$30 Copay IN; \$50 Copay OON
X-Rays	\$25 Copay IN; \$40 Copay OON	\$25 Copay IN; \$40 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	\$40 Copay IN; \$50 Copay OON
Medicare Covered Acupuncture	\$30 Copay IN; \$50 Copay OON	\$40 Copay IN; \$50 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	\$275 Copay IN; \$350 Copay OON
	\$300 Copay IN; \$350 Copay OON	\$325 Copay IN; \$350 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	\$95 Copay	
Urgent Care	\$50 Copay	\$50 Copay
Inpatient Hospital Stay	\$250/day (days 1-3), \$0/day (days 4-90) IN; \$425/day (days 1-5), \$0/day (days6-90) OON	\$495/day (days 1-3), \$0/day (days 4-90) IN; \$550/day (days 1-5), \$0/day (days6-90) OON
Inpatient Psych Stay	\$425/day (days 1-3), \$0/day (days 4-90) IN; \$500/day (days 1-3), \$0/day (days 4-90) OON	\$550/day (days 1-3), \$0/day (days 4-90) IN; \$550/day (days 1-7), \$0/day (days 8-90) OON
Skilled Nursing Facility	\$0/day (days 1-20); \$196/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, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON	
Durable Medical Equipment	20% Coinsurance IN; 30% Coinsurance OON	
OTC	\$75 Allowance Once Per Quarter IN/OON	\$25 Allowance Once Per Quarter IN/OON
Meal Benefit	Not Covered	Not Covered
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN
Papa Pals	Not Covered	Not Covered
Healthcare Kits	Not Covered	Not Covered
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	20% Coinsurance IN; 30% Coinsurance OON	
Medicare Covered Vision (Office Visit)	\$30 Copay IN; \$30 Copay OON	\$40 Copay IN; \$40 Copay OON
Routine Vision (Office Visit)	\$0 Copay IN; \$50 Copay OON (1 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	\$30 Copay IN; \$30 Copay OON	\$40 Copay IN; \$40 Copay OON
Routine Hearing Exam	\$30 Copay IN; \$30 Copay OON (1 Every Year)	\$40 Copay IN; \$40 Copay OON (1 Every Year)
Routine Hearing (Hearing Aids)	2 hearing aids every year; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay IN; \$500 allowance OON	2 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 (1 Every Six Months) X-ray: \$0 Copay IN; 30% Coinsurance OON (1 Every Year)	Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 Copay IN; 30% Coinsurance OON (1 Every Year)
Medicare Covered Comprehensive Dental	\$30 Copay IN; \$30 Copay OON	\$40 Copay IN; \$40 Copay OON
Comprehensive Dental – Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/ Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$2500 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/ Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$1500 Allowance IN/OON. See EOC for benefit limits.
Medicare Covered Chiropractic	\$20 Copay IN; \$40 OON	\$20 Copay IN; \$40 Copay OON
Routine Chiropractic	\$20 Copay IN; \$40 OON (8 visits)	\$20 Copay IN; \$40 Copay OON (4 visits)
Medicare Covered Podiatry	\$30 Copay IN; \$30 Copay OON	\$40 Copay IN; \$40 Copay OON
Routine Podiatry	\$30 Copay IN; \$30 Copay OON (10 visits)	\$40 Copay IN; \$40 Copay OON (8 visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay IN; 30% Coinsurance OON	
Part D Drugs		
Formulary	Lean (Performance)	
Initial Coverage Period/Retail	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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: 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%
Initial Coverage (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day supply))	Preferred Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order (1-90-day supply): Tier 1: \$21, Tier 2: \$60, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%	Preferred Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33% Standard Mail Order (1-90-day supply): Tier 1: \$21, Tier 2: \$60, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%
Coverage Gap	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Catastrophic OOP Threshold: \$7,400	Greater of: 5% or \$4.15 Gen/Pref. Multi Source or \$10.35 for all others	
Part D Senior Savings Model	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	Tier 3 & 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 IV

Distinct	Prestige	Standard
North: \$33 / South: \$23	North: \$48 / South: \$48	\$163
\$0	\$0	\$0
Network: \$6,500	Network: \$6,000	Network: \$6,500
Catastrophic: \$10,000	Catastrophic: \$8,950	Catastrophic: \$10,000
	\$0 Copay IN; \$0 Copay OON	
\$25 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; \$35 Copay OON	\$30 Copay IN; \$35 Copay OON	\$35 Copay IN; \$35 Copay OON
\$25 Copay IN; \$35 Copay OON	North: \$30 Copay IN; \$35 Copay OON; South: \$30 Copay IN; \$35 Copay OON	\$35 Copay IN; \$35 Copay OON
\$30 Copay IN; \$35 Copay OON	\$30 Copay IN; \$35 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
Emergency/Non-Emergency: \$250 IN Non-Emergency: 30% Coinsurance OON	Emergency/Non-Emergency: \$250 IN Non-Emergency: 30% Coinsurance OON	Emergency/Non-Emergency: \$225 IN Non-Emergency: 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.
	\$95 Copay	\$5 Copay
\$35 Copay	\$35 Copay	\$150/day (days 1-7) IN, \$0/day (days 8-90) IN; \$150/day (days 1-7), \$0/day (days 8-90) OON
\$400/admit IN; \$500/admit OON	\$350/admit IN; \$500/admit OON	\$150/day (days 1-7), \$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); \$196/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 covered through a DME Supplier; 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON	
	20% Coinsurance IN; 30% Coinsurance OON	
\$115 Allowance Once Per Quarter IN/OON	\$115 Allowance Once Per Quarter IN/OON	Not Covered
28 Meals/14 Days IN/OON	28 Meals/14 Days IN/OON	28 Meals/14 Days IN/OON
\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN
36 Hours per calendar year IN	Not Covered	36 Hours per calendar year IN
Not Covered	Not Covered	Not Covered
	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	
	Services covered with applicable Copay listed for outpatient	
	20% Coinsurance IN; 30% Coinsurance OON	
\$25 Copay IN; \$25 Copay OON	\$0 Copay IN; \$0 Copay OON	\$35 Copay IN; \$35 Copay OON
	\$0 Copay IN; \$50 Copay OON (1 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 \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.
\$25 Copay IN; \$25 Copay OON	\$0 Copay IN; \$0 Copay OON	\$35 Copay IN; \$35 Copay OON
\$25 Copay IN; \$25 Copay OON (1 Every Year)	\$0 Copay IN; \$0 Copay OON (1 Every Year)	\$0 Copay IN; \$35 Copay OON (1 Every Year)
2 hearing aids every year; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay IN; \$500 allowance OON	2 hearing aids every year; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay IN; \$500 allowance OON	2 hearing aids every year; TruHearing Advanced: \$499 copay; TruHearing Premium: \$799 copay IN; \$500 allowance OON
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: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 Copay IN; 30% Coinsurance OON (1 Every Year)
\$25 Copay IN; \$25 Copay OON	\$0 Copay IN; \$0 Copay OON	\$35 Copay IN; \$35 Copay OON
Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3500 Allowance IN/OON. See EOC for benefit limits.	Not Covered
\$20 Copay IN; \$30 OON	\$20 Copay IN; \$30 OON	\$20 Copay IN; \$20 OON
\$20 Copay IN; \$30 OON (8 visits)	\$20 Copay IN; \$30 OON (8 visits)	\$20 Copay IN; \$20 OON (8 visits)
\$25 Copay IN; \$25 Copay OON	\$0 Copay IN; \$0 Copay OON	\$35 IN; \$35 OON
\$25 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	
Part D Drugs		
Lean (Performance)		
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%	Preferred Retail: Tier 1: \$0, Tier 2: \$11, Tier 3: \$45, 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: \$5, Tier 2: \$19, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%
Preferred Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33%	Preferred Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$0, Tier 3: \$105, Tier 4: \$275, Tier 5 (31-day supply): 33%	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: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5 (31-day supply): 33%	Standard Mail Order (1-90-day supply): Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, 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%
	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
	Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
	Greater of: 5% or \$4.15 Gen/Pref. Multi Source or \$10.35 for all others	
Tier 3 & 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 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy

Freedom Blue PPO – DE

(Products and pricing by county)

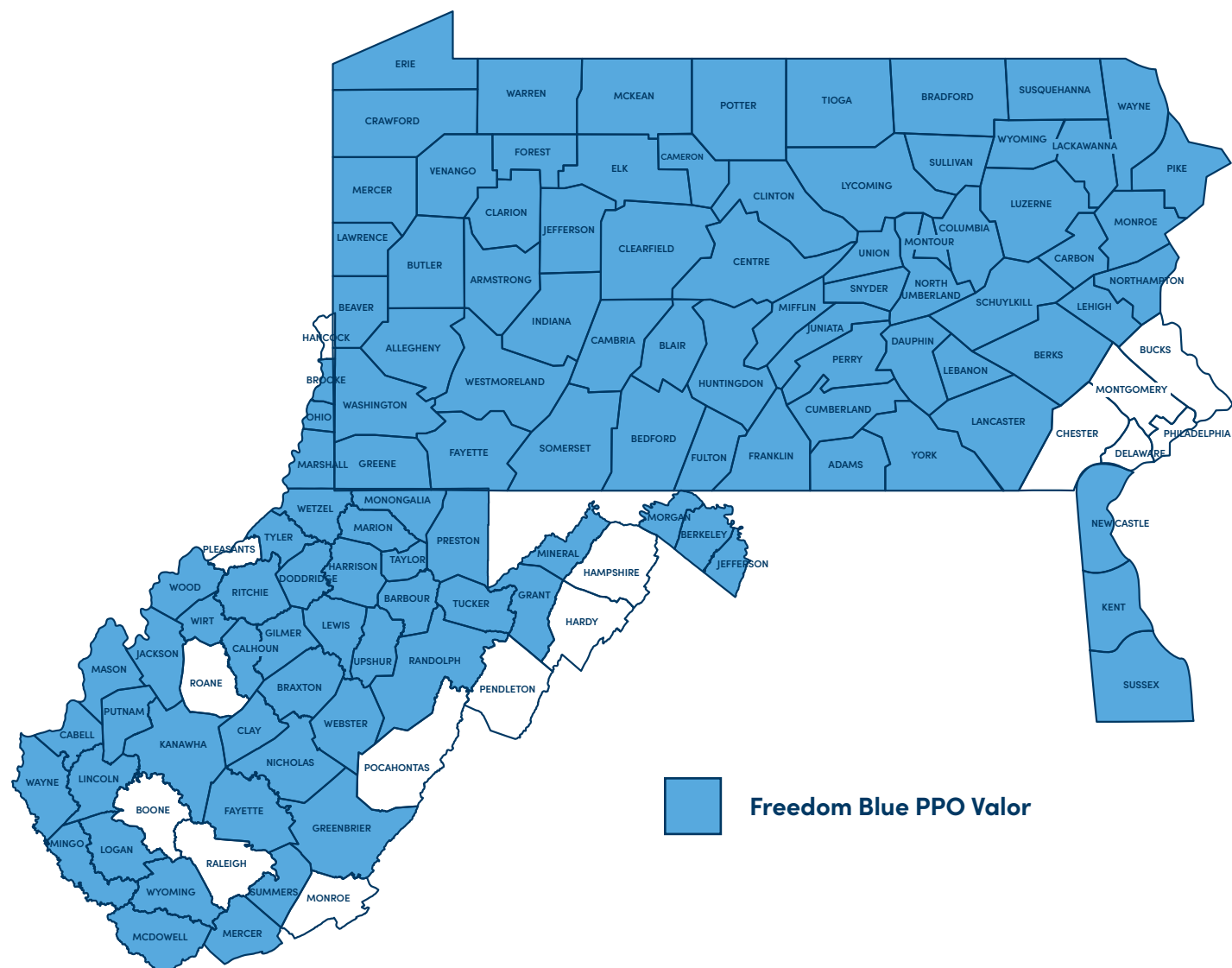


**Pricing is subject to CMS approval*

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

	Signature	Distinct
Monthly Plan Premium	\$0	\$33
Part B Premium Buyback	\$2	\$0
Out-of-Pocket Maximum	Network: \$6,700 Catastrophic: \$10,000	Network: \$5,500 Catastrophic: \$8,950
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	
Specialist Office Visit	\$30 Copay IN; \$30 Copay OON	\$0 Copay IN; \$0 Copay OON
Lab and Diagnostic Tests (Phys Office or Freestanding Lab)	\$0 Copay IN; \$50 Copay OON	\$0 Copay IN; \$40 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$10 Copay IN; \$50 Copay OON	\$10 Copay IN; \$40 Copay OON
X-Rays	\$25 Copay IN; \$50 Copay OON	\$10 Copay IN; \$40 Copay OON
Radiation Therapy	\$60 Copay IN; \$75 Copay OON	
Advanced Imaging	\$225 Copay IN; \$350 Copay OON	\$150 Copay IN; \$300 Copay OON
Preventive/Screening	Covered in Full (Office visit copay may apply) IN/OON	
Outpatient Physical and Speech Therapy	\$25 Copay IN; \$50 Copay OON	\$0 Copay IN; \$40 Copay OON
Medicare Covered Acupuncture	\$25 Copay IN; \$50 Copay OON	\$0 Copay IN; \$40 Copay OON
Outpatient Occupational Therapy	\$35 Copay IN; \$50 Copay OON	\$30 Copay IN; \$40 Copay OON
Outpatient Mental Health	\$40 Copay IN; \$50 Copay OON	\$30 Copay IN; \$40 Copay OON
Outpatient Substance Abuse	\$40 Copay IN; \$50 Copay OON	\$30 Copay IN; \$40 Copay OON
Outpatient Surgical	\$225 Copay IN; \$350 Copay OON	\$155 Copay IN; \$300 Copay OON
	\$300 Copay IN; \$350 Copay OON	\$200 Copay IN; \$300 Copay OON
Ambulance	Emergent/Non-Emergent: \$250 IN; Non-Emergent: 30% Coinsurance OON	
Transportation	Not Covered	
Emergency Room	\$95 Copay	
Urgent Care	\$50 Copay	\$0 Copay
Inpatient Hospital Stay	\$175/day (days 1-3), \$0/day (days 4-90) IN; \$350/day (days 1-5), \$0/day (days 6-90) OON	\$295/admit IN; \$395/admit OON
Inpatient Psych 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); \$196/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, 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/OON	
Meal Benefit	Not Covered	
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips. IN	
Papa Pals	Not Covered	
Healthcare Kits	Not Covered	
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	20% Coinsurance IN; 30% Coinsurance OON	
Medicare Covered Vision (Office Visit)	\$30 Copay IN; \$30 Copay OON	\$0 Copay IN; \$0 Copay OON
Routine Vision (Office Visit)	\$0 Copay IN; \$50 Copay OON (1 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	\$30 Copay IN; \$30 Copay OON	\$0 Copay IN; \$0 Copay OON
Routine Hearing Exam	\$30 Copay IN; \$30 Copay OON (1 Every Year)	\$0 Copay IN; \$0 Copay OON (1 Every Year)
Routine Hearing (Hearing Aids)	2 hearing aids every year; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay IN; \$500 allowance OON	2 hearing aids every year; TruHearing Advanced: \$699 copay; TruHearing Premium: \$999 copay IN; \$500 allowance OON
Routine Dental	Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 Copay IN; 30% Coinsurance OON (1 Every Year)	
Medicare Covered Comprehensive Dental	\$30 Copay IN; \$30 Copay OON	\$0 Copay IN; \$0 Copay OON
Comprehensive Dental - Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3500 Allowance IN/OON. See EOC for benefit limits.
Medicare Covered Chiropractic	\$20 Copay IN; \$30 OON	\$0 Copay IN; \$0 Copay OON
Routine Chiropractic	\$20 Copay IN; \$30 OON (8 visits)	\$0 Copay IN; \$0 OON (8 visits)
Medicare Covered Podiatry	\$30 Copay IN; \$30 Copay OON	\$0 Copay IN; \$0 Copay OON
Routine Podiatry	\$30 Copay IN; \$30 OON (10 visits)	\$0 Copay IN; \$0 OON (10 visits)
Cardiac and Pulmonary Rehab and SET, Partial Hospital, Outpatient Blood	\$0 Copay IN; 30% Coinsurance OON	
Part D Drugs		
Formulary	Lean (Performance)	
Initial Coverage Period/Retail	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: \$47, Tier 4: \$100, Tier 5: 33% Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%
Initial Coverage (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day 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: \$275, Tier 5: 33% Standard Mail: Tier 1: \$21, Tier 2: \$45, Tier 3: \$141, Tier 4: \$300, Tier 5: 33%
Coverage Gap	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Catastrophic OOP Threshold: \$7,400	Greater of: 5% or \$4.15 Gen/Pref. Multi Source or \$10.35 for all others	
Part D Senior Savings Model	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	
	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	

(Products and pricing by county)



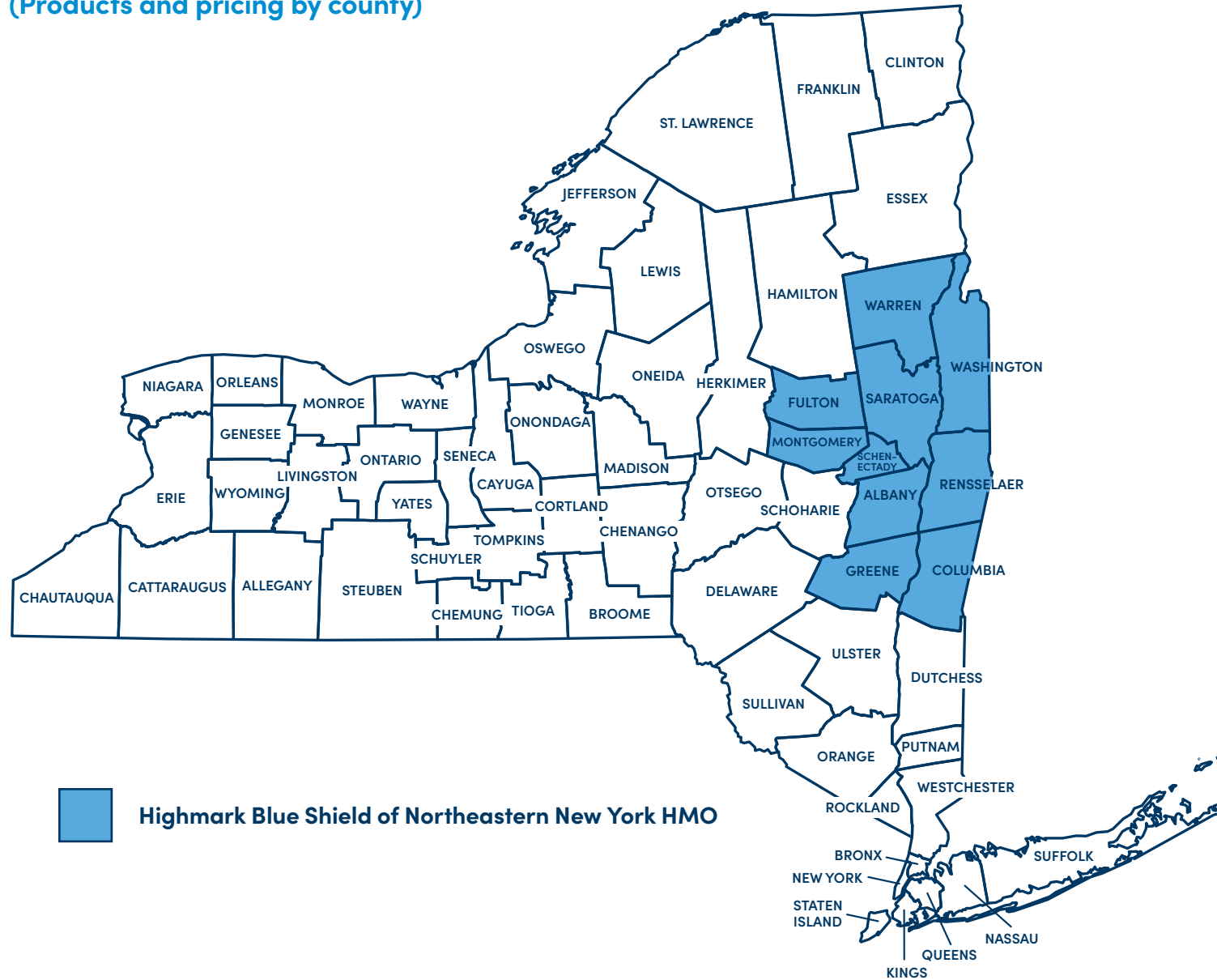
**Pricing is subject to CMS approval*

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

	Valor
Monthly Plan Premium	\$0
Part B Premium Buyback	\$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 Freestanding 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
	\$245 Copay IN; \$375 Copay OON
Ambulance	Emergent/Non-Emergent: \$250 IN Non-Emergent: 30% Coinsurance OON
Transportation	\$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 Delaware)
Emergency Room	\$95 Copay
Urgent Care	\$50 Copay
Inpatient Hospital Stay	\$275/admit IN; \$395/admit OON
Inpatient Psych 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); \$196/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, 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/OON
Meal Benefit	Not Covered
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips. IN
Papa Pals	Not Covered
Healthcare Kits	Not Covered
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	20% Coinsurance IN; 30% Coinsurance OON
Medicare Covered Vision (Office Visit)	\$10 Copay IN; \$10 Copay OON
Routine Vision (Office Visit)	\$0 Copay IN; \$50 Copay OON (1 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 (1 Every Year)
Routine Hearing (Hearing Aids)	2 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 (1 Every Six Months) X-ray: \$0 Copay IN; 30% Coinsurance OON (1 Every Year)
Medicare Covered Comprehensive Dental	\$10 Copay IN; \$10 Copay OON
Comprehensive Dental — Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.
Medicare Covered Chiropractic	\$15 Copay IN; \$35 Copay OON
Routine Chiropractic	\$15 Copay IN; \$35 OON (8 visits)
Medicare Covered Podiatry	\$10 Copay IN; \$10 Copay OON
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
Part D Drugs	
Formulary	Not Covered
Initial Coverage Period/Retail	Not Covered
	Not Covered
Initial Coverage (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day supply))	Not Covered
Coverage Gap	Not Covered
	Not Covered
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31-day supply))	Not Covered
Catastrophic OOP Threshold: \$7,400	Not Covered
Part D Senior Savings Model	Not Covered

Highmark Blue Shield of Northeastern New York HMO

(Products and pricing by county)



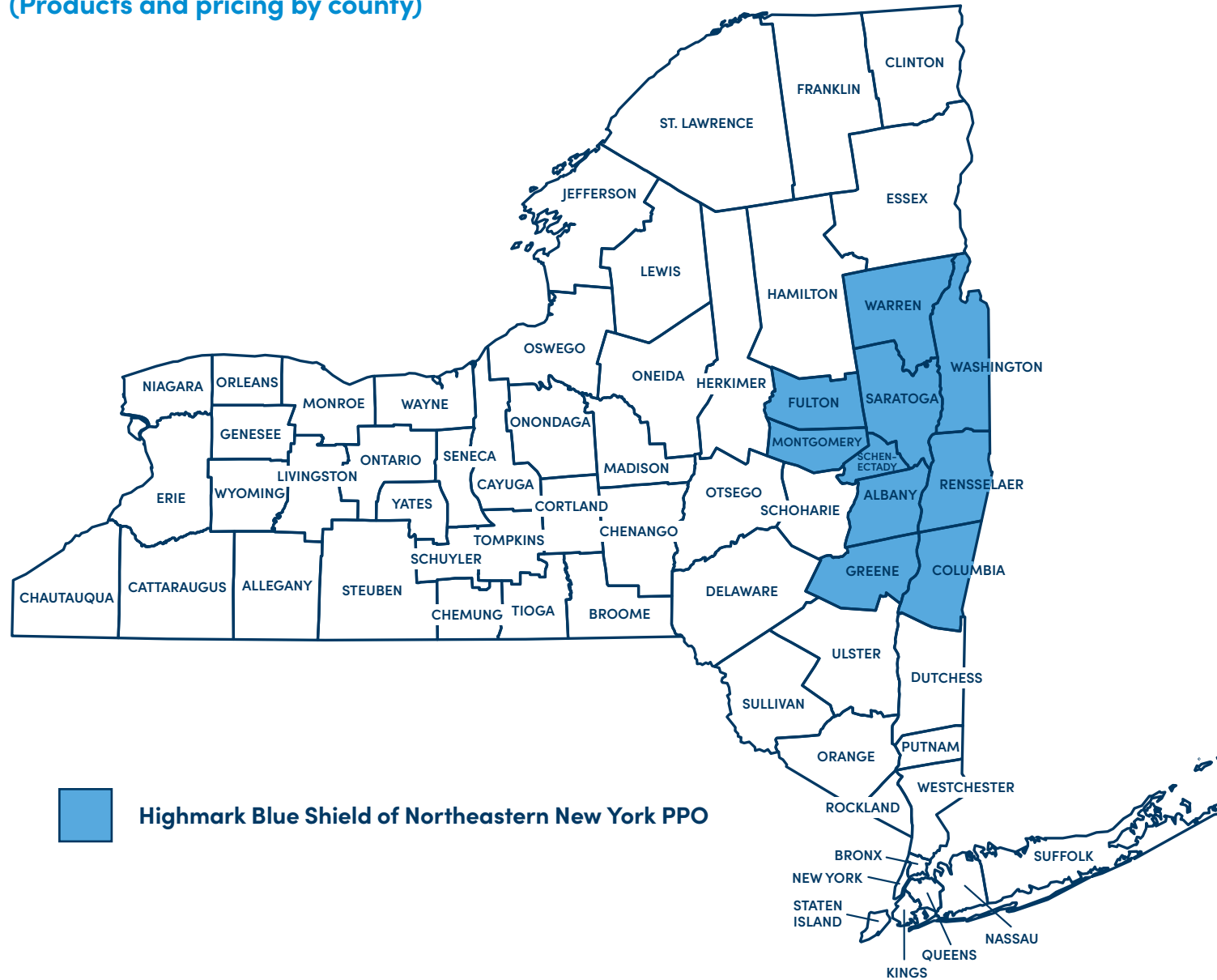
*Pricing is subject to CMS approval

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	\$55	\$122
Part B Premium Buyback	\$2	\$0	\$0
Out-of-Pocket Maximum	\$7,550	\$6,700	\$6,700
In Network and Out of Network Combined OOP Max	N/A	N/A	N/A
PCP Office Visit	\$0 Copay	\$0 / \$10 Copay	\$0 Copay
Specialist Office Visit	\$41 Copay	\$35 Copay	\$26 Copay
Outpatient Diagnostic Procedures / Tests	\$50 Copay	\$50 Copay	\$50 Copay
Outpatient Lab Services	\$10 Copay	\$10 Copay	\$5 Copay
X-Rays	\$50 Copay	\$50 Copay	\$50 Copay
Radiation Therapy	20% Coinsurance	20% Coinsurance	20% Coinsurance
Advanced Imaging	\$200 Copay	\$200 Copay	\$150 Copay
Preventive/Screening	\$0 Copay	\$0 Copay	\$0 Copay
Outpatient Physical and Speech Therapy	\$30 Copay	\$25 Copay	\$15 Copay
Medicare Covered Acupuncture	\$250 allowance (combined with alternative therapies)	\$500 allowance (combined with alternative therapies)	\$500 allowance (combined with alternative therapies)
Outpatient Occupational Therapy	\$30 Copay	\$25 Copay	\$15 Copay
Outpatient Mental Health	\$40 Per Session	\$40 Per Session	\$40 Per Session
Outpatient Substance Abuse	50% Per Service	50% Per Service	50% Per Service
Outpatient Surgical	ASC: \$275 Copay Facility: \$375 Copay	ASC: \$230 Copay Facility: \$330 Copay	ASC: \$200 Copay Facility: \$300 Copay
Ambulance	Emergent/Non-Emergent: \$290	Emergent/Non-Emergent: \$300	Emergent/Non-Emergent: \$200
Transportation	Not Covered	Not Covered	Not Covered
Emergency Room	\$95 Copay	\$95 Copay	\$95 Copay
Urgent Care	\$60 Copay	\$60 Copay	\$60 Copay
Inpatient Hospital Stay	\$375 per day (days 1-5); \$1,875 OOP Max/Year	\$325 per day (days 1-4); \$1,300 OOP Max/Year	\$225 per day (days 1-7); \$1,575 OOP Max/Year
Inpatient Psych Stay	\$310 per day (days 1-6)	\$275 per day (days 1-6)	\$260 per day (days 1-6)
Skilled Nursing Facility	\$196 per day (days 21-100)	\$196 per day (days 21-100)	\$196 per day (days 21-100)
Home Health	\$0 Copay	\$0 Copay	\$0 Copay
Diabetic Supplies and Services	\$0 Copay	\$0 Copay	\$0 Copay
Durable Medical Equipment	0%/20% Coinsurance	0%/20% Coinsurance	0%/20% Coinsurance
OTC	\$25 Allowance Once Per Quarter	\$35 Allowance Once Per Quarter	\$35 Allowance Once Per Quarter
Meal Benefit	\$0 Copay	\$0 Copay	\$0 Copay
Additional Telehealth Services	\$0/\$41 Copay	\$0/\$35 Copay	\$0 / \$26 Copay IN /50% Coinsurance
Part B Drugs	20% Coinsurance	20% Coinsurance	20% Coinsurance
Medicare Covered Vision (Office Visit)	\$0/\$41 Copay	\$0/\$35 Copay	\$0/\$26 Copay
Routine Vision (Office Visit)	\$25 Copay	\$25 Copay	\$25 Copay
Eye Wear (Medicare Covered, post cataract)	\$0 Copay	\$0 Copay	\$0 Copay
Eye Wear (Non-Medicare Covered)	\$100 Allowance	\$200 Allowance	\$200 Allowance
Medicare Covered Hearing Exam	\$41 Copay	\$35 Copay	\$26 Copay
Routine Hearing Exam	\$45 Copay	\$45 Copay	\$45 Copay
Routine Hearing (Hearing Aids)	Per Hearing Aid: \$699/\$999	Per Hearing Aid: \$599/\$899	Per Hearing Aid: \$599/\$899
Routine Dental	\$0 Copay	\$0 Copay	\$0 Copay
Medicare Covered Comprehensive Dental	\$41 Copay	\$35 Copay	\$26 Copay
Comprehensive Dental - Supplemental	50% Coinsurance/\$2,000 max/yr.	50% Coinsurance/\$2,000 max/yr.	50% Coinsurance/\$2,000 max/yr.
Medicare Covered Chiropractic	\$20 Copay	\$20 Copay	\$20 Copay
Routine Chiropractic	\$20 Copay (6 visits)	\$20 Copay (12 visits)	\$20 Copay (12 visits)
Medicare Covered Podiatry	\$41 Copay	\$35 Copay	\$26 Copay
Routine Podiatry	\$41 Copay	\$35 Copay	\$26 Copay
Cardiac and Pulmonary Rehab	\$15 Copay	\$15 Copay	\$10 Copay
Part D Drugs			
Initial Coverage Period/Retail (31-day)	Preferred Retail: Tier 1: \$3, Tier 2: \$10, Tier 3: \$42, Tier 4: \$94, Tier 5: 28% Non-preferred Retail: Tier 1: \$8, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 28%	Preferred Retail: Tier 1: \$2, Tier 2: \$8, Tier 3: \$42, Tier 4: \$94, Tier 5: 28% Non-preferred Retail: Tier 1: \$7, Tier 2: \$13, Tier 3: \$47, Tier 4: \$100, Tier 5: 28%	Preferred Retail: Tier 1: \$2, Tier 2: \$10, Tier 3: \$42, Tier 4: \$94, Tier 5: 33% Non-preferred Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%
Initial Coverage Limit: \$4,660			
Initial Coverage Period/Mail (32-90 days)	Preferred Mail: Tier 1: \$0, Tier 2: \$25, Tier 3: \$105, Tier 4: \$235, Tier 5: Not Covered Non-preferred Mail: Tier 1: \$20, Tier 2: \$37.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: Not Covered	Preferred Mail: Tier 1: \$0, Tier 2: \$20, Tier 3: \$105, Tier 4: \$235, Tier 5: Not Covered Non-preferred Mail: Tier 1: \$17.50, Tier 2: \$32.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: Not Covered	Preferred Mail: Tier 1: \$0, Tier 2: \$25, Tier 3: \$105, Tier 4: \$235, Tier 5: Not Covered Non-preferred Mail: Tier 1: \$17.50, Tier 2: \$37.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: Not Covered
Gap Coverage (DS: Defined Standard Coverage)	Retail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS Mail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS	Retail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS Mail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS	Retail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS Mail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS
Part D Senior Savings Model	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy
Plan Type	Enhanced	Enhanced	Enhanced
Deductible	\$295 T3-T5	\$275 T3-T5	\$0

Highmark Blue Shield of Northeastern New York PPO

(Products and pricing by county)



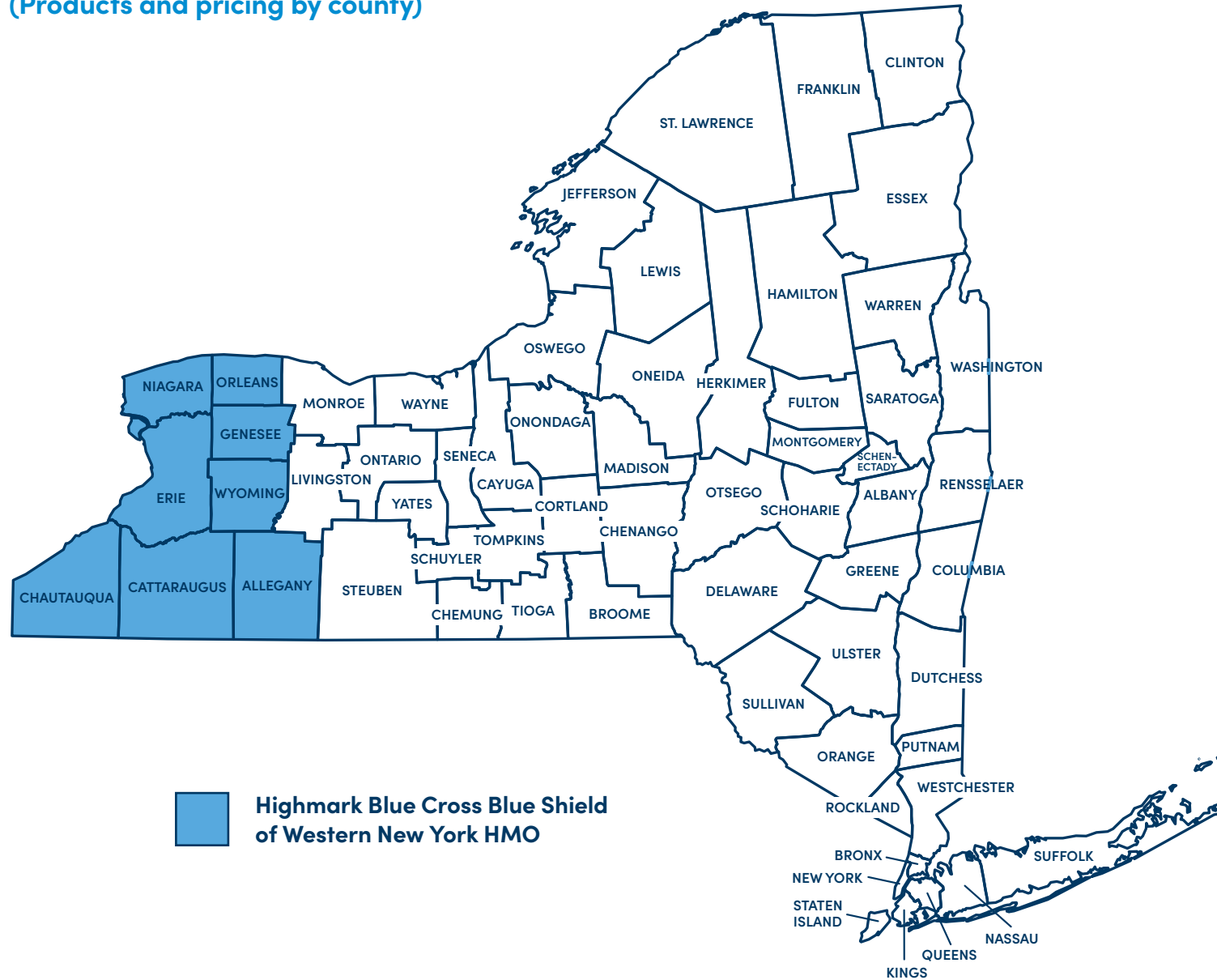
*Pricing is subject to CMS approval

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

	Freedom Nation PPO	Freedom Basic PPO	Forever Blue 770 PPO
Monthly Plan Premium	\$0	\$0	\$199
Part B Premium Buyback	\$2	\$57	\$0
Out-of-Pocket Maximum	\$7,550 IN; N/A OON	\$8,300 IN/OON	\$6,7000 IN; N/A OON
In Network and Out of Network Combined OOP Max	\$11,300	\$12,450	\$10,000
PCP Office Visit	\$0 Copay IN; 40% Coinsurance OON	\$0/\$15 Copay IN; 50% Coinsurance OON	\$0/\$5 Copay IN; 25% Coinsurance OON
Specialist Office Visit	\$35 Copay INN; 40% Coinsurance OON	\$46 Copay INN; 50% Coinsurance OON	\$22 Copay INN; 25% Coinsurance OON
Outpatient Diagnostic Procedures / Tests	\$50 Copay IN; 50% Coinsurance OON	\$50 Copay IN; 50% Coinsurance OON	\$40 Copay IN; 25% Coinsurance OON
Outpatient Lab Services	\$5 Copay IN/OON	\$10 Copay IN/OON	\$5 Copay IN/OON
X-Rays	\$50 Copay IN; 50% Coinsurance OON	\$50 Copay IN; 50% Coinsurance OON	\$40 Copay IN; 25% Coinsurance OON
Radiation Therapy	20% Coinsurance IN; 50% Coinsurance OON	20% Coinsurance IN; 50% Coinsurance OON	20% Coinsurance IN; 25% Coinsurance OON
Advanced Imaging	\$200 Copay IN; 50% Coinsurance OON	\$200 Copay IN; 50% Coinsurance OON	\$150 Copay IN; 25% Coinsurance OON
Preventive/Screening	\$0 Copay IN; 40% Coinsurance OON	\$0 Copay IN; 50% Coinsurance OON	\$0 Copay IN; 25% Coinsurance OON
Outpatient Physical and Speech Therapy	\$35 Copay IN; 50% Coinsurance OON	\$40 Copay IN; 50% Coinsurance OON	\$15 Copay IN; 25% Coinsurance OON
Medicare Covered Acupuncture	\$250 allowance (combined with alternative therapies) IN/OON	\$100 allowance (combined with alternative therapies) IN/OON	\$500 allowance (combined with alternative therapies) IN/OON
Outpatient Occupational Therapy	\$35 Copay IN; 50% Coinsurance OON	\$40 Copay IN; 50% Coinsurance OON	\$15 Copay IN; 25% Coinsurance OON
Outpatient Mental Health	\$40 Per Session IN; 50% Per Service OON	\$40 Per Session IN; 50% Per Service OON	\$40 Per Session IN; 50% Per Service OON
Outpatient Substance Abuse	50% Per Service IN/OON	50% Per Service IN/OON	50% Per Service IN/OON
Outpatient Surgical	ASC: \$225 Copay IN; 50% Coinsurance OON Facility: \$325 Copay IN; 50% Coinsurance OON	ASC: \$425 Copay IN; 50% Coinsurance OON Facility: \$475 Copay IN; 50% Coinsurance OON	ASC: \$175 Copay IN; 25% Coinsurance OON Facility: \$275 Copay IN; 25% Coinsurance OON
Ambulance	Emergent/Non-Emergent: \$310 IN/OON	Emergent/Non-Emergent: \$305 IN/OON	Emergent/Non-Emergent: \$200 IN/OON
Transportation	Not Covered	Not Covered	Not Covered
Emergency Room	\$95 Copay IN/OON	\$95 Copay IN/OON	\$95 Copay IN/OON
Urgent Care	\$60 Copay IN/OON	\$60 Copay IN/OON	\$60 Copay IN/OON
Inpatient Hospital Stay	\$375 per day (days 1-5); \$1,875 OOP Max/Year IN; 50% per stay OON	\$400 per day (days 1-5); \$2,000 OOP Max/Year IN; 50% per stay OON	\$205 per day (days 1-7); \$1,435 OOP Max/Year IN; 30% per stay OON
Inpatient Psych Stay	\$370 per day (days 1-5) IN: 50% per stay OON	\$395 per day (days 1-4) IN: 50% per stay OON	\$270 per day (days 1-6) IN: 30% per stay OON
Skilled Nursing Facility	\$196 per day (days 21-100) IN; 50% per stay OON	\$196 per day (days 21-100) IN; 50% per stay OON	\$196 per day (days 21-100) IN; 30% per stay OON
Home Health	\$0 Copay IN; 50% Coinsurance OON	\$0 Copay IN; 50% Coinsurance OON	\$0 Copay IN; 25% Coinsurance OON
Diabetic Supplies and Services	\$0 Copay IN; 50% Coinsurance OON	\$0 Copay IN; 50% Coinsurance OON	\$0 Copay IN; 50% Coinsurance OON
Durable Medical Equipment	0%/20% Coinsurance IN; 50% Coinsurance OON	0%/20% Coinsurance IN; 50% Coinsurance OON	0%/20% Coinsurance IN; 50% Coinsurance OON
OTC	\$25 Allowance Once Per Quarter IN/OON	Not Covered	\$35 Allowance Once Per Quarter IN/OON
Meal Benefit	\$0 Copay IN/OON	\$0 Copay IN/OON	\$0 Copay IN/OON
Additional Telehealth Services	\$0/\$35 Copay IN; Not Covered OON	\$0/\$46 Copay IN; Not Covered OON	\$0/\$22 Copay IN; Not Covered OON
Part B Drugs	20% Coinsurance IN; 50% Coinsurance OON	20% Coinsurance IN; 50% Coinsurance OON	20% Coinsurance IN; 25% Coinsurance OON
Medicare Covered Vision (Office Visit)	\$0/\$35 Copay IN; 40% Coinsurance OON	\$0/\$46 Copay IN; 50% Coinsurance OON	\$0/\$22 Copay IN; 25% Coinsurance OON
Routine Vision (Office Visit)	\$25 Copay IN; 20% Coinsurance OON	\$25 Copay IN; 20% Coinsurance OON	\$25 Copay IN; 20% Coinsurance OON
Eye Wear (Medicare Covered, post cataract)	\$0 Copay IN; 20% Coinsurance OON	\$0 Copay IN; 20% Coinsurance OON	\$0 Copay IN; 20% Coinsurance OON
Eye Wear (Non-Medicare Covered)	\$100 Allowance IN/OON	Not Covered	\$200 Allowance IN/OON
Medicare Covered Hearing Exam	\$35 Copay IN; 40% Coinsurance OON	\$46 Copay IN; 50% Coinsurance OON	\$22 Copay IN; 25% Coinsurance OON
Routine Hearing Exam	\$45 Copay IN/OON	Not Covered	\$45 Copay IN/OON
Routine Hearing (Hearing Aids)	Per Hearing Aid: \$699 / \$999 IN/OON	Not Covered	Per Hearing Aid: \$599 / \$899 IN/OON
Routine Dental	\$0 Copay IN/OON	\$20 per service (max 2/yr.)	\$0 Copay IN/OON
Medicare Covered Comprehensive Dental	\$35 Copay IN; 40% Coinsurance OON	\$46 Copay IN; 50% Coinsurance OON	\$22 Copay IN; 25% Coinsurance OON
Comprehensive Dental – Supplemental	50% Coinsurance/\$2,000 max/yr.IN/OON	50% Coinsurance/\$1,000 max/yr.IN/OON	50% Coinsurance/\$2,000 max/yr.IN/OON
Medicare Covered Chiropractic	\$20 Copay IN; 50% Coinsurance OON	\$20 Copay IN; 50% Coinsurance OON	\$20 Copay IN; 25% Coinsurance OON
Routine Chiropractic	\$20 Copay IN (6 visits); 50% Coinsurance OON (6 visits)	\$20 Copay IN (3 visits); 50% Coinsurance OON (3 visits)	\$20 Copay IN (12 visits); 25% Coinsurance OON (12 visits)
Medicare Covered Podiatry	\$35 Copay IN; 40% Coinsurance OON	\$46 Copay IN; 50% Coinsurance OON	\$22 Copay IN; 25% Coinsurance OON
Routine Podiatry	\$35 Copay IN; 40% Coinsurance OON	\$46 Copay IN; 50% Coinsurance OON	\$22 Copay IN; 25% Coinsurance OON
Cardiac and Pulmonary Rehab	\$20 Copay IN; 50% Coinsurance OON	\$10 Copay IN; 50% Coinsurance OON	\$15 Copay IN; 25% Coinsurance OON
Part D Drugs			
Initial Coverage Period/Retail (31-day)	Preferred Retail: Tier 1: \$0, Tier 2: \$12, Tier 3: \$42, Tier 4: \$94, Tier 5: 30% IN/OON	Preferred Retail: Tier 1: \$2, Tier 2: \$14, Tier 3: \$42, Tier 4: \$94, Tier 5: 27% IN/OON	Preferred Retail: Tier 1: \$2, Tier 2: \$10, Tier 3: \$42, Tier 4: \$94, Tier 5: 33% IN/OON
Initial Coverage Limit: \$4,660	Non-preferred Retail: Tier 1: \$5, Tier 2: \$17, Tier 3: \$47, Tier 4: \$100, Tier 5: 30% IN/OON	Non-preferred Retail: Tier 1: \$7, Tier 2: \$19, Tier 3: \$47, Tier 4: \$100, Tier 5: 27% IN/OON	Non-preferred Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33% IN/OON
Initial Coverage Period/Mail (32-90 days)	Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$105, Tier 4: \$235, Tier 5: Not Covered IN/OON Non-preferred Mail: Tier 1: \$12.50, Tier 2: \$42.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: Not Covered IN/OON	Preferred Mail: Tier 1: \$0, Tier 2: \$35, Tier 3: \$105, Tier 4: \$235, Tier 5: Not Covered IN/OON Non-preferred Mail: Tier 1: \$17.50, Tier 2: \$47.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: Not Covered IN/OON	Preferred Mail: Tier 1: \$0, Tier 2: \$25, Tier 3: \$105, Tier 4: \$235, Tier 5: Not Covered IN/OON Non-preferred Mail: Tier 1: \$17.50, Tier 2: \$37.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: Not Covered IN/OON
Gap Coverage (DS: Defined Standard Coverage)	Retail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS Mail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS	Retail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS Mail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS	Retail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS Mail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS
Part D Senior Savings Model	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy
Plan Type	Enhanced	Enhanced	Enhanced
Deductible	\$175 T4-T5	\$350 T3-T5	\$0

Highmark Blue Cross Blue Shield of Western New York HMO

(Products and pricing by county)

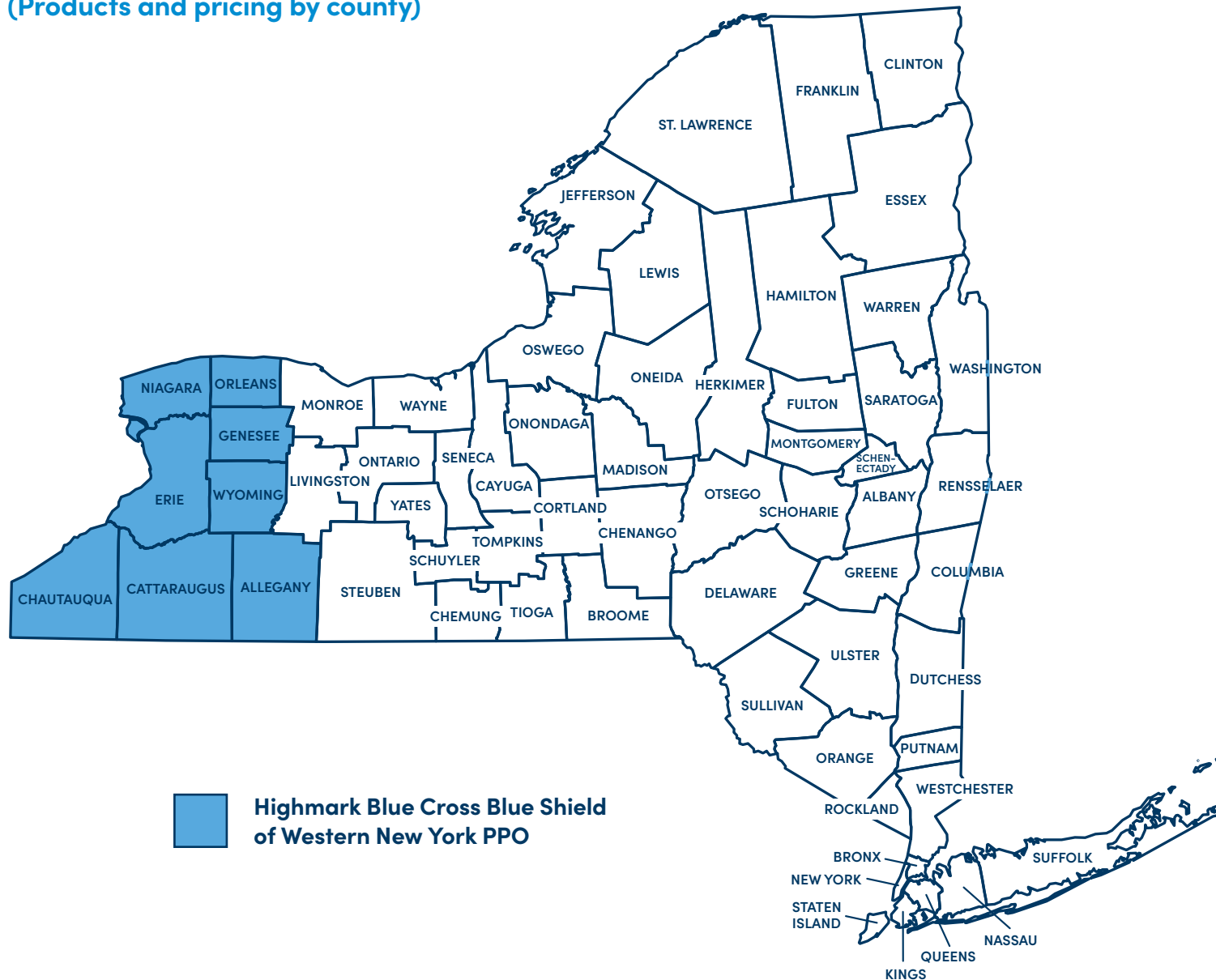


*Pricing is subject to CMS approval

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

	BlueSaver HMO	Senior Blue Basic HMO	Senior Blue 601 HMO	Senior Blue 651 HMO	Senior Blue Select HMO
Monthly Plan Premium	\$0	\$0	\$0	\$117	\$55
Part B Premium Buyback	\$2	\$62	\$0	\$0	\$0
Out-of-Pocket Maximum	\$7,550	\$8,300	\$6,700	\$6,700	\$6,700
In Network and Out of Network Combined OOP Max	N/A	N/A	N/A	N/A	N/A
PCP Office Visit	\$0 Copay	\$0/\$15 Copay	\$0/\$5 Copay	\$0 Copay	\$0 Copay
Specialist Office Visit	\$35 Copay	\$45 Copay	\$45 Copay	\$25 Copay	\$30 Copay
Outpatient Diagnostic Procedures / Tests	\$50 Copay	\$60 Copay	\$45 Copay	\$40 Copay	\$50 Copay
Outpatient Lab Services	\$0 Copay	\$10 Copay	\$0 Copay	\$5 Copay	\$0 Copay
X-Rays	\$45 Copay	\$50 Copay	\$45 Copay	\$40 Copay	\$45 Copay
Radiation Therapy	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
Advanced Imaging	\$175 Copay	\$225 Copay	\$150 Copay	\$150 Copay	\$175 Copay
Preventive/Screening	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Outpatient Physical and Speech Therapy	\$30 Copay	\$40 Copay	\$15 Copay	\$15 Copay	\$25 Copay
Medicare Covered Acupuncture	\$250 allowance (combined with alternative therapies)	\$100 allowance (combined with alternative therapies)	\$250 allowance (combined with alternative therapies)	\$500 allowance (combined with alternative therapies)	\$500 allowance (combined with alternative therapies)
Outpatient Occupational Therapy	\$30 Copay	\$40 Copay	\$15 Copay	\$15 Copay	\$25 Copay
Outpatient Mental Health	\$40 Per Session	\$40 Per Session	\$40 Per Session	\$40 Per Session	\$40 Per Session
Outpatient Substance Abuse	50% Per Service	50% Per Service	50% Per Service	50% Per Service	50% Per Service
Outpatient Surgical	ASC: \$275 Copay Facility: \$375 Copay	ASC: \$425 Copay Facility: \$475 Copay	ASC: \$225 Copay Facility: \$325 Copay	ASC: \$225 Copay Facility: \$325 Copay	ASC: \$300 Copay Facility: \$400 Copay
Ambulance	Emergent/Non-Emergent: \$295	Emergent/Non-Emergent: \$300	Emergent/Non-Emergent: \$200	Emergent/Non-Emergent: \$200	Emergent/Non-Emergent: \$260
Transportation	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Emergency Room	\$95 Copay	\$95 Copay	\$95 Copay	\$95 Copay	\$95 Copay
Urgent Care	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay
Inpatient Hospital Stay	\$360 per day (days 1-5); \$1,800 OOP Max/Year	\$400 per day (days 1-5); \$2,000 OOP Max/Year	\$290 per day (days 1-7); \$2,030 OOP Max/Year	\$225 per day (days 1-7); \$1,575 OOP Max/Year	\$335 per day (days 1-5); \$1,675 OOP Max/Year
Inpatient Psych Stay	\$395 per day (days 1-4)	\$395 per day (days 1-4)	\$260 per day (days 1-6)	\$215 per day (days 1-6)	\$260 per day (days 1-6)
Skilled Nursing Facility	\$196 per day (days 21-100)	\$196 per day (days 21-100)	\$196 per day (days 21-100)	\$196 per day (days 21-100)	\$196 per day (days 21-100)
Home Health	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Diabetic Supplies and Services	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Durable Medical Equipment	0%/20% Coinsurance	0%/20% Coinsurance	0%/20% Coinsurance	0%/20% Coinsurance	0%/20% Coinsurance
OTC	\$25 Allowance Once Per Quarter	Not Covered	\$25 Allowance Once Per Quarter	\$35 Allowance Once Per Quarter	\$35 Allowance Once Per Quarter
Meal Benefit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Additional Telehealth Services	\$0/\$35 Copay	\$0/\$45 Copay	\$0/\$45 Copay	\$0/\$25 Copay	\$0/\$30 Copay
Part B Drugs	20% Coinsurance	20% Coinsurance	20% Coinsurance IN	20% Coinsurance	20% Coinsurance
Medicare Covered Vision (Office Visit)	\$0/\$35 Copay	\$0/\$45 Copay	\$0/\$45 Copay	\$0/\$25 Copay	\$0/\$30 Copay
Routine Vision (Office Visit)	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Eye Wear (Medicare Covered, post cataract)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Eye Wear (Non-Medicare Covered)	\$100 Allowance	Not Covered	\$100 Allowance	\$200 Allowance	\$200 Allowance
Medicare Covered Hearing Exam	\$35 Copay	\$45 Copay	\$45 Copay	\$25 Copay	\$30 Copay
Routine Hearing Exam	\$45 Copay	Not Covered	\$45 Copay	\$45 Copay	\$45 Copay
Routine Hearing (Hearing Aids)	Per Hearing Aid: \$699/\$999	Not Covered	Per Hearing Aid: \$699/\$999	Per Hearing Aid: \$599/\$899	Per Hearing Aid: \$599/\$899
Routine Dental	\$0 Copay	\$20 Copay (max 2/yr)	\$0 Copay	\$0 Copay	\$0 Copay
Medicare Covered Comprehensive Dental	\$35 Copay	\$45 Copay	\$45 Copay	\$25 Copay	\$30 Copay
Comprehensive Dental — Supplemental	50% Coinsurance/\$2,000 max/yr.	50% Coinsurance/\$1,000 max/yr.	50% Coinsurance/\$2,000 max/yr.	50% Coinsurance/\$2,000 max/yr.	50% Coinsurance/\$2,000 max/yr.
Medicare Covered Chiropractic	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Routine Chiropractic	\$20 Copay (6 visits)	\$20 Copay (3 visits)	\$20 Copay (6 visits)	\$20 Copay (12 visits)	\$20 Copay (12 visits)
Medicare Covered Podiatry	\$35 Copay	\$45 Copay	\$25 Copay	\$25 Copay	\$30 Copay
Routine Podiatry	\$35 Copay	\$45 Copay	\$45 Copay	\$25 Copay	\$30 Copay
Cardiac and Pulmonary Rehab	\$10 Copay	\$10 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Part D Drugs					
Initial Coverage Period/Retail (31-day)	Preferred Retail: Tier 1: \$0, Tier 2: \$12, Tier 3: \$42, Tier 4: \$94, Tier 5: 29% Non-preferred Retail: Tier 1: \$5, Tier 2: \$17, Tier 3: \$47, Tier 4: \$100, Tier 5: 29%	Preferred Retail: Tier 1: \$4, Tier 2: \$12, Tier 3: \$42, Tier 4: \$94, Tier 5: 27% Non-preferred Retail: Tier 1: \$9, Tier 2: \$17, Tier 3: \$47, Tier 4: \$100, Tier 5: 27%	Not Covered	Preferred Retail: Tier 1: \$2, Tier 2: \$10, Tier 3: \$42, Tier 4: \$94, Tier 5: 33% Non-preferred 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% Non-preferred Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 30%
Initial Coverage Period/Mail (32-90 days)	Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$105, Tier 4: \$235, Tier 5: Not Covered Non-preferred Mail: Tier 1: \$12.50, Tier 2: \$42.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: Not Covered	Preferred Mail: Tier 1: \$0, Tier 2: \$30, Tier 3: \$105, Tier 4: \$235, Tier 5: Not Covered Non-preferred Mail: Tier 1: \$22.50, Tier 2: \$42.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: Not Covered	Not Covered	Preferred Mail: Tier 1: \$0, Tier 2: \$25, Tier 3: \$105, Tier 4: \$235, Tier 5: Not Covered Non-preferred Mail: Tier 1: \$17.50, Tier 2: \$37.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: Not Covered	Preferred Mail: Tier 1: \$0, Tier 2: \$25, Tier 3: \$105, Tier 4: \$235, Tier 5: Not Covered Non-preferred Mail: Tier 1: \$17.50, Tier 2: \$37.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: Not Covered
Gap Coverage (DS: Defined Standard Coverage)	Retail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS Mail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS	Retail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS Mail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS	Not Covered	Retail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS Mail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS	Retail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS Mail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS
Part D Senior Savings Model	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	Not Covered	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy
Plan Type	Enhanced	Enhanced	Not Covered	Enhanced	Enhanced
Deductible	\$250 T4-T5	\$350 T3-T5	Not Covered	\$0	\$175 T3-T5

(Products and pricing by county)



SECTION IV | MEDICARE ADVANTAGE PRODUCTS AND PRICING BY COUNTY

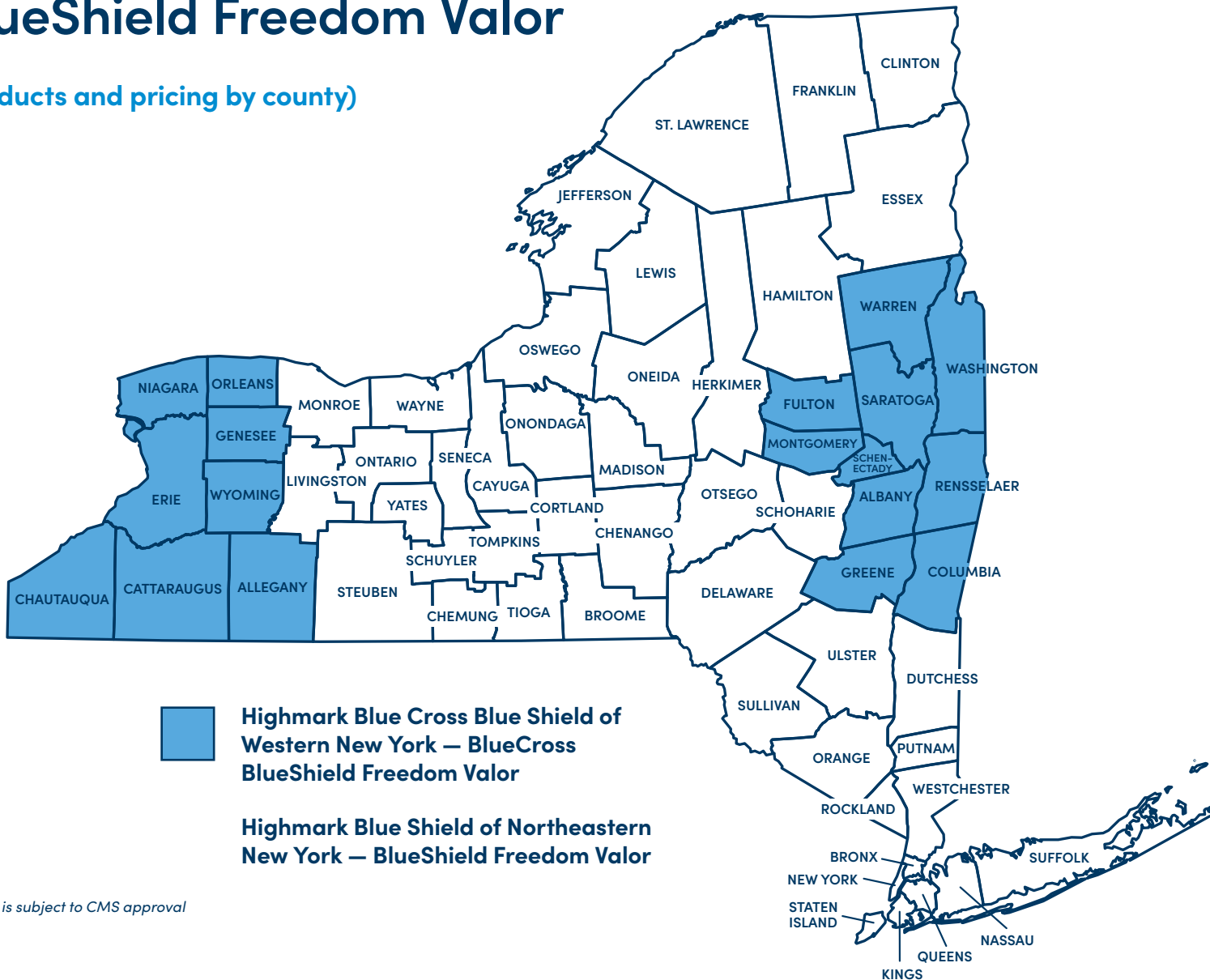
Highmark Blue Cross Blue Shield of Western New York PPO (Products and pricing by county)

	Freedom Nation PPO	Forever Blue Value PPO	Forever Blue 751 PPO
Monthly Plan Premium	\$22	\$142	\$201
Part B Premium Buyback	\$0	\$0	\$0
Out-of-Pocket Maximum	\$7,550 IN; N/A OON	\$6,700 IN; N/A OON	\$6,700 IN; N/A OON
In Network and Out of Network Combined OOP Max	\$11,300	\$10,000	\$10,000
PCP Office Visit	\$0 Copay IN; 50% Coinsurance OON	\$0/\$10 Copay IN; 35% Coinsurance OON	\$0/\$5 Copay IN; 25% Coinsurance OON
Specialist Office Visit	\$35 Copay IN; 50% Coinsurance OON	\$30 Copay IN; 35% Coinsurance OON	\$25 Copay IN; 25% Coinsurance OON
Outpatient Diagnostic Procedures / Tests	\$50 Copay IN; 50% Coinsurance OON	\$45 Copay IN; 35% Coinsurance OON	\$40 Copay IN; 25% Coinsurance OON
Outpatient Lab Services	\$5 Copay IN/OON	\$5 Copay IN; 35% Coinsurance OON	\$5 Copay IN; 25% Coinsurance OON
X-Rays	\$50 Copay IN; 50% Coinsurance OON	\$45 Copay IN; 35% Coinsurance OON	\$40 Copay IN; 25% Coinsurance OON
Radiation Therapy	20% Coinsurance IN; 50% Coinsurance OON	20% Coinsurance IN; 35% Coinsurance OON	20% Coinsurance IN; 25% Coinsurance OON
Advanced Imaging	\$200 Copay IN; 50% Coinsurance OON	\$150 Copay IN; 35% Coinsurance OON	\$150 Copay IN; 25% Coinsurance OON
Preventive/Screening	\$0 Copay IN; 50% Coinsurance OON	\$0 Copay IN; 35% Coinsurance OON	\$0 Copay IN; 25% Coinsurance OON
Outpatient Physical and Speech Therapy	\$30 Copay IN; 50% Coinsurance OON	\$20 Copay IN; 35% Coinsurance OON	\$20 Copay IN; 25% Coinsurance OON
Medicare Covered Acupuncture	\$250 allowance (combined with alternative therapies) IN/OON	\$500 allowance (combined with alternative therapies) IN/OON	\$500 allowance (combined with alternative therapies) IN/OON
Outpatient Occupational Therapy	\$30 Copay IN; 50% Coinsurance OON	\$20 Copay IN; 35% Coinsurance OON	\$20 Copay IN; 25% Coinsurance OON
Outpatient Mental Health	\$40 Per Session IN; 50% Per Service OON	\$40 Per Session IN; 50% Per Service OON	\$40 Per Session IN; 50% Per Service OON
Outpatient Substance Abuse	50% Per Service IN/OON	50% Per Service IN/OON	50% Per Service IN/OON
Outpatient Surgical	ASC: \$275 Copay IN; 50% Coinsurance OON Facility: \$375 Copay IN; 50% Coinsurance OON	ASC: \$250 Copay IN; 35% Coinsurance OON Facility: \$350 Copay IN; 35% Coinsurance OON	ASC: \$200 Copay IN; 25% Coinsurance OON Facility: \$300 Copay IN; 25% Coinsurance OON
Ambulance	Emergent/Non-Emergent: \$300 IN/OON	Emergent/Non-Emergent: \$250 IN/OON	Emergent/Non-Emergent: \$225 IN/OON
Transportation	Not Covered	Not Covered	Not Covered
Emergency Room	\$95 Copay IN/OON	\$95 Copay IN/OON	\$95 Copay IN/OON
Urgent Care	\$60 Copay IN/OON	\$60 Copay IN/OON	\$60 Copay IN/OON
Inpatient Hospital Stay	\$370 per day (days 1-5); \$1,850 OOP Max/Year IN; 50% per stay OON	\$250 per day (days 1-7); \$1,750 OOP Max/Year IN; 35% per stay OON	\$205 per day (days 1-7); \$1,435 OOP Max/Year IN; 30% per stay OON
Inpatient Psych Stay	\$370 per day (days 1-5) IN; 50% per stay OON	\$270 per day (days 1-6) IN; 35% per stay OON	\$270 per day (days 1-6) IN; 30% per stay OON
Skilled Nursing Facility	\$196 per day (days 21-100) IN; 50% per stay OON	\$196 per day (days 21-100) IN; 35% per stay OON	\$196 per day (days 21-100) IN; 30% per stay OON
Home Health	\$0 Copay IN; 50% Coinsurance OON	\$0 Copay IN; 35% Coinsurance OON	\$0 Copay IN; 25% Coinsurance OON
Diabetic Supplies and Services	\$0 Copay IN; 50% Coinsurance OON	\$0 Copay IN; 50% Coinsurance OON	\$0 Copay IN; 25% Coinsurance OON
Durable Medical Equipment	0%/20% Coinsurance IN; 50% Coinsurance OON	0%/20% Coinsurance IN; 50% Coinsurance OON	0%/20% Coinsurance IN; 50% Coinsurance OON
OTC	\$25 Allowance Once Per Quarter IN/OON	\$35 Allowance Once Per Quarter IN/OON	\$35 Allowance Once Per Quarter IN/OON
Meal Benefit	\$0 Copay IN/OON	\$0 Copay IN/OON	\$0 Copay IN/OON
Additional Telehealth Services	\$0/\$35 Copay IN; Not Covered OON	\$0/\$30 Copay IN; Not Covered OON	\$0/\$25 Copay IN; Not Covered OON
Part B Drugs	20% Coinsurance IN; 50% Coinsurance OON	20% Coinsurance IN; 35% Coinsurance OON	20% Coinsurance IN; 25% Coinsurance OON
Medicare Covered Vision (Office Visit)	\$0/\$35 Copay IN; 50% Coinsurance OON	\$0/\$30 Copay IN; 35% Coinsurance OON	\$0/\$25 Copay IN; 25% Coinsurance OON
Routine Vision (Office Visit)	\$25 Copay IN; 20% Coinsurance OON	\$25 Copay IN; 20% Coinsurance OON	\$25 Copay IN; 20% Coinsurance OON
Eye Wear (Medicare Covered, post cataract)	\$0 Copay IN; 20% Coinsurance OON	\$0 Copay IN; 20% Coinsurance OON	\$0 Copay IN; 20% Coinsurance OON
Eye Wear (Non-Medicare Covered)	\$100 Allowance IN/OON	\$200 Allowance IN/OON	\$200 Allowance IN/OON
Medicare Covered Hearing Exam	\$35 Copay IN; 50% Coinsurance OON	\$30 Copay IN; 35% Coinsurance OON	\$22 Copay IN; 25% Coinsurance OON
Routine Hearing Exam	\$45 Copay IN/OON	\$45 Copay IN/OON	\$45 Copay IN/OON
Routine Hearing (Hearing Aids)	Per Hearing Aid: \$699/\$999 IN/OON	Per Hearing Aid: \$599/\$899 IN/OON	Per Hearing Aid: \$599/\$899 IN/OON
Routine Dental	\$0 Copay IN/OON	\$0 Copay IN/OON	\$0 Copay IN/OON
Medicare Covered Comprehensive Dental	\$35 Copay IN; 50% Coinsurance OON	\$30 Copay IN; 35% Coinsurance OON	\$25 Copay IN; 25% Coinsurance OON
Comprehensive Dental – Supplemental	50% Coinsurance/\$2,000 max/yr.IN/OON	50% Coinsurance/\$2,000 max/yr.IN/OON	50% Coinsurance/\$2,000 max/yr.IN/OON
Medicare Covered Chiropractic	\$20 Copay IN; 50% Coinsurance OON	\$20 Copay IN; 35% Coinsurance OON	\$20 Copay IN; 25% Coinsurance OON
Routine Chiropractic	\$20 Copay IN (6 visits); 50% Coinsurance OON (6 visits)	\$20 Copay IN (12 visits); 35% Coinsurance OON (12 visits)	\$20 Copay IN (12 visits); 25% Coinsurance OON (12 visits)
Medicare Covered Podiatry	\$35 Copay IN; 50% Coinsurance OON	\$30 Copay IN; 35% Coinsurance OON	\$25 Copay IN; 25% Coinsurance OON
Routine Podiatry	\$35 Copay IN; 50% Coinsurance OON	\$30 Copay IN; 35% Coinsurance OON	\$25 Copay IN; 25% Coinsurance OON
Cardiac and Pulmonary Rehab	\$10 Copay IN; 50% Coinsurance OON	\$5 Copay IN; 35% Coinsurance OON	\$15 Copay IN; 25% Coinsurance OON
Part D Drugs			
Initial Coverage Period/Retail (31-day)	Preferred Retail: Tier 1: \$0, Tier 2: \$12, Tier 3: \$42, Tier 4: \$94, Tier 5: 29% IN/OON	Preferred Retail: Tier 1: \$4, Tier 2: \$10, Tier 3: \$42, Tier 4: \$94, Tier 5: 33% IN/OON	Preferred Retail: Tier 1: \$2, Tier 2: \$8, Tier 3: \$42, Tier 4: \$94, Tier 5: 33% IN/OON
Initial Coverage Limit: \$4,660	Non-preferred Retail: Tier 1: \$5, Tier 2: \$17, Tier 3: \$47, Tier 4: \$100, Tier 5: 29% IN/OON	Non-preferred Retail: Tier 1: \$9, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33% IN/OON	Non-preferred Retail: Tier 1: \$7, Tier 2: \$13, Tier 3: \$47, Tier 4: \$99, Tier 5: 33% IN/OON
Initial Coverage Period/Mail (32-90 days)	Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$105, Tier 4: \$235, Tier 5: Not Covered IN/OON	Preferred Mail: Tier 1: \$0, Tier 2: \$25, Tier 3: \$105, Tier 4: \$235, Tier 5: Not Covered IN/OON	Preferred Mail: Tier 1: \$0, Tier 2: \$20, Tier 3: \$105, Tier 4: \$235, Tier 5: Not Covered IN/OON
	Non-preferred Mail: Tier 1: \$12.50, Tier 2: \$42.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: Not Covered IN/OON	Non-preferred Mail: Tier 1: \$22.50, Tier 2: \$37.50, Tier 3: \$117.50, Tier 4: \$250, Tier 5: Not Covered IN/OON	Non-preferred Mail: Tier 1: \$17.50, Tier 2: \$32.50, Tier 3: \$117.50, Tier 4: \$247.50, Tier 5: Not Covered IN/OON
Gap Coverage (DS: Defined Standard Coverage)	Retail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS Mail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS	Retail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS Mail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS	Retail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS Mail: Tier 1: DS, Tier 2: DS, Tier 3: DS, Tier 4: DS, Tier 5: DS
Part D Senior Savings Model	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy	Tier 3 & Tier 4 Insulins: \$35 for 31 day supply and \$105 for 90 day supply at a retail or mail order pharmacy
Plan Type	Enhanced	Enhanced	Enhanced
Deductible	\$250 T4-T5	\$0	\$0

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)



*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 Buyback	\$50
Out-of-Pocket Maximum	\$6,700 IN/OON
In Network and Out of Network Combined OOP Max	\$10,000
PCP Office Visit	\$0 Copay IN; 50% Coinsurance OON
Specialist Office Visit	\$35 Copay INN; 50% Coinsurance OON
Outpatient Diagnostic Procedures / Tests	\$45 Copay IN; 50% Coinsurance OON
Outpatient Lab Services	\$0 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	\$250 allowance (combined with alternative therapies) IN/OON
Outpatient Occupational Therapy	\$15 Copay IN; 50% Coinsurance OON
Outpatient Mental Health	\$40 Per Session IN; 50% Per Service OON
Outpatient Substance Abuse	50% Per Service IN/OON
Outpatient Surgical	ASC: \$225 Copay IN; 50% Coinsurance OON Facility: \$325 Copay IN; 50% Coinsurance OON
Ambulance	Emergent/Non-Emergent: \$200 IN/OON
Transportation	Not Covered
Emergency Room	\$95 Copay IN/OON
Urgent Care	\$60 Copay IN/OON
Inpatient Hospital Stay	\$290 per day (days 1-7); \$2,030 OOP Max/Year IN; 50% per stay OON
Inpatient Psych Stay	\$260 per day (days 1-6) IN; 50% per stay OON
Skilled Nursing Facility	\$196 per day (days 21-100) IN; 50% per stay OON
Home Health	\$0 Copay IN; 50% Coinsurance OON
Diabetic Supplies and Services	\$0 Copay IN; 50% Coinsurance OON
Durable Medical Equipment	0%/20% Coinsurance IN; 50% Coinsurance OON
OTC	\$25 Allowance Once Per Quarter IN/OON
Meal Benefit	\$0 Copay IN/OON
Additional Telehealth Services	\$0/\$35 Copay IN; Not Covered OON
Part B Drugs	20% Coinsurance IN; 50% Coinsurance OON
Medicare Covered Vision (Office Visit)	\$0/\$35 Copay IN; 50% Coinsurance OON
Routine Vision (Office Visit)	\$25 Copay IN; 20% Coinsurance OON
Eye Wear (Medicare Covered, post cataract)	\$0 Copay IN; 20% Coinsurance OON
Eye Wear (Non-Medicare Covered)	\$100 Allowance IN/OON
Medicare Covered Hearing Exam	\$35 Copay IN; 50% Coinsurance OON
Routine Hearing Exam	\$45 Copay IN/OON
Routine Hearing (Hearing Aids)	Per Hearing Aid: \$699/\$999 IN/OON
Routine Dental	\$0 Copay IN/OON
Medicare Covered Comprehensive Dental	\$35 Copay IN; 50% Coinsurance OON
Comprehensive Dental — Supplemental	50% Coinsurance/\$2,000 max/yr.IN/OON
Medicare Covered Chiropractic	\$20 Copay IN; 50% Coinsurance OON
Routine Chiropractic	\$20 Copay IN (6 visits); 50% Coinsurance OON (6 visits)
Medicare Covered Podiatry	\$35 Copay IN; 50% Coinsurance OON
Routine Podiatry	\$35 Copay IN; 50% Coinsurance OON
Cardiac and Pulmonary Rehab	\$15 Copay IN; 50% Coinsurance OON
Part D Drugs	
Initial Coverage Period/Retail (31-day)	Not Covered
Initial Coverage Limit: \$4,660	
Initial Coverage Period/Mail (32-90 days)	Not Covered
Gap Coverage (DS: Defined Standard Coverage)	Not Covered
Part D Senior Savings Model	Not Covered
Plan Type	Not Covered
Deductible	Not Covered

WPA

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
Allegheny County					
AHN Allegheny General Hospital	✓	✓	✓	✓	✓
AHN Allegheny Valley Hospital	✓	✓	✓	✓	✓
AHN Forbes Hospital	✓	✓	✓	✓	✓
AHN Jefferson Hospital	✓	✓	✓	✓	✓
AHN West Penn Hospital	✓	✓	✓	✓	✓
AHN Wexford Hospital	✓	✓	✓	✓	✓
Heritage Valley Sewickley	✓	✓	✓		✓
Heritage Valley Kennedy	✓	✓	✓		✓
St. Clair Memorial Hospital	✓	✓	✓		✓
UPMC East	✓	✓	✓		
UPMC Magee	✓	✓	✓		
UPMC McKeesport	✓	✓	✓		
UPMC Mercy	✓	✓	✓		
UPMC Passavant	✓	✓	✓		
UPMC Presbyterian	✓	✓	✓		
UPMC Shadyside	✓	✓	✓		
UPMC St. Margaret's	✓	✓	✓		
Armstrong County					
Armstrong County Memorial Hospital	✓	✓	✓		✓
Beaver County					
Heritage Valley Beaver	✓	✓	✓		✓
Bedford County					
UPMC Bedford Memorial	✓	✓	✓	✓	✓
Blair County					
Conemaugh Nason Medical Center	✓	✓	✓		✓
Penn Highlands Tyrone	✓	✓	✓		✓
UPMC Altoona	✓	✓	✓	✓	✓
Butler County					
Butler Memorial Health System	✓	✓	✓		✓
UPMC Passavant Cranberry	✓	✓	✓		✓
Cambria County					
Conemaugh Memorial Medical Center	✓	✓	✓		✓
Conemaugh Miners Medical Center	✓	✓	✓		✓
Clarion County					
Clarion Hospital	✓	✓	✓		✓
Clearfield County					
Penn Highlands Clearfield	✓	✓	✓		✓
Penn Highlands DuBois	✓	✓	✓		✓
Crawford County					
Meadville Medical Center	✓	✓	✓		✓
Titusville Area Hospital	✓	✓	✓		✓
Elk County					
Penn Highlands Elk	✓	✓	✓		✓
Erie County					
AHN Saint Vincent Hospital	✓	✓	✓	✓	✓
Corry Memorial Hospital	✓	✓	✓		✓

WPA (cont'd)

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
Erie County (cont'd)					
Millcreek Community Hospital	✓	✓	✓		✓
UPMC Hamot	✓	✓	✓		
Fayette County					
Penn Highlands Connellsville	✓	✓	✓		✓
WVU Uniontown Hospital	✓	✓	✓		✓
Greene County					
Washington Health System Greene	✓	✓	✓		✓
Huntingdon County					
Penn Highlands Huntingdon Hospital	✓	✓	✓		✓
Indiana County					
Indiana Regional Medical Center	✓	✓	✓		✓
Jefferson County					
Penn Highlands Brookville	✓	✓	✓		✓
Punxsutawny Area Hospital	✓	✓	✓		✓
Lawrence County					
UPMC Jameson	✓	✓	✓	✓	✓
McKean County					
Bradford Regional Medical Center	✓	✓	✓		✓
UPMC Kane	✓	✓	✓	✓	✓
Mercer County					
AHN Grove City	✓	✓	✓	✓	✓
Edgewood Surgical Hospital	✓	✓	✓		✓
Sharon Regional Medical Center	✓	✓	✓		✓
UPMC Horizon	✓	✓	✓	✓	✓
UPMC Horizon – Shanango Campus	✓	✓	✓		✓
Potter County					
UPMC Charles Cole	✓	✓	✓	✓	✓
Somerset County					
Chan Soon-Shiong Medical Center at Windber	✓	✓	✓		✓
Conemaugh Meyersdale Medical Center	✓	✓	✓		✓
UPMC Somerset	✓	✓	✓	✓	✓
Venango County					
UPMC Northwest	✓	✓	✓	✓	✓
Warren County					
Warren General Hospital	✓	✓	✓		✓
Washington County					
Advanced Surgical Hospital	✓	✓	✓		✓
AHN Canonsburg Hospital	✓	✓	✓	✓	✓
Penn Highlands Mon Valley Hospital	✓	✓	✓		✓
Washington Hospital	✓	✓	✓		✓
Westmoreland County					
AHN Hempfield Neighborhood Hospital	✓	✓	✓	✓	✓
Excelsa Health Frick Hospital	✓	✓	✓		✓
Excelsa Health Latrobe Hospital	✓	✓	✓		✓
Excelsa 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
Adams County				
WellSpan Gettysburg Hospital	✓	✓	✓	✓
Berks County				
Penn State Health St. Joseph Medical Center	✓	✓	✓	✓
Reading Hospital	✓		✓	✓
Surgical Institute of Reading	✓		✓	✓
Bradford County				
Guthrie Robert Packer Hospital	✓	✓	✓	✓
Guthrie Robert Packer Hospital — Towanda Campus	✓	✓	✓	✓
Guthrie Troy Community Hospital	✓	✓	✓	✓
Carbon County				
Lehigh Valley Hospital — Carbon	✓	✓	✓	✓
St. Luke's Hospital — Lehigh Valley Campus	✓		✓	✓
Centre County				
Mount Nittany Medical Center	✓	✓	✓	✓
Clinton County				
Bucktail Medical Center	✓		✓	✓
UPMC Lock Haven Hospital	✓		✓	✓
Columbia County				
Berwick Hospital Center	✓	✓	✓	✓
Geisinger Bloomsburg Hospital	✓		✓	✓
Cumberland County				
Penn State Health Hampden Medical Center	✓	✓	✓	✓
Penn State Health Holy Spirit Hospital	✓	✓	✓	✓
UPMC Pinnacle Carlisle	✓		✓	✓
UPMC Pinnacle West Shore Campus	✓	✓	✓	✓
Dauphin County				
Penn State Health Milton S. Hershey Medical Center	✓	✓	✓	✓
UPMC Pinnacle Community Osteopathic	✓	✓	✓	✓
UPMC Pinnacle Harrisburg Campus	✓	✓	✓	✓
Franklin County				
WellSpan Chambersburg Hospital	✓	✓	✓	✓
WellSpan Waynesboro Hospital	✓	✓	✓	✓
Fulton County				
Fulton County Medical Center	✓		✓	✓
Lackawanna County				
Geisinger Community Medical Center	✓		✓	✓
Lehigh Valley Hospital — Dickson City	✓	✓	✓	✓
Moses Taylor Hospital	✓	✓	✓	✓
Regional Hospital of Scranton	✓	✓	✓	✓

CPA and NEPA (cont'd)

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
Lancaster County				
Lancaster General Hospital	✓	✓	✓	✓
UPMC Pinnacle Lititz	✓		✓	✓
WellSpan Ephrata Community Hospital	✓	✓	✓	✓
Lebanon County				
WellSpan Good Samaritan Hospital	✓	✓	✓	✓
Lehigh County				
Lehigh Valley Coordinated Health Hospital of Allentown	✓	✓	✓	✓
Lehigh Valley Hospital — 17th Street	✓	✓	✓	✓
Lehigh Valley Hospital — Cedar Crest	✓	✓	✓	✓
St. Luke's Hospital Allentown	✓		✓	✓
St. Luke's Sacred Heart Hospital	✓		✓	✓
Luzerne County				
Lehigh Valley Hospital — Hazleton	✓	✓	✓	✓
Wilkes-Barre General Hospital	✓	✓	✓	✓
Lycoming County				
Geisinger Jersey Shore Hospital	✓		✓	✓
Geisinger Medical Center Muncy	✓		✓	✓
UPMC Susquehanna Divine Providence Hospital	✓	✓	✓	✓
UPMC Muncy Valley Hospital	✓	✓	✓	✓
UPMC Williamsport Hospital	✓	✓	✓	✓
Mifflin County				
Geisinger Lewistown Hospital	✓		✓	✓
Montour County				
Geisinger Medical Center			✓	
Monroe County				
Lehigh Valley Hospital — Pocono	✓	✓	✓	✓
St. Luke's Hospital — Monroe Campus	✓		✓	✓
Northampton County				
Lehigh Valley Coordinated Health Bethlehem Hospital	✓	✓	✓	✓
Lehigh Valley Hospital — Hecktown Oaks	✓	✓	✓	✓
Lehigh Valley Hospital — Muhlenberg	✓	✓	✓	✓
St. Luke's Hospital — Bethlehem	✓		✓	✓
St. Luke's Hospital — Easton	✓		✓	✓
Northumberland County				
Geisinger Shamokin Area Community Hospital	✓		✓	✓
Schuylkill County				
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	✓		✓	✓

CPA and NEPA (cont'd)

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
Susquehanna County				
Barnes-Kasson County Hospital	✓		✓	✓
Endless Mountain Health Systems	✓	✓	✓	✓
Tioga County				
UPMC Soldiers and Sailors Hospital	✓	✓	✓	✓
Union County				
Evangelical Community Hospital	✓		✓	✓
Wayne County				
Wayne Memorial Hospital	✓	✓	✓	✓
Wyoming County				
Tyler Memorial Hospital	✓	✓	✓	✓
York County				
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
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	Brooke
Cabell Huntington Hospital	Cabell
River Park Hospital	Cabell
St. Mary's Medical Center	Cabell
Minnie Hamilton Health Center	Calhoun
Montgomery General Hospital	Fayette
Plateau Medical Center	Fayette
Grant Memorial Hospital	Grant
Greenbrier Valley Medical Center	Greenbrier
Valley Health – Hampshire Memorial Hospital	Hampshire
WVU Medicine – Highland – Clarksburg Hospital	Harrison
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	Kanawha
Select Specialty Hospital – Charleston	Kanawha
WVU Medicine – Saint Francis Hospital	Kanawha
WVU Medicine – Thomas Memorial Hospital	Kanawha
Mon Health Stonewall Jackson Memorial Hospital	Lewis
Logan Regional Medical Center	Logan
Marion Neighborhood Hospital	Marion

Facility Name	Freedom Blue PPO
	County
WVU Medicine – Fairmont Medical Center	Marion
WVU Medicine – Reynolds Memorial Hospital	Marshall
Pleasant Valley Hospital	Mason
WVU Medicine – Princeton Community Hospital	Mercer
WVU Medicine – Potomac Valley Hospital	Mineral
Mon Health Medical Center	Monongalia
WVU Medicine – Chestnut Ridge Center	Monongalia
WVU Medicine – Children's Hospital	Monongalia
WVU Medicine – J.W. Ruby Memorial Hospital	Monongalia
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	Ohio
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	Raleigh
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



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	New Castle
Delaware Psychiatric Center	New Castle
Select Specialty Hospital – Wilmington	New Castle
Bayhealth Hospital – Sussex Campus	Sussex
Beebe Medical Center	Sussex
TidalHealth – Nanticoke Hospital	Sussex

Northeastern New York

Pending CMS Approval In-Network Hospitals

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
Cableskill Regional Hospital	Schoharie
HealthAlliance Mary's Avenue Campus	Ulster
Glens Falls Hospital	Warren

Western New York

Pending CMS Approval In-Network Hospitals

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

SECTION V

Additional Medicare Advantage 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 2022 is \$170.10.

File individual tax return*	File joint tax return*	File married and separate tax return*	Part B Monthly Premium Increase	Part D Monthly Premium Increase
\$91,000 or less	\$182,000 or less	\$91,000 or less	\$0	Plan premium
Above \$91,000 up to \$114,000	Above \$182,000 up to \$228,000	Not Applicable	\$68	\$12.40
Above \$114,000 up to \$142,000	Above \$228,000 up to \$284,000	Not Applicable	\$170.10	\$32.10
Above \$142,000 up to \$170,000	Above \$284,000 up to \$340,000	Not Applicable	\$272.20	\$51.70
Above \$170,000 up to \$500,000	Above \$340,000 up to \$750,000	Above \$91,000 up to \$409,000	\$374.20	\$71.30
\$500,000 and above	\$750,000 and above	\$409,000 and above	\$408.20	\$77.90

*Based on 2020 filing for 2022 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 **1-800-225-7223** 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	2022 LIS Resource Limit
Full Subsidy LIS	Single	\$9,900
	Married	\$15,600
All Other LIS	Single	\$15,510
	Married	\$30,950

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	\$1.35 generic, \$4 brand	\$0
Full-Benefit Dual Eligible $>$ 100% FPL; or Medicare Saving Program Participant; or SSI (but not Medicaid) Recipient; or Applicant $<$ 135% FPL	\$0	\$3.95 generic, \$9.85 brand	\$0
Applicant $<$ 135% FPL	\$0	\$3.95 generic, \$9.85 brand	\$0
Applicant $<$ 150% FPL	\$99	15%	\$3.95 generic, \$9.85 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
2. Enter 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 HighmarkOTCStore.com, by phone at **1-855-913-0889**, or via mail-in order form. Physical catalogs are available on request from Member Services.

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 **1-855-544-7171** (or 1-800-334-1807, 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.

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.

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**
 - » Macular 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
 - 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.

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:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in)	
Agent's Signature:	
Plan(s) the agent represented during this 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:

Y0037_15_0594 Accepted

Highmark Senior Health Company, Highmark Choice Company and Highmark Senior Solutions Company are Medicare Advantage plans with a Medicare contract. HM Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in Highmark Senior Health Company, Highmark Choice Company, Highmark Senior Solutions Company and HM Health Insurance Company depends on contract renewal.

Contact Information

Medicare Advantage Producer Hotline **800-652-9459**
 (Option 1 — Application Status, Benefit, Claims, Rx, and Provider Network questions — Monday – Friday, 8 a.m. – 5 p.m.)
 (Option 2 — Commissions, Training, Onboarding, and Producer Portal questions — Monday – Friday, 8 a.m. – 4 p.m.)

Medicare Advantage Producer Enrollment **866-673-9112**
 Medicare Advantage Producer Enrollment Application Fax Line **888-663-0258**
 Highmark WNY and Highmark NENY
 Medicare Advantage Producer Enrollment **1-800-971-1976 (fax) or HNY-Federal_E_&_B@highmark.com**

Note: Enrollment submissions must be faxed to this number within 48 hours of receipt. Enrollment may also be submitted online.

Medicare Advantage Broker Support Email Addresses:

Application Status, Benefit, Claims, Rx, and Provider Network questions **PRODEM@highmark.com**
 Commissions, Training, Online Agent,
 and Producer Portal questions. **highmarkseniormarkets@highmark.com**

Highmark Website **highmarkbcbs.com, highmarkblueshield.com,
 highmarkbcbswv.com or highmarkbcbsde.com**

Highmark Producer Portal **producer.highmark.com**

Highmark Integrity Office **800-985-1056**

Highmark Integrity Office Email. **Integrity@highmark.com**

Highmark Customer Service

Prospective Members **866-682-7968**
 Community Blue Medicare HMO **888-234-5397**
 Community Blue Medicare PPO **888-757-2946**
 Security Blue HMO-POS **800-935-2583**
 Complete Blue PPO **866-588-6967**
 Together Blue Medicare HMO **888-328-5704**
 Freedom Blue PPO (PA) **800-550-8722**
 Freedom Blue PPO (WV) **888-459-4020**
 Highmark of Western New York and Highmark of Northeastern New York Medicare Advantage **800-329-2792**
 Blue Rx PDP **800-290-3914**

Medigap Blue.	800-345-7808
Blues On Call	888-258-3428
PALS.	800-988-0706
SilverSneakers	888-423-4632

Community Resources

MEDICARE	800-MEDICARE
(TTY: 877-486-2048), available 24 hours a day, seven days a week	
Social Security Administration	800-772-1213
(TTY: 800-325-0778), available 7 a.m. – 7 p.m., Monday – Friday	
PACE or PACENET	800-225-7223
(TTY: 800-222-9004), available 9 a.m. – 5 p.m., Monday – Friday	
Apprise	800-783-7067
Partnership for Prescription Assistance.	888-477-2669
Railroad Retirement Office	877-772-5772
Veteran’s Affairs	800-827-1000

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 VI

Highmark ACA Individual Market

Enrollment Processes

For Plan Year 2023: Open Enrollment Period

Nov. 1, 2022 – Jan. 15, 2023 (DE, PA, WV)

Nov. 16, 2022 – Jan. 31, 2023 (New York)

Members who enroll by Dec. 15, 2022 will have a plan effective date of Jan. 1, 2023. Members who enroll in a plan between Dec. 16, 2022 and Jan. 15, 2023 will have a plan effective date of Feb. 1, 2023.

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) 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 bucksliip 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.

Registering for eBill

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 15 for information on how to enroll and utilize eBill.

2023 ACA Individual Market Products

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 for more information on AHN and expansion updates.

Together Blue Care Advantage EPO Product Changes

1. The Together Blue Care Advantage Premier Gold Plan will be discontinued in 2023. Impacted members will be transitioned to Together Blue Premier Gold Zero.
2. Introduction of Together Blue Diabetes which provides a unique value for members with diabetes, and aims to lower the cost of care for members when managing diabetes and other comorbidities.

my Direct Blue EPO

Available in 28 counties across western and central Pennsylvania (now including York and Adams counties). The most affordable product option in central Pennsylvania, my Direct Blue EPO includes:

- Community providers and hospitals who have partnered 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 Blue Access PPO

Available in 49 counties across western and central Pennsylvania, my Blue Access includes:

- Comprehensive, in-network access throughout western and central 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 and central Pennsylvania for routine care.
- Plans that are available on- and off-exchange in western and central Pennsylvania.
- The ability for members to select any provider of their choice, with benefits now available in and out of network.

my Priority Blue Flex PPO Product Changes

my Priority Blue Flex EPO plans will be discontinued; impacted members will be transitioned to new tiered network my Priority Blue Flex PPO plans in all 13 counties.

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.

SECTION VII

**ACA Individual Market
Products and Pricing
by County**

Western Pennsylvania				
Coverage Level	MAJOR EVENTS 9100	BRONZE 8900	BRONZE HSA 6900 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: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800	Individual: \$3,800 Family: \$7,600
In-Network Out-of-pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800	Individual: \$9,100 Family: \$18,200
Primary Care Visit	\$0 after deductible; First 3 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
Includes Adult Dental and Vision	No	No	No	Yes

Western Pennsylvania, continued

Coverage Level	SILVER 5900	PREMIER SILVER 2900	SILVER 3500 (Off Exchange only)	TOGETHER BLUE DIABETES
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
In-Network Deductible	Individual: \$5,900 Family: \$11,800	Individual: \$2,900 Family: \$5,800	Individual: \$3,500 Family: \$7,000	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$7,800 Family: \$15,600	Individual: \$9,100 Family: \$18,200	Individual: \$7,500 Family: \$15,000
Primary Care Visit	\$55 copay	\$75 copay	\$40 copay	\$20 copay
Specialist Visit	\$55 copay	\$75 copay	\$40 copay	\$20 copay
Outpatient Mental Health/Substance Abuse Visits	\$55 copay	\$75 copay	\$40 copay	\$20 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$55 copay	\$75 copay	\$40 copay	\$65 copay
Diagnostic Test (Lab/X-ray)	\$75 copay	\$75 copay	\$75 copay	\$35 copay
Urgent Care	\$110 copay	\$150 copay	\$80 copay	\$40 copay
Emergency Services	\$750 after deductible	\$750 after deductible	30% after deductible	\$300 copay
Hospital Inpatient (per visit)	\$900 after deductible	\$500 after deductible	30% after deductible	\$500 copay
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Includes Adult Dental and Vision	No	Yes	Yes	Yes

Western Pennsylvania, continued			
Coverage Level	GOLD 0	PREMIER GOLD 0	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: \$0 Family: \$0	Individual: \$1,700 Family: \$3,400
In-Network Out-of-pocket Maximum	Individual: \$7,500 Family: \$15,000	Individual: \$6,500 Family: \$13,000	Individual: \$5,700 Family: \$11,400
Primary Care Visit	\$20 copay	\$15 copay	\$20 after deductible
Specialist Visit	\$20 copay	\$15 copay	\$20 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$20 copay	\$15 copay	\$20 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$45 copay	\$40 copay	\$20 after deductible
Diagnostic Test (Lab/X-ray)	\$35 copay	\$30 copay	\$20 after deductible
Urgent Care	\$40 copay	\$30 copay	\$40 after deductible
Emergency Services	\$300 copay	\$250 copay	\$175 after deductible
Hospital Inpatient (per visit)	\$500 copay	\$375 copay	\$300 after deductible
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$25/\$75/50%	\$0/\$30/\$150/50% after deductible
Includes Adult Dental and Vision	Yes	Yes	No

	Western Pennsylvania — Extra Savings			
	Income Level			
	200-249% FPL		150-199% FPL	
	Coverage Level			
	SILVER 5000	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: \$5,000 Family: \$10,000	Individual: \$2,100 Family: \$4,200	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$6,900 Family: \$13,800	Individual: \$6,600 Family: \$13,200	Individual: \$2,800 Family: \$5,600	Individual: \$3,000 Family: \$6,000
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	\$30 copay	\$0 copay
Diagnostic Test (Lab/X-ray)	\$75 copay	\$75 copay	\$25 copay	\$25 copay
Urgent Care	\$110 copay	\$150 copay	\$30 copay	\$10 copay
Emergency Services	\$750 after deductible	\$750 after deductible	\$275 copay	\$300 copay
Hospital Inpatient (per visit)	\$900 after deductible	\$500 after deductible	\$375 copay	\$375 copay
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$10/\$50/50%	\$0/\$10/\$50/50%
Includes Adult Dental and Vision	No	Yes	No	Yes

Western Pennsylvania — Extra Savings		
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	\$5 copay	\$0 copay
Diagnostic Test (Lab/X-ray)	\$5 copay	\$0 copay
Urgent Care	\$5 copay	\$5 copay
Emergency Services	\$75 copay	\$75 copay
Hospital Inpatient (per visit)	\$100 copay	\$100 copay
Pharmacy Summary	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%
Includes Adult Dental and Vision	No	Yes

Central Pennsylvania

Coverage Level	MAJOR EVENTS 9100	BRONZE 8900	BRONZE HSA 6900 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: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800	Individual: \$3,800 Family: \$7,600
In-Network Out-of-pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800	Individual: \$9,100 Family: \$18,200
Primary Care Visit	\$0 after deductible; First 3 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	\$35 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
Includes Adult Dental and Vision	No	No	No	Yes

Central Pennsylvania, continued

Coverage Level	SILVER 5900	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: \$5,900 Family: \$11,800	Individual: \$2,900 Family: \$5,800	Individual: \$3,500 Family: \$7,000	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$7,800 Family: \$15,600	Individual: \$9,100 Family: \$18,200	Individual: \$7,500 Family: \$15,000
Primary Care Visit	\$55 copay	\$75 copay	\$40 copay	\$20 copay
Specialist Visit	\$55 copay	\$75 copay	\$40 copay	\$20 copay
Outpatient Mental Health/Substance Abuse Visits	\$55 copay	\$75 copay	\$40 copay	\$20 copay
Speech, Physical, and Occupational Therapy/ Chiropractic	\$55 copay	\$75 copay	\$40 copay	\$45 copay
Diagnostic Test (Lab/X-ray)	\$75 copay	\$75 copay	\$75 copay	\$35 copay
Urgent Care	\$110 copay	\$150 copay	\$80 copay	\$40 copay
Emergency Services	\$750 after deductible	\$750 after deductible	30% after deductible	\$300 copay
Hospital Inpatient (per visit)	\$900 after deductible	\$500 after deductible	30% after deductible	\$500 copay
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Includes Adult Dental and Vision	No	Yes	Yes	Yes

Central Pennsylvania, continued

Coverage Level	PREMIER GOLD 0	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
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$1,700 Family: \$3,400
In-Network Out-of-pocket Maximum	Individual: \$6,500 Family: \$13,000	Individual: \$5,700 Family: \$11,400
Primary Care Visit	\$15 copay	\$20 after deductible
Specialist Visit	\$15 copay	\$20 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$15 copay	\$20 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$40 copay	\$20 after deductible
Diagnostic Test (Lab/X-ray)	\$30 copay	\$20 after deductible
Urgent Care	\$30 copay	\$40 after deductible
Emergency Services	\$250 copay	\$175 after deductible
Hospital Inpatient (per visit)	\$375 copay	\$300 after deductible
Pharmacy Summary	\$0/\$25/\$75/50%	\$0/\$30/\$150/50% after deductible
Includes Adult Dental and Vision	Yes	No

	Central Pennsylvania — Extra Savings			
	Income Level			
	200–249% FPL		150–199% FPL	
	Coverage Level			
	SILVER 5000	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: \$5,000 Family: \$10,000	Individual: \$2,100 Family: \$4,200	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$6,900 Family: \$13,800	Individual: \$6,600 Family: \$13,200	Individual: \$2,800 Family: \$5,600	Individual: \$3,000 Family: \$6,000
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	\$30 copay	\$0 copay
Diagnostic Test (Lab/X-ray)	\$75 copay	\$75 copay	\$25 copay	\$25 copay
Urgent Care	\$110 copay	\$150 copay	\$30 copay	\$10 copay
Emergency Services	\$750 after deductible	\$750 after deductible	\$275 copay	\$300 copay
Hospital Inpatient (per visit)	\$900 after deductible	\$500 after deductible	\$375 copay	\$375 copay
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$10/\$50/50%	\$0/\$10/\$50/50%
Includes Adult Dental and Vision	No	Yes	No	Yes

Central Pennsylvania — Extra Savings, continued		
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	\$5 copay	\$0 copay
Diagnostic Test (Lab/X-ray)	\$5 copay	\$0 copay
Urgent Care	\$5 copay	\$5 copay
Emergency Services	\$75 copay	\$75 copay
Hospital Inpatient (per visit)	\$100 copay	\$100 copay
Pharmacy Summary	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%
Includes Adult Dental and Vision	No	Yes

Northeastern Pennsylvania				
Coverage Level	MAJOR EVENTS 9100	BRONZE 8900	BRONZE HSA 6900 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: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800	Individual: \$3,800 Family: \$7,600
In-Network Out-of-pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800	Individual: \$9,100 Family: \$18,200
Primary Care Visit	\$0 after deductible; First 3 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% 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
Includes Adult Dental and Vision	No	No	No	Yes

Northeastern Pennsylvania, continued

Coverage Level	SILVER 5900	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: \$5,900 Family: \$11,800	Individual: \$2,900 Family: \$5,800	Individual: \$3,500 Family: \$7,000	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$7,800 Family: \$15,600	Individual: \$9,100 Family: \$18,200	Individual: \$7,500 Family: \$15,000
Primary Care Visit	\$55/\$65 copay	\$75/\$90 copay	\$40/\$60 copay	\$20/\$30 copay
Specialist Visit	\$55/\$65 copay	\$75/\$90 copay	\$40/\$60 copay	\$20/\$30 copay
Outpatient Mental Health/Substance Abuse Visits	\$55/\$55 copay	\$75/\$75 copay	\$40/\$40 copay	\$20/\$20 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$55/\$65 copay	\$75/\$100 copay	\$40/\$60 copay	\$45/\$65 copay
Diagnostic Test (Lab/X-ray)	\$70/\$80 copay	\$75/\$100 copay	\$75/\$80 copay	\$35/\$50 copay
Urgent Care	\$110 copay	\$150 copay	\$80 copay	\$40 copay
Emergency Services	\$750 after deductible	\$750 after deductible	30% after deductible	\$300 copay
Hospital Inpatient (per visit)	\$900/\$1,100 after deductible	\$500/\$625 after deductible	30% after deductible	\$500/\$625 copay
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Includes Adult Dental and Vision	No	Yes	Yes	Yes

Northeastern Pennsylvania, continued

Coverage Level	PREMIER GOLD 0	GOLD HSA 1700
Plan Availability	my Priority Blue Flex PPO	my Priority Blue Flex PPO
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$1,700 Family: \$3,400
In-Network Out-of-pocket Maximum	Individual: \$6,500 Family: \$13,000	Individual: \$5,700 Family: \$11,400
Primary Care Visit	\$15/\$25 copay	\$20/\$25 after deductible
Specialist Visit	\$15/\$25 copay	\$20/\$25 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$15/\$15 copay	\$20/\$20 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$40/\$60 copay	\$20/\$25 after deductible
Diagnostic Test (Lab/X-ray)	\$30/\$45 copay	\$20/\$25 after deductible
Urgent Care	\$30 copay	\$40 after deductible
Emergency Services	\$250 copay	\$175 after deductible
Hospital Inpatient (per visit)	\$375/\$500 copay	\$300/\$375 after deductible
Pharmacy Summary	\$0/\$25/\$75/50%	\$0/\$30/\$150/50% after deductible
Includes Adult Dental and Vision	Yes	No

	Northeastern Pennsylvania — Extra Savings			
	Income Level			
	200–249% FPL		150–199% FPL	
	Coverage Level			
	SILVER 5000	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: \$5,000 Family: \$10,000	Individual: \$2,100 Family: \$4,200	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$6,900 Family: \$13,800	Individual: \$6,600 Family: \$13,200	Individual: \$2,800 Family: \$5,600	Individual: \$3,000 Family: \$6,000
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	\$30/\$45 copay	\$0/\$15 copay
Diagnostic Test (Lab/X-ray)	\$70/\$80 copay	\$75/\$100 copay	\$25/\$35 copay	\$25/\$35 copay
Urgent Care	\$110/\$110 copay	\$150/\$150 copay	\$30/\$30 copay	\$10/\$10 copay
Emergency Services	\$750/\$750 after deductible	\$750/\$750 after deductible	\$275/\$275 copay	\$300/\$300 copay
Hospital Inpatient (per visit)	\$900/\$1,100 after deductible	\$500/\$625 after deductible	\$375/\$500 copay	\$375/\$450 copay
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$10/\$50/50%	\$0/\$10/\$50/50%
Includes Adult Dental and Vision	No	Yes	No	Yes

Northeastern Pennsylvania — Extra Savings, continued		
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	\$5/\$10 copay	\$0/\$5 copay
Diagnostic Test (Lab/X-ray)	\$1/\$10 copay	\$0/\$5 copay
Urgent Care	\$5/\$5 copay	\$5/\$5 copay
Emergency Services	\$75/\$75 copay	\$75/\$75 copay
Hospital Inpatient (per visit)	\$100/\$140 copay	\$100/\$125 copay
Pharmacy Summary	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%
Includes Adult Dental and Vision	No	Yes

West Virginia				
Coverage Level	MAJOR EVENTS 9100	STANDARD BRONZE 9100	BRONZE HSA 6900 Custom Drug Benefit	BRONZE 3800
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: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$6,900 Family: \$13,800	Individual: \$3,800 Family: \$7,600
In-Network Out-of-pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$6,900 Family: \$13,800	Individual: \$9,100 Family: \$18,200
Primary Care Visit	\$0 after deductible; First 3 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
Includes Adult Dental and Vision	No	No	No	Yes

West Virginia, continued

Coverage Level	SILVER 5900	STANDARD SILVER 5800	SILVER 3500 (Off Exchange only)	STANDARD GOLD 2000
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: \$5,900 Family: \$11,800	Individual: \$5,800 Family: \$11,600	Individual: \$3,500 Family: \$7,000	Individual: \$2,000 Family: \$4,000
In-Network Out-of-pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$9,100 Family: \$18,200	Individual: \$8,700 Family: \$17,400
Primary Care Visit	\$55 copay	\$40 copay	\$40 copay	\$30 copay
Specialist Visit	\$55 copay	\$80 copay	\$40 copay	\$60 copay
Outpatient Mental Health/Substance Abuse Visits	\$55 copay	\$40 copay	\$40 copay	\$30 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$55 copay	\$40 copay	\$17 copay	\$30 copay
Diagnostic Test (Lab/X-ray)	\$75 copay	40% after deductible	\$75 copay	25% after deductible
Urgent Care	\$110 copay	\$60 copay	\$80 copay	\$45 copay
Emergency Services	\$750 after deductible	40% after deductible	40% after deductible	25% after deductible
Hospital Inpatient (per visit)	\$900 after deductible	40% after deductible	40% after deductible	25% after deductible
Pharmacy Summary	\$0/\$30/\$150/50%	\$20*/\$40*/\$80/\$350	\$0/\$50/\$225/50%	\$15*/\$30*/\$60*/\$250*
Includes Adult Dental and Vision	No	Yes	Yes	No

West Virginia, continued

Coverage Level	GOLD 0	PREMIER GOLD 0	GOLD HSA 1700 (Off Exchange Only)
Plan Availability	my Blue Access WV PPO	my Blue Access WV PPO	my Blue Access WV PPO
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$1,700 Family: \$3,400
In-Network Out-of-pocket Maximum	Individual: \$7,500 Family: \$15,000	Individual: \$6,500 Family: \$13,000	Individual: \$5,700 Family: \$11,400
Primary Care Visit	\$20 copay	\$15 copay	\$20 after deductible
Specialist Visit	\$20 copay	\$15 copay	\$20 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$20 copay	\$15 copay	\$20 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$20 copay	\$15 copay	\$20 after deductible
Diagnostic Test (Lab/X-ray)	\$50 copay	\$45 copay	\$20 after deductible
Urgent Care	\$40 copay	\$30 copay	\$40 after deductible
Emergency Services	\$350 copay	\$300 copay	\$175 after deductible
Hospital Inpatient (per visit)	\$500 copay	\$375 copay	\$300 after deductible
Pharmacy Summary	\$0/\$30/\$150/50%	\$0/\$25/\$75/50%	\$0/\$30/\$150/50% after deductible
Includes Adult Dental and Vision	Yes	Yes	No

	West Virginia — Extra Savings			
	Income Level			
	200–249% FPL		150–199% FPL	
	Coverage Level			
	SILVER 5000	STANDARD SILVER 5700	SILVER 0	STANDARD SILVER 800
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: \$5,000 Family: \$10,000	Individual: \$5,700 Family: \$11,400	Individual: \$0 Family: \$0	Individual: \$800 Family: \$1,600
In-Network Out-of-pocket Maximum	Individual: \$6,900 Family: \$13,800	Individual: \$7,200 Family: \$14,400	Individual: \$2,800 Family: \$5,600	Individual: \$3,000 Family: \$6,000
Primary Care Visit	\$55 copay	\$30 copay	\$15 copay	\$20 copay
Specialist Visit	\$55 copay	\$60 copay	\$15 copay	\$40 copay
Outpatient Mental Health/Substance Abuse Visits	\$55 copay	\$30 copay	\$15 copay	\$20 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$55 copay	\$30 copay	\$15 copay	\$20 copay
Diagnostic Test (Lab/X-ray)	\$75 copay	40% after deductible	\$40 copay	30% after deductible
Urgent Care	\$110 copay	\$45 copay	\$30 copay	\$30 copay
Emergency Services	\$750 after deductible	40% after deductible	\$275 copay	30% after deductible
Hospital Inpatient (per visit)	\$900 after deductible	40% after deductible	\$375 copay	30% after deductible
Pharmacy Summary	\$0/\$30/\$150/50%	\$20*/\$40*/\$80/\$350	\$0/\$10/\$50/50%	\$10*/\$20*/\$60/\$250
Includes Adult Dental and Vision	No	Yes	No	Yes

West Virginia — Extra Savings, continued

Income Level

138–149% FPL

Coverage Level

SILVER
0STANDARD 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: \$1,700 Family: \$3,400
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)	\$5 copay	25% coinsurance
Urgent Care	\$5 copay	\$5 copay
Emergency Services	\$75 copay	25% coinsurance
Hospital Inpatient (per visit)	\$100 copay	25% coinsurance
Pharmacy Summary	\$0/\$5/\$15/50%	\$0*/\$15*/\$50*/\$150*
Includes Adult Dental and Vision	No	Yes

Delaware				
Coverage Level	MAJOR EVENTS 9100	STANDARD BRONZE 9100	BRONZE HSA 6900 CustomDrug 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: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$6,900 Family: \$13,800	Individual: \$3,800 Family: \$7,600
In-Network Out-of-pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$6,900 Family: \$13,800	Individual: \$9,100 Family: \$18,200
Primary Care Visit	\$0 after deductible; First 3 visits \$0 (not subject to deductible)	\$0 after deductible	\$0 after deductible	\$75 copay
Specialist Visit	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$75 copay
Outpatient Mental Health/Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$75 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$17 copay
Diagnostic Test (Lab/X-ray)	\$0 after deductible	\$0 after deductible	\$0 after deductible	Lab: \$65 copay X-ray: \$140 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
Includes Adult Dental and Vision	No	No	No	Yes

Delaware, continued

Coverage Level	SILVER 5900	STANDARD SILVER 5800	SILVER 3500 (Off Exchange only)	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: \$5,900 Family: \$11,800	Individual: \$5,800 Family: \$11,600	Individual: \$3,500 Family: \$7,000	Individual: \$1,700 Family: \$3,400
In-Network Out-of-pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$9,100 Family: \$18,200	Individual: \$5,700 Family: \$11,400
Primary Care Visit	\$55 copay	\$40 copay	\$40 copay	\$20 after deductible
Specialist Visit	\$55 copay	\$80 copay	\$40 copay	\$20 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$55 copay	\$40 copay	\$40 copay	\$20 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$17 copay	\$17 copay	\$17 copay	\$17 after deductible
Diagnostic Test (Lab/X-ray)	\$75 copay	40% after deductible	\$75 copay	\$20 after deductible
Urgent Care	\$110 copay	\$60 copay	\$80 copay	\$40 after deductible
Emergency Services	\$750 after deductible	40% after deductible	40% after deductible	\$175 after deductible
Hospital Inpatient (per visit)	\$900 after deductible	40% after deductible	40% after deductible	\$300 after deductible
Pharmacy Summary	\$0/\$30/\$150/50%	\$20*/\$40*/\$80/\$125	\$0/\$50/\$225/50%	\$0/\$30/\$150/50% after deductible
Includes Adult Dental and Vision	No	Yes	Yes	No

Delaware, continued

Coverage Level	STANDARD GOLD 2000	GOLD 0	PREMIER GOLD 0	STANDARD PLATINUM 0	PLATINUM 0
Plan Availability	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$2,000 Family: \$4,000	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$8,700 Family: \$17,400	Individual: \$7,500 Family: \$15,000	Individual: \$6,500 Family: \$13,000	Individual: \$3,000 Family: \$6,000	Individual: \$5,000 Family: \$10,000
Primary Care Visit	\$30 copay	\$20 copay	\$15 copay	\$10 copay	\$5 copay
Specialist Visit	\$60 copay	\$20 copay	\$15 copay	\$20 copay	\$5 copay
Outpatient Mental Health/Substance Abuse Visits	\$30 copay	\$20 copay	\$15 copay	\$10 copay	\$5 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$17 copay	\$17 copay	\$15 copay	\$10 copay	\$5 copay
Diagnostic Test (Lab/X-ray)	25% after deductible	\$50 copay	\$40 copay	\$30 copay	\$10 copay
Urgent Care	\$45 copay	\$40 copay	\$30 copay	\$15 copay	\$10 copay
Emergency Services	25% after deductible	\$300 copay	\$250 copay	\$100 copay	\$100 copay
Hospital Inpatient (per visit)	25% after deductible	\$500 copay	\$375 copay	\$350 copay	\$250 copay
Pharmacy Summary	\$15/\$30/\$60/\$100	\$0/\$30/\$150/50%	\$0/\$25/\$75/50%	\$5/\$10/\$50/\$75	\$0/\$10/\$50/50%
Includes Adult Dental and Vision	No	Yes	Yes	No	Yes

	Delaware — Extra Savings			
	Income Level			
	200–249% FPL		150–199% FPL	
	Coverage Level			
	SILVER 5000	STANDARD SILVER 4100	SILVER 0	STANDARD SILVER 800
Plan Availability	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO
In-Network Deductible	Individual: \$5,000 Family: \$10,000	Individual: \$4,100 Family: \$8,200	Individual: \$0 Family: \$0	Individual: \$800 Family: \$1,600
In-Network Out-of-pocket Maximum	Individual: \$6,900 Family: \$13,800	Individual: \$7,200 Family: \$14,400	Individual: \$2,800 Family: \$5,600	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	\$17 copay	\$17 copay	\$15 copay	\$17 copay
Diagnostic Test (Lab/X-ray)	\$75 copay	40% after deductible	\$25 copay	30% after deductible
Urgent Care	\$110 copay	\$60 copay	\$15 copay	\$30 copay
Emergency Services	\$750 after deductible	40% after deductible	\$275 copay	30% after deductible
Hospital Inpatient (per visit)	\$900 after deductible	40% after deductible	\$375 copay	30% after deductible
Pharmacy Summary	\$0/\$30/\$150/50%	\$20*/\$40*/\$80/\$125	\$0/\$10/\$50/50%	\$10*/\$20*/\$60/\$100
Includes Adult Dental and Vision	No	Yes	No	Yes

Delaware — Extra Savings, continued		
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: \$1,800 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)	\$5 copay	25% coinsurance
Urgent Care	\$5 copay	\$5 copay
Emergency Services	\$75 copay	25% coinsurance
Hospital Inpatient (per visit)	\$100 copay	25% coinsurance
Pharmacy Summary	\$0/\$5/\$15/50%	\$0*/\$5*/\$10*/\$20*
Includes Adult Dental and Vision	No	Yes

Highmark Blue Cross Blue Shield of Western New York

Coverage Level	BRONZE STANDARD HSAQ	BRONZE POS 8000	SILVER STANDARD	SILVER POS 7000
Plan Availability	POS	POS	POS	POS
In-Network Deductible	Individual: \$6,100 Family: \$12,200	Individual: \$8,500 Family: \$17,000	Individual: \$1,750 Family: \$3,500	Individual: \$3,000 Family: \$6,000
In-Network Out-of-pocket Maximum	Individual: \$6,900 Family: \$13,800	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$7,000 Family: \$14,000
Primary Care Visit	50% after deductible	50% after deductible	\$30 after deductible 1 \$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	\$65/\$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
Blue 365 Vision Discount	✓	✓	✓	✓
Embedded Pediatric Dental	✓	✓	✓	✓

Highmark Blue Cross Blue Shield of Western New York, continued

Coverage Level	SILVER DESTINATION 65	GOLD STANDARD	GOLD POS 200	GOLD DESTINATION 65
Plan Availability	POS	POS	POS	POS
In-Network Deductible	Individual: \$2,500 Family: \$5,000	Individual: \$600 Family: \$1,200	Individual: \$1,200 Family: \$2,400	Individual: \$1,000 Family: \$2,000
In-Network Out-of-pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$4,750 Family: \$9,500	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200
Primary Care Visit	\$0 after deductible	\$25 after deductible	\$20 after deductible	\$0 after deductible
Specialist Visit	\$30 after deductible	\$40 after deductible	\$40 after deductible	\$30 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$0 after deductible	\$25 after deductible	\$20 after deductible	\$0 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$0 after deductible	\$30 after deductible	\$20 after deductible	\$0 after deductible
Diagnostic Test (Lab/X-ray)	\$0/\$45 after deductible	\$40 after deductible	\$40 after deductible	\$0/\$45 after deductible
Urgent Care	\$60 after deductible	\$60 after deductible	\$50 after deductible	\$60 after deductible
Emergency Services	\$95 after deductible	\$150 after deductible	\$300 after deductible	\$95 after deductible
Hospital Inpatient (per visit)	\$395 after deductible	\$1,000 after deductible	\$750 after deductible	\$335 after deductible
Pharmacy Summary	\$15/\$50/50%	\$10/\$35/\$70	\$5/\$40/50%	\$5/\$50/50%
Blue 365 Vision Discount	✓	✓	✓	✓
Embedded Pediatric Dental	✓	✓	✓	✓

Highmark Blue Cross Blue Shield of Western New York, continued

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%
Blue 365 Vision Discount	✓	✓
Embedded Pediatric Dental	✓	✓

Highmark Blue Cross Blue Shield of Western New York — Extra Savings			
Income Level			
200-249% FPL			
Coverage Level			
	SILVER STANDARD A	SILVER POS 7000 A	SILVER DESTINATION 65 A
Plan Availability	POS	POS	POS
In-Network Deductible	Individual: \$1,650 Family: \$3,300	Individual: \$2,000 Family: \$4,000	Individual: \$2,200 Family: \$4,400
In-Network Out-of-pocket Maximum	Individual: \$7,250 Family: \$14,500	Individual: \$6,500 Family: \$13,000	Individual: \$9,100 Family: \$18,200
Primary Care Visit	\$30 after deductible 1 \$0 pre-deductible office visit	\$30 after deductible	\$0 after deductible
Specialist Visit	\$65 after deductible	\$50 after deductible	\$30 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)	\$65/\$75 after deductible	\$50 after deductible	\$0/\$45 after deductible
Urgent Care	\$70 after deductible	\$75 after deductible	\$60 after deductible
Emergency Services	\$275 after deductible	\$300 after deductible	\$95 after deductible
Hospital Inpatient (per visit)	\$1,500 after deductible	\$1,000 after deductible	\$395 after deductible
Pharmacy Summary	\$15/\$40/\$75	\$5/\$50/50% after deductible	\$15/\$50/50%
Blue 365 Vision Discount	✓	✓	✓
Embedded Pediatric Dental	✓	✓	✓

Highmark Blue Cross Blue Shield of Western New York — Extra Savings, continued			
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: \$250 Family: \$500	Individual: \$800 Family: \$1,600	Individual: \$800 Family: \$1,600
In-Network Out-of-pocket Maximum	Individual: \$2,800 Family: \$5,600	Individual: \$1,800 Family: \$3,600	Individual: \$2,250 Family: \$4,500
Primary Care Visit	\$15 after deductible 1 \$0 pre-deductible office visit	\$30 after deductible	\$0 after deductible
Specialist Visit	\$35 after deductible	\$50 after deductible	\$30 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$15 after deductible	\$30 after deductible	\$0 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$25 after deductible	\$30 after deductible	\$0 after deductible
Diagnostic Test (Lab/X-ray)	\$35 after deductible	\$50 after deductible	\$0/\$45 after deductible
Urgent Care	\$50 after deductible	\$75 after deductible	\$60 after deductible
Emergency Services	\$75 after deductible	\$300 after deductible	\$95 after deductible
Hospital Inpatient (per visit)	\$250 after deductible	\$1,000 after deductible	\$395 after deductible
Pharmacy Summary	\$9/\$20/\$40	\$5/\$50/50% after deductible	\$15/\$50/50%
Blue 365 Vision Discount	✓	✓	✓
Embedded Pediatric Dental	✓	✓	✓

Highmark Blue Cross Blue Shield of Western New York — Extra Savings, continued			
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: \$1,000 Family: \$2,000
Primary Care Visit	\$10 copay	\$30 copay	\$0 copay
Specialist Visit	\$20 copay	\$50 copay	\$30 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/\$45 copay
Urgent Care	\$30 copay	\$75 copay	\$60 copay
Emergency Services	\$50 copay	\$300 copay	\$95 copay
Hospital Inpatient (per visit)	\$100 copay	\$1,000 copay	\$395 copay
Pharmacy Summary	\$6/\$15/\$30	\$5/\$50/50%	\$15/\$50/50%
Blue 365 Vision Discount	✓	✓	✓
Embedded Pediatric Dental	✓	✓	✓

Highmark Blue Shield of Northeastern New York

Coverage Level	BRONZE STANDARD HSAQ	SILVER STANDARD	SILVER DESTINATION 65
Plan Availability	POS	POS	POS
In-Network Deductible	Individual: \$6,100 Family: \$12,200	Individual: \$1,750 Family: \$3,500	Individual: \$2,500 Family: \$5,000
In-Network Out-of-pocket Maximum	Individual: \$6,900 Family: \$13,800	Individual: \$9,100 Family: \$18,200	Individual: \$7,000 Family: \$14,000
Primary Care Visit	50% after deductible	\$30 after deductible 1 \$0 pre-deductible office visit	\$0 after deductible
Specialist Visit	50% after deductible	\$65 after deductible	\$40 after deductible
Outpatient Mental Health/Substance Abuse Visits	50% after deductible	\$30 after deductible	\$0 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	50% after deductible	\$30 after deductible	\$0 after deductible
Diagnostic Test (Lab/X-ray)	50% after deductible	\$65/\$75 after deductible	\$10/\$50 after deductible
Urgent Care	50% after deductible	\$70 after deductible	\$60 after deductible
Emergency Services	50% after deductible	\$500 after deductible	\$95 after deductible
Hospital Inpatient (per visit)	50% after deductible	\$1,500 after deductible	\$375 after deductible
Pharmacy Summary	\$10/\$35/\$70 after deductible	\$15/\$40/\$75	\$15/\$50/50% after deductible
Blue 365 Vision Discount	✓	✓	✓
Embedded Pediatric Dental	✓	✓	✓

Highmark Blue Shield of Northeastern New York, continued

Coverage Level	GOLD STANDARD	GOLD DESTINATION 65	PLATINUM STANDARD
Plan Availability	POS	POS	POS
In-Network Deductible	Individual: \$600 Family: \$1,200	Individual: \$500 Family: \$1,000	Individual: \$0 Family: \$0
In-Network Out-of-pocket Maximum	Individual: \$4,750 Family: \$9,500	Individual: \$9,100 Family: \$18,200	Individual: \$2,000 Family: \$4,000
Primary Care Visit	\$25 after deductible	\$0 after deductible	\$15 copay
Specialist Visit	\$40 after deductible	\$35 after deductible	\$35 copay
Outpatient Mental Health/Substance Abuse Visits	\$25 after deductible	\$0 after deductible	\$15 copay
Speech, Physical, and Occupational Therapy/Chiropractic	\$30 after deductible	\$0 after deductible	\$25 copay
Diagnostic Test (Lab/X-ray)	\$40 after deductible	\$10/\$50 after deductible	\$35 copay
Urgent Care	\$60 after deductible	\$60 after deductible	\$55 copay
Emergency Services	\$150 after deductible	\$95 after deductible	\$100 copay
Hospital Inpatient (per visit)	\$1,000 after deductible	\$325 after deductible	\$500 copay
Pharmacy Summary	\$10/\$35/\$70	\$5/\$50/50%	\$10/\$30/\$60
Blue 365 Vision Discount	✓	✓	✓
Embedded Pediatric Dental	✓	✓	✓

	Highmark Blue Shield of 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: \$1,650 Family: \$3,300	Individual: \$2,200 Family: \$4,400	Individual: \$250 Family: \$500	Individual: \$800 Family: \$1,600
In-Network Out-of-pocket Maximum	Individual: \$7,250 Family: \$14,500	Individual: \$9,100 Family: \$18,200	Individual: \$2,800 Family: \$5,600	Individual: \$2,250 Family: \$4,500
Primary Care Visit	\$30 after deductible 1 \$0 pre-deductible office visit	\$0 after deductible	\$15 after deductible 1 \$0 pre-deductible office visit	\$0 after deductible
Specialist Visit	\$65 after deductible	\$40 after deductible	\$35 after deductible	\$40 after deductible
Outpatient Mental Health/Substance Abuse Visits	\$30 after deductible	\$0 after deductible	\$15 after deductible	\$0 after deductible
Speech, Physical, and Occupational Therapy/Chiropractic	\$30 after deductible	\$0 after deductible	\$25 after deductible	\$0 after deductible
Diagnostic Test (Lab/X-ray)	\$65/\$75 after deductible	\$10/\$50 after deductible	\$35 after deductible	\$10/\$50 after deductible
Urgent Care	\$70 after deductible	\$60 after deductible	\$50 after deductible	\$60 after deductible
Emergency Services	\$275 after deductible	\$95 after deductible	\$75 after deductible	\$95 after deductible
Hospital Inpatient (per visit)	\$1,500 after deductible	\$375 after deductible	\$250 after deductible	\$375 after deductible
Pharmacy Summary	\$15/\$40/\$75	\$15/\$50/50%	\$9/\$20/\$40	\$15/\$50/50%
Blue 365 Vision Discount	✓	✓	✓	✓
Embedded Pediatric Dental	✓	✓	✓	✓

Highmark Blue Shield of Northeastern New York — Extra Savings, continued		
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: \$1,000 Family: \$2,000
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	\$10/\$50 copay
Urgent Care	\$30 copay	\$60 copay
Emergency Services	\$50 copay	\$95 copay
Hospital Inpatient (per visit)	\$100 copay	\$375 copay
Pharmacy Summary	\$6/\$15/\$30	\$15/\$50/50%
Blue 365 Vision Discount	✓	✓
Embedded Pediatric Dental	✓	✓

Together Blue EPO

In—Network Hospitals

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	
LifeCare Behavioral Health Hospital of Pittsburgh	
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	Bedford
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

my Direct Blue EPO

In—Network Hospitals

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	
LifeCare Behavioral Health Hospital of Pittsburgh	
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	Armstrong
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	
Guthrie Robert Packer Hospital	Bradford
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	
St. Luke's Hospital — Carbon Campus	Carbon
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	

Facility Name	County
BHS Clarion Hospital	Clarion
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	
Penn State Health Children's Hospital — Milton S. Hershey Medical Center	Dauphin
Penn State Health Milton S. Hershey Medical Center	
Crozer Health — Chester Medical Center	Delaware
Crozer Health — Delaware County Memorial Hospital	
Crozer Health — Springfield Hospital	
Crozer Health — Taylor Hospital	
Main Line Health — Riddle Hospital	Erie
AHN Saint Vincent Hospital	
LECOM Health — Corry Memorial Hospital	
LECOM Health — Millcreek Community Hospital	
Select Specialty Hospital — Erie	Fayette
Penn Highlands Connellsville	
WVU Medicine — Uniontown Hospital	
WellSpan Chambersburg Hospital	Franklin
WellSpan Waynesboro Hospital	
Washington Health System Greene	Greene
CHS Moses Taylor Hospital	Lackawanna
CHS Regional Hospital of Scranton	
Geisinger Medical Center Muncy	
Geisinger Community Medical Center	
Lancaster General Hospital	Lancaster
Lancaster General Hospital Women & Babies	
Lancaster Surgery Center	
Penn State Health Lancaster Medical Center	
WellSpan Ephrata Community Hospital	Lawrence
Lawrence County Surgery Center of Edgewood Surgical Hospital	
UPMC Jameson	Lebanon
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	

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	
Chan Soon-Shiong Medical Center at Windber	Somerset
Conemaugh Meyersdale Medical Center	
UPMC Somerset	
Barnes-Kasson Hospital	Susquehanna
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	

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In—Network Hospitals

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	
LifeCare Behavioral Health Hospital of Pittsburgh	
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	

Facility Name	County
Doylestown Hospital	Bucks
Grand View Hospital	
Jefferson Health — Bucks Hospital	
St. Luke's Hospital — Quakertown Campus	
St. Luke's Hospital — Upper Bucks Campus	
St. Mary Medical Center	Butler
BHS Butler Memorial Hospital	
UPMC Passavant — Cranberry	Cambria
Conemaugh Memorial Medical Center	
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	Centre
Mount Nittany Medical Center	
Main Line Health — Bryn Mawr Rehab Hospital	Chester
Main Line Health — Paoli Hospital	
Penn Medicine — Chester County Hospital	
Tower Health — Brandywine Hospital	
Tower Health — Jennersville Hospital	
Tower Health — Phoenixville Hospital	Clarion
BHS Clarion Hospital	
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	
UPMC Harrisburg	Delaware
Crozer Health — Chester Medical Center	
Crozer Health — Delaware County Memorial Hospital	
Crozer Health — Springfield Hospital	
Crozer Health — Taylor Hospital	
Main Line Health — Riddle Hospital	Elk
Penn Highlands Elk	

Facility Name	County
AHN Saint Vincent Hospital	Erie
LECOM Health – Corry Memorial Hospital	
LECOM Health – Millcreek Community Hospital	
Select Specialty Hospital – Erie	
UPMC Hamot	
Penn Highlands Connellsville	Fayette
WVU Medicine – Uniontown Hospital	
WellSpan Chambersburg Hospital	Franklin
WellSpan Waynesboro Hospital	
Fulton County Medical Center	Fulton
Washington Health System Greene	Greene
Penn Highlands Huntingdon	Huntingdon
Indiana Regional Medical Center	Indiana
Penn Highlands Brookville	Jefferson
Punxsutawney Area Hospital	
CHS Moses Taylor Hospital	Lackawanna
CHS Regional Hospital of Scranton	
Geisinger Community Medical Center	
Geisinger Medical Center Muncy	
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 County Surgery Center of Edgewood Surgical Hospital	Lawrence
UPMC Jameson	
WellSpan Good Samaritan Hospital	Lebanon
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	
UPMC Muncy	Lycoming
UPMC Williamsport	
UPMC Williamsport Divine Providence	
Bradford Regional Medical Center	McKean
UPMC Kane	

Facility Name	County
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	
Einstein Medical Center Elkins Park	Montgomery
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	
Tower Health – Pottstown Hospital	Montour
Geisinger Janet Weis Children's Hospital	
Geisinger Medical Center	Northampton
Lehigh Valley Hospital – Coordinated Health Bethlehem	
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	
Geisinger Shamokin Area Community Hospital	Northumberland
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	Potter
Temple Health – Temple University Hospital	
Tower Health – Chestnut Hill Hospital	Schuylkill
UPMC Cole	
Geisinger St. Luke's Hospital	
Lehigh Valley Hospital – Schuylkill E. Norwegian Street	Somerset
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	

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In—Network Hospitals, continued

Facility Name	County
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 Memorial Hospital	Wayne
AHN Hempfield Neighborhood Hospital	Westmoreland
Excelsa Health Frick Hospital	
Excelsa Health Latrobe Hospital	
Excelsa Health Westmoreland Hospital	
Select Specialty Hospital — Laurel Highlands	
CHS Tyler Memorial Hospital	Wyoming
OSS Orthopaedic Hospital	York
UPMC Hanover	
UPMC Memorial	
WellSpan Surgery and Rehabilitation Hospital	
WellSpan York 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	
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.

my Priority Blue Flex EPO

In—Network Hospitals

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

Facility Name	Tier	County
Main Line Health — Bryn Mawr Rehab Hospital	Standard	Chester
Main Line Health — Paoli Hospital	Standard	
Penn Medicine — Chester County Hospital	Standard	
BHS Clarion Hospital	Standard	Clarion
Penn Highlands Clearfield	Standard	Clearfield
Penn Highlands DuBois	Standard	
Bucktail Medical Center	Standard	Clinton
UPMC Lock Haven	Standard	
Berwick Hospital Center	Enhanced	Columbia
Geisinger Bloomsburg Hospital	Standard	
Meadville Medical Center	Standard	Crawford
Titusville Area Hospital	Standard	
Penn State Health Hampden Medical Center	Standard	Cumberland
Penn State Health Holy Spirit Medical Center	Standard	
Select Specialty Hospital — Camp Hill	Standard	
UPMC Carlisle	Standard	
UPMC West Shore	Standard	
Penn State Health Children's Hospital	Standard	Dauphin
Penn State Health Milton S. Hershey Medical Center	Standard	
UPMC Community Osteopathic	Standard	
UPMC Harrisburg	Standard	
Crozer Health — Chester Medical Center	Standard	Delaware
Crozer Health — Delaware County Memorial Hospital	Standard	
Crozer Health — Springfield Hospital	Standard	
Crozer Health — Taylor Hospital	Standard	
Main Line Health — Riddle Hospital	Standard	Elk
Penn Highlands Elk	Standard	
AHN Saint Vincent Hospital	Standard	Erie
LECOM Health — Corry Memorial Hospital	Standard	
LECOM Health — Millcreek Community Hospital	Standard	
Select Specialty Hospital — Erie	Standard	Fayette
Penn Highlands Connellsville	Standard	
WVU Medicine — Uniontown Hospital	Standard	Franklin
WellSpan Chambersburg Hospital	Standard	
WellSpan Waynesboro Hospital	Standard	Fulton
Fulton County Medical Center	Standard	
Washington Health System Greene	Standard	Greene
Penn Highlands Huntingdon	Standard	Huntingdon
Indiana Regional Medical Center	Standard	Indiana
CHS Moses Taylor Hospital	Enhanced	Lackawanna
CHS Regional Hospital of Scranton	Enhanced	
Geisinger Community Medical Center	Standard	

my Priority Blue Flex EPO

In—Network Hospitals, continued

Facility Name	Tier	County
Lancaster General Hospital	Standard	Lancaster
Lancaster General Hospital Women & Babies	Standard	
Lancaster Surgery Center	Standard	
Penn State Health Lancaster Medical Center	Standard	
UPMC Lititz	Standard	
WellSpan Ephrata Community Hospital	Standard	
Lawrence County Surgery Center of Edgewood Surgical Hospital	Standard	Lawrence
UPMC Jameson	Standard	
WellSpan Good Samaritan Hospital	Standard	Lebanon
Lehigh Valley Hospital — 17th Street	Enhanced	Lehigh
Lehigh Valley Hospital — Cedar Crest	Enhanced	
Lehigh Valley Hospital — Coordinated Health Allentown	Enhanced	
Lehigh Valley Reilly Children's Hospital	Enhanced	
St. Luke's Hospital — Allentown Campus	Standard	
St. Luke's Hospital — Sacred Heart Campus	Standard	
CHS First Hospital Wyoming Valley	Enhanced	Luzerne
CHS Wilkes-Barre General Hospital	Enhanced	
Geisinger Wyoming Valley Medical Center	Standard	
Lehigh Valley Hospital — Hazleton	Enhanced	Lycoming
Geisinger Jersey Shore Hospital	Standard	
UPMC Muncy	Standard	
UPMC Williamsport	Standard	
UPMC Williamsport Divine Providence	Standard	McKean
Bradford Regional Medical Center	Standard	
UPMC Kane Community Hospital	Standard	Mercer
AHN Grove City Hospital	Standard	
Edgewood Surgical Hospital	Standard	
Sharon Regional Medical Center	Standard	
UPMC Horizon — Greenville	Standard	
UPMC Horizon — Shenango Valley	Standard	Mifflin
Geisinger Lewistown Hospital	Standard	
Lehigh Valley Hospital — Pocono	Enhanced	Monroe
St. Luke's Hospital — Monroe Campus	Standard	
Einstein Medical Center Elkins Park	Standard	Montgomery
Einstein Medical Center Montgomery	Standard	
Holy Redeemer Hospital	Standard	
Jefferson Health — Abington Hospital	Standard	
Jefferson Health — Abington—Lansdale Hospital	Standard	
Main Line Health — Bryn Mawr Hospital	Standard	
Main Line Health — Lankenau Medical Center	Standard	
Tower Health — Pottstown Hospital	Standard	
Geisinger Medical Center	Standard	Montour
Janet Weis Children's Hospital	Standard	

Facility Name	Tier	County
Lehigh Valley Hospital — Coordinated Health Bethlehem	Enhanced	Northampton
Lehigh Valley Hospital — Hecktown Oaks	Enhanced	
Lehigh Valley Hospital — Muhlenberg	Enhanced	
St. Luke's Hospital — Anderson Campus	Standard	
St. Luke's Hospital — Easton Campus	Standard	
St. Luke's University Hospital — Bethlehem	Standard	
Geisinger Shamokin Area Community Hospital	Standard	Northumberland
Children's Hospital of Philadelphia	Standard	Philadelphia
Einstein Medical Center Philadelphia	Standard	
Jefferson Health — Frankford Hospital	Standard	
Jefferson Health — Methodist Hospital	Standard	
Jefferson Health — Thomas Jefferson University Hospital	Standard	
Jefferson Health — Torresdale Hospital	Standard	
Jefferson Health — Wills Eye Hospital	Standard	
Penn Medicine — Hospital of the University of Pennsylvania	Standard	
Penn Medicine — Penn Presbyterian Medical Center	Standard	
Penn Medicine — Pennsylvania Hospital	Standard	
Temple Health — Fox Chase Cancer Center	Standard	Potter
Temple Health — Temple University Hospital	Standard	
Tower Health — Chestnut Hill Hospital	Standard	Schuylkill
UPMC Cole	Standard	
Geisinger St. Luke's Hospital	Standard	
Lehigh Valley Hospital — Schuylkill E. Norwegian Street	Standard	Somerset
Lehigh Valley Hospital — Schuylkill S. Jackson Street	Standard	
St. Luke's Hospital — Miners Campus	Standard	
Chan Soon-Shiong Medical Center at Windber		Susquehanna
Conemaugh Meyersdale Medical Center	Standard	
UPMC Somerset Hospital	Standard	Tioga
Barnes-Kasson Hospital	Standard	
Endless Mountains Health Systems	Enhanced	Union
UPMC Wellsboro	Standard	
Evangelical Community Hospital	Standard	Venango
UPMC Northwest	Standard	
Warren General Hospital	Standard	Washington
Advanced Surgical Hospital	Standard	
AHN Canonsburg Hospital	Standard	Wayne
Penn Highlands Monongahela Valley Hospital	Standard	
Washington Hospital	Standard	
Wayne Memorial Hospital	Enhanced	

Facility Name	Tier	County
AHN Hempfield Neighborhood Hospital	Standard	Westmoreland
Excelsa Frick Hospital	Standard	
Excelsa Latrobe Area Hospital	Standard	
Excelsa Health Westmoreland Hospital	Standard	
Select Specialty Hospital – Laurel Highlands	Standard	
CHS Tyler Memorial Hospital	Enhanced	Wyoming
OOS Orthopedic Hospital	Standard	York
UPMC Hanover	Standard	
UPMC Memorial	Standard	
WellSpan Surgery and Rehabilitation Hospital	Standard	
WellSpan York Hospital	Standard	

Out of state providers

Facility Name	Tier	State
Memorial Sloan Kettering Cancer Center – Basking Ridge	Standard	NJ
Morristown Medical Center	Standard	
Newton Medical Center	Standard	
St. Luke's Hospital – Warren Campus	Standard	New York
AHN Westfield Memorial Hospital	Standard	
Arnot Ogden Medical Center	Standard	
Bon Secours Community Hospital	Standard	
Garnet Health Medical Center	Standard	
Garnet Health Medical Center – Catskills	Standard	
Guthrie Corning Hospital	Standard	
Ira Davenport Memorial Hospital	Standard	
Memorial Sloan Kettering Cancer Center	Standard	
Mount Sinai Beth Israel	Standard	
NewYork-Presbyterian Hospital	Standard	
NYU Langone Tisch Hospital	Standard	
Olean General Hospital	Standard	
Orange Regional Medical Center	Standard	
Our Lady of Lourdes Memorial Hospital	Standard	
St. Anthony Community Hospital	Standard	
UHS Binghamton General Hospital	Standard	
UHS Wilson Medical Center	Standard	
Upstate University Hospital & Cancer Center	Standard	
UR Medicine – Jones Memorial Hospital	Standard	
UR Medicine – Strong Memorial Hospital	Standard	
Westchester Medical Center	Standard	

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In—Network Hospitals

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
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	
Meritus Medical Center	MD
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	

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In—Network Hospitals

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	
Millford 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

In-Network Hospitals

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
Cableskill Regional Hospital	Schoharie
HealthAlliance Mary's Avenue Campus	Ulster
Glens Falls Hospital	Warren

Western New York

In-Network Hospitals

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

ACA Pharmacy Listing

	In Network	OON
PA	Costco CVS/Target Giant Eagle GIANT The Medicine Shoppe Rite Aid Sam's Club Sav-On Walmart Wegmans Weis	Excludes: Walgreens Select Specialty pharmacies Select Independent Pharmacies
WV	CVS/Target Fruth Pharmacy Kroger Sam's Club The Medicine Shoppe Walgreens Walmart	Excludes: Select Specialty pharmacies Select Independent Pharmacies
DE	CVS/Target Rite Aid Sam's Club Sav-On Walgreens Walmart	Excludes: 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	Excludes: Select Specialty pharmacies Select Independent Pharmacies

Vision and Dental

(Pennsylvania, West Virginia, and Delaware)

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 + Vision.

Benefits of vision coverage include:

- Free eye exam
- Allowance for glasses or contacts

Benefits of dental coverage include:

- 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. Please note, to access network providers, the member will have to click **Health Care Reform Vision Network**.

How to find a provider

Visit highmarkblueshield.com and select the **Find a Doctor** or **Pharmacy** tab followed by **Find an Eye Care Provider**. Next, select **Click here** to search the Health Care Reform Vision Network and scroll down.

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 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, with more than 96,000 participating dentists in more than 260,000 locations across the country.

SECTION VIII

**Additional
ACA Individual
Market Resources**

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

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%–400% FPL
Single	Less than \$18,754	\$18,755 – \$20,384	\$20,385 – \$27,179	\$27,180 – \$33,974	\$33,975 – \$54,359
Family of 2	Less than \$25,268	\$25,269 – \$27,464	\$27,465 – \$36,619	\$36,620 – \$45,774	\$45,775 – \$73,239
Family of 3	Less than \$31,781	\$31,782 – \$34,544	\$34,545 – \$46,059	\$46,060 – \$57,574	\$57,575 – \$92,119
Family of 4	Less than \$38,295	\$38,296 – \$41,624	\$41,625 – \$55,499	\$55,500 – \$69,374	\$69,375 – \$110,999
Family of 5	Less than \$44,809	\$44,810 – \$48,704	\$48,705 – \$64,939	\$64,940 – \$81,174	\$81,175 – \$129,879
Family of 6	Less than \$51,322	\$51,323 – \$55,784	\$55,785 – \$74,379	\$74,380 – \$92,974	\$92,975 – \$148,759
Family of 7	Less than \$57,836	\$57,837 – \$62,864	\$62,865 – \$83,819	\$83,820 – \$104,774	\$104,775 – \$167,639
Family of 8	Less than \$64,349	\$64,350 – \$69,944	\$69,945 – \$93,259	\$93,260 – \$116,574	\$116,575 – \$186,519

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

	2023	2022	Change
HSA contribution limit (employer + employee)	Self-only: \$3,850 Family: \$7,750	Self-only: \$3,650 Family: \$7,300	Self-only: +\$200 Family: +\$450
HDHP minimum deductible	Self-only: \$1,500 Family: \$3,000	Self-only: \$1,400 Family: \$2,800	Self-only: +\$100 Family: +\$200
HDHP maximum out-of-pocket amounts (deductibles, copayments and other amounts, but no premiums)	Self-only: \$7,500 Family: \$15,000	Self-only: \$7,050 Family: \$14,100	Self-only: +\$450 Family: \$900

* For more information, visit 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:

	2023	2022
Out-of-pocket limits for ACA-compliant plans (HHS)	Self-only: \$9,100 Family: \$18,200	Self-only: \$8,700 Family: \$17,400
Out-of-pocket limits for HSA-qualified HDHPs (IRS)	Self-only: \$7,500 Family: \$15,000	Self-only: \$7,050 Family: \$14,000

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, under the **Resources** section as separate documents. Completed applications can be submitted via the following methods:

- Email: DP_applications@highmark.com (one application per email)
- Fax: 1-866-224-5403
- 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

Contact Information

ACA Individual Markets Producer Hotline	800-652-9459
ACA Individual Markets Producer Hotline Email Address:	prodem@highmark.com
Hours of operation: Monday – Friday, 8 a.m. – 6 p.m.	
ACA Producer Enrollment Application Fax Line	866-224-5403
<i>Note: Enrollment submissions must be faxed to this number within 48 hours of receipt. Enrollment may also be submitted online.</i>	
Sales Support Inquiries	ACASalesSupport@highmark.com
(Any commission-related inquiries should be directed to the general agency that writes Individual policies.)	
Highmark Producer Portal	producer.highmark.com
Highmark Integrity Office	800-985-1056
Highmark Integrity Office Email Address	integrity@highmark.com
PA Exchange	pennie.com
Pennie Broker Contact Center	844-844-4440
DE/WV Exchange	Healthcare.gov
New York Exchange	nystateofhealth.ny.gov
Discover Highmark	discoverhighmark.com
Highmark Essential Formulary	highmarkacaformulary.com
Highmark COVID-19 Information	highmarkanswers.com
Enrollment Email Address	DP_applications@highmark.com
ICHRA Email Box	ICHRA@highmark.com

Highmark Member Service

Hours of operation: Monday – Friday, 8 a.m. – 6 p.m.

WPA/NEPA On- and Off-Exchange Member Benefits	800-544-6679
CPA Off-Exchange Member Benefits	877-986-4571
WPA, NEPA, CPA On-Exchange Enrollment.	888-510-1084
DE	888-601-2242
WV	888-601-2109
New York.	855-344-3425

Community Resources for CHIP and Medicaid

CHIP	800-986-5437
CHIP Website	chipcoverspakids.com
Medicaid Website	medicaid.gov
Medicaid Email Address	medicaid.gov@cms.hhs.gov
Medicaid	800-692-7462

Glossary

Applicable Law	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.
BPM	Broad Performance Medicare Network
CMS	The Centers for Medicare and Medicaid Services. The federal agency who administers the Medicare Program.
Field Agent Guide	A confidential and proprietary document developed exclusively for Highmark Field Agents.
Highmark	Collectively refers to "Highmark Inc.", d/b/a "Highmark Blue Cross Blue Shield" in the 42 counties of western and northeastern Pennsylvania, d/b/a "Highmark Blue Shield," elsewhere in the state; "Highmark West Virginia Inc., d/b/a Highmark Blue Cross Blue Shield West Virginia", and "Highmark BCBSD Inc., d/b/a Highmark Blue Cross Blue Shield Delaware."
HMO	Health Maintenance Organization

Medicare	Health insurance provided by the U.S. government for people over 65, or for some disabled persons.
MPVN	Medicare Preferred Value Network
PDP	Prescription Drug Plan (Part D)
PPO	Preferred Provider Plan
Producer Portal	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.
Ready to Sell	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.
We and Us	Highmark
You and Yours	You, the reader

Enrollment/Disenrollment Member Responsibilities Quick Reference

Disenroll FROM	Enroll INTO	Member Responsibility
Medicare Advantage	Medicare Supplement	<ul style="list-style-type: none"> • 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. • 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. • 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.
Medicare Advantage	Original Medicare	<ul style="list-style-type: none"> • 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. • 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.
Medicare Supplement	Medicare Advantage	<ul style="list-style-type: none"> • Member must have a valid election to enroll into Medicare Advantage and application must be received by the plan PRIOR to the effective date. • Member must submit a disenrollment request, in writing, with a valid signature. • 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.

Disenroll FROM	Enroll INTO	Member Responsibility
Medicare Supplement	Original Medicare	<ul style="list-style-type: none"> • Member must submit a disenrollment request, in writing, with a valid signature in order to disenroll. • 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.
Affordable Care Act (ACA) On-Exchange	Medicare Advantage	<ul style="list-style-type: none"> • Member must disenroll via the Exchange (either Federal or Pennsylvania). • Enrollment changes are received via file from the Exchanges. • Member must have a valid election to enroll into Medicare Advantage. Application must be received by the plan PRIOR to the effective date.
Affordable Care Act (ACA) Off-Exchange	Medicare Advantage	<ul style="list-style-type: none"> • Member must have a valid election to enroll into Medicare Advantage and application must be received by the plan PRIOR to the effective date. • Member can call Member Service to disenroll from their off-exchange coverage or fill out a change form requesting the cancellation. • Members will be disenrolled on the first of the following month after it is received OR the paid-to date.
Affordable Care Act (ACA) On-Exchange	Medicare Supplement	<ul style="list-style-type: none"> • Member must disenroll via the Exchange (either Federal or Pennsylvania)/Enrollment changes are received via file from the Exchanges. • Member can then be enrolled in Medigap once Proof of Prior Creditable Coverage documentation received from the applicant. • 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.

Enrollment/Disenrollment Member Responsibilities Quick Reference, continued

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

Notes

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Notes

This image shows a full page of blank, lined paper. It features approximately 20 horizontal blue lines spaced evenly across the page, typical of notebook or legal stationery. The lines are thin and light blue, set against a plain white background. There are no margins, text, or other markings present.

Notes

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

