

2024 Delaware Regional Plan Highlights



Featured Plan Options	●
Freedom Blue PPO - Signature	✓
Freedom Blue PPO - Distinct	✓
Freedom Blue PPO - Prestige	✓



Agent Training Only: Not Approved Marketing Collateral

FEATURED PRODUCTS

Benefits	Freedom Blue PPO - Signature	Freedom Blue PPO - Distinct	Freedom Blue PPO - Prestige
Monthly Premium	\$0 (\$8 Part B Giveback)	\$25	\$39
Out-of-Pocket Max	Network: \$6,700	Network: \$6,000	Network: \$5,500
Inpatient Hospital	\$175/day (days 1-5), \$0/day (days 6-90) IN; \$350/day (days 1-5), \$0/day (days 6-90) OON	\$350/admit IN; \$350/day (days 1-5), \$0/day (days 6-90) OON	\$295/admit IN; \$395/admit OON
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$30 Copay IN; \$30 Copay OON	\$20 Copay IN; \$20 Copay OON	\$0 Copay IN; \$0 Copay OON
Lab/Diagnostic Tests	\$0-\$10 lab Copay IN; \$50 copay OON \$0-\$10 diagnostic test copay IN; \$50 copay OON	\$0-\$10 lab Copay IN; \$50 copay OON \$0-\$10 diagnostic test copay IN; \$50 copay OON	\$0 lab Copay IN; \$40 copay OON \$0 diagnostic test copay IN; \$40 copay OON
X-Rays	\$25 Copay IN; \$50 Copay OON	\$15 Copay IN; \$45 Copay OON	\$10 Copay IN; \$40 Copay OON
Advanced Imaging	\$225 Copay IN; \$350 Copay OON	\$195 Copay IN; \$300 Copay OON	\$150 Copay IN; \$300 Copay OON
Outpatient Surgery	ASC: \$225 Copay IN; \$350 Copay OON Facility: \$300 Copay IN; \$350 Copay OON	ASC: \$195 Copay IN; \$300 Copay OON Facility: \$250 Copay IN; \$300 Copay OON	ASC: \$155 Copay IN; \$300 Copay OON Facility: \$200 Copay IN; \$300 Copay OON
Routine Dental	Office Visit: \$0 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$0 Copay IN; 30% Coinsurance OON (1 Every Year)	Office Visit: \$0 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$0 Copay IN; 30% Coinsurance OON (1 Every Year)	Office Visit: \$0 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$0 Copay IN; 30% Coinsurance OON (1 Every Year)
Comprehensive Dental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 40% Coinsurance with a maximum \$2000 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 40% Coinsurance with a maximum \$2500 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 40% Coinsurance with a maximum \$3500 Allowance IN/OON. See EOC for benefit limits.
Routine Hearing	\$30 Copay IN; \$30 Copay OON (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON	\$30 Copay IN; \$30 Copay OON (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON	\$0 Copay IN; \$0 Copay OON (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON
Routine Chiropractic	\$15 Copay IN; \$30 OON (8 visits)	\$10 Copay IN; \$15 OON (8 visits)	\$0 Copay IN; \$0 OON (8 visits)
Routine Podiatry	\$30 Copay IN; \$30 OON (10 visits)	\$20 Copay IN; \$20 OON (10 visits)	\$0 Copay IN; \$0 OON (10 visits)
Fitness	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON
Over-the-Counter	\$95 Allowance Once Per Quarter	\$120 Allowance Once Per Quarter	\$135 Allowance Once Per Quarter
PART D DRUGS			
Formulary	Performance	Performance	Performance
Initial Coverage at Retail Locations (up to 31 days supply)	Preferred Retail: Tier 1: \$0, Tier 2: \$5, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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%	Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%

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Why Buy Blue?

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

Freedom Blue PPO Signature

- \$0 PPO offers affordable copays with strong core medical benefits

Freedom Blue PPO Distinct (NEW)

- Low-priced plan for members who prefer lower, more predictable out-of-pocket costs
- In-patient PER STAY copay means peace of mind regardless of length of stay

Freedom Blue PPO Prestige (Re-named, Previously Distinct)

- For those looking for the most generous MA benefits and lowest out-of-pocket costs
- \$0 medical benefits including PCP, Specialist, PT, OT, and Labs makes perfect landing spot for those accustomed to Medigap predictability without the high-priced premiums
- First \$ IN Dental with generous \$3,500 allowance and 40% coinsurance
- OTC allowance per quarter includes Generic and Brand Name items
- Supplemental Benefits now include Podiatry and Chiropractic

Building High-Performing Provider Networks

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

In Delaware, our provider network includes:

Kent County

Bayhealth Hospital - Kent Campus

New Castle County

ChristianaCare - Christiana Hospital
ChristianaCare - Wilmington Hospital
Delaware Psychiatric Center
Select Specialty Hospital - Wilmington

Sussex County

Bayhealth Hospital - Sussex Campus
Beebe Medical Center
TidalHealth - Nanticoke Hospital



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