





# 2024 Lehigh Valley PA Regional Plan Highlights



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



Agent Training Only: Not Approved Marketing Collateral

# FEATURED PRODUCTS

Benefits	Community Blue Medicare PPO - Signature	Community Blue Medicare PPO - Distinct	Community Blue Medicare PPO - Premier
Monthly Premium	\$0 (\$31 Part B Giveback)	\$27	\$46
Out-of-Pocket Max	Network: \$7,950	Network: \$5,500	Network: \$4,900
Inpatient Hospital	\$325/admit IN; \$225/day (days 1-7), \$0/day (days 8-90) OON	\$200/admit IN; \$200/admit OON	\$200/admit IN; \$200/admit OON
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$25 Copay IN; \$25 Copay OON	\$15 Copay IN; \$15 Copay OON	\$0 Copay IN; \$0 Copay OON
Lab/Diagnostic Tests	Office/Lab: \$0 Copay IN; \$35 Copay OON Outpatient: \$10 Copay IN; \$35 Copay OON	Office/Lab: \$0 Copay IN; \$0 Copay OON Outpatient: \$0 Copay IN; \$0 Copay OON	Office/Lab: \$0 Copay IN; \$0 Copay OON Outpatient: \$0 Copay IN; \$0 Copay OON
X-Rays	\$20 Copay IN; \$50 Copay OON	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON
Advanced Imaging	\$195 Copay IN; \$325 Copay OON	\$175 Copay IN; \$175 Copay OON	\$150 Copay IN; \$150 Copay OON
Outpatient Surgery	ASC: \$275 Copay IN; \$400 Copay OON Facility: \$350 Copay IN; \$400 Copay OON	ASC: \$175 Copay IN; \$175 Copay OON Facility: \$245 Copay IN; \$245 Copay OON	ASC: \$175 Copay IN; \$175 Copay OON Facility: \$245 Copay IN; \$245 Copay OON
Routine Dental	Office Visit: \$0 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$0 Copay IN; 30% Coinsurance OON (1 Every Year)	Office Visit: \$0 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$0 Copay IN; 30% Coinsurance OON (1 Every Year)	Office Visit: \$0 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$0 Copay IN; 30% Coinsurance OON (1 Every Year)
Comprehensive Dental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 20% IN / 50% OON with a maximum \$2500 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 20% IN / 50% OON with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 0% IN / 50% OON with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.
Routine Hearing	\$25 Copay IN; \$25 Copay OON (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON	\$15 Copay IN; \$15 Copay OON (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON	\$0 Copay IN; \$0 Copay OON (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON
Routine Chiropractic	\$15 Copay IN; \$30 OON (4 visits)	\$20 Copay IN; \$20 OON (4 visits)	\$20 Copay IN; \$20 OON (8 visits)
Routine Podiatry	\$25 Copay IN; \$25 OON (4 visits)	\$15 Copay IN; \$15 OON (4 visits)	\$0 Copay IN; \$0 OON (10 visits)
Fitness	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON
Over-the-Counter	\$105 Allowance Once Per Quarter	\$190 Allowance Once Per Quarter	\$120 Allowance Once Per Quarter
PART D DRUGS			
Formulary	Performance	Performance	Venture
Initial Coverage at Retail Locations (up to 31 days supply)	Preferred Retail: Tier 1: \$0, Tier 2: \$5, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$42, Tier 4: \$100, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$42, Tier 4: \$100, Tier 5: 33%
	Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Standard Retail: Tier 1: \$7, Tier 2: \$15, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%

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## Why Buy Blue?

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

## Community Blue Medicare PPO Signature

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

## Community Blue Medicare PPO Distinct

- Low-priced PPO provides cost predictability at an affordable premium
- \$190 OTC allowance per quarter includes Generic and Brand Name items
- Includes lower Outpatient copays and low Per Admit copay on Inpatient Hospital stays
- \$0 Tier 1 and 2 drugs

## Community Blue Medicare PPO Premier (NEW)

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

# Building High-Performing Provider Networks

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

## In Lehigh Valley, our provider network includes:

### Carbon County

Lehigh Valley Hospital - Carbon  
St. Luke's Hospital - Lehighon Campus\*  
St. Luke's Hospital - Carbon

### Lehigh County

Lehigh Valley Coordinated Health Hospital of Allentown  
Lehigh Valley Hospital - 17th Street  
Lehigh Valley Hospital - Cedar Crest  
Lehigh Valley Hospital - Macungie  
St. Luke's Hospital Allentown\*  
St. Luke's Sacred Heart Hospital\*

### Northampton County

Coordinated Health Bethlehem Hospital\*  
Lehigh Valley Hospital - Hecktown Oaks  
Lehigh Valley Hospital - Muhlenberg  
St. Luke's Hospital - Anderson\*  
St. Luke's Hospital - Bethlehem\*  
St. Luke's Hospital - Easton\*

### Schuylkill County

Geisinger St. Luke's Hospital\*  
Lehigh Valley Hospital - Schuylkill E. Norwegian Street  
Lehigh Valley Hospital - Schuylkill S. Jackson Street  
St. Luke's Miners Memorial Hospital\*

\*PPO Only

### Pennsylvania PPO Plans



### Pennsylvania HMO Plans



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

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