# 2024

# Northeastern New York Regional Plan Highlights



Featured Plan Options	
Freedom Basic PPO	<b>✓</b>
Freedom Nation PPO	<b>✓</b>



# **FEATURED PRODUCTS**

Benefits	Freedom Basic PPO	Freedom Nation PPO
Monthly Premium	\$0 (\$57 Part B Giveback)	\$0 (\$8 Part B Giveback)
Out-of-Pocket Max	\$8,300	\$6,750 IN; N/A OON
Inpatient Hospital	\$400 per day (days 1-5) IN; 50% per stay OON	\$375 per day (days 1–5) IN; 50% per stay OON
PCP Office Visit	\$0/\$10 Copay IN; 50% Coinsurance OON	\$0 Copay IN; 40% Coinsurance OON
Specialist Office Visit	\$40 Copay INN; 50% Coinsurance OON	\$30 Copay INN; 40% Coinsurance OON
Lab/Diagnostic Tests	Outpatient Diagnostic Procedures / Tests: \$50 Copay IN; 50% Coinsurance OON Outpatient Lab Services: \$10 Copay IN/OON	Outpatient Diagnostic Procedures / Tests: \$50 Copay IN; 50% Coinsurance OON Outpatient Lab Services: \$5 Copay IN/OON
X-Rays	\$50 Copay IN; 50% Coinsurance OON	\$50 Copay IN; 50% Coinsurance OON
Advanced Imaging	\$200 Copay IN; 50% Coinsurance OON	\$200 Copay IN; 50% Coinsurance OON
Outpatient Surgery	ASC: \$425 Copay IN; 50% Coinsurance OON Facility: \$475 Copay IN; 50% Coinsurance OON	ASC: \$225 Copay IN; 50% Coinsurance OON Facility: \$325 Copay IN; 50% Coinsurance OON
Routine Dental	Office Visit: \$20 Copay X-ray: \$20 Copay (max 2/yr)	Office Visit: \$0 Copay IN/OON X-ray: \$0 Copay IN/OON
Comprehensive Dental	Restorative Services, Endodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$1000 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$2000 Allowance IN/OON. See EOC for benefit limits.
Routine Hearing	Not Covered	\$45 Copay; 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay
Routine Chiropractic	\$15 Copay IN (3 visits); 50% Coinsurance OON (3 visits)	\$15 Copay IN (6 visits); 50% Coinsurance OON (6 visits)
Routine Podiatry	\$40 Copay IN; 50% Coinsurance OON	\$30 Copay IN; 40% Coinsurance OON
Fitness	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON
Over-the-Counter	Not Covered	\$25 Allowance Once Per Quarter IN
PART D DRUGS		
Initial Coverage at Retail Locations (up to 31 days supply)	Preferred Retail: Tier 1: \$0, Tier 2: \$14, Tier 3: \$42, Tier 4: \$94, Tier 5: 27% IN/OON	Preferred Retail: Tier 1: \$0, Tier 2: \$8, Tier 3: \$42, Tier 4: \$94, 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: \$5, Tier 2: \$17, Tier 3: \$47, Tier 4: \$100, Tier 5: 30% IN/OON

## Why Buy Blue?

- Generous dental allowances and additional comprehensive services covered
- Dental Office Visit benefit now includes fluoride treatment for all featured products
- PPO plans include Blue Card access to all Blue Cross Blue Shield
  Medicare Advantage PPO networks throughout the country

#### Freedom Basic PPO

- \$0 plan with \$57 monthly Part B Giveback for those who desire strong core medical benefits
- Now with \$0 T1 copay

### **Freedom Nation PPO**

- \$0 plan now includes \$8 T2 copay and lower Rx deductible T4-T5
- \$2000 dental allowance with 50% comprehensive coinsurance for services including periodontics and crowns
- \$25 OTC allowance per quarter includes both Generic and Brand Name items

# **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 Northeastern New York, our provider network includes:

#### **Albany County**

Albany Medical Center Hospital Albany Medical Center Hospital South Clinical Campus Samaritan Hospital - Albany Memorial

St. Peter's Hospital

Campus

#### **Columbia County**

Columbia Memorial Hospital

#### **Franklin County**

Alice Hyde Medical Center

#### **Fulton County**

Nathan Littauer Hospital

#### **Herkimer County**

Little Falls Hospital

#### **Montgomery County**

St Mary's Healthcare

St. Mary's Hospital Memorial Campus

#### **Rensselaer County**

Samaritan Hospita

#### **Saratoga County**

Saratoga Hospital

#### **Schenectady County**

Bellevue Woman's Care Center of Ellis Hospital Ellis Hospital

Sunnyview Hospital

#### **Schoharie County**

Cobleskill Regional Hospital

#### **Ulster County**

HealthAlliance Mary's Avenue Campus

#### **Warren County**

Glen Falls Hospita

#### **New York PPO Plans**



#### **New York HMO Plans**





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