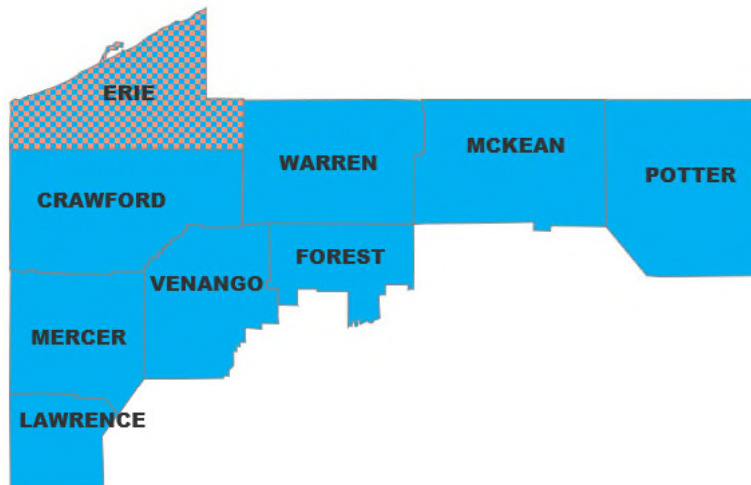


2024 Northwest PA Regional Plan Highlights



Featured Plan Options	●	●
Community Blue Medicare HMO - Signature	✓	
Complete Blue PPO - Distinct	✓	
Complete Blue PPO - Signature	✓	
Together Blue Medicare HMO - Signature		✓
NEW! Complete Blue PPO - Premier	✓	



Agent Training Only: Not Approved Marketing Collateral

FEATURED PRODUCTS

Benefits	Community Blue Medicare HMO Signature	Complete Blue PPO - Signature	Complete Blue PPO - Distinct
Monthly Premium	\$0 (\$10 Part B Giveback)	\$0 (\$10 Part B Giveback)	\$27
Out-of-Pocket Max	Network: \$5,500 / Erie: \$6,200	Network: \$6,500	Network: \$5,500
Inpatient Hospital	\$250/admit Erie: \$295/admit	\$250/admit IN; \$475/admit OON	\$225/admit IN; \$225/admit OON
PCP Office Visit	\$0 Copay	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$20 Copay / Erie: \$25 Copay	\$20 Copay IN; \$20 Copay OON	\$10 Copay IN; \$10 Copay OON
Lab/Diagnostic Tests	Office/Lab: \$0 Copay Outpatient: \$0 Copay / Erie: \$30 Copay	Office/Lab: \$0 Copay IN; \$25 Copay OON Outpatient: \$0 Copay IN; \$25 Copay OON	Office/Lab: \$0 Copay IN; \$0 Copay OON Outpatient: \$0 Copay IN; \$0 Copay OON
X-Rays	\$20 Copay	\$20 Copay IN; \$30 Copay OON	\$20 Copay IN; \$20 Copay OON
Advanced Imaging	\$195 Copay	\$195 Copay IN; \$300 Copay OON	\$175 Copay IN; \$175 Copay OON
Outpatient Surgery	ASC: \$175 Copay / Erie: \$195 Copay Facility: \$245 Copay	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
Routine Dental	Office Visit: \$0 Copay (1 Every Six Months) X-ray: \$0 Copay (1 Every Year)	Office Visit: \$0 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$0 Copay IN; 30% Coinsurance OON (1 Every Year)	Office Visit: \$0 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$0 Copay IN; 30% Coinsurance OON (1 Every Year)
Comprehensive Dental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 0% Coinsurance with a maximum \$3000 Allowance. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 20% IN / 50% OON with a maximum \$2500 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 10% IN / 50% OON with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.
Routine Hearing	\$20 Copay (1 Every Year) / Erie: \$25 Copay (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay	\$20 Copay IN; \$20 Copay OON (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON	\$10 Copay IN; \$10 Copay OON (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON
Routine Chiropractic	\$20 Copay (4 visits) / Erie: \$15 Copay (4 visits)	\$15 Copay IN; \$30 OON (4 visits)	\$15 Copay IN; \$15 OON (4 visits)
Routine Podiatry	\$20 Copay (4 visits) / Erie: \$25 Copay (4 visits)	\$20 Copay IN; \$20 OON (4 visits)	\$10 Copay IN; \$10 OON (4 visits)
Fitness	Covered in Full	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	\$100 Allowance Once Per Quarter /Erie: \$80 Allowance Once Per Quarter	\$130 Allowance Once Per Quarter	\$200 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: \$0, Tier 3: \$42, Tier 4: \$100, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	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: \$20, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%

Confidential & Proprietary - For Agent Use Only

FEATURED PRODUCTS

Benefits	Together Blue Medicare HMO - Signature Erie County ONLY	Complete Blue PPO - Premier
Monthly Premium	\$0 (\$30 Part B Giveback)	\$46
Out-of-Pocket Max	Network: \$5,900	Network: \$4,900
Inpatient Hospital	\$200/admit	\$225/admit IN; \$225/admit OON
PCP Office Visit	\$0 Copay	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$0 Copay	\$0 Copay IN; \$0 Copay OON
Lab/Diagnostic Tests	Office/Lab: \$0 Copay Outpatient: \$0 Copay	Office/Lab: \$0 Copay IN; \$0 Copay OON Outpatient: \$0 Copay IN; \$0 Copay OON
X-Rays	\$0 Copay	\$10 Copay IN; \$10 Copay OON
Advanced Imaging	\$95 Copay	\$150 Copay IN; \$150 Copay OON
Outpatient Surgery	ASC: \$95 Copay Facility: \$145 Copay	ASC: \$175 Copay IN; \$175 Copay OON Facility: \$200 Copay IN; \$200 Copay OON
Routine Dental	Office Visit: \$0 Copay (1 Every Six Months) X-ray: \$0 Copay (1 Every Year)	Office Visit: \$0 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$0 Copay IN; 30% Coinsurance OON (1 Every Year)
Comprehensive Dental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 0% Coinsurance with a maximum \$1500 Allowance. 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	\$0 Copay (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay	\$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 (4 visits)	\$20 Copay IN; \$20 OON (8 visits)
Routine Podiatry	\$0 Copay (10 visits)	\$0 Copay IN; \$0 OON (10 visits)
Fitness	Covered in Full	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON
Over-the-Counter	\$80 Allowance Once Per Quarter	\$120 Allowance Once Per Quarter
PART D DRUGS		
Formulary	Performance	Venture
Initial Coverage at Retail Locations (up to 31 days supply)	Preferred Retail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$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: \$15, 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%

Confidential & Proprietary - For Agent Use Only

Why Buy Blue?

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

Complete Blue PPO Signature

- \$0 plan that provides access to the most doctors and hospitals in the region including all AHN, UPMC, and local community hospitals
- \$0 Tier 1 and 2 drugs
- In-patient PER STAY copay means peace of mind regardless of length of stay

Complete Blue PPO Distinct

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

Complete Blue PPO Premier (NEW)

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

Confidential & Proprietary - For Agent Use Only

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 Northwest PA, our provider network includes:

Crawford County

Meadville Medical Center ●
Titusville Area Hospital ●

Erie County

AHN Saint Vincent Hospital ●
Corry Memorial Hospital ●
Millcreek Community Hospital ●
UPMC Hamot

Lawrence County

UPMC Jameson ●

McKean County

Bradford Regional Medical Center ●
UPMC Kane ●

Mercer County

AHN Grove City Medical Center ●
Edgewood Surgical Hospital ●
Sharon Regional Medical Center ●
UPMC Horizon ●
UPMC Horizon - Shenango ●

Potter County

UPMC Charles Cole ●

Venango County

UPMC Northwest ●

Warren County

Warren General Hospital ●

- Together Blue Medicare HMO, Community Blue Medicare HMO, and Complete Blue PPO
- Community Blue Medicare HMO and Complete Blue PPO
- Complete Blue PPO

Pennsylvania PPO Plans



Pennsylvania HMO Plans



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

Confidential & Proprietary - For Agent Use Only