

2024 Southwest PA Regional Plan Highlights



Featured Plan Options	●	●
Together Blue Medicare HMO - Signature		✓
Community Blue Medicare HMO - Signature Region 1: Beaver, Greene, Fayette Counties Region 2: Allegheny, Butler, Washington, Westmoreland Counties	✓	
Complete Blue PPO - Signature	✓	
Complete Blue PPO - Distinct	✓	
NEW! Complete Blue PPO - Premier	✓	




Agent Training Only: Not Approved Marketing Collateral

FEATURED PRODUCTS

Benefits	Together Blue Medicare HMO - Signature Allegheny, Butler, Washington, Westmoreland Counties ONLY	Community Blue Medicare HMO - Signature Region 1: Beaver, Greene, Fayette Region 2: Allegheny, Butler, Washington, Westmoreland	Complete Blue PPO - Signature
Monthly Premium	\$0 (\$30 Part B Giveback)	\$0 (\$10 Part B Giveback)	\$0 (\$10 Part B Giveback)
Out-of-Pocket Max	Network: \$5,900	Network: Reg 1: \$5,500; Reg 2: \$6,200	Network: \$6,500
Inpatient Hospital	\$200/admit	Reg 1: \$250/admit Reg 2: \$295/admit	\$150/day (days 1-3) IN, \$0/day (days 4-90) IN; \$300/day (days 1-3), \$0/day (days 4-90) OON
PCP Office Visit	\$0 Copay	\$0 Copay	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$0 Copay	Reg 1: \$20 Copay; Reg 2: \$25 Copay	\$20 Copay IN; \$20 Copay OON
Lab/Diagnostic Tests	Office/Lab: \$0 Copay Outpatient: \$0 Copay	Office/Lab: \$0 Copay Outpatient: Reg 1: \$0 Copay; Reg 2: \$30 Copay	Office/Lab: \$0 Copay IN; \$25 Copay OON Outpatient: \$0 Copay IN; \$25 Copay OON
X-Rays	\$0 Copay	\$20 Copay	\$20 Copay IN; \$35 Copay OON
Advanced Imaging	\$95 Copay	\$195 Copay	\$195 Copay IN; \$325 Copay OON
Outpatient Surgery	ASC: \$95 Copay Facility: \$145 Copay	ASC: Reg 1: \$175 Copay; Reg 2: \$195 Copay Facility: \$245 Copay	ASC: \$195 Copay IN; \$325 Copay OON Facility: \$245 Copay IN; \$375 Copay OON
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)	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% 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.
Routine Hearing	\$0 Copay (1 Every Year); 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay	Reg 1: \$20 Copay (1 Every Year) Reg 2: \$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
Routine Chiropractic	\$15 Copay (4 visits)	Reg 1: \$20 Copay (4 visits); Reg 2: \$15	\$15 Copay IN; \$35 / \$30 OON (4 visits)
Routine Podiatry	\$0 Copay (10 visits)	Reg 1: \$20 Copay (4 visits); Reg 2: \$25 Copay (4 visits)	\$20 Copay IN; \$20 OON (4 visits)
Fitness	Covered in Full	Covered in Full	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON
Over-the-Counter	\$80 Allowance Once Per Quarter	Reg 1: \$100 Allowance Once Per Quarter; Reg 2: \$80 Allowance Once Per Quarter	SW/WC: \$105 Allowance Once Per Quarter NW: \$130 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: \$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: \$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%

FEATURED PRODUCTS

Benefits	Complete Blue PPO - Distinct	Complete Blue PPO - Premier
Monthly Premium	\$27	 \$46
Out-of-Pocket Max	Network: \$5,500	Network: \$4,900
Inpatient Hospital	\$225/admit IN; \$225/admit OON	\$225/admit IN; \$225/admit OON
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$10 Copay IN; \$10 Copay OON	\$0 Copay IN; \$0 Copay OON
Lab/Diagnostic Tests	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; \$20 Copay OON	\$10 Copay IN; \$10 Copay OON
Advanced Imaging	\$175 Copay IN; \$175 Copay OON	\$150 Copay IN; \$150 Copay OON
Outpatient Surgery	ASC: \$175 Copay IN; \$175 Copay OON Facility: \$200 Copay IN; \$200 Copay OON	ASC: \$175 Copay IN; \$175 Copay OON Facility: \$200 Copay IN; \$200 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)
Comprehensive Dental	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.	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	\$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	\$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; \$15 OON (4 visits)	\$20 Copay IN; \$20 OON (8 visits)
Routine Podiatry	\$10 Copay IN; \$10 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
Over-the-Counter	\$200 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: \$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: \$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%

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

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 \$ INN 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 Southwest PA, our provider network includes:

Allegheny County

- AHN Allegheny General Hospital ●
- AHN Allegheny Valley Hospital ●
- AHN Brentwood Neighborhood Hospital ●
- AHN Forbes Hospital ●
- AHN Harmar Neighborhood Hospital ●
- AHN Jefferson Regional Hospital ●
- AHN McCandless Neighborhood Hospital ●
- AHN West Penn Hospital ●
- AHN Wexford Hospital ●
- Heritage Valley Kennedy ●
- Heritage Valley Sewickley ●
- St. Clair Memorial Hospital ●
- UPMC East ●
- UPMC Magee ●
- UPMC McKeesport ●
- UPMC Mercy ●
- UPMC Passavant ●
- UPMC Presbyterian ●
- UPMC Shadyside ●
- UPMC St. Margaret ●

Beaver County

- Heritage Valley Beaver ●

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

Butler County

- Butler Memorial Health System ●
- UPMC Passavant Cranberry ●

Fayette County

- Penn Highlands Connellsville ●
- WVU Uniontown Hospital ●

Greene County

- Washington Health System Greene ●

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 ●

Pennsylvania PPO Plans



Pennsylvania HMO Plans



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