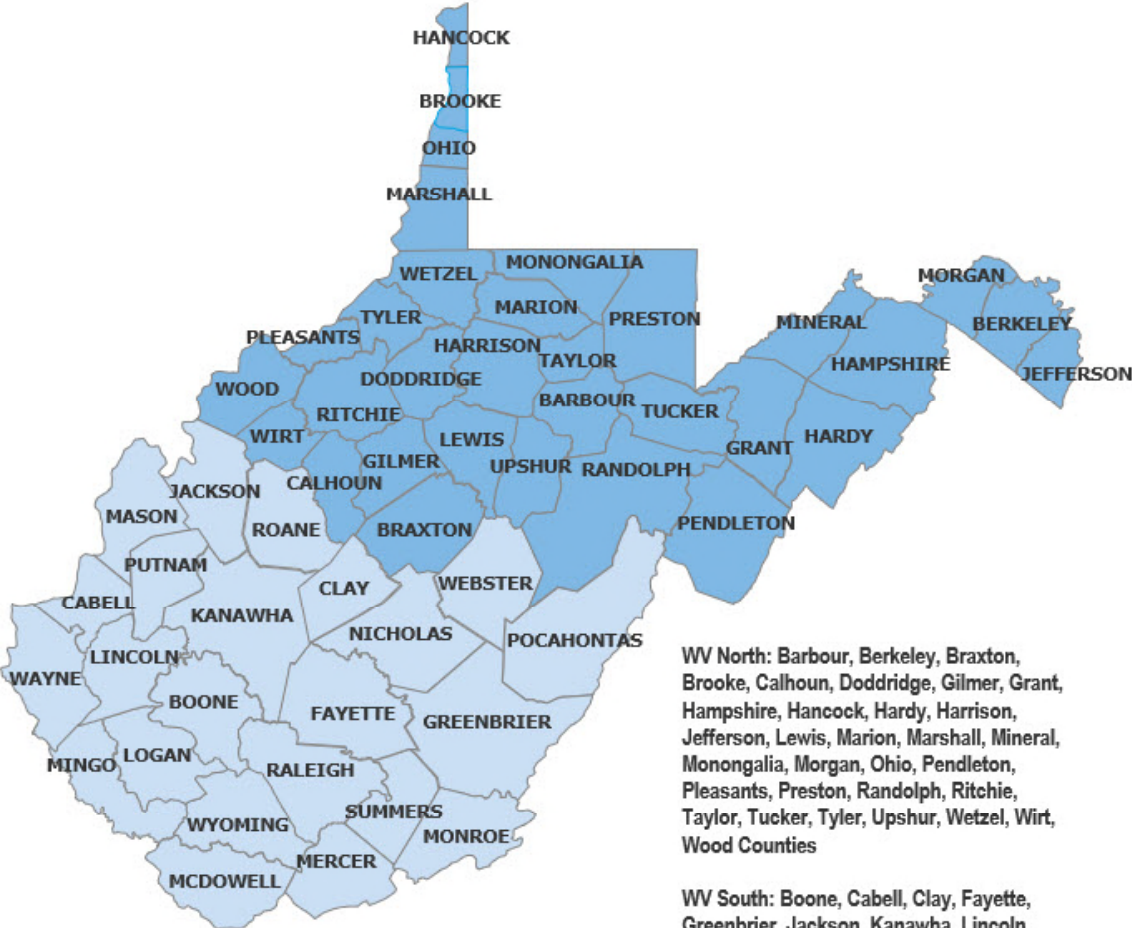


2024 West Virginia Regional Plan Highlights



WV North: Barbour, Berkeley, Braxton, Brooke, Calhoun, Doddridge, Gilmer, Grant, Hampshire, Hancock, Hardy, Harrison, Jefferson, Lewis, Marion, Marshall, Mineral, Monongalia, Morgan, Ohio, Pendleton, Pleasants, Preston, Randolph, Ritchie, Taylor, Tucker, Tyler, Upshur, Wetzel, Wirt, Wood Counties

WV South: Boone, Cabell, Clay, Fayette, Greenbrier, Jackson, Kanawha, Lincoln, Logan, Mason, McDowell, Mercer, Mingo, Monroe, Nicholas, Pocahontas, Putnam, Raleigh, Roane, Summers, Wayne, Webster, Wyoming Counties

Featured Plan Options	
Freedom Blue PPO North - Merit, Signature, Distinct, Prestige	●
Freedom Blue PPO South - Merit, Signature, Distinct, Prestige	●



Agent Training Only: Not Approved Marketing Collateral

FEATURED PRODUCTS

Benefits	Freedom Blue PPO - Merit	Freedom Blue PPO - Signature
Monthly Premium	\$0 (\$85 Part B Giveback)	\$0 (\$10 Part B Giveback)
Out-of-Pocket Max	Network: \$8,300	Network: \$7,550
Inpatient Hospital	\$455/day (days 1-5), \$0/day (days 6-90) IN; \$550/day (days 1-5), \$0/day (days 6-90) OON	\$250/day (days 1-3), \$0/day (days 4-90) IN; \$425/day (days 1-5), \$0/day (days 6-90) OON
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$45 Copay IN; \$65 Copay OON	\$25 Copay IN; \$25 Copay OON
Lab/Diagnostic Tests	Office/Lab: \$0 Copay IN; \$100 Copay OON Outpatient: \$100 Copay IN; \$100 Copay OON	Office/Lab: \$0 Copay IN; \$20 Copay OON Outpatient: \$10 Copay IN; \$20 Copay OON
X-Rays	\$75 Copay IN; \$100 Copay OON	\$25 Copay IN; \$40 Copay OON
Advanced Imaging	\$300 Copay IN; \$350 Copay OON	\$250 Copay IN; \$350 Copay OON
Outpatient Surgery	ASC: \$300 Copay IN; \$375 Copay OON Facility: \$350 Copay IN; \$375 Copay OON	ASC: \$250 Copay IN; \$350 Copay OON Facility: \$300 Copay IN; \$350 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: 20% Coinsurance IN / 50% Coinsurance OON with a maximum \$1000 Allowance. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 20% Coinsurance IN / 50% Coinsurance OON with a maximum \$2,000 Allowance. See EOC for benefit limits.
Routine Hearing	\$40 Copay IN; \$40 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
Routine Chiropractic	\$15 Copay IN; \$40 OON (4 visits)	\$15 Copay IN; \$40 OON (8 visits)
Routine Podiatry	\$45 Copay IN; \$65 OON (8 visits)	\$25 Copay IN; \$25 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	Not Covered	\$85 Allowance Once Per Quarter
PART D DRUGS		
Formulary	Performance	Performance
Deductible	Tier 1 -Tier 2: \$0, Tier 3 - Tier 5: \$500	\$0
Initial Coverage at Retail Locations (up to 31 days supply)	Preferred Retail: Tier 1: \$0, Tier 2: \$10, Tier 3: \$47, Tier 4: \$100, Tier 5: 25%	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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: 25%	Standard Retail: Tier 1: \$7, Tier 2: \$20, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%

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FEATURED PRODUCTS

Benefits	Freedom Blue PPO - Distinct	Freedom Blue PPO - Prestige
Monthly Premium	North: \$35 / South: \$25	\$39
Out-of-Pocket Max	Network: \$6,000	Network: \$5,500
Inpatient Hospital	\$375/admit IN; \$500/admit OON	\$325/admit IN; \$500/admit OON
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$20 Copay IN; \$25 Copay OON	\$0 Copay IN; \$0 Copay OON
Lab/Diagnostic Tests	Office/Lab: \$0 Copay IN; \$20 Copay OON Outpatient: \$0 Copay IN; \$20 Copay OON	Office/Lab: \$0 Copay IN; \$20 Copay OON Outpatient: \$0 Copay IN; \$20 Copay OON
X-Rays	\$15 Copay IN; \$35 Copay OON	\$15 Copay IN; \$35 Copay OON
Advanced Imaging	\$200 Copay IN; \$350 Copay OON	\$150 Copay IN; \$350 Copay OON
Outpatient Surgery	ASC: \$225 Copay IN; \$350 Copay OON Facility: \$300 Copay IN; \$350 Copay OON	ASC: \$225 Copay IN; \$350 Copay OON Facility: \$300 Copay IN; \$350 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% Coinsurance IN / 50% Coinsurance OON with a maximum \$2,500 Allowance. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 0% Coinsurance IN / 50% Coinsurance OON with a maximum \$3,500 Allowance. 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	\$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)	\$20 Copay IN; \$30 OON (8 visits)
Routine Podiatry	\$20 Copay IN; \$25 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
Over-the-Counter	\$170 Allowance Once Per Quarter	\$115 Allowance Once Per Quarter
PART D DRUGS		
Formulary	Performance	Performance
Deductible	\$0	\$0
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: \$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?

- Full growth product portfolio now available across all West Virginia counties
- \$0 PCP visit copays IN and OON on all plans
- As low as 0% coinsurance on comprehensive dental
- Dental Office Visit benefit now includes fluoride treatment for all featured products

Freedom Blue PPO Merit

- Redesigned for the cost-conscious consumer
- \$0 Premium with \$85 monthly Part B Giveback, over \$1,000 in Giveback annually
- NO Medical Deductible
- \$0 PCP IN and OON

Freedom Blue PPO Signature

- Low Specialist copays IN and OON
- OTC allowance includes Generic and Brand Name items

Freedom Blue PPO Distinct

- Generous dental allowance now includes low comprehensive coinsurance for services such as periodontics and crowns
- \$0 Tier 1 and 2 Rx copays
- Inpatient Hospital Per Admit copay offers peace of mind

Freedom Blue PPO Prestige

- \$0 IN and OON PCP and Specialist copays
- \$3500 dental allowance with NO comprehensive coinsurance

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.

A High Value Provider Network, Including:

Barbour County

Broaddus Hospital

Berkeley County

WVU Medicine - Berkeley Medical Center

Boone County

Boone Memorial Hospital

Braxton County

WVU Medicine - Braxton County Memorial Hospital

Brooke County

Acuity Specialty Hospital of Ohio Valley - Weirton
Weirton Medical Center

Cabell County

Cabell Huntingdon Hospital
River Park Hospital
St. Mary's Medical Center

Calhoun County

Minnie Hamilton Health Center

Doddridge County

Ritchie Regional Health Center

Fayette County

Montgomery General Hospital
Plateau Medical Center

Grant County

Grant Memorial Hospital

Greenbrier County

CAMC - Greenbrier Valley Medical Center

Harrison County

WVU Medicine - United Hospital Center
WVU Medicine - Highland-Clarksburg Hospital

Jackson County

WVU Medicine - Jackson General Hospital

Jefferson County

WVU Medicine - Jefferson Medical Center

Kanawha County

Charleston Area Medical Center
Charleston Surgical Hospital
Select Specialty Hospital - Charleston
WVU Medicine - Saint Francis Hospital
WVU Medicine - Thomas Memorial Hospital

Lewis County

Stonewall Jackson Memorial Hospital

Logan County

Logan Regional Medical Center

Marion County

Marion Neighborhood Hospital
WVU Medicine - Fairmont Medical Center

Marshall County

Reynolds Memorial Hospital

Mason County

Pleasant Valley Hospital

McDowell County

Welch Community Hospital

Mercer County

WVU Medicine - Princeton Comm. Hospital

Mineral County

WVU Medicine - Potomac Valley Hospital

Monongalia County

Mon Health Medical Center
WVU Medicine - Chestnut Ridge Center
WVU Medicine - Children's Hospital
WVU Medicine - J.W. Ruby Memorial Hospital

Morgan County

Valley Health War Memorial Hospital

Nicholas County

WVU Medicine - Summersville Regional
Medical Center

Ohio County

Acuity Specialty Hospital of Ohio Valley -
Wheeling
WVU Medicine - Wheeling Hospital

Pocahontas County

Pocahontas Memorial Hospital

Preston County

Mon Health Preston Mem. Hospital

Putnam County

CAMC Teays Valley Hospital

Ritchie County

Ritchie County Primary Care Association

Summers County

Summers County ARH Hospital

Taylor County

Grafton City Hospital

Tyler County

Sistersville General Hospital

Upshur County

WVU Medicine - St Joseph's Hospital of
Buckhannon

Webster County

Webster County Memorial Hospital

Wetzel County

WVU Medicine - Wetzel County Hospital

Wood County

Camden Clark Memorial Hospital Corp.

Freedom Blue PPO 



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

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