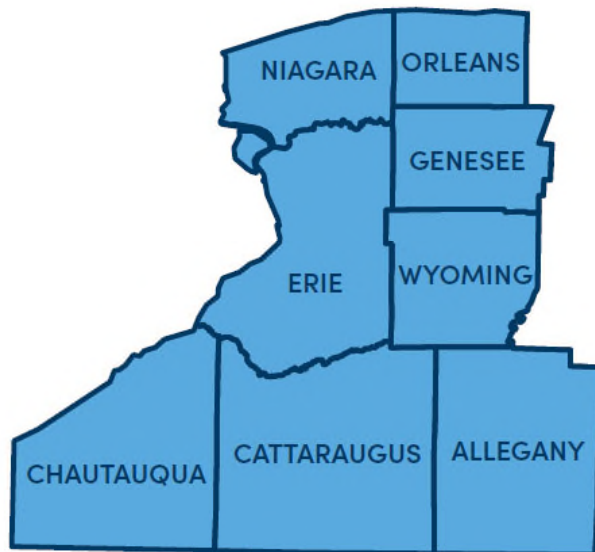






2024 Western New York Regional Plan Highlights



Featured Plan Options	
Senior Blue Basic HMO	
BlueSaver HMO	
Freedom Nation PPO	



Agent Training Only: Not Approved Marketing Collateral

FEATURED PRODUCTS

Benefits	Senior Blue Basic HMO	BlueSaver HMO	Freedom Nation PPO
Monthly Premium	\$0 (\$62 Part B Giveback)	\$0 (\$8 Part B Giveback)	\$24 (\$4 Part B Giveback)
Out-of-Pocket Max	\$8,300	\$6,900	\$6,750 IN; N/A OON
Inpatient Hospital	\$400 per day (days 1-5)	\$360 per day (days 1-5)	\$370 per day (days 1-5) IN; 50% per stay OON
PCP Office Visit	\$0 / \$10 Copay	\$0 Copay	\$0 Copay IN; 50% Coinsurance OON
Specialist Office Visit	\$40 Copay	\$30 Copay	\$30 Copay IN; 50% Coinsurance OON
Lab/Diagnostic Tests	Outpatient Diagnostic Procedures / Tests: \$60 Copay Outpatient Lab Services: \$10 Copay	Outpatient Diagnostic Procedures / Tests: \$50 Copay Outpatient Lab Services: \$0 Copay	Outpatient Diagnostic Procedures / Tests: \$50 Copay IN; 50% Coinsurance OON Outpatient Lab Services: \$5 Copay IN/OON
X-Rays	\$50 Copay	\$45 Copay	\$50 Copay IN; 50% Coinsurance OON
Advanced Imaging	\$225 Copay	\$175 Copay	\$200 Copay IN; 50% Coinsurance OON
Outpatient Surgery	ASC: \$425 Copay Facility: \$475 Copay	ASC: \$275 Copay Facility: \$375 Copay	ASC: \$275 Copay IN; 50% Coinsurance OON Facility: \$375 Copay IN; 50% Coinsurance OON
Routine Dental	Office Visit: \$20 Copay X-ray: \$20 Copay (max 2/yr)	Office Visit: \$0 Copay X-ray: \$0 Copay	Office Visit: \$0 Copay X-ray: \$0 Copay
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.	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	\$45 Copay; 2 Hearing Aids Every year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay
Routine Chiropractic	\$15 Copay (3 visits)	\$15 Copay (6 visits)	\$20 Copay IN (6 visits); 50% Coinsurance OON (6 visits)
Routine Podiatry	\$40 Copay (3 visits)	\$30 Copay (3 visits)	\$30 Copay IN; 50% Coinsurance OON (3 visits)
Fitness	Covered in Full IN	Covered in Full IN	Covered in Full IN ; 50% Coinsurance after satisfying a \$500 Deductible OON
Over-the-Counter	Not Covered	\$25 Allowance Once Per Quarter	\$40 Allowance Once Per Quarter IN/OON
PART D DRUGS			
Initial Coverage at Retail Locations (up to 31 days supply)	Preferred Retail: Tier 1: \$0, Tier 2: \$12, Tier 3: \$42, Tier 4: \$94, Tier 5: 27%	Preferred Retail: Tier 1: \$0, Tier 2: \$12, Tier 3: \$42, Tier 4: \$94, Tier 5: 29%	Preferred Retail: Tier 1: \$0, Tier 2: \$5, Tier 3: \$42, Tier 4: \$94, Tier 5: 29% IN/OON
	Non-preferred Retail: Tier 1: \$9, Tier 2: \$17, Tier 3: \$47, Tier 4: \$100, Tier 5: 27%	Non-preferred Retail: Tier 1: \$5, Tier 2: \$17, Tier 3: \$47, Tier 4: \$100, Tier 5: 29%	Non-preferred Retail: Tier 1: \$5, Tier 2: \$17, Tier 3: \$47, Tier 4: \$100, Tier 5: 29% IN/OON

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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

Senior Blue Basic HMO

- \$0 plan with \$62 monthly Part B Giveback
- Now with \$0 T1 copay

BlueSaver HMO

- Provides access to BOTH of Western New York's major health systems
- \$25 OTC allowance per quarter includes Generic and Brand Name items

Freedom Nation PPO

- Low-priced plan for members who prefer lower, more predictable out-of-pocket costs
- \$0 T1 Rx copay and now \$5 Rx copay for T2
- Lower T4-T5 deductible

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 Western New York, our provider network includes:

Allegany County

Cuba Memorial Hospital
Jones Memorial Hospital

Cattaraugus County

Olean General Hospital

Chautauqua County

Brooks Memorial Hospital
Lake Shore Memorial Hospital
UPMC Chautauqua at WCA
Westfield Memorial Hospital

Erie County

Bertrand Chaffee Hospital
Bry Lin Hospital
Buffalo General Hospital
Erie County Medical Center
John R Oishei Children's Hospital
Kenmore Mercy Hospital
Mercy Hospital of Buffalo
Millard Fillmore Suburban Hospital
Roswell Park Cancer Institute
Sisters of Charity Hospital
Sisters of Charity Hospital - St. Joseph Campus

Genesee County

United Memorial Medical Center

Livingston County

Nicholas H. Noyes Memorial Hospital

Monroe County

Highland Hospital
Rochester General Hospital
Strong Memorial Hospital
Unity Hospital of Rochester
Unity Hospital of Rochester - Buffalo Road

Niagara County

DeGraff Memorial Hospital
Eastern Niagara Hospital - Lockport
Eastern Niagara Hospital - Newfane
Mount St. Mary's Hospital
Niagara Falls Memorial Medical Center

Ontario County

The Frederick Ferris Thompson Hospital

Orleans County

Medina Memorial Hospital

Steuben County

St. James Hospital

Wayne County

Newark Wayne Community Hospital

Wyoming County

Wyoming County Community Hospital

New York PPO Plans



New York HMO Plans



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

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