

**HIGHMARK.**

Because Life.™

# Highmark Senior Markets Agent Field Guide

—  
2022



Confidential & Proprietary —  
For Agent Use Only



# Dear Highmark Agent:

Welcome to Highmark Senior Markets.

You are a valued member of our sales team. And you are the face of Highmark.

Change is happening throughout the health care industry, and Highmark is playing a leading role in driving that transformation. We are proud to make a difference in the lives of the nearly 5 million members who we serve.

As a Highmark field agent, you're often our first point of contact with consumers who are shopping for quality health coverage that is both accessible and affordable.

That's why we're here to support you. And it's why we're providing you with this Highmark Agent Field Guide.

This helpful resource puts a wealth of information at your fingertips — including details about our Medicare products, important policies, and everything you need to know about doing business with Highmark. On the following pages, you'll also find guidance on using the Highmark producer web portal, information on the Medicare Star Ratings, and other insights to help ensure you're "Ready to Sell" Highmark products as the ideal solution to your customers' needs.

So please keep this guide handy. It can help you prepare to have more productive meetings with your clients as they search for a health plan offering both comprehensive coverage and real value.

Thank you for representing Highmark. And please know that we're always here to help you — to make your job easier and to help you remain successful.

Sincerely,

The Highmark Senior Markets Team



# Contents

1	<b>Section I:</b> Highmark Snapshot – Who Are We?
3	<b>Section II:</b> Producer Portal and Online Agent Resources
11	<b>Section III:</b> Ethics and Integrity
15	<b>Section IV:</b> Commissions, Compliance, and Agent Oversight
23	<b>Section V:</b> Enrollment Process and Eligibility
27	<b>Section VI:</b> Highmark’s Medicare Advantage Star Ratings
31	<b>Section VII:</b> Highmark Senior Markets Medicare Products
37	<b>Section VIII:</b> Regions – Products and Pricing by County
69	<b>Section IX:</b> Additional Enrollment Resources
75	<b>Appendix A:</b> Frequently Asked Questions
76	<b>Appendix B:</b> Tips for Using the Online Provider Search Tool
77	<b>Appendix C:</b> Agent Sales Checklist
78	<b>Appendix D:</b> Medical Underwriting Guidelines
82	<b>Appendix E:</b> Scope of Sales Appointment Confirmation Form
84	<b>Appendix F:</b> Highmark Senior Markets
86	<b>Appendix G:</b> Glossary



---

SECTION I:

# Highmark Snapshot — Who Are We?

# Highmark Snapshot – Who Are We?

Welcome to Highmark Health, a national health and wellness organization with more than 35,000 employees.

A national blended health organization, Highmark Health and our leading businesses support millions of customers with products, services, and solutions closely aligned to our mission of creating remarkable health experiences, freeing people to be their best.

Headquartered in Pittsburgh, we're regionally focused in Pennsylvania, Delaware, West Virginia, and New York, with customers in 50 states and the District of Columbia.

We passionately serve individual consumers and fellow businesses alike. And our companies cover a diversified spectrum of essential health-related needs including health insurance, health care delivery, population health management, dental solutions, reinsurance solutions, and innovative, technology solutions.

## Highmark Health's portfolio of Leading Health Care Companies



**Highmark Inc.** | Pittsburgh, PA

Highmark Inc. and its collective health insurance subsidiaries and affiliates are one of America's largest health insurance organizations.

Highmark Inc. and its affiliates operate health insurance plans in Pennsylvania, Delaware, West Virginia, and New York that serve more than 5.6 million members and hundreds of thousands of additional individuals through the BlueCard® program.

Together with its Blue-branded affiliates, Highmark Inc. is collectively the fourth-largest overall Blue Cross and Blue Shield-affiliated organization in the country based on capital.

Highmark Inc. is an independent licensee of the Blue Cross Blue Shield Association.



**United Concordia Dental** is a leading national dental solutions company focused on delivering better, overall health. The company has nearly 8.5 million members, one of the nation's largest dentist networks, an AM Best A- (Excellent) rating, and is licensed in all 50 states, District of Columbia, and Puerto Rico.



**HM Insurance Group** works to protect businesses from the potential financial risk associated with catastrophic health care costs. Through its insurance companies, HM Insurance Group holds insurance licenses in 50 states and the District of Columbia and maintains sales offices across the country.



**HM Health Solutions**, through 4,200 employees who specialize in leading technology and industry expertise, delivers business solutions to 13 health plans serving 10.3 million members, enabling plans to run their operations more efficiently in a competitive and ever-changing marketplace.



**Allegheny Health Network** provides health care delivery, research, medical education, and wellness services through a leading integrated delivery network of 13 hospitals, more than 2,500 staff physicians, and key clinical and research partnerships.



**Helion** is a health care technology and services firm that helps payers cultivate high-performing networks while empowering providers to operate at their best — and in doing so, helps patients heal better. The firm's end goal is health and healing in the home, but their solutions create value along a broader part of the health care continuum.



---

SECTION II:

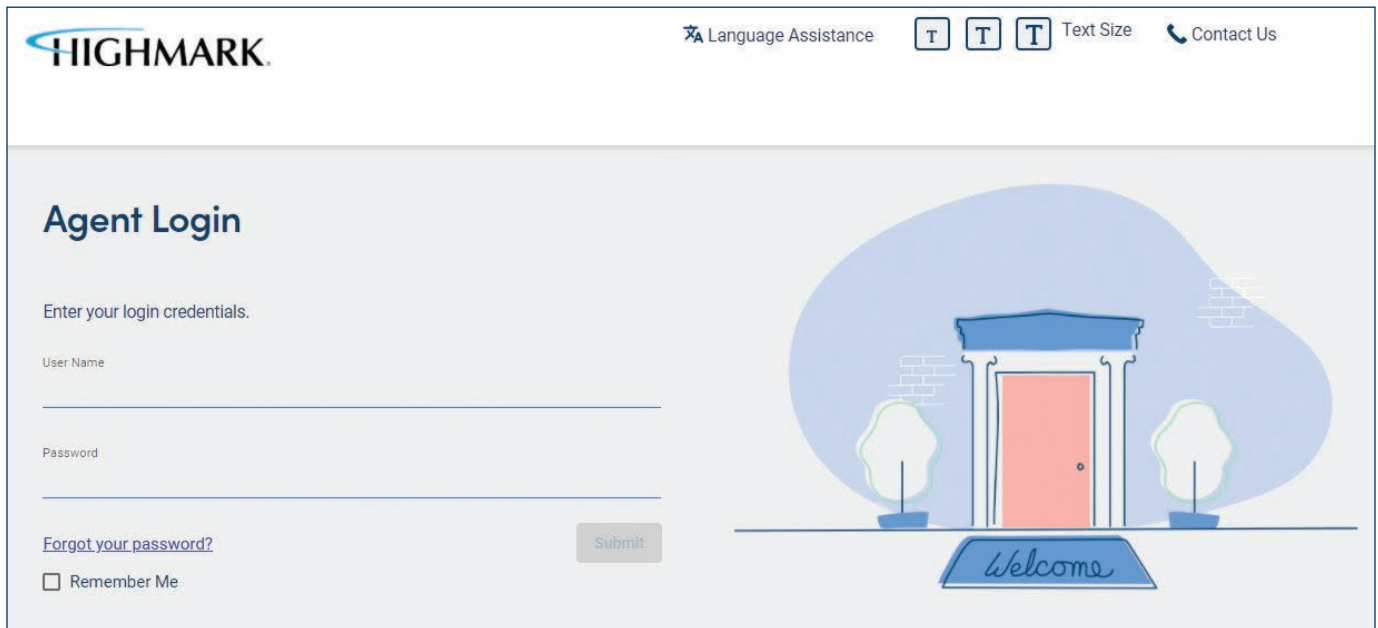
# Producer Portal and Online Agent Resources

# Doing Business with Highmark Senior Markets

## The Producer Portal

Working with Highmark is easy when you use the tools we've provided.

One of these helpful resources is our online Producer Portal — [medicare.highmark.com/producer/login](https://medicare.highmark.com/producer/login). This user-friendly website gives you many informational tools to help you have productive conversations with your clients. And it will help you build a greater knowledge base about Highmark as well.



The Producer Portal enables you to:

- Enroll Medicare clients online.
- Check the status of applications.
- Order customized enrollment kits.
- Request CMS-approved marketing materials.
- View and download important documents.
- Access the most recent version of this Field Guide.

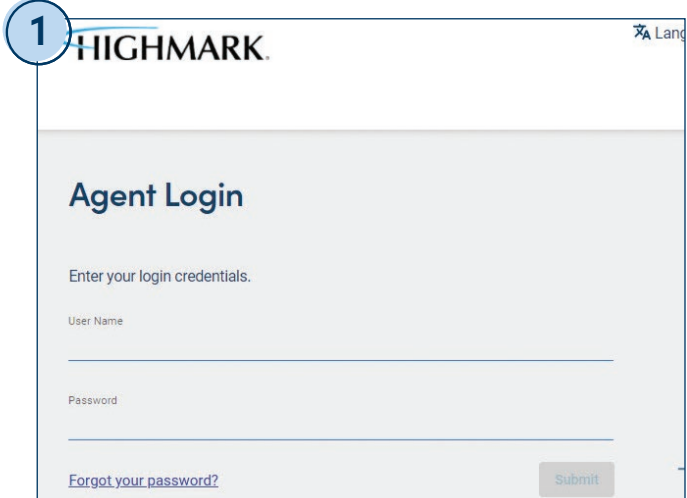
## SECTION II: PRODUCER PORTAL AND ONLINE AGENT RESOURCES

### Enroll your clients with ease

To enroll your clients faster and easier, utilize the online enrollment tool. The online enrollment tool also provides instant confirmation that an application has been received by Highmark.

To use the online enrollment tool:

1. Log in to the **Producer Portal**.
2. Select the **Start Enrolling** button, under **Quick Links**.
3. Enter the ZIP code and select the county the beneficiary resides in, and then choose **View Plans** to make a selection.
4. You will have the option to upload your Scope of Appointment and accept the Statement of Understanding.
5. When you have completed entering all of the required information, you will come to the **Review** screen. At this screen, you will be able to print out a summary of the application.
6. After you submit the application, you will be directed to a confirmation screen. Here you can email yourself a confirmation for your records.



1

HIGHMARK

Agent Login

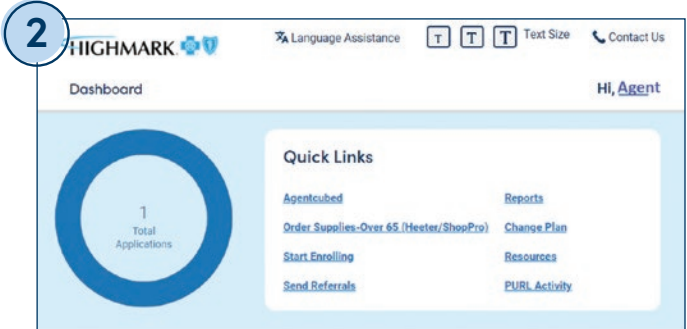
Enter your login credentials.

User Name

Password

[Forgot your password?](#)

Submit



2

HIGHMARK

Language Assistance

Text Size

Contact Us

Dashboard

Hi, Agent

1 Total Applications

Quick Links

AgentSubed

Reports

Order Supplies-Over 65 (Hester/ShopPro)

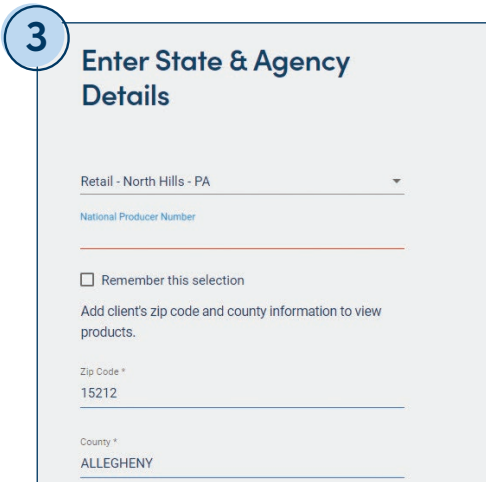
Change Plan

Start Enrolling

Resources

Send Referrals

PURL Activity



3

Enter State & Agency Details

Retail - North Hills - PA

National Producer Number

Remember this selection

Add client's zip code and county information to view products.

Zip Code \*

15212

County \*

ALLEGHENY

## SECTION II: PRODUCER PORTAL AND ONLINE AGENT RESOURCES

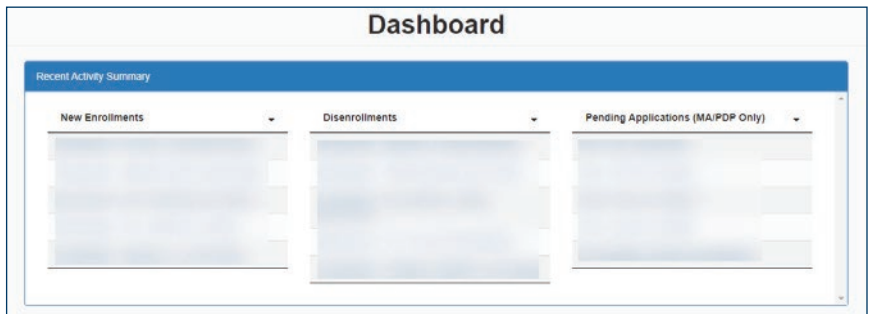
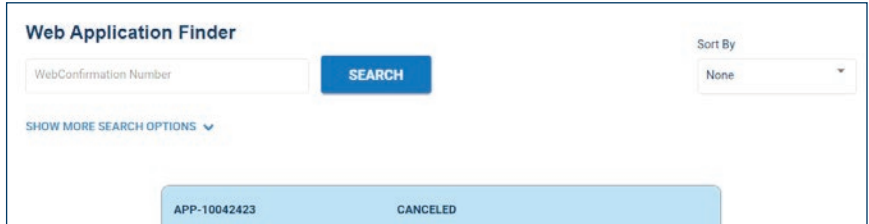
### Checking the status of an application

Once you submit an application to Highmark via online enrollment, you may check the status of the application through the Producer Portal. To do so:

1. Log in to the **Producer Portal**.
2. Applications will be listed at the bottom of your **Dashboard** screen.

#### Alternatively:

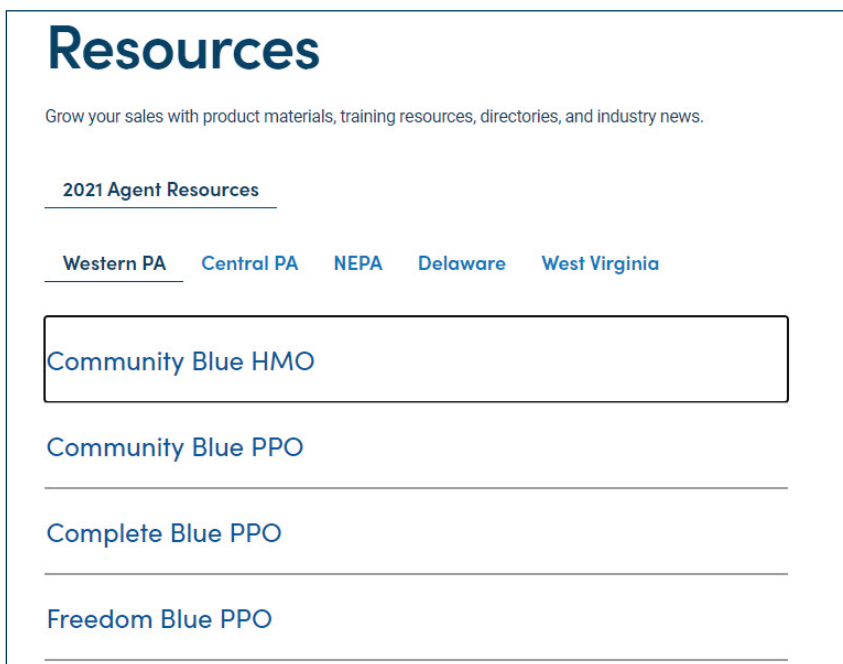
1. Click on the **Reports** link under **Quick Links**.
2. Review **Recent Activity** including **Pending Applications** from this secondary Dashboard.



### Viewing and downloading documents

The Producer Portal houses many important documents that producers can use to market and sell Highmark Senior Products.

To access these documents, click on the **Resources** link under **Quick Links** on your Dashboard. All documentation available to producers will be listed by product and region, and will include additional resources like the **Scope of Appointment** document.



## Sharing PURLs from the Producer Portal

Your PURLs (Personalized URLs — links to specific web landing pages) are an easy way to send enrollment kits and roadmaps with your details attached, so that you get credit for resulting enrollments. Sending PURLs from the Portal allows you to track what members or prospects do with them.

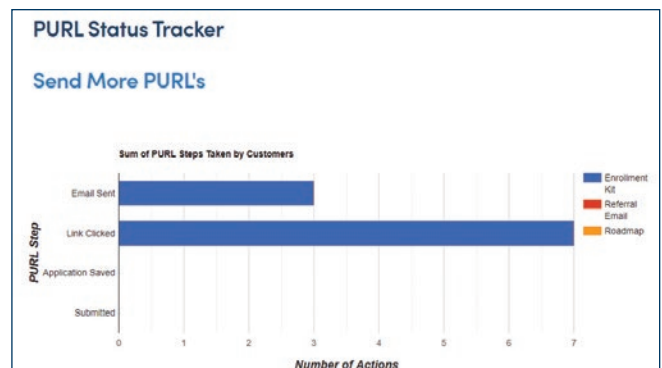
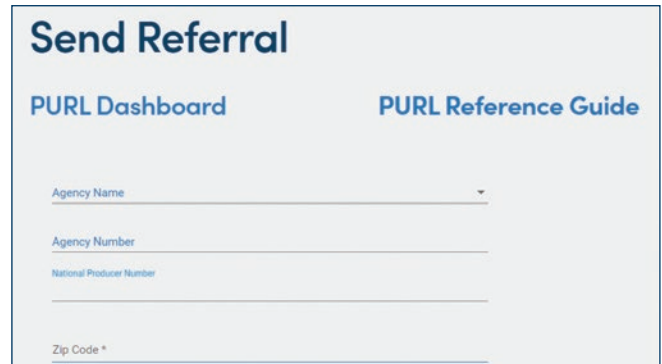
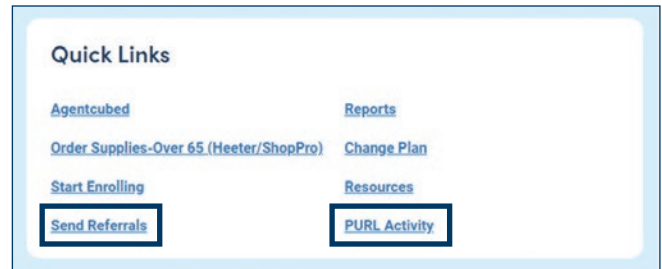
When you log in to the Portal, you'll notice two new Quick Links in your Dashboard: **Send Referrals** and **PURL Activity**.

From **Send Referrals**, your details are prepopulated and you can enter your prospect's ZIP code, county, and email address, then select the type of referral you're sending (referral email, enrollment kit, or roadmap kit).

Click **Send Email**, and the referral is sent. **We strongly urge you to send PURLs directly from the Producer Portal in this way.** Doing so ensures this activity is tracked in your PURL Status Tracker dashboard.

Clicking **PURL Activity** sends you to the **PURL Status Tracker**. This page displays the actions your prospects have taken with your Portal-sent PURLs (email sent, link clicked, app saved, app submitted) in both a bar graph overview and a more detailed list.

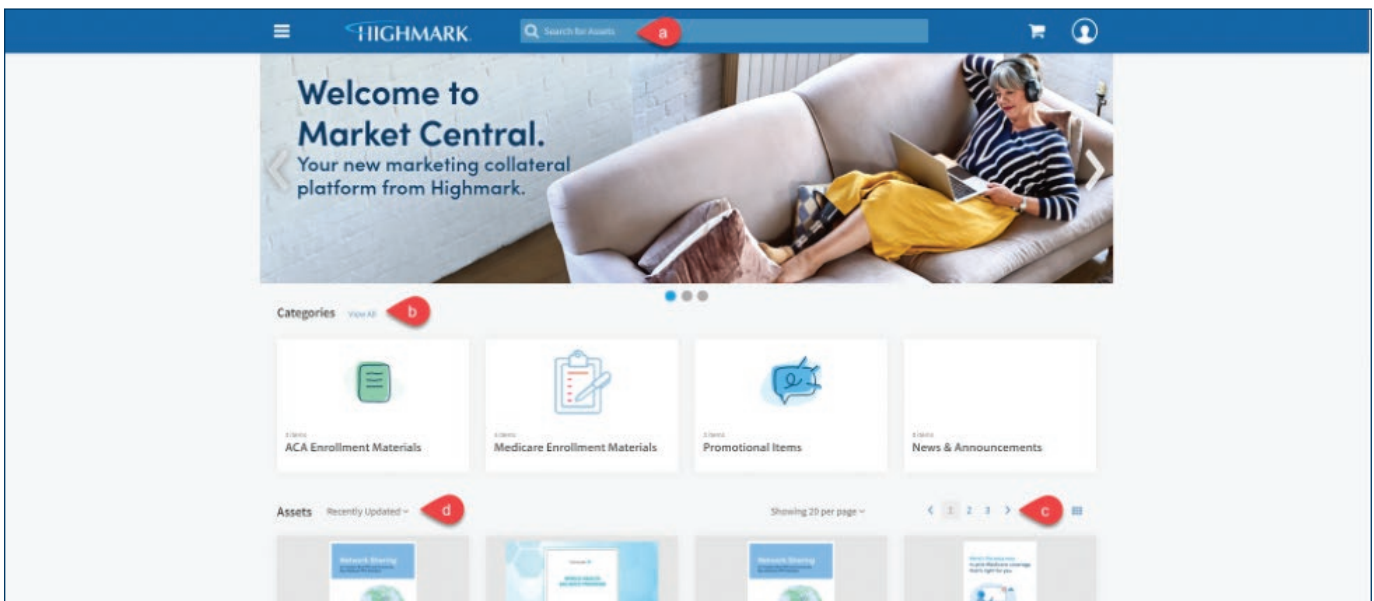
**For a more detailed overview and walkthrough of these new features, go to the Send Referral link and click on the PURL Reference Guide.**



# Utilizing Marcom – our online source for enrollment kits and support materials

Highmark Medicare Producers have one website for all of their Medicare marketing materials and enrollment kits.

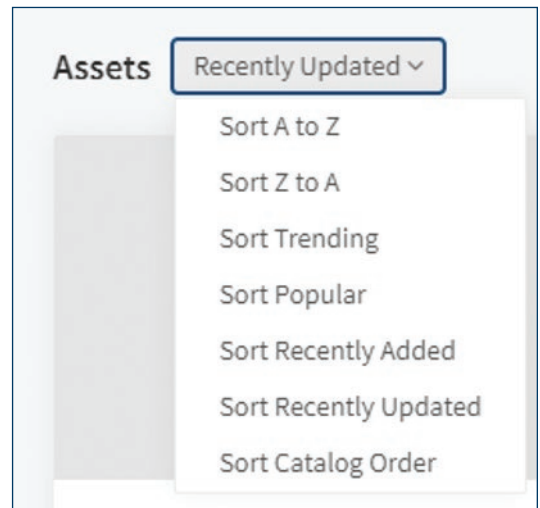
To get started, log in to **Highmark Producer Portal** at [medicare.highmark.com/producer/login](https://medicare.highmark.com/producer/login). You may access Marcom by selecting the **Order Supplies-Over 65** link under **Quick Links**.



## How to Navigate

You can search the portal a few ways:

1. **Search Bar.**
2. **Scrolling** through the pages.
3. **Home Page view/toggling** between the different view options.

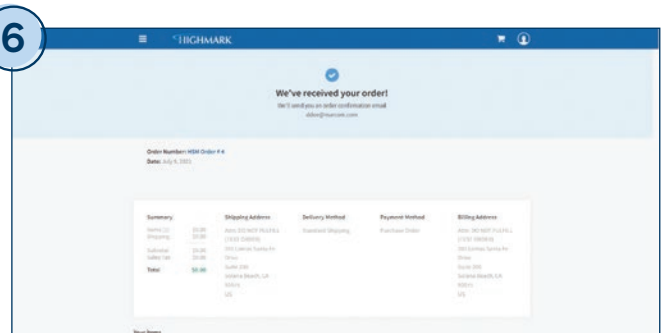
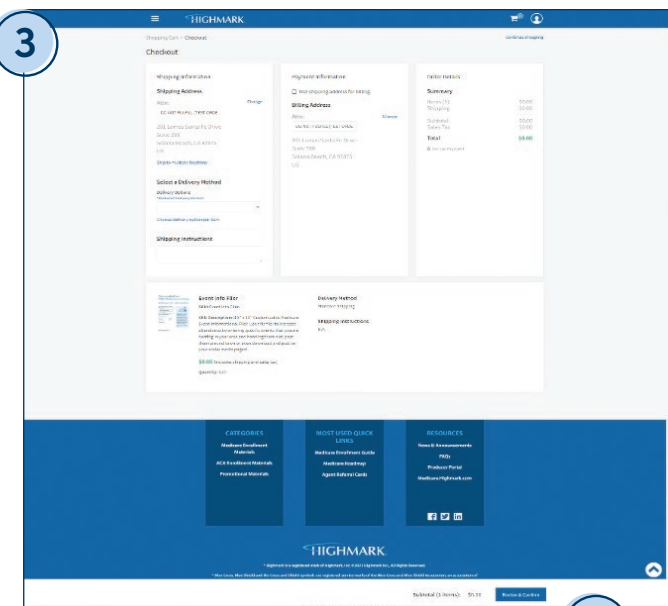
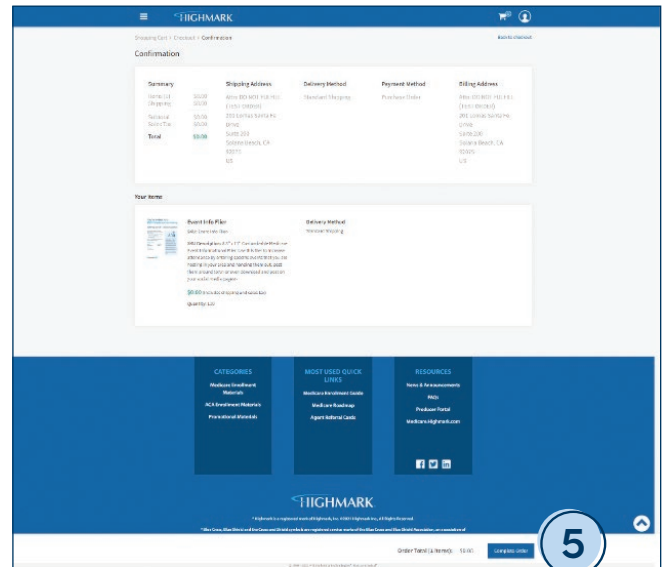
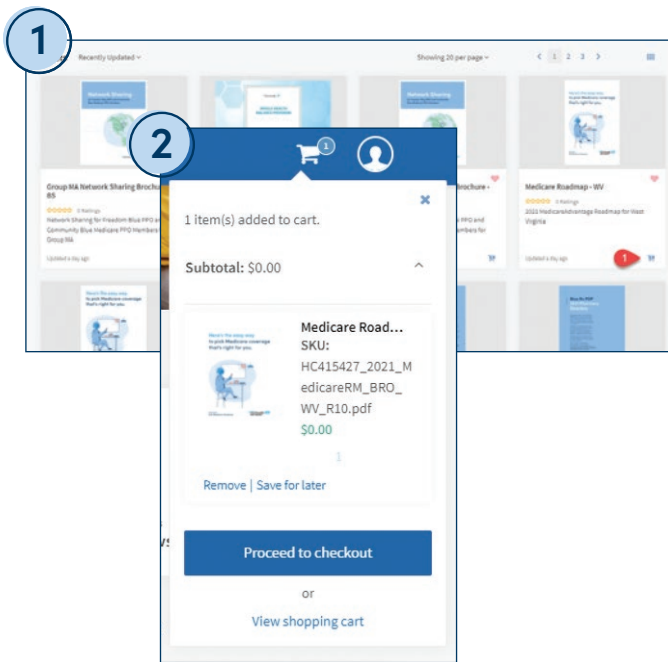


**SECTION II: PRODUCER PORTAL AND ONLINE AGENT RESOURCES**

**How to check out**

1. Select the product you would like to order.
  - Depending on if the piece required customization, you can simply click on the **Cart icon** to add it to your cart. If the piece requires customization, you must complete that first and then select **Add to Cart** after generating a proof.
2. Once you add to the cart, a preview will show in the top right of the site.

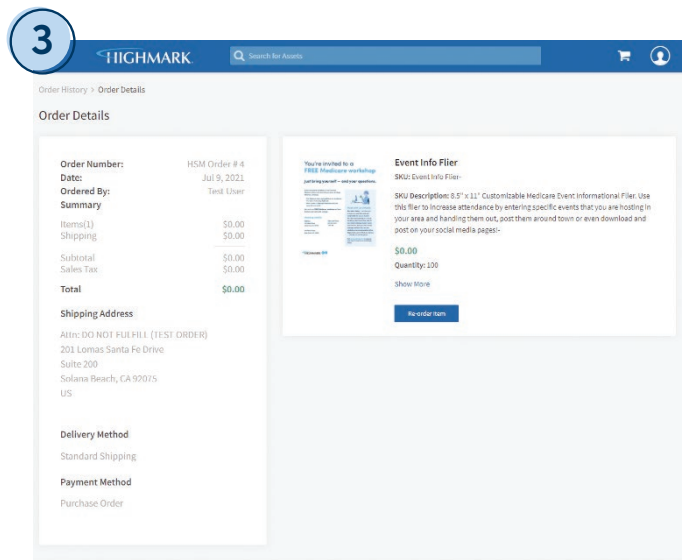
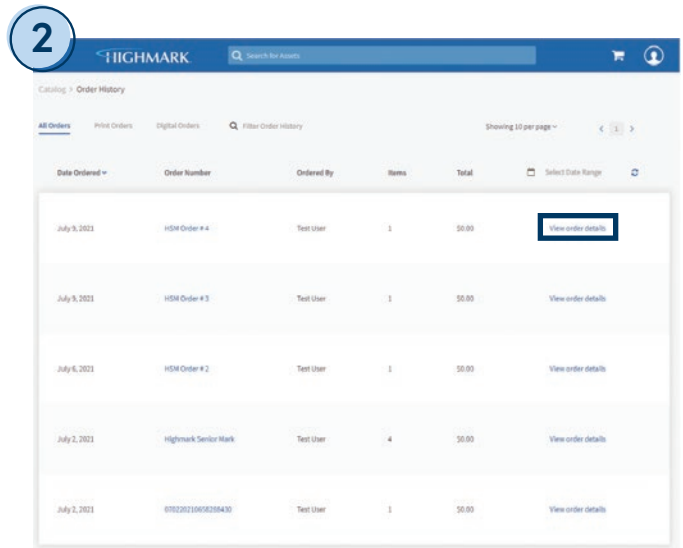
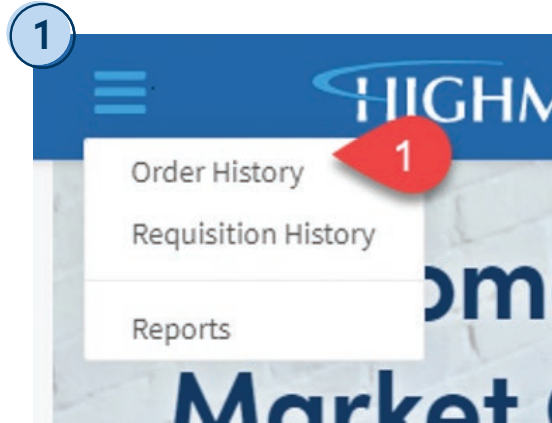
3. From there, you can continue shopping, hit the **View Shopping Cart** or the **Proceed to Checkout** button to begin the checkout process. If you hit **Proceed to Checkout** you will begin to fill out your **Shipping and Billing Information**. Once you have completed that, hit **Refresh order details** at the bottom to apply your changes to the order.
4. If everything looks good, select the **Review & Confirm** button.
5. Review details and if everything is good, select the **Complete Order** button.
6. Your order is placed, and you will receive your order number.



## SECTION II: PRODUCER PORTAL AND ONLINE AGENT RESOURCES

### How to check order history

1. To check on past orders, you can go to the three lines in the top left corner and select **Order History**.
2. All orders will be listed here with the most recent showing at the top. Here you can search by order number, date range, etc.
3. You can select the **View order details** link to check what items were in that order. You will also be provided a link to reorder if you'd like.





---

SECTION III:

# Ethics and Integrity

# Ethics and Integrity

Highmark is committed to complying with all applicable federal and state regulatory requirements.

Highmark's policies and procedures deal with direct black and white types of situations. But more often than not, life happens in gray areas. This is where the Code of Business Conduct comes in.

The Code outlines Highmark's ethical standards and behavioral expectations.

You are required to read, understand, and agree to abide by the Highmark Health Third Party Code of Business Conduct.

As our appointed producer, you have the responsibility to comply with our Third Party Code of Business Conduct.<sup>1</sup> You are required to conduct business activities and interactions ethically and with integrity. You must adhere to the following standards:

- Seek to truthfully, carefully, and accurately present a true picture of covered benefits by learning about and keeping abreast of all relevant products, benefit plans, and applicable legislation and regulation, to the best of your ability.
- Make a conscientious effort to ascertain and understand all relevant circumstances pertaining to the client in order to recommend appropriate benefit plans.
- Inventory current benefit plans with the client to avoid selling duplicative insurance benefits.
- Honestly assess the likelihood that a client will meet underwriting and financial requirements and discover any adverse factor(s) to reduce false expectations of acceptance and adequacy of benefit plan.
- Possess a comprehensive understanding of products in order to honestly, openly, and effectively portray benefit plans and determine a client understanding of key benefits and limitations.



- Clarify and verify the client's grasp of information and review pertinent issues.
- Protect proprietary and competitive information.
- Protect protected health information, confidential and financial information in compliance with existing state and federal laws and regulations.
- Obey all laws, including antitrust, governing business, and professional activities and represent products in an ethical manner without fraud, misrepresentation, exaggeration, coercion, scare tactics, or concealment of pertinent facts.
- At all times, fully disclose commission and compensation arrangements to the client.
- Ensure appropriate relationships by not offering or accepting any inducements that might compromise a reasonable business decision. Avoid any conflict of interest or the appearance of any conflicts of interest.
- Use only authorized promotional materials unless prior written approval has been obtained, and fairly focus your presentation on positive benefit comparisons rather than disparaging remarks about the competition.
- Treat a client or a potential client with courtesy, respect, and priority in accordance with thoughtful, ethical, and legal business practices.

1. A copy of Highmark Health's Third Party Code of Business Conduct may be found at <https://www.highmarkhealth.org/hmk/pdf/highmarkHealthThirdParty-CodeBusinessConduct.pdf>

### SECTION III: ETHICS AND INTEGRITY

You are obligated to report any questionable behavior by Highmark Health employees, a Third Party, and/or its employees and agents or potential noncompliance situation, or if you suspect potential or actual fraud, waste, or abuse (“FWA”), you should contact the Highmark Health Integrity and Compliance Department. In addition to being a resource for Highmark Health employees, the Integrity and Compliance Department is available for questions by Highmark Health business partners like you. When a report is made to the Integrity and Compliance Department, appropriate action is taken to review and/or investigate the report to reduce the potential for recurrence and ensure ongoing compliance. Third Parties are expected to cooperate with the investigation of a suspected violation of this Third Party Code or violation of any governmental law or regulation. In addition, as required and/or appropriate, the Integrity and Compliance Department may disclose investigation matters to applicable law enforcement or regulatory entities. Failure to promptly report a known violation may result in action up to and including termination of the business relationship and is the sole discretion of Highmark Health.

There are various methods for reporting concerns:

- 24/7 Helpline: **1-800-985-1056**
- U.S. Post Office Box: **Highmark Health Integrity and Compliance Department, P. O. Box 22492, Pittsburgh, PA 15222**
- Fax: **412-544-2475**
- Email: **integrity@highmark.com**

*All inquiries to the Integrity and Compliance Department are confidential, subject to limitations imposed by law. When using the Integrity Helpline, you may remain anonymous. If you choose to make an anonymous report, you should provide enough information about the situation to allow the Integrity and Compliance Department to properly perform an investigation. If you do not provide enough details, the ability to pursue the matter will be limited. Highmark Health maintains a reprisal-free environment and has a policy of non-retaliation and non-intimidation to encourage employees, Third Parties, and their employees to raise ethical or legal concerns in good faith. Third Parties who raise questions or report concerns regarding potential or actual FWA matters in connection with any of Highmark Health’s government programs are protected from retaliation and retribution for False Claims Act complaints, as well as any other applicable anti-retaliation protections. All inquiries are confidential, subject to limitations imposed by law. The Third Party Code sets forth general principles with which Third Parties must comply. More restrictive requirements may be set forth in the contracts between Third Parties and Highmark Health.*



---

SECTION IV:

# Commissions, Compliance, and Agent Oversight

# Commissions, Compliance, and Agent Oversight

## Compensation

Compensation includes monetary or non-monetary remuneration of any kind relating to the sale or renewal of a policy including, but not limited to, commissions, bonuses, gifts, prizes, awards, and referral/finder's fees.

Compensation **DOES NOT** include:

- The payment of fees to comply with state appointment laws.
- Training.
- Certification.
- Testing costs.
- Reimbursement for mileage to, and from, appointments with beneficiaries.
- Reimbursement for actual costs associated with beneficiary sales appointments such as venue rent, snacks, and materials.

## Commissions

Highmark's Medicare commission schedule for each agent and the administrative fee schedule for each agent is available through their GA or FMO. We pay a commission to agents for each person they enroll in a Highmark Medicare product in accordance with the CMS requirements, agent eligibility, and our commission schedules. The compensation year is January 1 through December 31, regardless of beneficiary enrollee date.

## To qualify for commissions, agents must:

- Not be on Office of the Inspector General (OIG) and/or the General Services Administration-System for Award Management (SAM). We check them initially and every month thereafter.
- Complete the contract, state licensing, appointment, and certification process prior to the sale of the policy. **(You will not receive commissions for applications submitted before all contracting and certification requirements are met.)**
- Complete the Individual Medicare annual certification process, including market-specific product training(s) for MA/MAPD plans, to receive renewal commission for policies active in the current year, and meet other requirements set forth in your contract.
- Be in good standing with their plan. Disciplinary action may result in the disqualification of commission.

In addition, to receive renewal commission in January for business sold in prior years, you must complete the annual certification process by December 31.

**Note: The annual certification process must be completed by December 31 to receive renewal commissions in January. If you choose to recertify after December 31, prorated renewal commission payments to you will resume the first month after certification is complete. You will not be eligible for any missed commission payments during your lapse period.**

## Compliance

Highmark is committed to full compliance with federal and state regulatory requirements applicable to its Medicare Advantage and Medicare Prescription Drug plan business.

Highmark, its employees, and contractors are expected to meet the contractual obligations set forth in the company's contracts with the Centers for Medicare & Medicaid Services ("CMS").

In order to achieve these objectives, Highmark conducts its business in compliance with — and does not tolerate any violation of — applicable federal and state health care regulations.

The purpose of this section is to ensure that all producers representing Highmark are complying with all applicable federal and state standards, including Medicare laws, regulations, reporting requirements, CMS instructions, and Medicare Parts C and D User's Manuals.

Potential consequences of engaging in inappropriate or prohibited marketing activities include disciplinary actions, termination, and forfeiture of compensation.

Brokers for Highmark's covered programs are required to comply with the new ACA Section 1557 regulations as of July 18, 2016. Any broker that engages in prohibited discrimination in connection with the marketing of a Highmark covered program will be subject to disciplinary action including the termination with cause of his or her Producer Agreement.

At the time of contract, the following will be verified:

- Active License (with Accident & Health Line of Authority)
- Annual Certification including the Annual FWA & Compliance training and Integrity training
- Appointments to the appropriate Highmark companies

In addition, ongoing communication will occur through email blasts, webinars, group meetings, and one-on-one consultations. Training will reinforce the need for strict compliance and will advise producers that any failure to comply will be documented and may result in disciplinary action up to and including possible termination.

## Agent Oversight

Highmark employs several monitoring procedures to ensure that certified agents are complying with all CMS sales and marketing guidelines and Highmark Senior Markets Sales policies. If any compliance deficiencies are identified through these monitoring procedures, the agent is subject to the disciplinary action process outlined later in this section. Violations could result in agent's receiving education, non-commissionable sales, or even termination.

### These procedures include:

- **Secret Shop Evaluations**
  - Highmark utilizes a vendor to conduct periodic secret shopper evaluations of producers selling Highmark Medicare products.
  - Highmark Senior Markets Sales reviews the evaluations reported to verify that the producer is complying with all applicable CMS sales and marketing guidelines.
- **Telephonic Phone Surveys**
  - Highmark calls a random sample of members enrolled through producers as part of the New Member Welcome Call process and requests that the member complete a survey addressing the producer sales process.
- **Complaint Allegation Tracking**
  - Highmark investigates, monitors, and tracks any and all complaints that are received against producers.
- **Untimely Application Tracking**
  - Highmark investigates, monitors, and tracks any and all applications received after 48 hours.

## SECTION IV: COMMISSIONS, COMPLIANCE, AND AGENT OVERSIGHT

### • Scope of Appointment Audits

- Highmark expects that all producers maintain complete and separate records of all transactions and documents pertaining to applications submitted to and accepted by Highmark for a period of at least ten (10) years after the contract year.
- To ensure that all producers are complying with the CMS guidelines that require records to be kept for ten (10) years, a random sample of producer-submitted agreements will be selected and the producer will be required to provide the Scope of Appointment.

### • Rapid Disenrollment & Cancellation Tracking

- Highmark's Producer Agreement stipulates that:
  - » The total Initial or Renewal commission will be charged back if the enrollee disenrolls in an unreasonably short time frame (i.e., rapid disenrollment).
  - » An "unreasonably short time frame" is defined as less than three months after enrollment.
  - » Upon receipt of a notice of disenrollment that occurs three months or more after enrollment, Highmark will withhold or withdraw ("chargeback") commission payments on a pro rata monthly basis to the effective date of the disenrollment.
  - » Highmark will also assess chargeback for rapid disenrollments in accordance with CMS guidelines.

## Sales and Marketing Events

During marketing/sales events, plan representatives may discuss plan-specific information (i.e., premiums, cost sharing, and benefits), distribute health plan brochures and enrollment materials, and accept and perform enrollments.

### There are two types of Sales and Marketing Events

(Both follow the same CMS marketing guidelines.)

- **Formal:** Typically in an audience/presenter format with an agent, broker, or producer formally providing specific plan or product information via a presentation.
- **Informal:** Conducted with a less structured presentation or in a less formal environment. Typically utilizes a table, a kiosk, or a recreational vehicle (RV) staffed by a plan representative who can discuss the merits of the plan's products. Beneficiaries must approach you first.

## Key Requirements and Important Notes:

- Use only our CMS-approved sales scripts, presentations, and sales presentations notes/talking points during all Highmark marketing/sales events.
- Formal and informal marketing/sales events do not require documentation of beneficiary agreement on a Scope of Appointment form. Do not request or obtain one. CMS views this as pressuring for personal contact information.
- A beneficiary may complete a Scope of Appointment at a marketing/sales event for a future appointment.
- Upon arrival to an informal or formal event, check in with the venue so they know you are on site, and have the verification form signed at that time.
- Do not market non-health care related products such as annuities and life insurance (cross-selling) to prospective enrollees during MA/MAPD or PDP marketing/sales events.
- All marketing/sales events must meet event requirements. Exception: If only one beneficiary attends a formal event, you can discuss the MA/MAPD and/or PDP products on an individual basis (must go with attendee's preference — full presentation or informal discussion). A Scope of Appointment is not required under this exception.
- You will not receive commission for any sale that results from an unreported marketing/sales event. Failure to report events can result in termination of your Highmark Medicare contract.
- New agents received marketing/sales event reporting information during their certification training. This information is also located in agent annual training/testing material, CMS Medicare Marketing Guidelines, this Highmark Medicare Producer Guide, and on the Highmark Producer Portal.
- All documentation must be saved for at least 10 years and available upon request by Highmark or CMS.



**The following five activities are mandatory.**

You must:

1. Report all marketing/sales events prior to advertising the event or 21 days prior to the event's scheduled date, whichever is earlier.
2. Use one of our CMS-approved sales presentations from beginning to end every time you meet with a beneficiary to discuss our MA/MAPD or PDP products and read the sales presentation notes/talking points as part of the script. If you use the MAPD or PDP sales presentation video, you must use it in conjunction with the CMS-approved sales presentation.
3. Announce all products or plan types to be covered during the presentation at the beginning of the presentation (i.e., HMO, PPO, PDP, etc.).
4. When providing an enrollment form, you must also provide the following materials: 1) Star Ratings information, 2) Summary of Benefits, and 3) Multi-Language Insert.
5. If using non-Highmark sign-in sheets, clearly write in large letters across the top: "Completion of any contact information is optional."

**Prohibited Activities:**

- Conducting health screening, genetic testing, or other like activities that give the impression of "cherry picking."
- Requiring beneficiaries to provide any contact information as a prerequisite for attending an event. This includes requiring an email address or any other contact information as a condition to RSVP for an event online or through the mail.
- Using personal contact information for any other purpose other than to notify individuals of a raffle or drawing winning.
- Comparing Highmark to another organization or plan by name unless you obtain written consent from all organizations or plans being compared. You must provide this written consent to us for submission to CMS.
- Providing meals to attendees. However, light snacks and refreshments are permitted.
- Asking a beneficiary for a referral.
- Soliciting or accepting an enrollment application for a January 1 effective date prior to the start of the Annual Enrollment Period (October 15 to December 7) unless the beneficiary is entitled to another enrollment period.
- Marketing or advertising Medicare plans or events for the upcoming plan year prior to October 1.
- Using absolute superlatives like "the best," "highest ranked," or "rated number 1," or qualified superlatives like "one of the best," or "among the highest ranked," unless they are substantiated with supporting data provided to CMS as a part of the marketing review process.
- Claiming you or Highmark are recommended or endorsed by CMS, Medicare, or the Department of Health & Human Services.
- Offering nominal gifts in the form of cash or other monetary rebates, even if their worth is \$15 or less. Cash gifts include charitable contributions made on behalf of potential enrollees, and those gift certificates and gift cards that can be readily converted to cash.

## Scope of Appointment Form

The Centers for Medicare & Medicaid Services require agents to document the scope of a marketing appointment prior to any face-to-face or telephonic sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary.

If the agent would like to discuss additional products during the appointment, the agent must document a second Scope of Appointment (SOA) for the additional product type.

- It is the responsibility of the agent to secure an SOA for every sales appointment.
- The agent must retain a copy of the SOA for ten (10) years after the contract year per CMS regulations — whether an enrollment is received or not.
- All information provided on the form is confidential and should be completed by each person with Medicare.
- When conducting a sales meeting, the agent may not market any health care-related product beyond what was agreed upon on the SOA form.

*Note: A copy of the Highmark Scope of Appointment (SOA) can be found in the Appendix at the end of this guide.*

## Broker Disciplinary Policy for Minor and Severe Violations

### Minor Violations

Minor violations are taken seriously and may require immediate disciplinary action. Disciplinary action may include, but is not limited to, withholding commissions and/or the retraction of commissions. The results of each investigation will be reviewed by the Senior Markets Sales Department to determine the appropriate disciplinary action. Minor violations are tracked over a rolling two-year period.

**Violations in this category include, but are not limited to:**

- **Untimely broker application submissions**
  - Highmark requires Medicare Advantage applications to be submitted within 48 hours of signature from the customer. This pertains to both online enrollments and paper applications.
- **Rapid Disenrollments**
  - Rapid disenrollments will be reviewed for any trends or patterns amongst individual agents.
  - Highmark's Producer Agreement (Schedule C, Section B, Subparts 5 and 6) stipulates that:
    - » The total Initial or Renewal commission will be charged back (as set forth below) if an enrollee disenrolls in an unreasonably short time frame (i.e., rapid disenrollment). An "unreasonably short time frame" is defined as less than 90 days after enrollment.
    - » Upon receipt of a notice of disenrollment that occurs 90 days or more after enrollment, Highmark will withhold or withdraw ("chargeback") commission payments on a pro rata monthly basis to the effective date of the disenrollment. Highmark will also assess chargebacks for rapid disenrollments in accordance with CMS guidelines.
- **Founded Complaints Tracking Module (CTM) or Member Service complaint**
  - Each complaint is independently investigated by Highmark compliance individual.
- **CMS compliance violation during sales interaction**
- **Presenting competitor information during Highmark event or Highmark scheduled appointment**

### Minor Violation Disciplinary Procedures

- **First Offense:** A first violation committed by the producer will result in an official warning to the producer and/or their general agency or FMO, as applicable, alerting them of the infraction.
- **Second Offense:** A second violation committed by the producer will result in a secondary warning and education on Highmark's policies and procedures.
- **Third Offense:** A third violation will result in withholding or retraction of commissions on any sale or application(s) relating to the violation. Depending on the nature of the third offense, the commission retraction could be one or multiple applications relating to the offense. This is at the sole discretion of the Senior Markets Sales Department.
- **Persistent Minor Violations:** Persistent violations disciplinary action may include, but is not limited to, suspension and/or termination of contract.

Any producer found to have committed a minor violation may be educated by the appropriate member of the Senior Markets Sales Department. The producer may be required to repeat the company's Medicare sales training program before being permitted to resume selling Highmark Senior Markets products.

Committing a minor violation may be considered grounds for further action to be taken including, but is not limited to, suspension, termination, and/or retraction of commissions.

### Severe Violations

Severe violations are non-compliant activities deemed egregious in nature, which may result in immediate contract suspension, termination, and/or retraction of commissions.

All allegations of severe violations are investigated by the Senior Markets Sales Department with support from the Medicare C&D Compliance Department.

#### **Violations in this category include, but are not limited to:**

- Dishonesty or theft.
- Threatening, coercing, intimidating, or deceiving a member or prospective member, or the use of any other unethical sales tactics.
- Door-to-door solicitation.
- Misrepresentation of the product, the purpose of the producer's visit, or an implication that the visit is in any way connected with the government.
- Forging or knowingly accepting a forged signature on an enrollment form.
- Mistreatment of Highmark employees and/or contractors.
- Deliberate or negligent omission or falsification of significant information on any company form.
- Sales of a product by any individual other than the licensed producer who presented the product and signed the enrollment form.
- Accepting any monetary or other rewards including, but not limited to, rewards for influencing the enrollee's choice of physician, medical center, or pharmacy.
- Willful use (with intent to misrepresent) of marketing material(s) not provided by the company, and therefore not filed with and approved by CMS for use.

## SECTION IV: COMMISSIONS, COMPLIANCE, AND AGENT OVERSIGHT

- Rebating or splitting commissions with another person who is not a licensed and contracted producer (i.e., payment of any kind or amount to a member or non-member as reimbursement for a referral name on the condition that the referred person purchases one of our products).
- Any marketing activity that is a violation of Highmark's, CMS, or DOI regulations.
- Marketing or selling Medicare Advantage or Part D products for the following year prior to the CMS determined Annual Enrollment Period (AEP) marketing date.
- Marketing or selling Medicare Advantage or Part D products for a contract year prior to taking the annual Highmark-specific training on Medicare rules and regulations and passing the test with a score of at least 85%.

### Severe Violation Disciplinary Procedures

- A severe violation committed by the producer will result in a notification to the producer and/or their general agency or FMO, as applicable, alerting them of the infraction. This notification will alert the producer and/or their general agency or FMO, as applicable, that they have been accused of a severe violation and that an investigation will be conducted.
- After the investigation is completed, if it is confirmed that the producer committed the infraction, immediate contract suspension, termination, and/or retraction of commissions may result.
- The results of each investigation will be reviewed by the Senior Markets Sales Department to determine the appropriate disciplinary action, at which point the producer will be notified of their contract status with Highmark.

Highmark will report any disciplinary action that results from an investigation of a complaint to CMS in accordance with the CMS Reporting Requirements. Disciplinary action taken could fall within a broad continuum, from manager-coaching, documented verbal warning, re-training, a documented corrective action plan, suspension, commission retraction, or termination of employment or contract.

Highmark will report the termination of any producers and the reasons for the termination to the state in which the producer has been appointed in accordance with the state appointment law. Highmark will make the report available upon CMS' request until further guidance has been issued regarding designated reporting dates to CMS.

In addition, Highmark will report incidences of submission of applications by unlicensed producers to the authority in the state where the application was submitted.

---

SECTION V:

# Enrollment Process and Eligibility

# Enrollment

Before completing an enrollment application with a beneficiary, you must confirm that the prospect is eligible, i.e., entitled to Medicare Part A and Part B benefits as of the effective date of coverage under the plan.

Below are examples of acceptable proof of eligibility:

- Copy of Medicare card
- Copy of Medicaid award letter for dual-eligible Special Needs Plans
- Social Security Administration award notice
- Railroad Retirement Board letter of verification
- Statement from the Social Security Administration or Railroad Retirement Board verifying the consumer's Medicare eligibility

When you make a presentation to any prospect, be sure to use only a current Highmark CMS-approved sales presentation to ensure you've covered all required information.

Once you have completed the application, you may submit it to Highmark via any of the methods below:

1. **Secure Fax: 1-888-663-0258**
  - Applications will not be accepted via any other fax number.
  - Applications must be faxed within 48 hours of receipt.
2. Online through the Highmark Producer Portal – [medicare.highmark.com/producer/login](https://medicare.highmark.com/producer/login)
3. **Phone Number: 1-866-673-9112**

Once you have completed a phone consultation with the prospect and the prospect is ready to complete the enrollment, you may conference call our dedicated enrollment line for the beneficiary to complete the enrollment telephonically. (The personnel staffing the enrollment line are unlicensed agents and will not be able to provide consultative assistance to you or the beneficiary. If the beneficiary has any plan-specific questions, they will be directed to call their agent back to assist before completing the enrollment.)

**Required information:** Please provide the agent with your name and NPN, the beneficiary's name, and the plan they wish to enroll in. The agent staffing the line will then process the enrollment telephonically. To ensure all applications are properly processed, you must send the beneficiary's name, DOB, and the selected plan to [HighmarkSeniorMarkets@highmark.com](mailto:HighmarkSeniorMarkets@highmark.com).

## SECTION V: ENROLLMENT PROCESS AND ELIGIBILITY

### What happens next?

**If the enrollment application is complete**, Highmark will submit the completed enrollment application to the Centers for Medicare & Medicaid Services (CMS). CMS will determine approval for requested coverage.

Once the enrollment application is approved by CMS, the member will receive:

- Enrollment verification letter
- Welcome kit (mailed within seven days of CMS acceptance)
- ID card (mailed within 10 days of CMS acceptance)

If the enrollment application is denied, the member will receive a denial letter with the reason for denial. This is mailed within 10 days of the application denial.

**If the enrollment application is incomplete**, Highmark will reach out to the member and/or agent by phone and/or written communication to obtain the missing information. If the missing information is received within 21 days, or the end of the current month (whichever is later), the enrollment application will be submitted to CMS. CMS will determine approval for the requested coverage. If the missing information is not received in time, the application will be denied.





---

SECTION VI:

# Highmark's Medicare Advantage Star Ratings

# Highmark's Medicare Advantage Star Ratings

The Centers for Medicare & Medicaid Services (CMS) created the Part C and D Star Ratings to provide quality and performance information to Medicare beneficiaries to assist them in choosing their health plan.

## What do the Medicare Advantage Star Ratings really mean?

Each Medicare Advantage contract receives a single Star Rating from CMS annually. A contract is made up of one or more Product Benefit Plans (PBPs) or simply “plans.” Performance data for members enrolled in those plans are collectively used to calculate the contract’s overall Star Rating. The Star Rating associated with each plan represents the overall contract’s Star Rating.

Plans offering access to health services are scored on the quality of many different measures that fall into five categories:

- 1. Staying Healthy: Screenings, Tests, and Vaccines**
  - Includes whether members got various screening tests, vaccines, and other checkups that help them stay healthy.
- 2. Managing Chronic (Long-Term) Conditions**
  - Includes how often members with different conditions got certain tests and treatments that help them manage their condition.
- 3. Member Experience with the Health Plan**
  - Includes ratings of member satisfaction with the plan.
- 4. Member Complaints and Changes in the Health Plan’s Performance**
  - Includes how often Medicare found problems with the plan and how often members had problems with the plan.
  - Also includes how much the plan’s performance has improved (if at all) over time.
- 5. Health Plan Customer Service**
  - Includes how well the plan handles member appeals.

Plans offering prescription drug coverage are scored on the quality of many different measures that fall into four categories:

- 1. Drug Plan Customer Service**
  - Includes how well the plan handles member appeals.
- 2. Member Complaints and Changes in the Drug Plan’s Performance**
  - Includes how often Medicare found problems with the plan and how often members had problems with the plan.
  - Also includes how much the plan’s performance has improved (if at all) over time.
- 3. Member Experience with the Drug Plan**
  - Includes ratings of member satisfaction with the plan.
- 4. Drug Safety and Accuracy of Drug Pricing**
  - Includes how accurate the plan’s pricing information is and how often members with certain medical conditions are prescribed drugs in a way that is safer and clinically recommended for their condition.

## Why do Star Ratings matter?

- Achieving strong Star Ratings helps Highmark sustain choice and affordability for Medicare-eligible customers in our service area.
- Our Star Ratings performance reflects our commitment and ongoing investment in improving the health care experience for our members.
- The financial benefit of favorable Star Ratings will also help us keep a strong and consistent option for Medicare Advantage customers.
- Plans that achieve a rating of five stars are considered to be the top quality performers in serving Medicare beneficiaries. Beneficiaries are able to switch into a five-star plan at any time throughout the year, once per calendar year.
- Low-performing plans (below three stars) are at risk of having enrollment blocked by the federal government or being removed entirely from the Medicare program.

## Lagging timeline

Star Ratings are not on the typical one-year planning cycle, where what we do this year impacts next year. Instead, the annual Star Ratings reflect performance from two years prior. For example, how we performed in calendar year 2019 was used by CMS for our 2020 Star Ratings and will determine our payments for 2021.

## How can you positively impact Star Ratings?

You are the “face of our plan” and how you portray our plans and interact with your clients can positively affect our Star Ratings. Your professionalism and accuracy are very important to some of the performance categories measured by CMS, especially for the member satisfaction category. You can positively impact these measures by being accurate when you present a plan and by encouraging members to use their benefits, complete an annual wellness visit, seek appropriate care, complete preventive screening and tests, and adhere to their medications. You must be able to:

- Know the benefits you are selling, accurately explain the plan, and determine the best fit for the consumer. This supports the consumer with their plan selection, strengthens your relationship, and may also help avoid complaints.
- Encourage consumers and members to use their benefits because Star Ratings are influenced by whether or not our members obtain specific services, such as: receiving annual screenings and preventive care, visiting their primary care physician (PCP), and properly using their medications (referred to as “medication adherence”).
- Reduce the chance that any type of complaint would be filed by doing what is required in all sales presentations and appointments and lending proper support to your consumers.
- Earn high scores on your sales events if you are secret-shopped by mentioning all required statements and showing consumers all required materials. One of the things you are required to cover is information on Star Ratings.

# Highmark 2021 Star Ratings<sup>1</sup>

**Highmark Senior Health Company**  
(Freedom Blue PPO and Community Blue Medicare PPO)



**Highmark Choice Company**  
(Security Blue HMO-POS and Community Blue Medicare HMO)



**HM Health Insurance Company (Blue Rx PDP)**



**Highmark Senior Solutions Company (Freedom Blue PPO – West Virginia)**



---

**Highmark has the largest 4.5 star plan in Pennsylvania.**

---

1. Reference [medicare.gov](https://www.medicare.gov) or [www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html](https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html).

---

SECTION VII:

# Highmark Senior Markets Medicare Products

# Overview

## What is Medicare? Who is eligible for it, and how does it work?

Medicare is health insurance that the U.S. government provides for people over 65, or for some disabled persons. Medicare is made up of four parts – Part A, Part B, Part C, and Part D.

Parts A and B comprise what is known as Original Medicare, for which most people are eligible when they turn 65. Part A is automatic. Parts B, C, and D are optional.

## Part A

Part A is hospital insurance that helps pay for things like inpatient hospital stays, skilled nursing care, hospice, and limited home health care. If your prospective client or their spouse has worked a minimum of 10 years and paid in at least 40 quarters of Medicare taxes, they are automatically enrolled in Part A with no monthly premium.

## Part B

Part B is medical insurance that helps pay for doctor visits, outpatient procedures, diagnostic tests, medical supplies, and vaccines. Preventive benefits, like certain screenings such as mammograms, diabetes, and prostate screenings, are also included. Most people have to sign up for Part B, and it typically comes with a standard monthly premium that is determined by income.

## Medigap Plans

Medicare Supplement plans, also known as Medigap plans, act as secondary insurance to Medicare. Medigap plans are designed to help cover some of the costs not covered by Original Medicare Parts A and B, such as deductibles, copays, and coinsurance. With Medigap plans, you can also choose any doctor or health care provider who accepts Medicare.

Medigap plans don't cover things like vision, hearing, dental, or long-term care — and they don't cover prescription drugs (neither do Medicare Parts A and B). That's where Medicare Part D comes in (see Medicare Part D section).

## Part C

Private insurance companies like Highmark offer Part C plans, which are called Medicare Advantage. These plans act as primary insurance instead of Original Medicare. These plans help with the hospital costs, doctor visits, and other medical services that are covered by Original Medicare. Plus, these plans offer worldwide emergency and urgent care, and many include coverage for prescription drugs, routine vision, hearing, dental, and even gym memberships.

## Medicare Part D

Insurance companies like Highmark also offer Medicare Part D, and it helps pay for prescription drugs.

Each prescription drug plan has a list of generic and brand-name drugs that are covered by that plan, and that list is called a formulary. Each drug is assigned to a tier, which determines how much your client will pay for that drug. Highmark has a transition process to accommodate the needs of new enrollees whose current regimens include drugs that are not on the plan's formulary or those drugs that require prior authorization. You may find the appropriate formulary on the Producer Portal.

## Complete Blue PPO

Complete Blue PPO is a Medicare Advantage Preferred-Provider Organization plan that gives you coverage for every need — health, prescription drugs, routine dental, vision, hearing, and preventive care. Complete Blue PPO includes a high-value network of comprehensive providers, including UPMC doctors and hospitals, plus an enhanced service model to assist in finding doctors, making medical appointments, and coordinating your health information between doctors and hospitals. With Complete Blue PPO, you have access to a comprehensive network of community doctors and hospitals in 28 counties in western Pennsylvania. Plus you also have the additional freedom to travel across the United States and find in-network coverage.

## Community Blue Medicare HMO

Community Blue Medicare HMO is a Medicare Advantage Health Maintenance Organization plan that offers affordable plans made possible by partnerships with community hospitals. Community Blue Medicare HMO includes a high-value network of select providers, plus an enhanced service model to assist in finding doctors, making medical appointments, and coordinating your health information between doctors and hospitals.

## Community Blue Medicare PPO/ Community Blue Medicare Plus PPO

Community Blue Medicare PPO is a Medicare Advantage Preferred-Provider Organization plan that gives you coverage for every need — health, prescription drugs, routine dental, vision, hearing, and preventive care. Community Blue Medicare PPO includes a high-value network of select providers, plus an enhanced service model to assist in finding doctors, making medical appointments, and coordinating your health information between doctors and hospitals. With Community Blue Medicare PPO, you have access to a select network of community doctors and hospitals in 9 counties in western Pennsylvania and 38 counties in northeast and central Pennsylvania. Plus you also have the additional freedom to travel across the United States and find in-network coverage.

## Freedom Blue PPO

Freedom Blue PPO is a Medicare Advantage Preferred-Provider Organization plan that gives you coverage for every need — health, prescription drugs, routine dental, vision, hearing, and preventive care. Freedom Blue PPO lets you choose where you receive your care, throughout the Freedom Blue PPO network and the combined Blue Plan Medicare Advantage PPO networks that span counties in 41 states and Puerto Rico, or out of the network anywhere you may travel.

## Security Blue HMO-POS

Security Blue HMO-POS is a Medicare Advantage Health Maintenance Organization plan that covers all Medicare-covered benefits, including preventive care, doctor visits, hospital stays, and more. Plus you get added benefits like routine dental, vision, and hearing care. You can choose a plan with Part D Prescription Drug coverage, giving you access to all drugs allowed by Medicare. With Security Blue HMO-POS, you get covered care from its large network of providers in 28 counties in western Pennsylvania.

## Medigap Blue

Medigap Blue plans help pay for costs that are not covered by Original Medicare, such as deductibles, coinsurance, and copayments. Medigap Blue offers you a choice of eight plans — Plan A, B, C, D, F, F High Deductible, G, and N. With Medigap Blue, you have the ability to choose any doctor, specialist, or hospital that accepts Medicare — with no limitations and no referrals. Like other Medicare Supplement plans, Medigap Blue does not come with Part D prescription drug coverage. Please note that you cannot enroll in Plans C and F if turning 65 after 1/1/20.

In 2019, we added the Whole Health Balance program. This program allows members to add vision, hearing, dental, and fitness benefits to their Highmark Medigap Blue plan for an additional premium.

*Medigap Blue Plan B is currently available only in Pennsylvania and Delaware.*

## SECTION VII: HIGHMARK SENIOR MARKETS MEDICARE PRODUCTS

### Blue Rx PDP

Blue Rx PDP is a stand-alone Medicare Prescription Drug Plan from HM Health Insurance Company.

Both of our Blue Rx PDP plans provide coverage for generic and brand-name drugs allowed by Medicare. A complete list of prescription drugs can be found in the Highmark Medicare-Approved Formulary. Prescriptions can be filled at more than 58,000 participating retail pharmacies or through our home delivery service.

### Highmark Medicare Plan Advantages

Below is a list of unique advantages that come with a Highmark Medicare plan.

Members of certain Highmark Medicare plans have access to special programs and services designed to improve wellness and manage health conditions.

#### Exclusive Highmark Medicare plan membership benefits and services include:

- **Highmark Clinical Care Team:** This group of medical professionals works together to help you manage your health. This collaborative team consists of physicians, pharmacists, social workers, medical case managers, and disease managers.
- **Blue On Call<sup>SM</sup>:** Highmark's health coaches are available 24/7 to answer general medical questions.
  - Help your clients understand a recent diagnosis, treatment options, or lab tests.
  - Review your clients' symptoms and help them decide where to receive care.
  - Ensure that your clients are taking medications properly.
  - Provide support for losing weight, managing stress, or quitting smoking.
  - Answer medical questions and provide information.

To speak to a health coach 24 hours a day, seven days a week, call **1-888-258-3428**.

- **AIS Home Visit Program:** When dealing with a serious medical condition, we can provide an extra layer of support in your home to help you and your family throughout the course of your illness. Advanced Illness Services are available 24 hours a day, seven days a week to help your clients focus on what matters most to them. Learn more about the services provided by the AIS Home Visit Program by contacting **1-877-317-0216**.
- **Highmark House Call:** Once a year, a licensed health care provider will come to your client's home to review their medications, answer health-related questions, and make sure their medical history is current.
- **People Able to Lend Support (PALS):** This volunteer program provides non-medical assistance to Highmark members in need. Volunteers are able to assist with everyday activities such as grocery shopping, household chores, yard work, light meal preparation, errands, and friendly phone calls or visits. To find out more about this program, please call **1-800-988-0706** between 8:30 a.m. and 4:30 p.m., Monday through Friday.
- **SilverSneakers<sup>®</sup>:** This benefit provides access to fitness and wellness classes at health clubs across the country at no cost. Your clients can get fit, make friends, and live a healthier, more active life with this program. Clients will have access to over 14,000 facilities nationwide with cardio and weight equipment, pools, saunas, and exercise classes taught by certified senior fitness instructors. Call **1-888-423-4632** or visit [SilverSneakers.com](https://www.silversneakers.com) to take advantage of this valuable program.\*

*\*Benefits vary by plan.*

- **Highmark Passport Rewards:** With our rewards program benefits, your clients can earn gift cards for taking positive actions that promote health and well-being.



## Pharmacy Network 2022 Updates


- Continuing in 2022: Medicare Preferred Value Network (MPVN) with most major chains as well as independents.
- New in 2022: MPVN will now be wrapped with Broad Performance Medicare Network (BPM) instead of the Standard Network that it was wrapped with in previous years. This network structure moves approximately 2,000 pharmacies out of network (Publix, select Specialty pharmacies, and then select independents).
- New in 2022: PA and WV will remain with the MPVN with a CVS anchor (CVS is preferred, Walgreens is not). DE will be added with the MPVN with a Walgreens anchor (Walgreens is preferred, CVS is not).
- MPVN will be applied to all direct pay products in 2022 except Western PA Security Blue HMO-POS Standard and Deluxe. These products will have the BPM stand-alone network so the same pharmacies will be considered out of network as with the MPVN products.
- Other major pharmacies are included in the MPVN, such as CVS (PA/WV), Rite Aid (PA/DE), Walgreens (DE), Giant Eagle (PA/WV), Walmart, Sam's Club, Giant (PA/WV), Martin's, Costco (PA/WV), Weis (PA/WV), and many more independents.

*Note: Pharmacy network is subject to change. Refer to [highmarkbcbs.com](http://highmarkbcbs.com) for the most current pharmacy network listing.*



# Supplemental Benefits and Programs – Summary

	Benefits	Signature HMO* (\$0)		Signature PPO (\$0)	Distinct (\$25)	Freedom Blue Distinct (\$35/\$25)		Legacy (+\$50)		
		Market	WPA	CPA/NEPA	All Markets	PA	WV	DE	WPA	CPA/NEPA
Traditional	Vision	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Hearing	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Preventive Dental	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Fitness	✓	✓	✓	✓	✓	✓	✓	✓	✓
Key Shopping Differentiators	Comprehensive Dental	✓	✓	✓	✓	✓	✓			
	OTC Allowance	✓	✓	✓	✓	✓	✓			
Innovative	Transportation							✓	✓	✓
	Post Discharge Meals					✓	✓	✓	✓	✓
	Papa Pals		✓			✓	✓	✓	✓	✓
	Healing at Home							✓		
<i>Please note CB HMO Signature plan in CPA/NEPA across the region, except for Lehigh Valley's segment, does not have traditional &amp; key shopping differentiator supplemental benefits.</i>										
Diabetes Benefits and Programs	Senior Savings Model		✓		✓	✓	✓			✓
	Diabetic Kits		✓		✓	✓	✓	✓	✓	✓
	OnDuo	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health Focused Kits	\$0 Diabetic Supplies (at pharmacy & select brands)	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Chronic Condition Kits (conditions; Diabetes, COPD, CHF, & Hypertension)							✓	✓	

 Only select plans/segments within these regions have access to this benefit, please refer to product grids by region or appendix slides for detailed information.

---

SECTION VIII:

# Regions — Products and Pricing by County



Community Blue Medicare HMO – WPA (Products and pricing by county)

	Signature	Prestige
Monthly Plan Premium	SW/WC: \$0.00	SW: \$260.00
Part B Premium Buyback	\$3	\$0
Out-of-Pocket Maximum	Network: \$7,550 Catastrophic: N/A	Network: \$6,700 Catastrophic: N/A
PCP Office Visit	\$0 Copay	\$0 Copay
Specialist Office Visit	\$30 Copay	\$25 Copay
Lab and Diagnostic Tests (Phys Office or Freestanding Lab)	\$0 Copay	\$0 Copay
Lab and Diagnostic Tests (Outpatient Facility)	\$30 Copay	\$10 Copay
X-Rays	\$20 Copay	\$20 Copay
Radiation Therapy	\$60 Copay	\$60 Copay
Advanced Imaging	\$195 Copay	\$100 Copay
Preventive/Screening	Covered in Full (Office visit copay may apply)	
Outpatient Physical & Speech Therapy	\$30 Copay	\$30 Copay
Medicare Covered Acupuncture	\$30 Copay	\$30 Copay
Outpatient Occupational Therapy	\$40 Copay	\$30 Copay
Outpatient Mental Health	\$40 Copay	
Outpatient Substance Abuse	\$45 Copay	
Outpatient Surgical	ASC: \$195 Copay Facility: \$245 Copay	ASC: \$75 Copay Facility: \$200 Copay
Ambulance	\$275 Copay	\$725 Copay
Transportation	\$0 Copay. Covered only if trip is part of continued acute care after discharge from ER.	
Emergency Room	\$90 Copay	\$90 Copay
Urgent Care	\$50 Copay	\$50 Copay
Inpatient Hospital Stay	\$295/admit	\$225/admit
Inpatient Psych Stay	\$425/day (days 1-3), \$0/day (days 4-90)	\$225/admit
Skilled Nursing Facility	\$0/day (days 1-20); \$188/day (days 21-100)	
Home Health	\$0 Copay	
Diabetic Supplies and Services	% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands covered through a DME Supplier, 20% coinsurance for all other covered diabetic supplies	
Durable Medical Equipment	20% Coinsurance	
OTC	\$75 Allowance Once Per Quarter	Not Covered
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips	
Health Care Kits	Not Covered	
Fitness Benefit	Covered in Full	
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient	
Part B Drugs	20% Coinsurance	\$25 Copay
Medicare Covered Vision (Office Visit)	\$30 Copay	\$25 Copay
Routine Vision (Office Visit)	\$0 Copay (1 Every Year)	
Routine Vision (Eyewear)	Standard Eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.	
Medicare Covered Hearing Exam	\$30 Copay (1 Every Year)	\$25 Copay (1 Every Year)
Routine Hearing Exam	\$30 Copay (1 Every Year)	\$25 Copay (1 Every Year)
Routine Hearing (Hearing Aids)	2 Hearing Aids Every Year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay	2 Hearing Aids Every Year; TruHearing Advanced - \$499 copay; TruHearing Premium - \$799 copay
Routine Dental	Office Visit: \$0 Copay (1 Every Six Months) X-ray: \$0 Copay (1 Every Year)	Office Visit: \$15 Copay (1 Every Six Months) X-ray: \$15 Copay (1 Every Six Months)
Medicare Covered Comprehensive Dental	\$30 Copay	\$25 Copay
Comprehensive Dental - Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$2500 Allowance. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$250 Allowance. See EOC for benefit limits.
Medicare Covered Chiropractic	\$20 Copay	\$20 Copay
Routine Chiropractic	\$20 (4 visits)	\$20 Copay (8 visits)
Medicare Covered Podiatry	\$30 Copay	\$25 Copay
Routine Podiatry	\$30 Copay (4 visits)	\$25 Copay (10 visits)
Cardiac & Pulmonary Rehab & SET, Partial Hospital, Outpatient Blood	\$0 Copay	
<b>Part D Drugs</b>		
Formulary	Lean (Performance)	Base (Venture)
Initial Coverage Period / Retail	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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%	Preferred Retail: Tier 1: \$0, Tier 2: \$13, Tier 3: \$45, Tier 4: \$95, Tier 5: 33% Standard Retail: Tier 1: \$5, Tier 2: \$19, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%
Initial Coverage (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5: 33%	Tier 1: \$0, Tier 2: \$27, Tier 3: \$115, Tier 4: \$275, Tier 5: 33%
Coverage Gap	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics: Tier 1 (\$0) Generics: Tier 2 (\$13) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Standard Retail: Generics: Tier 1 (\$5) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Generics: Tier 1 (\$0) Generics: Tier 2 (\$27) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$7,050	Greater of: 5% or \$3.95 Gen/Pref. Multi Source or \$9.85 for all others	



SECTION VIII: REGIONS – PRODUCTS AND PRICING BY COUNTY

Complete Blue PPO – WPA (Products and pricing by county)

	Distinct	Signature
Monthly Plan Premium	SW/WC/NW: \$25.00	SW/WC: \$0.00
Part B Premium Buyback	\$0	\$3
Out-of-Pocket Maximum	Network: \$6,500 Catastrophic: \$10,000	Network: \$7,550 Catastrophic: \$10,000
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$25 Copay IN; \$25 Copay OON	\$35 Copay IN; \$35 Copay OON
Lab and Diagnostic Tests (Phys. Office or Free-standing Lab)	\$0 Copay IN; \$35 Copay OON	\$0 Copay IN; \$35 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$25 Copay IN; \$35 Copay OON	\$25 Copay IN; \$35 Copay OON
X-Rays	\$20 Copay IN; \$35 Copay OON	\$20 Copay IN; \$35 Copay OON
Radiation Therapy	\$60 Copay IN; \$80 Copay OON	\$60 Copay IN; \$80 Copay OON
Advanced Imaging	\$225 Copay IN; \$325 Copay OON	\$225 Copay IN; \$325 Copay OON
Preventive/Screening		Covered in Full (Office visit copay may apply) IN/OON
Outpatient Physical & Speech Therapy	\$25 Copay IN; \$35 Copay OON	\$30 Copay IN; \$35 Copay OON
Medicare Covered Acupuncture	\$30 Copay IN; \$35 Copay OON	\$30 Copay IN; \$35 Copay OON
Outpatient Occupational Therapy	\$40 Copay IN; \$50 Copay OON	\$40 Copay IN; \$50 Copay OON
Outpatient Mental Health	\$40 Copay IN; \$50 Copay OON	\$40 Copay IN; \$50 Copay OON
Outpatient Substance Abuse	\$45 Copay IN; \$50 Copay OON	\$45 Copay IN; \$50 Copay OON
Outpatient Surgical	ASC: \$200 Copay IN; \$325 Copay OON Facility: \$250 Copay IN; \$375 Copay OON	ASC: \$175 Copay IN; \$300 Copay OON Facility: \$250 Copay IN; \$350 Copay OON
Ambulance	Emergent/Non-Emergent: \$295 IN; Non-Emergent: 30% Coinsurance OON	Emergent/Non-Emergent: \$275 IN; Non-Emergent: 30% Coinsurance OON
Transportation	\$0 Copay IN; 30% Coinsurance OON. Covered only if trip is part of continued acute care or discharge from ER.	\$0 Copay IN; 30% Coinsurance OON. Covered only if trip is part of continued acute care or discharge from ER.
Emergency Room	\$90 Copay	\$90 Copay
Urgent Care	\$30 Copay	\$50 Copay
Inpatient Hospital Stay	\$295/admit IN; \$395/admit OON	\$325/admit IN; \$475/admit OON
Inpatient Psych Stay	\$425/day (days 1-3); \$0/day (days 4-90) IN; \$475/day (days 1-3); \$0/day (days 4-90) OON	\$425/day (days 1-3); \$0/day (days 4-90) IN; \$500/day (days 1-3); \$0/day (days 4-90) OON
Skilled Nursing Facility	\$0/day (days 1-20); \$188/day (days 21-100) IN; 30% Coinsurance OON	\$0/day (days 1-20); \$188/day (days 21-100) IN; 30% Coinsurance OON
Home Health	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands covered through a DME Supplier; 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands covered through a DME Supplier; 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON
Durable Medical Equipment	\$0 Coinsurance IN; 30% Coinsurance OON	\$0 Coinsurance IN; 30% Coinsurance OON
OTC	\$105 Allowance Once Per Quarter IN/OON	\$75 Allowance Once Per Quarter IN/OON
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN
Health Care Kits	Diabetes Only Health Care Kit for members with Type 1 and Type 2 Diabetes to help manage their condition	Not Covered
Fitness Benefit	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON
Additional Telehealth Services		
Part B Drugs	20% Coinsurance IN; \$25 Copay OON	20% Coinsurance IN; \$25 Copay OON
Medicare Covered Vision (Office Visit)	\$0 Copay IN; \$50 Copay OON (1 Every Year)	\$0 Copay IN; \$50 Copay OON (1 Every Year)
Routine Vision (Office Visit)	Standard Eyeglass lenses and frames or contact lenses are covered in full IN/OON; A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.	\$0 Copay IN; \$50 Copay OON (1 Every Year)
Routine Vision (Eyewear)		
Medicare Covered Hearing Exam	\$25 Copay IN; \$25 Copay OON	\$30 Copay IN; \$30 Copay OON
Routine Hearing Exam	\$25 Copay IN; \$25 Copay OON (1 Every Year)	\$30 Copay IN; \$30 Copay OON (1 Every Year)
Routine Hearing (Hearing Aids)	2 Hearing Aids Every Year; TrueHearing Advanced - \$699 copay; TrueHearing Premium - \$999 copay IN; \$500 allowance OON	\$30 Copay IN; \$30 Copay OON (1 Every Year)
Routine Dental	Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 Copay IN; 30% Coinsurance OON (1 Every Year)	\$30 Copay IN; \$30 Copay OON
Medicare Covered Comprehensive Dental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$2000 Allowance IN/OON. See EOC for benefit limits.
Comprehensive Dental - Supplemental	\$20 Copay IN; \$25 OON	\$20 Copay IN; \$30 OON
Medicare Covered Chiropractic	\$20 Copay IN; \$25 OON (4 visits)	\$20 Copay IN; \$30 OON (4 visits)
Routine Chiropractic	\$25 IN; \$25 OON	\$30 IN; \$35 OON
Medicare Covered Podiatry	\$25 Copay IN; \$25 OON (4 visits)	\$30 Copay IN; \$30 OON (4 visits)
Routine Podiatry	\$25 Copay IN; \$25 OON (4 visits)	\$30 Copay IN; \$30 OON (4 visits)
Cardiac & Pulmonary Rehab & SET/Partial Hospital, Outpatient Blood	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON
Formulary	Lean (Performance)	Lean (Performance)
Initial Coverage Period / Retail	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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% Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$280, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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% Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5: 33%
Initial Coverage (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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% Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$280, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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% Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5: 33%
Initial Coverage (Specialty tier (up to 31 days supply))	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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% Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$280, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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% Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5: 33%
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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% Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$280, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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% Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5: 33%
Coverage Gap (Specialty tier (up to 31 days supply))	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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% Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$280, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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% Preferred Mail: Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5: 33%
Catastrophic OOP Threshold: \$6,550	Greater of: 5% or \$3,95 Copay/Prerf. Multi Source or \$9.85 for all others	Greater of: 5% or \$3,95 Copay/Prerf. Multi Source or \$9.85 for all others
Part D Senior Savings Model	Tier 3 Insulin: \$35 for 31 day supply and \$105 for 90-day supply at a retail or mail order pharmacy	Not Covered





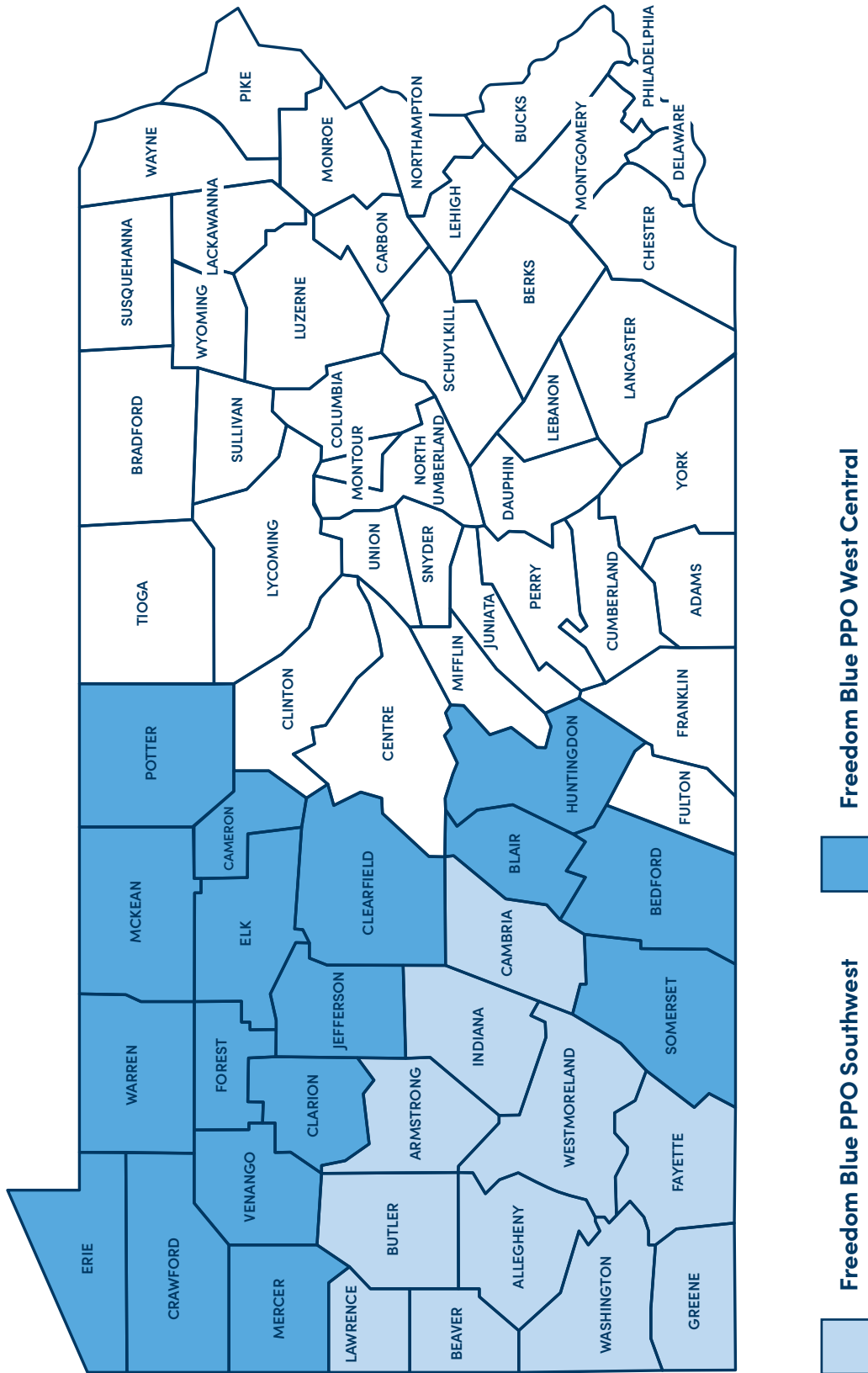
# Security Blue HMO-POS – WPA (Products and pricing by county)

## SECTION VIII: REGIONS – PRODUCTS AND PRICING BY COUNTY

	Basic	ValueRx	Standard	Deluxe
Monthly Plan Premium	SW: \$49.00; WC: \$52.00	SW: \$62.00; WC: \$57.00; Puffer: \$57.00	SW: \$189.00; WC: \$164.00	SW: \$265.00; WC: \$224.00
Out-of-Pocket Maximum	Network: \$5,900 Catastrophic: \$10,000	Network: \$5,500 Catastrophic: \$10,000	Network: \$5,000 Catastrophic: \$10,000	Network: \$4,500 Catastrophic: \$10,000
PCP Office Visit	\$0 Copay IN; \$0 Copay POS	\$0 Copay IN; \$0 Copay POS	\$0 Copay IN; \$0 Copay POS	\$0 Copay IN; \$0 Copay POS
Specialist Office Visit	\$30 Copay IN; \$30 Copay POS	\$40 Copay IN; \$40 Copay POS	\$30 Copay IN; \$30 Copay POS	\$25 Copay IN; \$25 Copay POS
Lab and Diagnostic Tests (Phys Office or Free-standing Lab)	\$0 Copay IN; \$30 Copay POS	\$0 Copay IN; \$25 Copay POS	\$0 Copay IN; \$15 Copay POS	\$0 Copay IN; \$15 Copay POS
Lab and Diagnostic Tests (Outpatient Facility)	\$20 Copay IN; \$30 Copay POS	\$20 Copay IN; \$25 Copay POS	\$10 Copay IN; \$15 Copay POS	\$10 Copay IN; \$15 Copay POS
X-Rays	\$25 Copay IN; \$40 Copay POS	\$20 Copay IN; \$25 Copay POS	\$20 Copay IN; \$35 Copay POS	\$15 Copay IN; \$30 Copay POS
Radiation Therapy	\$100 Copay IN; \$175 Copay POS	\$200 Copay IN; \$250 Copay POS	\$150 Copay IN; \$200 Copay POS	\$100 Copay IN; \$150 Copay POS
Advanced Imaging	\$30 Copay IN; \$45 Copay POS	Covered in Full (Office visit copay may apply) IN/POS	\$30 Copay IN; \$35 Copay POS	\$25 Copay IN; \$30 Copay POS
Preventive/Screening	\$30 Copay IN; \$45 Copay POS	\$40 Copay IN; \$45 Copay POS	\$30 Copay IN; \$35 Copay POS	\$25 Copay IN; \$30 Copay POS
Outpatient Physical, Speech & Occupational Therapy, Mental Health, and Substance Abuse	\$30 Copay IN; \$45 Copay POS	ASC: \$175 Copay IN; \$225 Copay POS	ASC: \$125 Copay IN; \$175 Copay POS	\$25 Copay IN; \$30 Copay POS
Medicare Covered Acupuncture	ASC: \$100 Copay IN; \$250 Copay POS	ASC: \$250 Copay IN; \$300 Copay POS	ASC: \$225 Copay IN; \$275 Copay POS	ASC: \$200 Copay IN; \$250 Copay POS
Outpatient Surgical	Facility: \$200 Copay IN; \$250 Copay POS	Facility: \$285 Copay IN	Facility: \$225 Copay IN; \$275 Copay POS	Facility: \$200 Copay IN; \$250 Copay POS
Ambulance	\$125 Copay IN	SW: \$275 Copay IN; WC/Puffer: \$285 Copay IN	\$210 Copay IN	\$160 Copay IN
Transportation	\$0 Copay IN. Up to 24 One-way trips. Trip limit waived if trip is part of continued acute care after discharge from ER.	\$0 Copay IN. Up to 24 One-way trips. Trip limit waived if trip is part of continued acute care after discharge from ER.	\$90 Copay	\$90 Copay
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Urgent Care	\$340/admit IN; \$390/admit POS	\$220/day (days 1-5); \$0/day (days 6-9) IN \$270/day (days 1-5); \$0/day (days 6-9) POS	\$335/admit IN; \$385/admit POS	\$210/admit IN; \$260/admit POS
Inpatient Hospital Stay	\$340/admit IN; \$390/admit POS	\$220/day (days 1-5); \$0/day (days 6-9) IN \$270/day (days 1-5); \$0/day (days 6-9) POS	\$335/admit IN; \$385/admit POS	\$210/admit IN; \$260/admit POS
Inpatient Psych Stay	\$340/admit IN; \$390/admit POS	\$220/day (days 1-5); \$0/day (days 6-9) IN \$270/day (days 1-5); \$0/day (days 6-9) POS	\$335/admit IN; \$385/admit POS	\$210/admit IN; \$260/admit POS
Skilled Nursing Facility	\$0/day (days 1-20); \$188/day (days 21-100) IN	\$0/day (days 1-20); \$188/day (days 21-100) IN	\$0 Copay IN	\$0 Copay IN
Home Health	\$0 Copay IN	\$0 Copay IN	\$0 Copay IN	\$0 Copay IN
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies, 20% coinsurance for all other covered diabetic supplies IN	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and Lifescan, all other brands covered through a DME Supplier; 20% coinsurance for all other covered diabetic supplies IN	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and Lifescan, all other brands covered through a DME Supplier; 20% coinsurance for all other covered diabetic supplies IN	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and Lifescan, all other brands covered through a DME Supplier; 20% coinsurance for all other covered diabetic supplies IN
Durable Medical Equipment	20% Coinsurance IN	20% Coinsurance IN	20% Coinsurance IN	20% Coinsurance IN
Non-Skilled Care	Not Covered	Not Covered	Not Covered	Not Covered
Meal Benefit	Not Covered	Not Covered	Not Covered	Not Covered
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN	28 Meals/14 Days IN; must be used within 30 days from discharge from inpatient hospital to home	Member Selected Health Care Kit for members with Diabetes, COPD, Congestive Heart Failure, and/or Hypertension to help manage their condition	Member Selected Health Care Kit for members with Diabetes, COPD, Congestive Heart Failure, and/or Hypertension to help manage their condition
Health Care Kits	Member Selected Health Care Kit for members with Diabetes, COPD, Congestive Heart Failure, and/or Hypertension to help manage their condition	Member Selected Health Care Kit for members with Type 1 and Type 2 Diabetes to help manage their condition	Member Selected Health Care Kit for members with Diabetes, COPD, Congestive Heart Failure, and/or Hypertension to help manage their condition	Member Selected Health Care Kit for members with Diabetes, COPD, Congestive Heart Failure, and/or Hypertension to help manage their condition
Fitness Benefit	Covered in Full IN	Covered in Full IN	Covered in Full IN	Covered in Full IN
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient	Services covered with applicable Copay listed for outpatient	Services covered with applicable Copay listed for outpatient	Services covered with applicable Copay listed for outpatient
Part B Drugs	20% Coinsurance IN; \$40 Copay IN	20% Coinsurance IN; \$40 Copay IN	20% Coinsurance IN; \$30 Copay IN	20% Coinsurance IN; \$25 Copay IN
Medicare Covered Vision (Office Visit)	\$30 Copay IN; \$30 POS	\$40 Copay IN; \$40 POS	\$30 Copay IN; \$30 POS	\$25 Copay IN; \$25 POS
Routine Vision (Office Visit)	Standard Eyeglass lenses and frames or contact lenses are covered in full. A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses.	\$200 benefit maximum for post cataract eyewear. IN ONLY	\$200 benefit maximum for post cataract eyewear. IN ONLY	\$200 benefit maximum for post cataract eyewear. IN ONLY
Routine Vision (Eyewear)	\$30 Copay IN; \$30 POS	\$40 Copay IN; \$40 POS	\$30 Copay IN; \$30 POS	\$25 Copay IN; \$25 POS
Medicare Covered Hearing Exam	2 Hearing Aids Every year IN; TrueHearing Advanced - \$699 copay; TrueHearing Premium - \$999 copay	2 Hearing Aids Every year IN; TrueHearing Advanced - \$699 copay; TrueHearing Premium - \$999 copay	2 Hearing Aids every year IN; TrueHearing Advanced - \$499 copay; TrueHearing Premium - \$799 copay	2 Hearing Aids every year IN; TrueHearing Advanced - \$499 copay; TrueHearing Premium - \$799 copay
Routine Hearing Exam	\$30 Copay IN	\$40 Copay IN	\$30 Copay IN	\$25 Copay IN
Routine Hearing (Hearing Aids)	\$30 Copay IN	\$40 Copay IN	\$30 Copay IN	\$25 Copay IN
Medicare Covered Comprehensive Dental	Comprehensive Dental - Supplemental	Comprehensive Dental - Supplemental	Comprehensive Dental - Supplemental	Comprehensive Dental - Supplemental
Medicare Covered Chiropractic	\$20 Copay IN; \$30 Copay POS	\$20 Copay IN; \$40 Copay POS	\$20 Copay IN; \$30 Copay POS	\$20 Copay IN; \$25 Copay POS
Routine Chiropractic	\$20 Copay IN (6 visits)	\$20 Copay IN (6 visits)	\$20 Copay IN (8 visits)	\$20 Copay IN (10 visits)
Medicare Covered Podiatry	\$30 Copay IN; \$30 Copay POS	\$40 Copay IN; \$40 Copay POS	\$30 Copay IN; \$30 Copay POS	\$25 Copay IN; \$25 Copay POS
Routine Podiatry	\$30 Copay IN (8 visits)	\$40 Copay IN (8 visits)	\$30 Copay IN (10 visits)	\$25 Copay IN (12 visits)
Cardiac & Pulmonary Rehab & SET, Partial Hospital, Outpatient Blood	\$0 Copay IN; 30% Coinsurance POS	\$0 Copay IN; 30% Coinsurance POS	\$0 Copay IN; 30% Coinsurance POS	\$0 Copay IN; 30% Coinsurance POS
Office Visit: \$15 Copay IN (1 Every Six Months) X-ray: \$15 Copay IN (1 Every Year)	\$40 Copay IN	\$40 Copay IN	\$30 Copay IN	\$25 Copay IN
Formulary	Lean (Performance)	Lean (Performance)	Base (Venture)	Base (Venture)
Initial Coverage Period / Retail	Preferred Retail: Tier 1: \$0, Tier 2: \$13, Tier 3: \$45, Tier 4: \$95, Tier 5: 33%	Preferred Retail: Tier 1: \$0, Tier 2: \$13, Tier 3: \$45, Tier 4: \$95, Tier 5: 33%	N/A	N/A
Initial Coverage (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Standard Retail: Tier 1: \$5, Tier 2: \$19, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Standard Retail: Tier 1: \$0, Tier 2: \$19, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%	Standard Retail: Tier 1: \$0, Tier 2: \$13, Tier 3: \$44, Tier 4: \$90, Tier 5: 33%	Standard Retail: Tier 1: \$0, Tier 2: \$13, Tier 3: \$42, Tier 4: \$100, Tier 5: 33%
Coverage Gap	Tier 1: \$0, Tier 2: \$27, Tier 3: \$115, Tier 4: \$275, Tier 5: 33%	Tier 1: \$0, Tier 2: \$27, Tier 3: \$115, Tier 4: \$275, Tier 5: 33%	Tier 1: \$0, Tier 2: \$32.50, Tier 3: \$110, Tier 4: \$250, Tier 5: 33%	Tier 1: \$0, Tier 2: \$32.50, Tier 3: \$105, Tier 4: \$250, Tier 5: 33%
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Standard Retail: Generics: Tier 1 (\$0) Generics: Tier 2 (\$13) Generics Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$7,050	Greater of: 5% or \$3.95 Gen/Pref Multi Source or \$9.85 for all others	Greater of: 5% or \$3.95 Gen/Pref Multi Source or \$9.85 for all others	Greater of: 5% or \$3.95 Gen/Pref Multi Source or \$9.85 for all others	Greater of: 5% or \$3.95 Gen/Pref Multi Source or \$9.85 for all others

# Freedom Blue PPO – WPA

(Products and pricing by county)



\*Pricing is subject to CMS approval

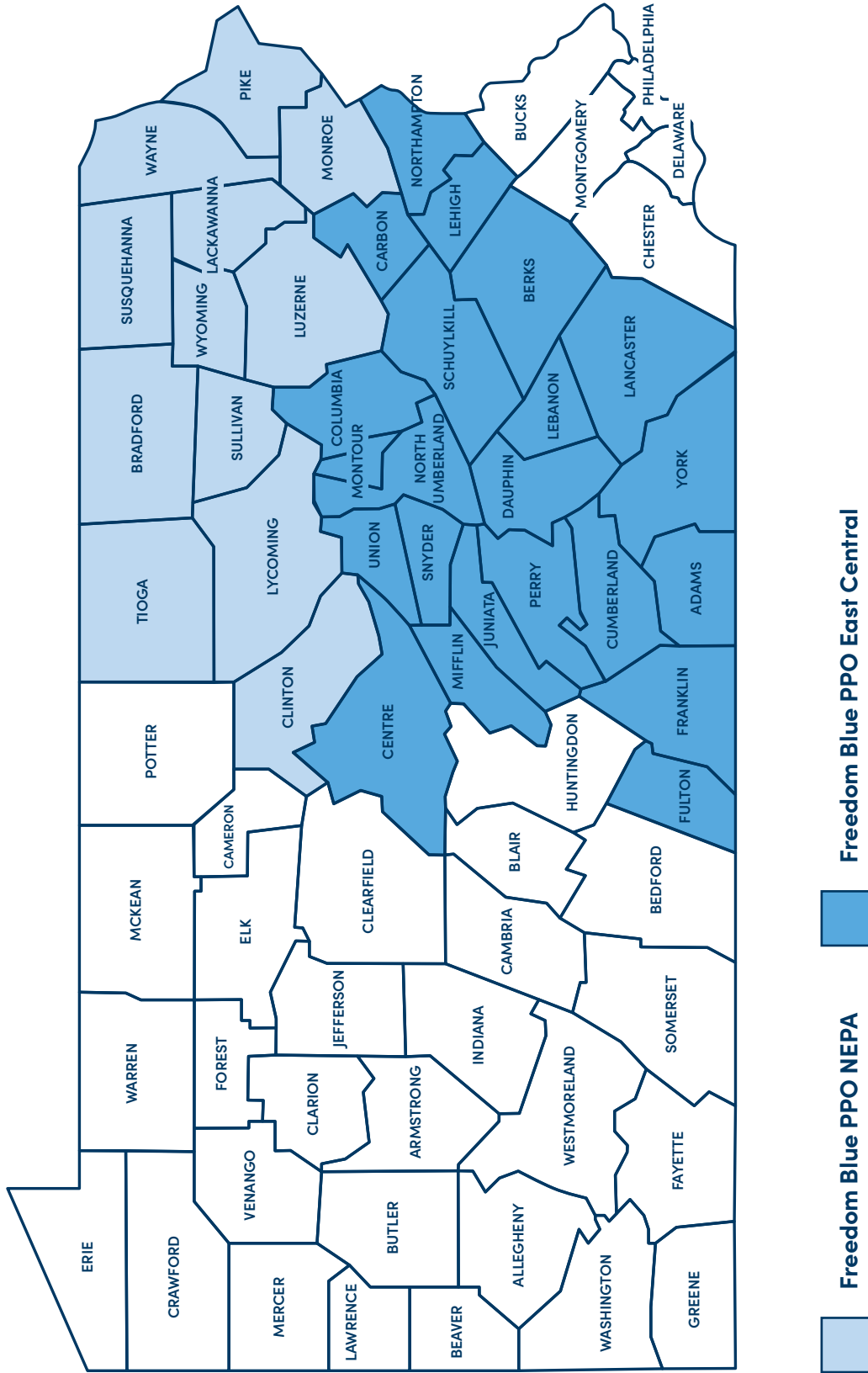
SECTION VIII: REGIONS – PRODUCTS AND PRICING BY COUNTY

Freedom Blue PPO – WPA (Products and pricing by county)

	ValueRx	Select	Classic
Monthly Plan Premium	SW: \$74.00 / WC: \$71.00	SW: \$169.00 / WC: \$130.00	SW: \$281.00 / WC: \$253.00
Out-of-Pocket Maximum	Network: \$5,500; Catastrophic: \$10,000	Network: \$5,000; Catastrophic: \$10,000	Network: \$4,500; Catastrophic: \$10,000
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$40 Copay IN; \$40 Copay OON	\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Lab and Diagnostic Tests (Phys Office or Freestanding Lab)	\$0 Copay IN; \$20 Copay OON	\$0 Copay IN; \$15 Copay OON	\$0 Copay IN; \$10 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON	\$15 Copay IN; \$15 Copay OON
X-Rays	\$225 Copay IN; \$225 Copay OON	\$60 Copay IN; \$60 Copay OON	\$125 Copay IN; \$125 Copay OON
Radiation Therapy			
Advanced Imaging		Covered in Full (Office visit copay may apply) IN/OON	
Preventive/Screening	\$40 Copay IN; \$40 Copay OON	\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Outpatient Physical, Speech & Occupational Therapy, Mental Health, and Substance Abuse			
Medicare Covered Acupuncture			
Outpatient Surgical	\$40 Copay IN; \$40 Copay OON	\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Ambulance	ASC: \$175 Copay IN; \$175 Copay OON Facility: \$250 Copay IN; \$250 Copay OON Emergency/Non-Emergent: \$285 IN Non-Emergent: 30% Coinsurance OON	ASC: \$125 Copay IN; \$125 Copay OON Facility: \$25 Copay IN; \$25 Copay OON Emergency/Non-Emergent: \$225 IN Non-Emergent: 30% Coinsurance OON	ASC: \$75 Copay IN; \$75 Copay OON Facility: \$200 Copay IN; \$200 Copay OON Emergency/Non-Emergent: SW \$125 IN, WC \$175 IN Non-Emergent: 30% Coinsurance OON
Transportation	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON
Emergency Room		\$80 Copay	
Urgent Care		\$50 Copay	
Inpatient Hospital Stay	\$220/day (days 1-5); \$0/day (days 6-90) IN \$220/day (days 1-5); \$0/day (days 6-90) OON	\$350/admit IN; \$350/admit OON	\$210/admit IN; \$210/admit OON
Inpatient Psych Stay	\$220/day (days 1-5); \$0/day (days 6-90) IN \$220/day (days 1-5); \$0/day (days 6-90) OON	\$350/admit IN; \$350/admit OON	\$210/admit IN; \$210/admit OON
Skilled Nursing Facility		\$0/day (days 1-20); \$188/day (days 21-100) IN; 30% Coinsurance OON	
Home Health		\$0 Copay IN; 30% Coinsurance OON	
Diabetic Supplies and Services			
Onduo	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands covered through a DME Supplier		
Durable Medical Equipment	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN. 20% Coinsurance IN; 30% Coinsurance OON	SW: 20% Coinsurance IN; 30% Coinsurance OON; Heating at Home: \$0 cost-share for DME up to a \$1,000 allowance once per calendar year within 90 Days of Discharge from Inpatient Acute Hospital IN/OON WC: 20% Coinsurance IN; 30% Coinsurance OON	SW: 20% Coinsurance IN; 30% Coinsurance OON; Heating at Home: \$0 cost-share for DME up to a \$1,000 allowance once per calendar year within 90 Days of Discharge from Inpatient Acute Hospital IN/OON; WC: 20% Coinsurance IN; 30% Coinsurance OON
Non-Skilled Care	Not Covered		
Meal Benefit	28 Meals/14 Days IN/OON, must be used within 30 days from discharge from inpatient hospital to home		
Health Care Kits	Single Health Care Kit for members with Type 1 and Type 2 Diabetes to help manage their condition		
Fitness Benefit	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON		
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient	20% Coinsurance IN; 30% Coinsurance OON	
Part B Drugs		\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Medicare Covered Vision (Office Visit)		\$0 Copay IN; \$50 Copay OON (1 Every Year)	
Routine Vision (Office Visit)		\$200 benefit maximum for post cataract eyewear.	
Routine Vision (Eyewear)			
Standard Eyeglass lenses and frames or contact lenses are covered in full IN/OON; A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses.			
Medicare Covered Hearing Exam		\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Routine Hearing Exam		\$0 Copay IN; \$30 Copay OON (1 Every Year)	\$0 Copay IN; \$25 Copay OON (1 Every Year)
Routine Hearing (Hearing Aids)	2 Hearing Aids Every Year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON	\$0 Copay IN; \$30 Copay OON (1 Every Year)	\$0 Copay IN; \$25 Copay OON (1 Every Year)
Routine Dental	Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 Copay IN; 30% Coinsurance OON (1 Every Year)	\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Medicare Covered Comprehensive Dental			
Comprehensive Dental – Supplemental		Not Covered	
Medicare Covered Chiropractic		\$15 Copay IN; \$15 Copay OON	\$15 Copay IN; \$15 Copay OON
Routine Chiropractic		\$15 Copay IN; \$15 Copay OON (6 visits)	\$15 Copay IN; \$15 Copay OON (10 visits)
Medicare Covered Podiatry		\$30 Copay IN; \$30 Copay OON	\$25 Copay IN; \$25 Copay OON
Routine Podiatry		\$30 Copay IN; \$30 Copay OON (10 visits)	\$25 Copay IN; \$25 Copay OON (12 visits)
Cardiac & Pulmonary Rehab & SET, Partial Hospital, Outpatient Blood		\$0 Copay IN; 30% Coinsurance OON	
<b>Part D Drugs</b>			
Formulary	Lean (Performance)	Base (Venture)	Base (Venture)
Initial Coverage Period / Retail			
Coverage Gap	Preferred Retail: Tier 1: \$0, Tier 2: \$13, Tier 3: \$45, Tier 4: \$95, Tier 5: 33% Standard Retail: Tier 1: \$5, Tier 2: \$19, Tier 3: \$47, Tier 4: \$100, Tier 5: 33% Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$27, Tier 3: \$115, Tier 4: \$275, Tier 5 (31 day supply): 33%	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics: Tier 1 (\$0) Generics: Tier 2 (\$13) Generics: Tiers 3-5 (25% coinsurance including 70% discount) Standard Retail: Generics: Tier 1 (\$5) Generics: Tier 2 (\$19) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount) Generics: Tier 1 (\$0) Generics: Tier 2 (\$27) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics: Tier 1 (\$0) Generics: Tier 2 (\$13) Generics: Tiers 3-5 (25% coinsurance including 70% discount) Standard Retail: Generics: Tier 1 (\$5) Generics: Tier 2 (\$19) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount) Generics: Tier 1 (\$0) Generics: Tier 2 (\$27) Generics: Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$7,050			Greater of: 5% or \$3.95 Gen/Pref, Multi Source or \$9.85 for all others

# Freedom Blue PPO – CPA/NEPA

(Products and pricing by county)



\*Pricing is subject to CMS approval

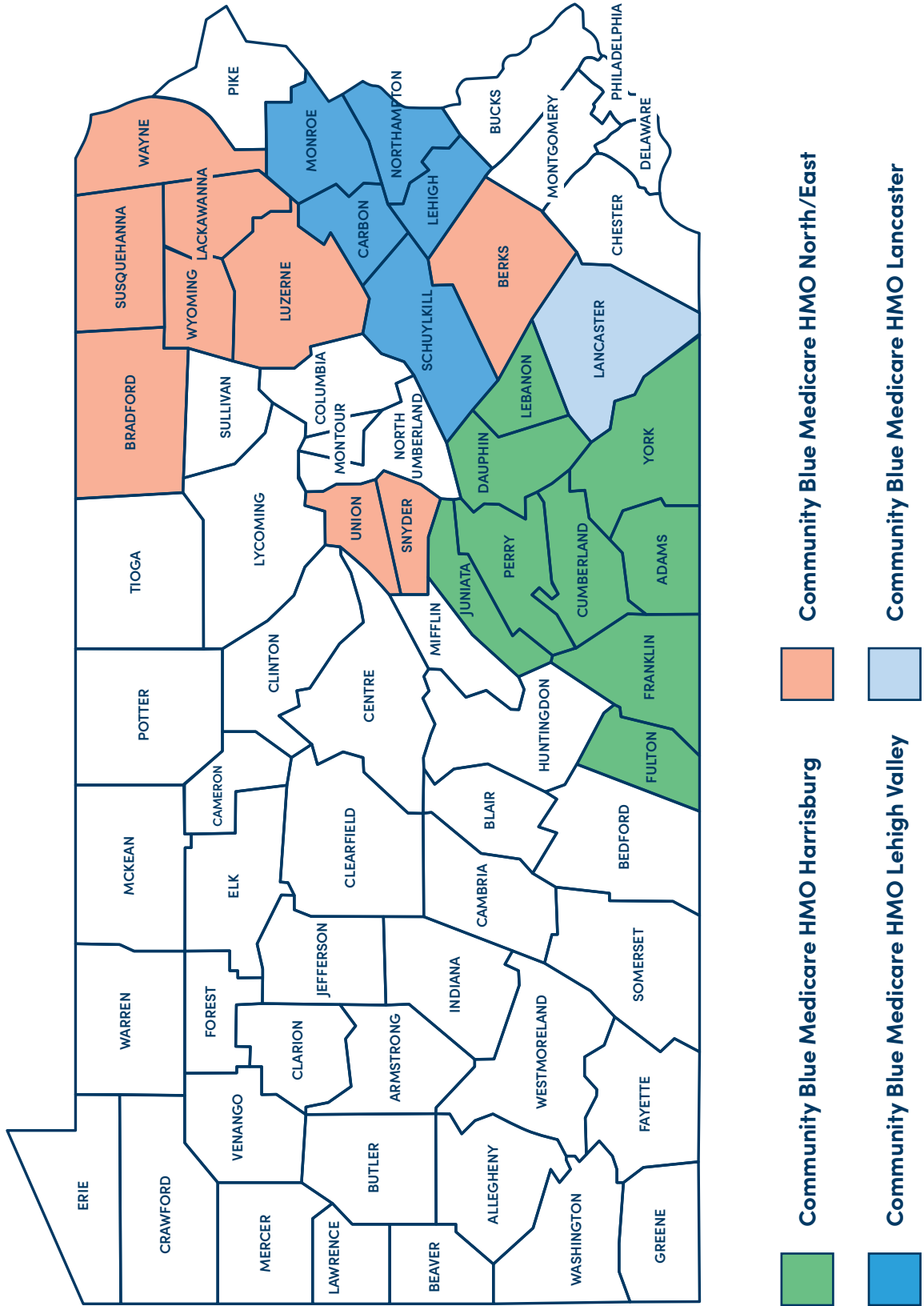
SECTION VIII: REGIONS – PRODUCTS AND PRICING BY COUNTY

Freedom Blue PPO – CPA/NEPA (Products and pricing by county)

	Basic	ValueRx	Standard	Deluxe
Monthly Plan Premium	\$61.00	\$69.00	\$174.00	\$288.00
Out-of-Pocket Maximum	Network: \$5,900; Catastrophic: \$10,000	Network: \$5,500; Catastrophic: \$10,000	Network: \$5,000; Catastrophic: \$10,000	Network: \$4,500; Catastrophic: \$10,000
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$35 Copay IN; \$35 Copay OON	\$40 Copay IN; \$40 Copay OON	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON
Lab and Diagnostic Tests (Phys Office or Free-standing Lab)	\$0 Copay IN; \$20 Copay OON	\$0 Copay IN; \$20 Copay OON	\$0 Copay IN; \$15 Copay OON	\$0 Copay IN; \$10 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON	\$15 Copay IN; \$15 Copay OON	\$10 Copay IN; \$10 Copay OON
X-Rays	\$25 Copay IN; \$25 Copay OON	\$25 Copay IN; \$25 Copay OON	\$20 Copay IN; \$20 Copay OON	\$10 Copay IN; \$10 Copay OON
Radiation Therapy	\$150 Copay IN; \$150 Copay OON	\$200 Copay IN; \$200 Copay OON	\$150 Copay IN; \$150 Copay OON	\$100 Copay IN; \$100 Copay OON
Preventive/Screening	\$35 Copay IN; \$35 Copay OON	Covered in Full (Office visit copay may apply) IN/OON	\$55 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON
Outpatient Physical, Speech & Occupational Therapy, Mental Health, and Substance Abuse	\$35 Copay IN; \$35 Copay OON	\$40 Copay IN; \$40 Copay OON	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON
Medicare Covered Acupuncture	ASC: \$100 Copay IN; \$100 Copay OON	\$40 Copay IN; \$40 Copay OON	ASC: \$150 Copay IN; \$150 Copay OON	\$30 Copay IN; \$30 Copay OON
Outpatient Surgical	Facility: \$200 Copay IN; \$200 Copay OON	ASC: \$200 Copay IN; \$200 Copay OON	Facility: \$250 Copay IN; \$250 Copay OON	ASC: \$100 Copay IN; \$100 Copay OON
Ambulance	Emergency/Non-Emergent: \$125 IN	Emergency/Non-Emergent: \$285 IN	Emergency/Non-Emergent: \$225 IN	Emergency/Non-Emergent: \$150 IN
	Non-Emergent: 30% Coinsurance OON	Non-Emergent: 30% Coinsurance OON	Non-Emergent: 30% Coinsurance OON	Non-Emergent: 30% Coinsurance OON
Transportation	\$0 Copay IN; 30% Coinsurance OON	Up to 24 One-way trips. Trip limit waived if trip is part of continued acute care after discharge from ER.		
Emergency/Room		\$90 Copay		
Urgent Care		\$50 Copay		
Inpatient Hospital Stay	\$340/admit IN; \$340/admit OON	\$245/day (days 1-5); \$0/day (days 6-90) IN	\$475/admit IN; \$475/admit OON	\$235/admit IN; \$235/admit OON
Inpatient Psych Stay	\$340/admit IN; \$340/admit OON	\$245/day (days 1-5); \$0/day (days 6-90) IN	\$475/admit IN; \$475/admit OON	\$235/admit IN; \$235/admit OON
Skilled Nursing Facility		\$245/day (days 1-5); \$0/day (days 6-90) OON		
Home Health		\$0/day (days 1-20); \$188/day (days 21-100) IN; 30% Coinsurance OON		
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LibreScan, all other brands covered through a DME Supplier, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LibreScan, all other brands covered through a DME Supplier, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LibreScan, all other brands covered through a DME Supplier, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN			
Durable Medical Equipment		20% Coinsurance IN; 30% Coinsurance OON		
Meal Benefit	Not Covered	28 Meals/14 Days IN/OON, must be used within 30 days from discharge from inpatient hospital to home		
Papa Pals	Not Covered	Not Covered		36 Hours per calendar year IN
Health Care Kits	Single Health Care Kit for members with Type 1 and Type 2 Diabetes to help manage their condition	Single Health Care Kit for members with Type 1 and Type 2 Diabetes to help manage their condition	Member Selected Health Care Kit for members with Diabetes, COPD, Congestive Heart Failure, and/or Hypertension to help manage their condition	Member Selected Health Care Kit for members with Diabetes, COPD, Congestive Heart Failure, and/or Hypertension to help manage their condition
Fitness Benefit		Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON		
Additional Telehealth Services		Services covered with applicable Copay listed for outpatient		
Part B Drugs		20% Coinsurance IN; 30% Coinsurance OON		
Medicare Covered Vision (Office Visit)	\$35 Copay IN; \$35 Copay OON	\$40 Copay IN; \$40 Copay OON	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON
Routine Vision (Office Visit)		\$0 Copay IN; \$50 Copay OON (1 Every Year)		
Routine Vision (Eyewear)	Standard Eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses.	\$200 benefit maximum for post cataract eyewear.		
Medicare Covered Hearing Exam	\$35 Copay IN; \$35 Copay OON	\$40 Copay IN; \$40 Copay OON	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON
Routine Hearing Exam	\$0 Copay IN; \$35 Copay OON (1 Every Year)	\$0 Copay IN; \$40 Copay OON (1 Every Year)	\$0 Copay IN; \$35 Copay OON (1 Every Year)	\$0 Copay IN; \$30 Copay OON (1 Every Year)
Routine Hearing (Hearing Aids)	2 Hearing Aids Every Year	2 Hearing Aids Every Year; TruHearing Premium - \$699 copay; TruHearing Premium - \$999 copay; TruHearing Premium - \$500 allowance OON		2 Hearing Aids Every Year; TruHearing Premium - \$499 copay; TruHearing Premium - \$799 copay IN; \$500 allowance OON
Routine Dental		Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 Copay IN; 30% Coinsurance OON (1 Every Year)		
Medicare Covered Comprehensive Dental	\$35 Copay IN; \$35 Copay OON	\$40 Copay IN; \$40 Copay OON	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON
Comprehensive Dental - Supplemental		Not Covered		
Medicare Covered Chiropractic	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON	\$20 Copay IN; \$20 Copay OON
Routine Chiropractic	\$20 Copay IN; \$20 Copay OON (8 visits)	\$20 Copay IN; \$20 Copay OON (6 visits)	\$20 Copay IN; \$20 Copay OON (8 visits)	\$20 Copay IN; \$20 Copay OON (10 visits)
Medicare Covered Podiatry	\$35 Copay IN; \$35 Copay OON	\$40 Copay IN; \$40 Copay OON	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON
Routine Podiatry	\$35 Copay IN; \$35 Copay OON (10 visits)	\$40 Copay IN; \$40 Copay OON (8 visits)	\$35 Copay IN; \$35 Copay OON (10 visits)	\$30 Copay IN; \$30 Copay OON (12 visits)
Cardiac & Pulmonary Rehab & SET, Partial Hospital, Outpatient Blood		\$0 Copay IN; 30% Coinsurance OON		
<b>Part D Drugs</b>				
Formulary	Not Covered	Lean (Performance)	Base (Venture)	Base (Venture)
Initial Coverage Period / Retail	Not Covered		Preferred Retail: Tier 1: \$0, Tier 2: \$13, Tier 3: \$45, Tier 4: \$95, Tier 5: 33% Standard Retail: Tier 1: \$5, Tier 2: \$19, Tier 3: \$47, Tier 4: \$100, Tier 5: 33% Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$27, Tier 3: \$115, Tier 4: \$275, Tier 5 (31-day supply): 33%	
Coverage Gap	Not Covered	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics: Tier 1 (\$0) Generics: Tier 2 (\$13) Generics Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics: Tier 1 (\$5) Generics: Tier 2 (\$19) Generics Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount) Generics: Tier 1 (\$0) Generics: Tier 2 (\$27) Generics Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Not Covered	Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Standard Retail: Generics: Tier 1 (\$0) Generics: Tier 2 (\$27) Generics Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$7050	Not Covered	Greater of: 5% or \$3.95 Gen/Prof. Multi-Source or \$9.95 for all others		

# Community Blue Medicare HMO – CPA/NEPA

(Products and pricing by county)



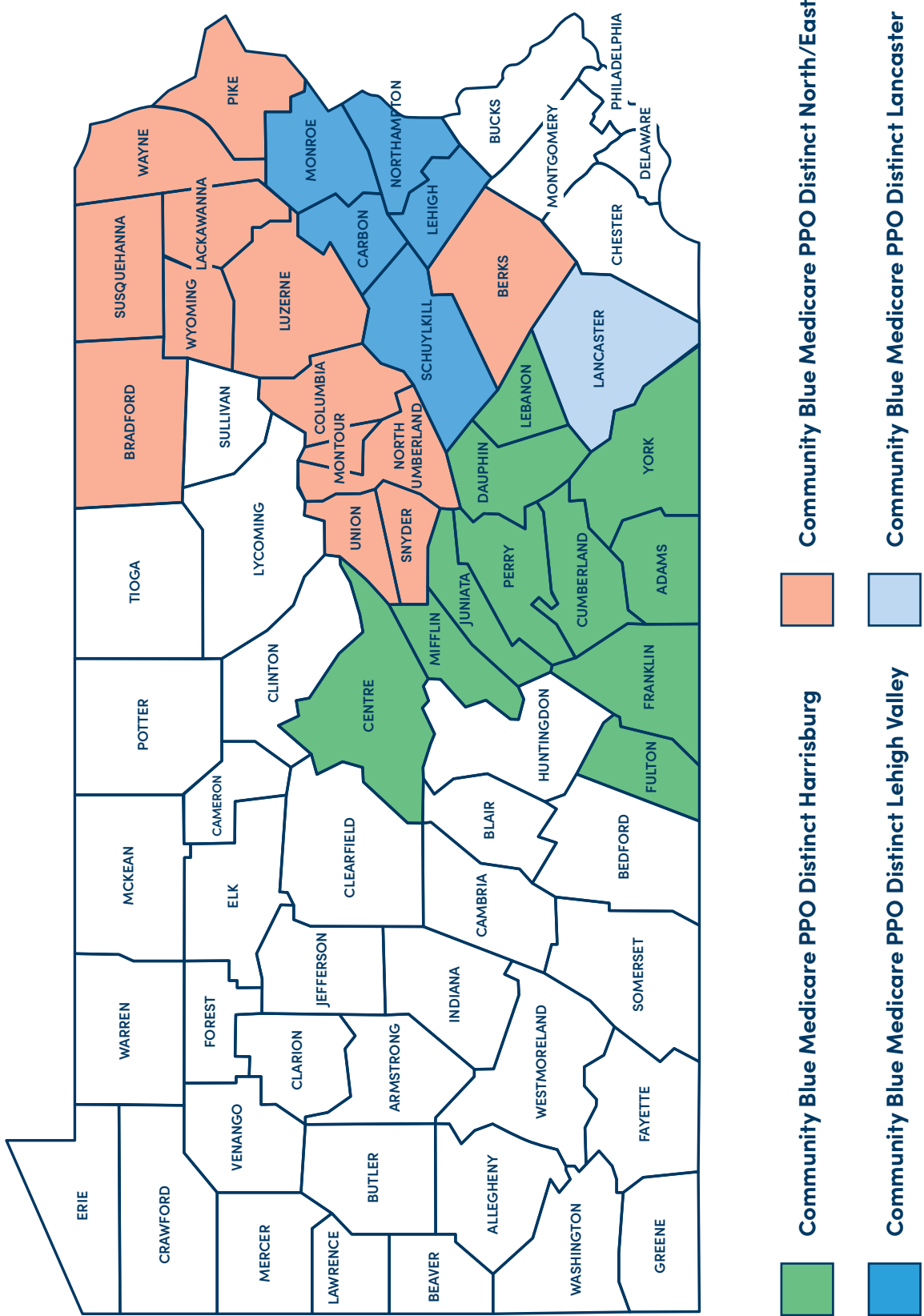
\*Pricing is subject to CMS approval

Community Blue Medicare HMO – CPA/NEPA (Products and pricing by county)

	Signature	Signature
Monthly Plan Premium	Harrisburg/NorthEast/Lancaster: \$0.00	Lehigh Valley: \$0.00
Part B Premium Buyback	\$3	\$23
Out-of-Pocket Maximum	Network: \$7,650 Catastrophic: N/A	Network: \$6,700 Catastrophic: N/A
PCP Office Visit	\$0 Copay	\$0 Copay
Specialist Office Visit	\$0 Copay	\$0 Copay
Lab and Diagnostic Tests (Phys Office or Freestanding Lab)	\$0 Copay	\$0 Copay
Lab and Diagnostic Tests (Outpatient Facility)	\$30 Copay	\$30 Copay
X-Rays	\$25 Copay	\$15 Copay
Radiation Therapy	\$60 Copay	\$60 Copay
Advanced Imaging	\$225 Copay	\$285 Copay
Preventive/Screening	Covered in Full (Office visit copay may apply)	\$0 Copay
Outpatient Physical & Speech Therapy	\$20 Copay	\$0 Copay
Medicare Covered Acupuncture	\$20 Copay	\$0 Copay
Outpatient Occupational Therapy	\$40 Copay	\$40 Copay
Outpatient Mental Health	\$40 Copay	\$40 Copay
Outpatient Substance Abuse	\$45 Copay	\$45 Copay
Outpatient Surgical	ASC: \$125 Copay Facility: \$175 Copay	ASC: \$200 Copay Facility: \$325 Copay
Ambulance	\$250 Copay	\$295 Copay
Transportation	\$0 Copay. Covered only if trip is part of continued acute care after discharge from ER.	\$0 Copay
Emergency Room	\$90 Copay	\$90 Copay
Urgent Care	\$0 Copay	\$0 Copay
Inpatient Hospital Stay	\$250/admit	\$295/admit
Inpatient Psych Stay	\$425/day (days 1-3), \$0/day (days 4-90)	\$425/day (days 1-3), \$0/day (days 4-90)
Skilled Nursing Facility	\$0/day (days 1-20); \$188/day (days 21-100)	\$0 Copay
Home Health	\$0 Copay	\$0 Copay
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands covered through a DME Supplier, 20% coinsurance for all other covered diabetic supplies	20% Coinsurance
Durable Medical Equipment	20% Coinsurance	20% Coinsurance
OTC	Not Covered	\$125 Allowance Once Per Quarter
Meal Benefit	Not Covered	Not Covered
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips	Not Covered
Papa Pals	36 Hours per calendar year	Not Covered
Health Care Kits	Diabetes Only Health Care Kit for members with Type 1 and Type 2 Diabetes to help manage their condition	Covered in Full
Fitness Benefit	Not Covered	Covered in Full
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient	Covered in Full
Part B Drugs	20% Coinsurance	20% Coinsurance
Medicare Covered Vision (Office Visit)	Not Covered	\$0 Copay (1 Every Year)
Routine Vision (Office Visit)	\$200 benefit maximum for post cataract eyewear.	Standard Eyeglass lenses and frames or contact lenses are covered in full. A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.
Routine Vision (Eyewear)	\$0 Copay	\$0 Copay (1 Every Year)
Medicare Covered Hearing Exam	Not Covered	\$0 Copay (1 Every Year)
Routine Hearing Exam	Not Covered	2 Hearing Aids Every year, TrueHearing Advanced – \$699 copay; TrueHearing Premium – \$999 copay
Routine Hearing (Hearing Aids)	Not Covered	Office Visit: \$0 Copay (1 Every Six Months) X-ray: \$0 Copay (1 Every Year)
Routine Dental	Not Covered	\$0 Copay
Medicare Covered Comprehensive Dental	Not Covered	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3000 Allowance. See EOC for benefit limits.
Comprehensive Dental – Supplemental	Not Covered	\$0 Copay
Medicare Covered Chiropractic	Not Covered	\$20 Copay
Routine Chiropractic	Not Covered	\$0 Copay (4 visits)
Medicare Covered Podiatry	Not Covered	\$0 Copay
Routine Podiatry	Not Covered	\$0 Copay (4 visits)
Cardiac & Pulmonary Rehab & SET, Partial Hospital, Outpatient Blood	Not Covered	\$0 Copay
<b>Part D Drugs</b>		
Formulary	Lean (Performance)	Lean (Performance)
Initial Coverage Period / Retail	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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%	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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%
Coverage Gap	Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$12, Tier 3: \$120, Tier 4: \$275, Tier 5 (31 day supply): 33%	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Greater of: 5% or \$3.95 Gen/Pref. Multi Source or \$9.85 for all others	Greater of: 5% or \$3.95 Gen/Pref. Multi Source or \$9.85 for all others
Catastrophic OOP Threshold: \$7050	Tier 3 Insulin: \$35 for 31 day supply and \$105 for 90-day supply at a retail or mail order pharmacy	Tier 3 Insulin: \$35 for 31 day supply and \$105 for 90-day supply at a retail or mail order pharmacy
Part D Senior Savings Model		

# Community Blue Medicare PPO Distinct – CPA/NEPA

(Products and pricing by county)



\*Pricing is subject to CMS approval



# Community Blue Medicare PPO Distinct – CPA/NEPA (Products and pricing by county)

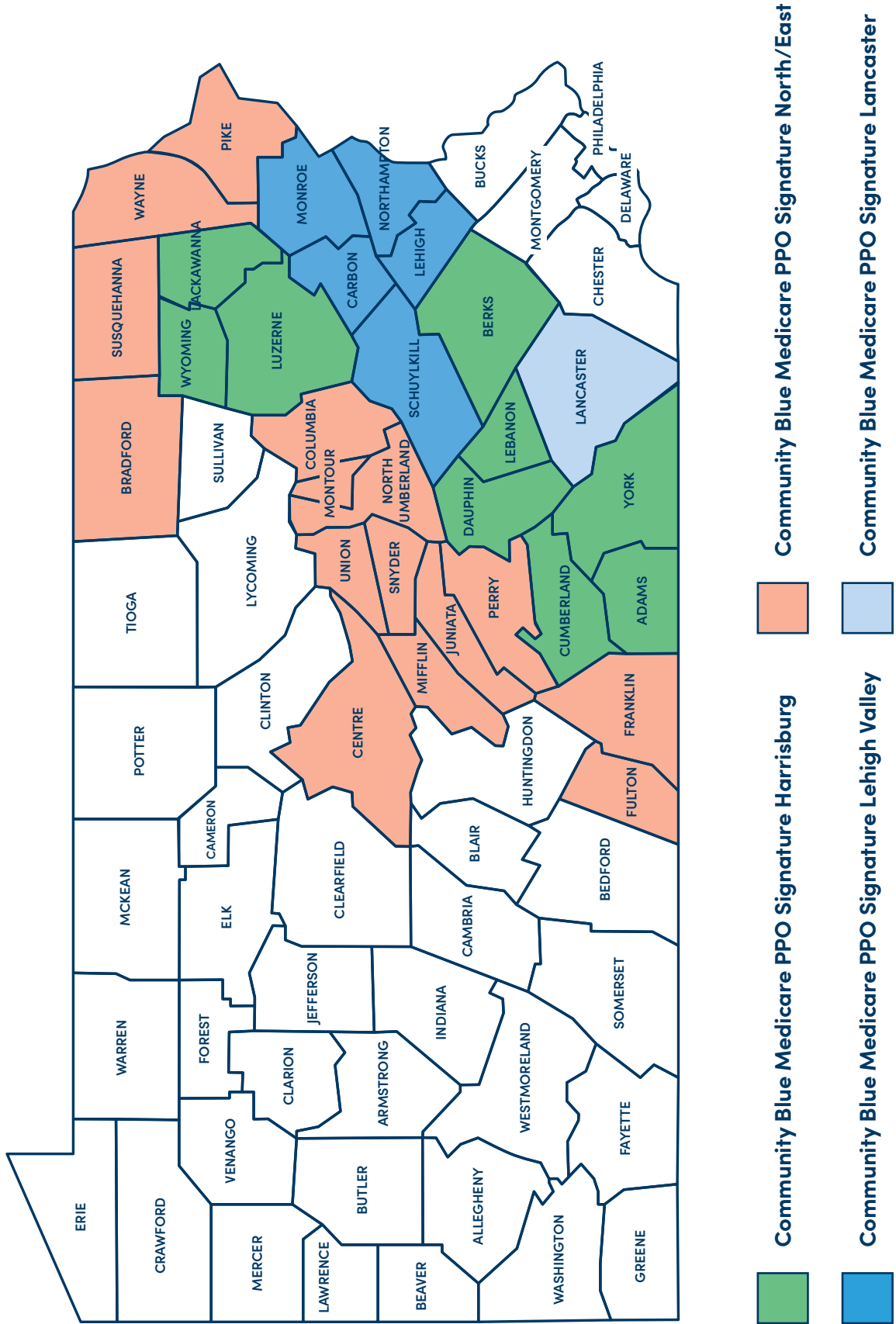
## SECTION VIII: REGIONS – PRODUCTS AND PRICING BY COUNTY

	Lehigh Valley/Harrisburg/NorthEast: \$25.00 Network: \$6,500 Catastrophic: \$10,00	Distinct	Lancaster: \$25.00 Network: \$6,500 Catastrophic: \$10,000
Monthly Plan Premium			
Out-of-Pocket Maximum			
PCP Office Visit	\$25 Copay IN; \$25 Copay OON	\$0 Copay IN; \$0 Copay OON	\$10 Copay IN; \$10 Copay OON
Specialist Office Visit	\$30 Copay IN; \$40 Copay OON	\$0 Copay IN; \$0 Copay OON	\$10 Copay IN; \$35 Copay OON
Lab and Diagnostic Tests (Phys Office or Free-standing Lab)	\$30 Copay IN; \$40 Copay OON	\$0 Copay IN; \$0 Copay OON	\$30 Copay IN; \$35 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$20 Copay IN; \$40 Copay OON	\$0 Copay IN; \$0 Copay OON	\$20 Copay IN; \$35 Copay OON
X-Rays	\$25 Copay IN; \$300 Copay OON	\$60 Copay IN; \$80 Copay OON	\$195 Copay IN; \$275 Copay OON
Radiation Therapy			
Advanced Imaging			
Preventive/Screening			
Outpatient Physical & Speech Therapy	\$20 Copay IN; \$30 Copay OON	Covered in Full (Office visit copay may apply) IN/OON	\$20 Copay IN; \$35 Copay OON
Medicare Covered Acupuncture	\$40 Copay IN; \$50 Copay OON	\$40 Copay IN; \$50 Copay OON	\$20 Copay IN; \$35 Copay OON
Outpatient Occupational Therapy			
Outpatient Mental Health			
Outpatient Substance Abuse			
Outpatient Surgical	ASC: \$25 Copay IN; \$300 Copay OON	ASC: \$20 Copay IN; \$275 Copay OON	
Ambulance			
Transportation			
Emergency Room			
Urgent Care	\$30 Copay	\$90 Copay	\$10 Copay
Inpatient Hospital Stay	\$295/admit IN; \$375/admit OON	\$425/day (days 1-3); \$0/day (days 4-90) OON	\$275/admit IN; \$325/admit OON
Inpatient Psych Stay	\$425/day (days 1-3); \$0/day (days 4-90) IN; \$475/day (days 1-3); \$0/day (days 4-90) OON	\$0/day (days 1-20); \$188/day (days 21-100) IN; 30% Coinsurance OON	\$0/day (days 1-3); \$0/day (days 4-90) IN; \$475/day (days 1-3); \$0/day (days 4-90) OON
Skilled Nursing Facility			
Home Health			
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands covered through a DIME Supplier, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands covered through a DIME Supplier, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands covered through a DIME Supplier, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON
Durable Medical Equipment			
OTC	\$125 Allowance Once Per Quarter IN/OON	\$150 Allowance Once Per Quarter IN/OON	
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN		
Health Care Kits	Diabetes Only Health Care Kit for members with Type 1 and Type 2 Diabetes to help manage their condition		
Fitness Benefit	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON		
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient		
Part B Drugs	20% Coinsurance IN; 30% Coinsurance OON	20% Coinsurance IN; 30% Coinsurance OON	
Medicare Covered Vision (Office Visit)	\$25 Copay IN; \$25 Copay OON	\$0 Copay IN; \$50 Copay OON (1 Every Year)	\$10 Copay IN; \$10 Copay OON
Routine Vision (Office Visit)			
Routine Vision (Eyewear)			
Standard Eyeglass lenses and frames or contact lenses are covered in full IN/OON. A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.			
Medicare Covered Hearing Exam	\$25 Copay IN; \$25 Copay OON	\$25 Copay IN; \$25 Copay OON	\$10 Copay IN; \$10 Copay OON
Routine Hearing Exam	\$25 Copay IN; \$25 Copay OON (1 Every Year)	\$25 Copay IN; \$25 Copay OON (1 Every Year)	\$10 Copay IN; \$10 Copay OON (1 Every Year)
Routine Hearing (Hearing Aids)	2 Hearing Aids Every Year; TrueHearing Advanced - \$699 copay; TrueHearing Premium - \$999 copay IN; \$500 allowance OON		
Routine Dental	Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 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)	\$10 Copay IN; \$10 Copay OON
Medicare Covered Comprehensive Dental	\$25 Copay IN; \$25 Copay OON	\$25 Copay IN; \$25 Copay OON	\$10 Copay IN; \$10 Copay OON
Comprehensive Dental - Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.		
Medicare Covered Chiropractic	\$20 Copay IN; \$25 OON	\$20 Copay IN; \$25 OON	\$20 Copay IN; \$25 OON
Routine Chiropractic	\$20 Copay IN; \$25 OON (4 visits)	\$20 Copay IN; \$25 OON (4 visits)	\$20 Copay IN; \$25 OON (4 visits)
Medicare Covered Podiatry	\$25 IN; \$25 OON	\$25 Copay IN; \$25 OON (4 visits)	\$10 IN; \$10 OON
Routine Podiatry	\$25 Copay IN; \$25 OON (4 visits)	\$25 Copay IN; \$25 OON (4 visits)	\$10 Copay IN; \$10 OON (4 visits)
Cardiac & Pulmonary Rehab & SET, Partial Hospital, Outpatient Blood			
Network			
Deductible			
Initial Coverage Period / Retail	PA MPVN 25k CVS w/BPM Wrap	Lean (Performance)	
Coverage Gap	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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% Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31 day supply): 33% Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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% Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31 day supply): 33% Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))			
Catastrophic OOP Threshold: \$7,050			
Part D Senior Savings Model	Tier 3 Insulin: \$35 for 31 day supply and \$105 for 90-day supply at a retail or mail order pharmacy		

### Part D Drugs

# Community Blue Medicare PPO Signature – CPA/NEPA

(Products and pricing by county)



\*Pricing is subject to CMS approval

# Community Blue Medicare PPO Signature – CPA/NEPA (Products and pricing by county)

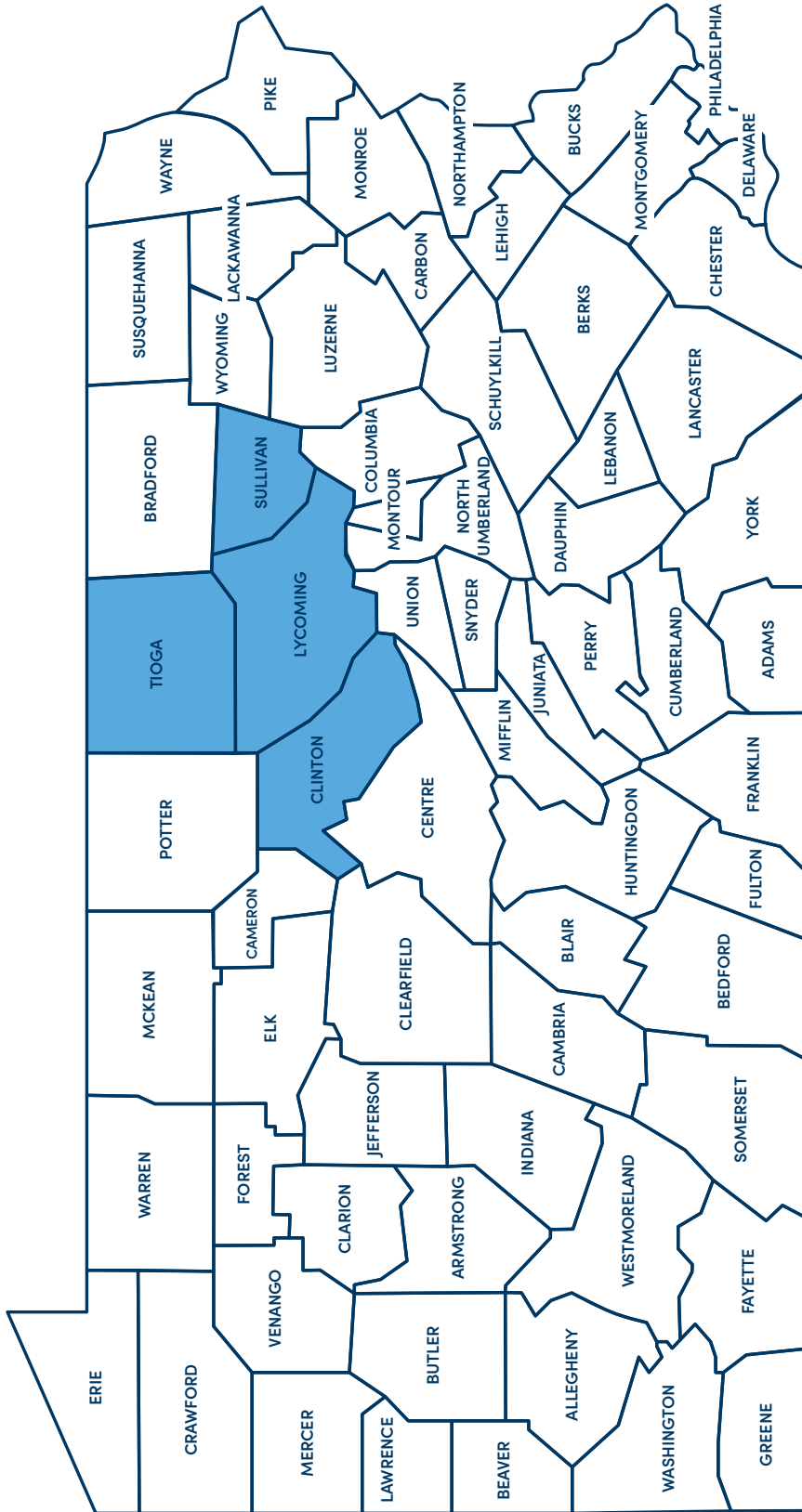
## SECTION VIII: REGIONS – PRODUCTS AND PRICING BY COUNTY

	Signature	
Monthly Plan Premium	Lehigh Valley/Harrisburg/NorthEast: \$0.00	Lancaster: \$0.00
Part B Premium Buyback	Lehigh Valley/Harrisburg: \$23 NorthEast: \$33	\$23
Out-of-Pocket Maximum	Network: \$7,550 Catastrophic: \$10,000	Network: \$7,550 Catastrophic: \$10,000
PCP Office Visit	\$0 Copay IN; \$30 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$30 Copay IN; \$30 Copay OON	\$30 Copay IN; \$30 Copay OON
Lab and Diagnostic Tests (Phys Office or Free-standing Lab)	\$0 Copay IN; \$35 Copay OON	\$0 Copay IN; \$50 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$30 Copay IN; \$35 Copay OON	\$30 Copay IN; \$50 Copay OON
X-Rays	\$20 Copay IN; \$50 Copay OON	\$20 Copay IN; \$50 Copay OON
Radiation Therapy	\$60 Copay IN; \$90 Copay OON	\$60 Copay IN; \$90 Copay OON
Advanced Imaging	\$225 Copay IN; \$225 Copay OON	\$225 Copay IN; \$225 Copay OON
Preventive/Screening	Covered in Full (Office visit copay may apply) IN/OON	
Outpatient Physical & Speech Therapy	\$35 Copay IN; \$60 Copay OON	\$30 Copay IN; \$60 Copay OON
Medicare Covered Acupuncture	\$35 Copay IN; \$60 Copay OON	\$30 Copay IN; \$60 Copay OON
Outpatient Occupational Therapy	\$40 Copay IN; \$60 Copay OON	\$30 Copay IN; \$60 Copay OON
Outpatient Mental Health	\$40 Copay IN; \$60 Copay OON	\$30 Copay IN; \$60 Copay OON
Outpatient Substance Abuse	\$45 Copay IN; \$60 Copay OON	\$30 Copay IN; \$60 Copay OON
Outpatient Surgical	ASC: \$275 Copay IN; \$400 Copay OON Facility: \$350 Copay IN; \$400 Copay OON	ASC: \$275 Copay IN; \$400 Copay OON Facility: \$350 Copay IN; \$400 Copay OON
Ambulance	Emergent/Non-Emergent: \$295 IN; Non-Emergent: 30% Coinsurance OON	
Transportation	\$0 Copay IN; 30% Coinsurance OON. Covered only if trip is part of continued acute care after discharge from ER.	
Emergency Room	\$90 Copay	
Urgent Care	\$50 Copay	\$50 Copay
Inpatient Hospital Stay	\$325/admit IN; \$225/day (days 1-7); \$0/day (days 8-90) OON	\$325/admit IN; \$275/day (days 1-5); \$0/day (days 6-90) OON
Inpatient Psych Stay	\$425/day (days 1-3); \$0/day (days 4-90) IN; \$500/day (days 1-3); \$0/day (days 4-90) OON	\$425/day (days 1-3); \$0/day (days 4-90) IN; \$500/day (days 1-3); \$0/day (days 4-90) OON
Skilled Nursing Facility	\$0/day (days 1-20); \$188/day (days 21-100) IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON
Home Health	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands covered through a DME Supplier, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON	
Diabetic Supplies and Services	20% Coinsurance IN; 30% Coinsurance OON	
Durable Medical Equipment	\$100 Allowance Once Per Quarter IN/OON	\$100 Allowance Once Per Quarter IN/OON
OTC	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN	
Fitness Benefit	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient	
Part B Drugs	20% Coinsurance IN; 30% Coinsurance OON	
Medicare Covered Vision (Office Visit)	\$30 Copay IN; \$30 Copay OON	\$30 Copay IN; \$30 Copay OON
Routine Vision (Office Visit)	\$0 Copay IN; \$50 Copay OON (1 Every Year)	
Routine Vision (Eyewear)	Standard Eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.	
Medicare Covered Hearing Exam	\$30 Copay IN; \$30 Copay OON	\$30 Copay IN; \$30 Copay OON
Routine Hearing Exam	\$30 Copay IN; \$30 Copay OON (1 Every Year)	\$30 Copay IN; \$30 Copay OON (1 Every Year)
Routine Hearing (Hearing Aids)	2 Hearing Aids Every Year; TrueHearing Advanced - \$699 copay; TrueHearing Premium - \$999 copay IN; \$500 allowance OON	\$30 Copay IN; \$500 allowance OON
Routine Dental	Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 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)
Medicare Covered Comprehensive Dental	\$30 Copay IN; \$30 Copay OON	\$30 Copay IN; \$30 Copay OON
Comprehensive Dental - Supplemental	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$2500 Allowance IN/OON. See EOC for benefit limits.	\$20 Copay IN; \$30 OON
Routine Chiropractic	\$20 Copay IN; \$30 OON (4 visits)	\$20 Copay IN; \$30 OON (4 visits)
Medicare Covered Podiatry	\$30 IN; \$30 OON	\$30 IN; \$30 OON
Routine Podiatry	\$30 Copay IN; \$30 OON (4 visits)	\$30 Copay IN; \$30 OON (4 visits)
Cardiac & Pulmonary Rehab & SET, Partial Hospital, Outpatient Blood	\$0 Copay IN; 30% Coinsurance OON	\$30 Copay IN; \$30 OON (4 visits)
Network	Lean (Performance)	
Deductible	PA MPVN 25k CVS w/BPM Wrap	
Initial Coverage Period / Retail	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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%	
Coverage Gap	Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31-day supply): 33% Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Catastrophic OOP Threshold: \$7,050	Greater of: 5% or \$3,95 Gen/Pref. Multi Source or \$9.65 for all others	

### Part D Drugs

# Community Blue Medicare Plus PPO

(Products and pricing by county)



**Community Blue Medicare Plus PPO**

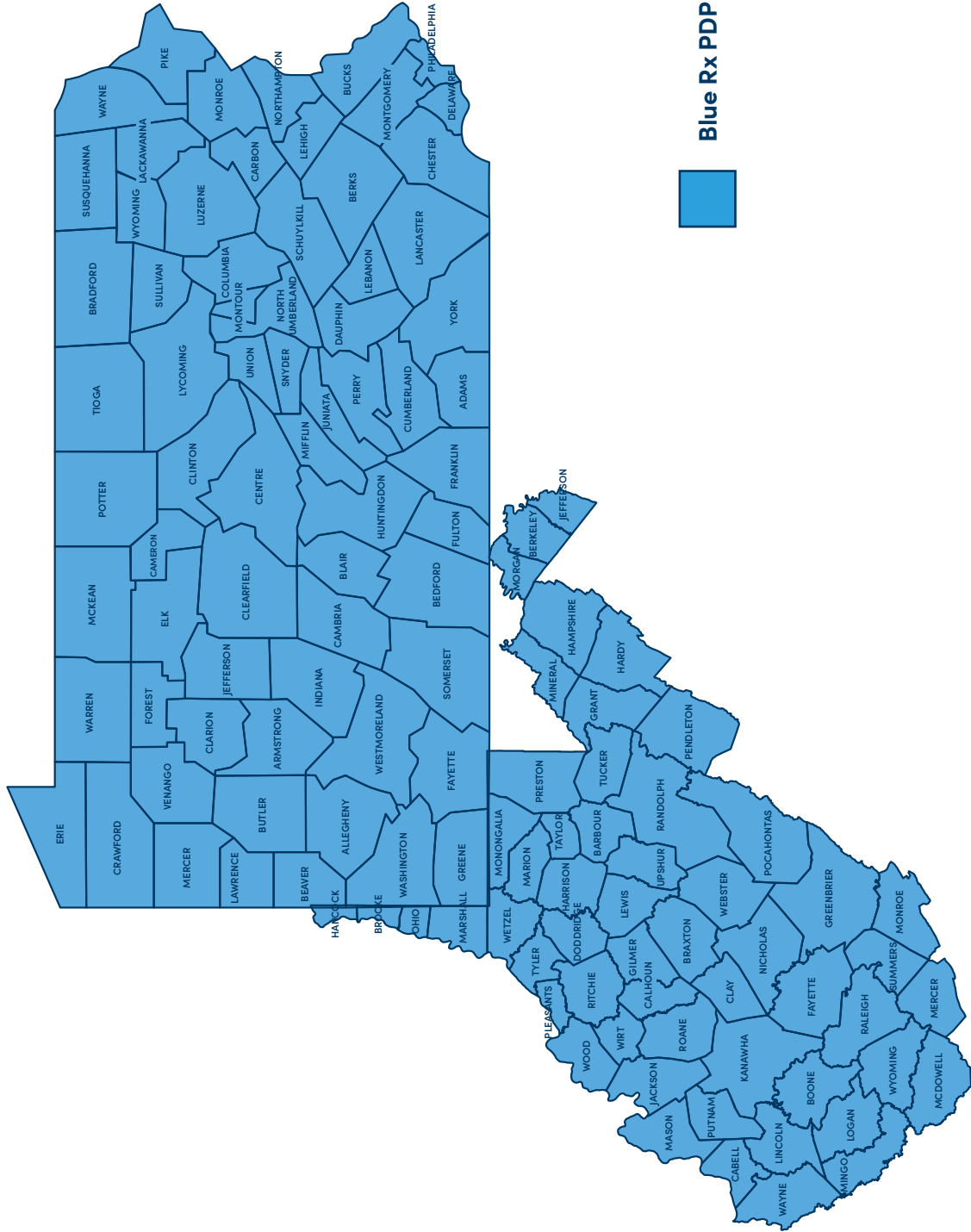
\*Pricing is subject to CMS approval

Community Blue Medicare Plus PPO (Products and pricing by county)

	Distinct	Signature
Monthly Plan Premium	\$25.00	\$0.00
Part B Premium Buyback	\$0	\$23
Out-of-Pocket Maximum	Network: \$6,500 Catastrophic: \$10,000	Network: \$7,550 Catastrophic: \$10,000
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$25 Copay IN; \$25 Copay OON	\$30 Copay IN; \$30 Copay OON
Lab and Diagnostic Tests (Phys. Office or Free-standing Lab)	\$0 Copay IN; \$35 Copay OON	\$0 Copay IN; \$35 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$30 Copay IN; \$35 Copay OON	\$20 Copay IN; \$50 Copay OON
X-Rays	\$20 Copay IN; \$35 Copay OON	\$60 Copay IN; \$90 Copay OON
Radiation Therapy	\$60 Copay IN; \$80 Copay OON	\$225 Copay IN; \$325 Copay OON
Advanced Imaging	\$195 Copay IN; \$275 Copay OON	
Preventive/Screening	Covered in Full (Office visit copay may apply) IN/OON	
Outpatient Physical & Speech Therapy	\$20 Copay IN; \$35 Copay OON	\$30 Copay IN; \$50 Copay OON
Medicare Covered Acupuncture	\$20 Copay IN; \$35 Copay OON	\$30 Copay IN; \$50 Copay OON
Outpatient Occupational Therapy	\$40 Copay IN; \$50 Copay OON	\$40 Copay IN; \$50 Copay OON
Outpatient Mental Health	\$40 Copay IN; \$50 Copay OON	\$45 Copay IN; \$50 Copay OON
Outpatient Substance Abuse	\$45 Copay IN; \$50 Copay OON	\$45 Copay IN; \$50 Copay OON
Outpatient Surgical	ASC: \$195 Copay IN; \$275 Copay OON Facility: \$245 Copay IN; \$325 Copay OON	ASC: \$275 Copay IN; \$400 Copay OON Facility: \$350 Copay IN; \$400 Copay OON
Ambulance	Emergency/Non-Emergent: \$295 IN; Non-Emergent: 30% Coinsurance OON	Emergency/Non-Emergent: 30% Coinsurance OON
Transportation	\$0 Copay IN; 30% Coinsurance OON. Covered only if trip is part of continued acute care after discharge from ER.	
Emergency Room	\$90 Copay	
Urgent Care	\$30 Copay	\$50 Copay
Inpatient Hospital Stay	\$295/admit IN; \$200/day (days 1-5); \$0/day (days 6-90) OON	\$395/admit IN; \$275/day (days 1-5); \$0/day (days 6-90) OON
Inpatient Psych Stay	\$425/day (days 1-3); \$0/day (days 4-90) OON	\$425/day (days 1-3); \$0/day (days 4-90) IN; \$500/day (days 1-3); \$0/day (days 4-90) OON
Skilled Nursing Facility	\$0/day (days 1-20); \$188/day (days 21-100) IN; 30% Coinsurance OON	\$0/day (days 1-20); \$188/day (days 21-100) IN; 30% Coinsurance OON
Home Health	\$0 Copay IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands covered through a DME Supplier, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON	
Durable Medical Equipment	20% Coinsurance IN; 30% Coinsurance OON	
OTC	\$125 Allowance Once Per Quarter IN/OON	\$100 Allowance Once Per Quarter IN/OON
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN	Not Covered
Health Care Kits	Diabetes Only Health Care Kit for members with Type 1 and Type 2 Diabetes to help manage their condition	Not Covered
Fitness Benefit	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient	
Part B Drugs	20% Coinsurance IN; 30% Coinsurance OON	
Medicare Covered Vision (Office Visit)	\$25 Copay IN; \$25 Copay OON	\$30 Copay IN; \$30 Copay OON
Routine Vision (Office Visit)	\$0 Copay IN; \$50 Copay OON (1 Every Year)	
Routine Vision (Eyewear)	Standard Eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses. \$700 benefit maximum for post cataract eyewear.	Standard Eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.
Medicare Covered Hearing Exam	\$25 Copay IN; \$25 Copay OON	\$30 Copay IN; \$30 Copay OON
Routine Hearing Exam	\$25 Copay IN; \$25 Copay OON (1 Every Year)	
Routine Hearing (Hearing Aids)	2 Hearing Aids Every Year; TrueHearing Advanced - \$699 copay; TrueHearing Premium - \$999 copay IN; \$500 allowance OON	
Routine Dental	Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 Copay IN; 30% Coinsurance OON (1 Every Year)	
Medicare Covered Comprehensive Dental	\$25 Copay IN; \$25 Copay OON	\$30 Copay IN; \$30 Copay OON
Comprehensive Dental - Supplemental	Restorative Services: Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.	Restorative Services: Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$2500 Allowance IN/OON. See EOC for benefit limits.
Medicare Covered Chiropractic	\$20 Copay IN; \$35 OON	\$20 Copay IN; \$30 OON
Routine Chiropractic	\$20 Copay IN; \$35 OON (4 visits)	\$20 Copay IN; \$30 OON (4 visits)
Medicare Covered Podiatry	\$25 IN; \$25 OON	\$30 IN; \$30 OON
Routine Podiatry	\$25 Copay IN; \$25 OON (4 visits)	\$30 Copay IN; \$30 OON (4 visits)
Cardiac & Pulmonary Rehab & SET, Partial Hospital, Outpatient Blood	\$0 Copay IN; 30% Coinsurance OON	
<b>Part D Drugs</b>		
Formulary	Lean (Performance)	Lean (Performance)
Initial Coverage Period / Retail	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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% Mail Order (1-90-day supply): Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5 (31 day supply): 33%	
Coverage Gap	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))		
Catastrophic OOP Threshold: \$7050		
Part D Senior Savings Model	Greater of: 5% or \$9.95 Gen/Pref. Multi-Source or \$9.85 for all others	Not Covered

# Blue Rx PDP – PA and WV

(Products and pricing by county)



\*Pricing is subject to CMS approval

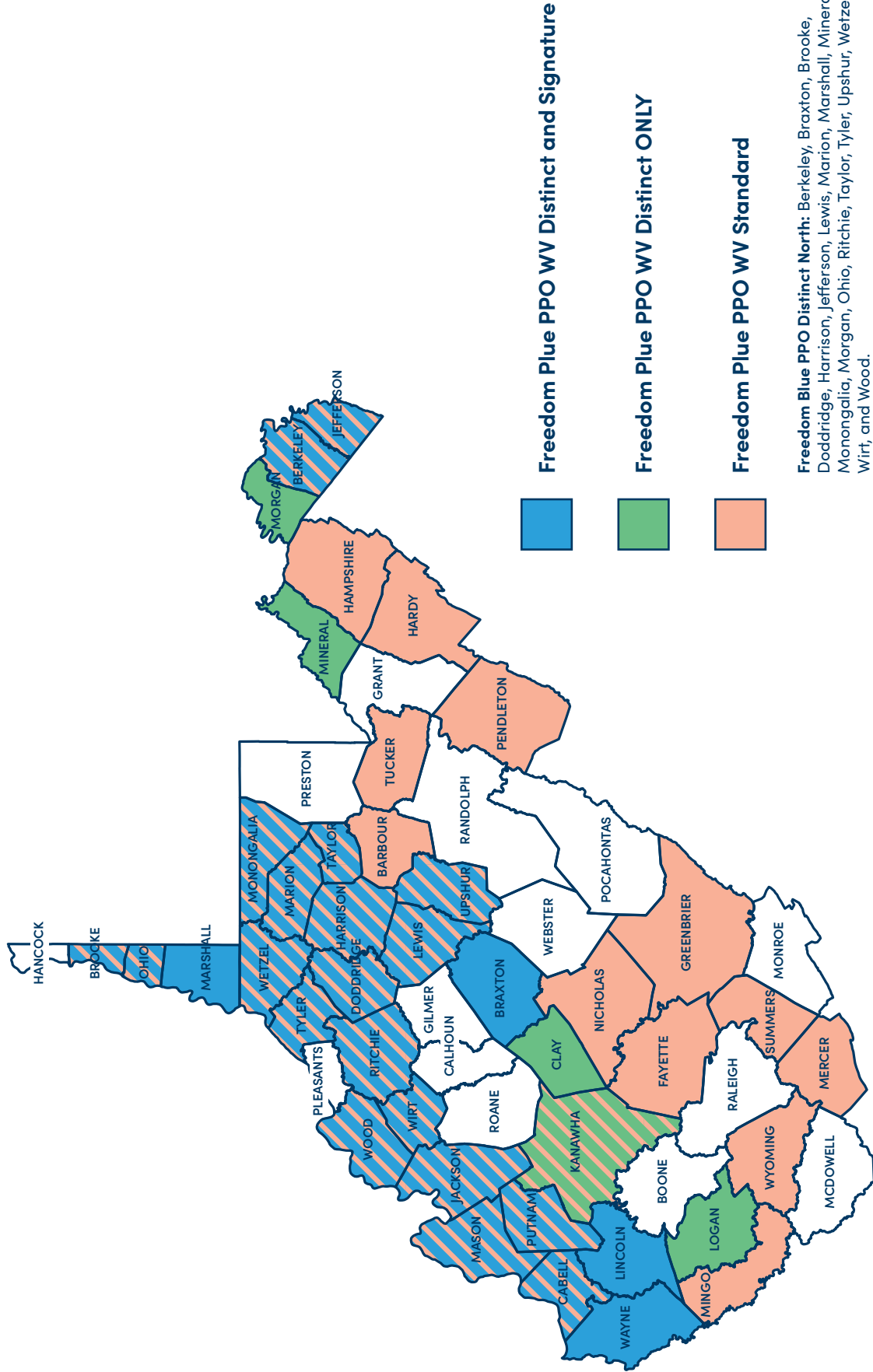
SECTION VIII: REGIONS – PRODUCTS AND PRICING BY COUNTY

Blue Rx PDP – PA and WV (Products and pricing by county)

	Plus	Complete
Monthly Plan Premium	\$107.90	\$117.20
Deductible	\$480	\$0
Formulary	Base (Venture)	Base (Venture)
Initial Coverage Period / Retail	Preferred Retail: \$0 Pref. Gen, \$7 Generic, 20% Pref. Brand, 40% Non-Pref Drug, 25% Speciality Standard Retail: \$6 Pref. Gen, \$14 Generic, 25% Pref. Brand, 50% Non-Pref Drug, 25% Speciality	Preferred Retail: \$0 Pref. Gen, \$5 Generic, \$40 Pref. Brand, 35% Non-Pref Drug, 33% Speciality Standard Retail: \$4 Pref. Gen, \$10 Generic, \$45 Pref. Brand, 50% Non-Pref Drug, 33% Speciality
Initial Coverage (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Preferred Mail: Tier 1: \$0, Tier 2: \$17.50, Tier 3: 20%, Tier 4: 40%, Tier 5: 25%	Preferred Mail: Tier 1: \$0, Tier 2: \$12.50, Tier 3: \$100, Tier 4: 35%, Tier 5: 33%
Coverage Gap	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics: Tier 1 (10%) Generics: Tier 2 (10%) Generics Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics: Tier 1 (15%) Generics: Tier 2 (15%) Generics Tiers 3-5 (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Generics: Tier 1 (10%) Generics: Tier 2 (10%) Generics Tiers 3-5 (25% coinsurance) coinsurance including 70% discount)
Catastrophic OOP Threshold: \$7,050	Greater of: 5% or \$3.95 Gen/Pref, Multi-Source or \$9.85 for all others	

# Freedom Blue PPO – WV

(Products and pricing by county)



\*Pricing is subject to CMS approval



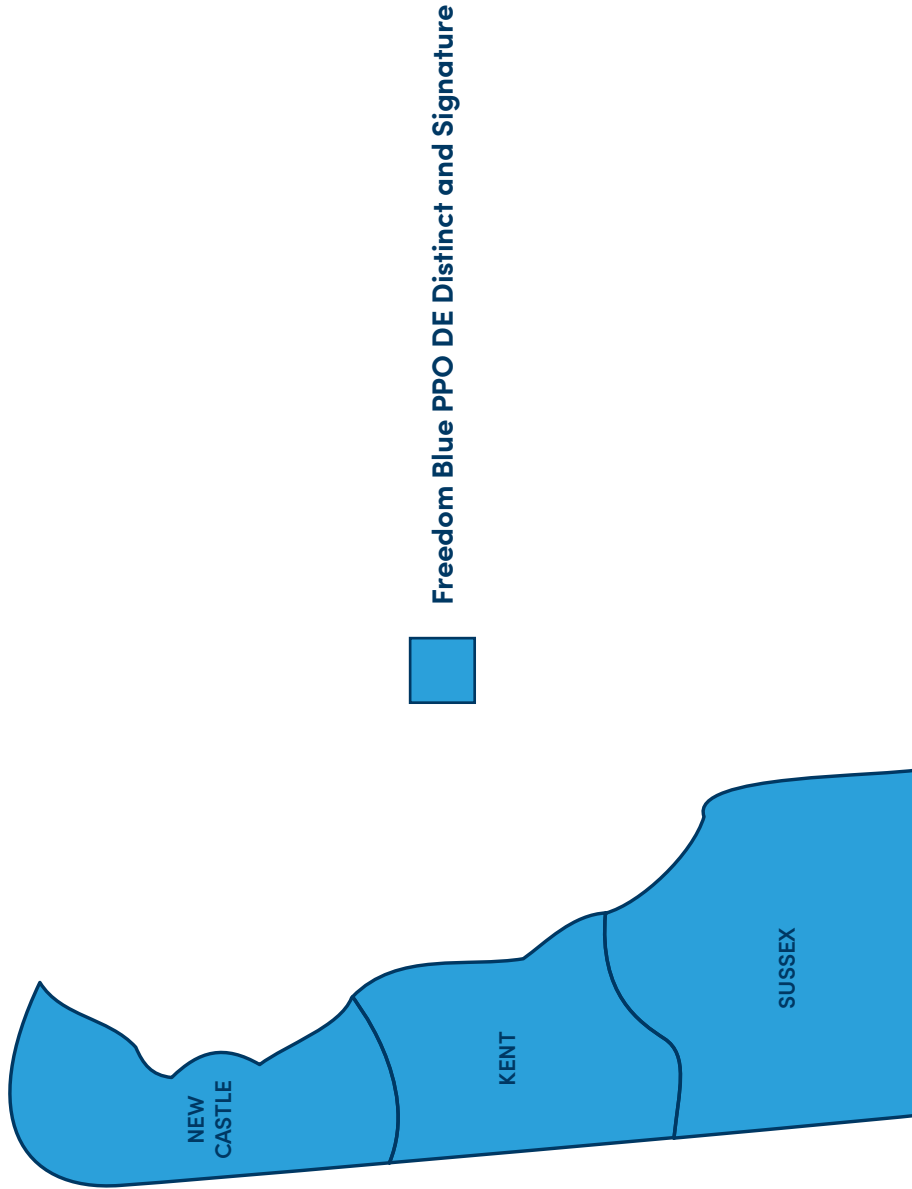
SECTION VIII: REGIONS – PRODUCTS AND PRICING BY COUNTY

Freedom Blue PPO – WV (Products and pricing by county)

	Standard	Distinct	Signature
Monthly Plan Premium	\$166.00	North: \$35.00 / South: \$25.00	North: \$0.00 / South: \$0.00
Part B Premium Buyback	\$0	\$0	\$3
Out-of-Pocket Maximum	Network: \$6,500 Catastrophic: \$10,000	Network: \$6,500 Catastrophic: \$10,000	Network: \$7,550 Catastrophic: \$10,000
PCP Office Visit	\$35 Copay IN; \$35 Copay OON	\$0 Copay IN; \$0 Copay OON	\$40 Copay IN; \$40 Copay OON
Specialist Office Visit	\$0 Copay IN; \$10 Copay OON	\$30 Copay IN; \$30 Copay OON	\$0 Copay IN; \$20 Copay OON
Lab and Diagnostic Tests (Phys Office or Free-standing Lab)	\$10 Copay IN; \$10 Copay OON	\$0 Copay IN; \$0 Copay OON	\$10 Copay IN; \$20 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$25 Copay IN; \$25 Copay OON	\$15 Copay IN; \$15 Copay OON	\$25 Copay IN; \$40 Copay OON
X-Rays	\$60 Copay IN; \$60 Copay OON	\$60 Copay IN; \$75 Copay OON	\$60 Copay IN; \$75 Copay OON
Radiation Therapy	\$100 Copay IN; \$100 Copay OON	\$275 Copay IN; \$350 Copay OON	\$300 Copay IN; \$350 Copay OON
Advanced Imaging		Covered in Full (Office visit copay may apply) IN/OON	
Preventive/Screening	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$35 Copay OON	\$40 Copay IN; \$50 Copay OON
Outpatient Physical & Speech Therapy	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$35 Copay OON	\$40 Copay IN; \$50 Copay OON
Medicare Covered Acupuncture	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$35 Copay OON	\$40 Copay IN; \$50 Copay OON
Outpatient Occupational Therapy	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$35 Copay OON	\$40 Copay IN; \$50 Copay OON
Outpatient Mental Health	\$35 Copay IN; \$35 Copay OON	\$40 Copay IN; \$50 Copay OON	\$40 Copay IN; \$50 Copay OON
Outpatient Substance Abuse	\$100 Copay IN; \$100 Copay OON	\$225 Copay IN; \$350 Copay OON	\$250 Copay IN; \$350 Copay OON
Outpatient Surgical	\$200 Copay IN; \$200 Copay OON	\$300 Copay IN; \$350 Copay OON	\$300 Copay IN; \$350 Copay OON
Ambulance	Emergency/Non-Emergent: \$225 IN Non-Emergent: 30% Coinsurance OON	Emergency/Non-Emergent: \$250 IN Non-Emergent: 30% Coinsurance OON	Emergency/Non-Emergent: \$300 IN Non-Emergent: 30% Coinsurance OON
Transportation	\$0 Copay IN; 30% Coinsurance OON. Up to 24 One-way trips. Trip limit waived if trip is part of continued acute care after discharge from ER.	\$0 Copay IN; 30% Coinsurance OON. Covered only if trip is part of continued acute care after discharge from ER.	\$0 Copay IN; 30% Coinsurance OON. Covered only if trip is part of continued acute care after discharge from ER.
Emergency Room		\$90 Copay	
Urgent Care	\$50 Copay	\$35 Copay	\$50 Copay
Inpatient Hospital Stay	\$150/day (days 1-7) IN; \$0/day (days 8-90) OON	\$450/admit IN; \$500/admit OON	\$250/day (days 1-5); \$0/day (days 6-90) IN; \$425/day (days 1-5); \$0/day (days 6-90) OON
Inpatient Psych Stay	\$150/day (days 1-7); \$0/day (days 8-90) OON	\$425/day (days 1-3); \$0/day (days 4-90) OON	\$425/day (days 1-3); \$0/day (days 4-90) OON
Skilled Nursing Facility	\$0/day (days 1-20); \$188/day (days 21-100) IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON	\$0/day (days 1-3); \$0/day (days 4-90) OON
Home Health		\$0 Copay IN; 30% Coinsurance OON	
Diabetic Supplies and Services	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan; all other brands covered through a DME Supplier, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON		
Durable Medical Equipment		20% Coinsurance IN; 30% Coinsurance OON	
OTC	Not Covered	\$105 Allowance Once Per Quarter IN/OON	\$75 Allowance Once Per Quarter IN/OON
Meal Benefit	28 Meals/14 Days IN/OON	28 Meals/14 Days IN/OON	Not Covered
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN
Papa Pals Health Care Kits	36 Hours per calendar year IN	36 Hours per calendar year IN	Not Covered
Fitness Benefit	Diabetes Only Health Care Kit for members with Type 1 and Type 2 Diabetes to help manage their condition	Diabetes Only Health Care Kit for members with Type 1 and Type 2 Diabetes to help manage their condition	Not Covered
Additional Telehealth Services	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	
Part B Drugs		Services covered with applicable Copay listed for outpatient	
Medicare Covered Vision (Office Visit)	\$35 Copay IN; \$35 Copay OON	20% Coinsurance IN; 30% Coinsurance OON	\$40 Copay IN; \$40 Copay OON
Routine Vision (Office Visit)		\$0 Copay IN; \$50 Copay OON (1 Every Year)	
Routine Vision (Eyewear)	Standard Eyeglass lenses and frames or contact lenses are covered in full. IN/OON \$200 benefit maximum applies to non-standard frames. \$100 benefit maximum for contact lenses. \$200 benefit maximum for post-cataract eyewear.	Standard Eyeglass lenses and frames or contact lenses are covered in full. IN/OON \$200 benefit maximum applies to non-standard frames. \$100 benefit maximum for contact lenses. \$200 benefit maximum for post-cataract eyewear.	Standard Eyeglass lenses and frames or contact lenses are covered in full. IN/OON \$200 benefit maximum applies to non-standard frames. \$100 benefit maximum for contact lenses. \$200 benefit maximum for post-cataract eyewear.
Medicare Covered Hearing Exam	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON	\$40 Copay IN; \$40 Copay OON
Routine Hearing Exam	\$0 Copay IN; \$35 Copay OON (1 Every Year)	\$30 Copay IN; \$30 Copay OON (1 Every Year)	\$40 Copay IN; \$40 Copay OON (1 Every Year)
Routine Hearing (Hearing Aids)	2 Hearing Aids Every Year; TruHearing Advanced - \$499 copay; TruHearing Premium - \$799 copay IN; \$500 allowance OON	2 Hearing Aids Every Year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON	2 Hearing Aids Every Year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON
Routine Dental	Office Visit: \$15 Copay IN; 30% Coinsurance OON	Office Visit: \$15 Copay IN; 30% Coinsurance OON	
Medicare Covered Comprehensive Dental	\$35 Copay IN; \$35 Copay OON	\$30 Copay IN; \$30 Copay OON	\$40 Copay IN; \$40 Copay OON
Comprehensive Dental - Supplemental	Not Covered	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3000 Allowance IN/OON. See EOC for benefit limits.	Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$1500 Allowance IN/OON. See EOC for benefit limits.
Routine Chiropractic	\$20 Copay IN; \$20 OON (8 visits)	\$20 Copay IN; \$30 OON (8 visits)	\$20 Copay IN; \$40 OON (8 visits)
Medicare Covered Podiatry	\$35 IN; \$35 OON	\$30 Copay IN; \$30 Copay OON	\$40 Copay IN; \$40 Copay OON
Routine Podiatry	\$35 Copay IN; \$35 OON (10 visits)	\$30 Copay IN; \$30 OON (10 visits)	\$40 Copay IN; \$40 OON (10 visits)
Cardiac & Pulmonary Rehab & SET/Partial Hospital, Outpatient Blood		\$0 Copay IN; 30% Coinsurance OON	
<b>Part D Drugs</b>			
Formulary	Lean (Performance)		
Initial Coverage Period / Retail	Preferred Retail: Tier 1: \$0, Tier 2: \$11, Tier 3: \$45, 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: \$7, Tier 3: \$47, Tier 4: \$100, Tier 5: 33%
Initial Coverage (Mail Order): Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Standard Retail: Tier 1: \$5, Tier 2: \$19, 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%
Coverage Gap	Tier 1: \$0, Tier 2: \$27, Tier 3: \$115, Tier 4: \$275, Tier 5: 33%	Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5: 33%	Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5: 33%
Coverage Gap (Mail Order): Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)
Catastrophic OOP Threshold: \$6,550	Greater of: 5% or \$3,950 Gen/Pref. Multi Source or \$9.85 for all others	Greater of: 5% or \$3,950 Gen/Pref. Multi Source or \$9.85 for all others	Greater of: 5% or \$3,950 Gen/Pref. Multi Source or \$9.85 for all others
Part D Senior Savings Model	Tier 3 Insulin: \$35 for 31 day supply and \$105 for 90-day supply at a retail or mail order pharmacy	Tier 3 Insulin: \$35 for 31 day supply and \$105 for 90-day supply at a retail or mail order pharmacy	Not Covered

# Freedom Blue PPO – DE

(Products and pricing by county)



SECTION VIII: REGIONS – PRODUCTS AND PRICING BY COUNTY

Freedom Blue PPO – DE (Products and pricing by county)

	Distinct	Signature
Monthly Plan Premium	\$35.00	\$0.00
Part B Premium Buyback	\$0	\$3
Out-of-Pocket Maximum	Network: \$6,000 Catastrophic: \$10,000	Network: \$7,550 Catastrophic: \$10,000
PCP Office Visit	\$0 Copay IN; \$0 Copay OON	\$0 Copay IN; \$0 Copay OON
Specialist Office Visit	\$0 Copay IN; \$40 Copay OON	\$0 Copay IN; \$50 Copay OON
Lab and Diagnostic Tests (Phys. Office or Free-standing Lab)	\$10 Copay IN; \$40 Copay OON	\$10 Copay IN; \$50 Copay OON
Lab and Diagnostic Tests (Outpatient Facility)	\$10 Copay IN; \$40 Copay OON	\$25 Copay IN; \$50 Copay OON
X-Rays	\$150 Copay IN; \$300 Copay OON	\$250 Copay IN; \$350 Copay OON
Radiation Therapy	Covered in Full (Office visit copay may apply) IN/OON	
Advanced Imaging	\$0 Copay IN; \$40 Copay OON	\$30 Copay IN; \$50 Copay OON
Preventive/Screening	\$0 Copay IN; \$40 Copay OON	\$30 Copay IN; \$50 Copay OON
Outpatient Physical & Speech Therapy	\$30 Copay IN; \$40 Copay OON	\$35 Copay IN; \$50 Copay OON
Medicare Covered Acupuncture	\$30 Copay IN; \$40 Copay OON	\$40 Copay IN; \$50 Copay OON
Outpatient Occupational Therapy	\$30 Copay IN; \$40 Copay OON	\$40 Copay IN; \$50 Copay OON
Outpatient Mental Health	\$150 Copay IN; \$300 Copay OON	\$225 Copay IN; \$350 Copay OON
Outpatient Substance Abuse	\$200 Copay IN; \$300 Copay OON	\$300 Copay IN; \$350 Copay OON
Outpatient Surgical	Emergent/Non-Emergent: \$250 IN; Non-Emergent: 30% Coinsurance OON	
Ambulance	Not Covered	
Transportation	\$90 Copay	
Emergency Room		
Urgent Care	\$0 Copay	\$50 Copay
Inpatient Hospital Stay	\$295/admit IN; \$395/admit OON	\$175/day (days 1-5), \$0/day (days 6-90) IN; \$350/day (days 1-5), \$0/day (days 6-90) OON
Inpatient Psych Stay	\$425/day (days 1-3), \$0/day (days 4-90) IN; \$500/day (days 1-3), \$0/day (days 4-90) OON	\$425/day (days 1-3), \$0/day (days 4-90) IN; \$500/day (days 1-3), \$0/day (days 4-90) OON
Skilled Nursing Facility	\$0/day (days 1-20); \$188/day (days 21-100) IN; 30% Coinsurance OON	\$0 Copay IN; 30% Coinsurance OON
Home Health	0% Coinsurance for diabetic supplies received via retail or mail order pharmacy limited to Abbott and LifeScan, all other brands covered through a DME Supplier, 20% coinsurance for all other covered diabetic supplies IN; 30% Coinsurance OON	
Diabetic Supplies and Services		
Durable Medical Equipment	OTC \$125 Allowance Once Per Quarter IN/OON	\$75 Allowance Once Per Quarter IN/OON
Meal Benefit	28 Meals/14 Days IN/OON	Not Covered
Onduo	\$0 Onduo Virtual Diabetes Program for Type 2 Diabetes only. Members can see an endocrinologist and receive a glucometer with an unlimited supply of test strips IN	Not Covered
Papa Pals	36 Hours per calendar year IN	Not Covered
Health Care Kits	Diabetes Only Health Care Kit for members with Type 1 and Type 2 Diabetes to help manage their condition	Not Covered
Fitness Benefit	Covered in Full IN; 50% Coinsurance after satisfying a \$500 Deductible OON	
Additional Telehealth Services	Services covered with applicable Copay listed for outpatient	
Part B Drugs	20% Coinsurance IN; 30% Coinsurance OON	
Medicare Covered Vision (Office Visit)	\$0 Copay IN; \$0 Copay OON	\$30 Copay IN; \$30 Copay OON
Routine Vision (Office Visit)	\$0 Copay IN; \$50 Copay OON (1 Every Year)	
Routine Vision (Eyewear)	Standard Eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.	\$30 Copay IN; \$30 Copay OON
Medicare Covered Hearing Exam	\$0 Copay IN; \$0 Copay OON	
Routine Hearing Exam	\$0 Copay IN; \$0 Copay OON (1 Every Year)	\$30 Copay IN; \$30 Copay OON (1 Every Year)
Routine Hearing (Hearing Aids)	2 Hearing Aids Every Year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON	2 Hearing Aids Every Year; TruHearing Advanced - \$699 copay; TruHearing Premium - \$999 copay IN; \$500 allowance OON
Routine Dental	Office Visit: \$15 Copay IN; 30% Coinsurance OON (1 Every Six Months) X-ray: \$15 Copay IN; 30% Coinsurance OON (1 Every Year)	\$30 Copay IN; \$30 Copay OON
Medicare Covered Comprehensive Dental	Restorative Services; Endodontics; Prosthodontics; Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$3500 Allowance IN/OON.	Restorative Services; Endodontics; Prosthodontics; Other Oral/Maxillofacial Surgery, Extractions: 50% Coinsurance with a maximum \$2000 Allowance IN/OON. See EOC for benefit limits.
Comprehensive Dental - Supplemental	See EOC for benefit limits.	
Medicare Covered Chiropractic	\$0 Copay IN; \$0 Copay OON	\$20 Copay IN; \$30 OON
Routine Chiropractic	\$0 Copay IN; \$0 OON (8 visits)	\$20 Copay IN; \$30 OON (8 visits)
Medicare Covered Podiatry	\$0 Copay IN; \$0 Copay OON	\$30 Copay IN; \$30 Copay OON
Routine Podiatry	\$0 Copay IN; \$0 OON (10 visits)	\$30 Copay IN; \$30 OON (10 visits)
Cardiac & Pulmonary Rehab & SET, Partial Hospital, Outpatient Blood		\$0 Copay IN; 30% Coinsurance OON
Formulary	Lean (Performance)	
Initial Coverage Period / Retail	Preferred Retail: Tier 1: \$0, Tier 2: \$5, 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%	Preferred Retail: Tier 1: \$0, Tier 2: \$7, 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%
Initial Coverage (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5: 33%	Tier 1: \$0, Tier 2: \$0, Tier 3: \$120, Tier 4: \$275, Tier 5: 33%
Coverage Gap	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount) Standard Retail: Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)
Coverage Gap (Mail Order: Cost sharing is for up to 90-day supply except Specialty tier (up to 31 days supply))	Part D Senior Savings Model	Greater of: 5% or \$3.95 Gen/Pref. Multi Source or \$9.85 for all others
Catastrophic OOP Threshold: \$7,050		
Part D Senior Savings Model	or mail order pharmacy	Not Covered

# WPA

## Pending CMS Approval

### Freedom Blue PPO, Security Blue HMO-POS, Complete Blue PPO, and Community Blue Medicare HMO In-Network Hospitals

Facility Name	Freedom Blue PPO	Security Blue HMO-POS	Complete Blue PPO	Community Blue Medicare HMO
<b>Allegheny County</b>				
AHN Allegheny General Hospital	✓	✓	✓	✓
AHN Allegheny Valley Hospital	✓	✓	✓	✓
AHN Forbes Hospital	✓	✓	✓	✓
AHN Jefferson Hospital	✓	✓	✓	✓
AHN West Penn Hospital	✓	✓	✓	✓
Heritage Valley Sewickley	✓	✓	✓	✓
Heritage Valley Ohio Valley Hospital	✓	✓	✓	✓
St. Clair Memorial Hospital	✓	✓	✓	✓
UPMC East	✓	✓	✓	
UPMC Magee	✓	✓	✓	
UPMC McKeesport	✓	✓	✓	
UPMC Mercy	✓	✓	✓	
UPMC Passavant	✓	✓	✓	
UPMC Presbyterian	✓	✓	✓	
UPMC Shadyside	✓	✓	✓	
UPMC St. Margaret's	✓	✓	✓	
<b>Armstrong County</b>				
Armstrong County Memorial Hospital	✓	✓	✓	✓
<b>Beaver County</b>				
Heritage Valley Beaver	✓	✓	✓	✓
<b>Bedford County</b>				
UPMC Bedford Memorial	✓	✓	✓	✓
<b>Blair County</b>				
Conemaugh Nason Medical Center	✓	✓	✓	✓
Tyrone Hospital	✓	✓	✓	✓
UPMC Altoona	✓	✓	✓	✓
<b>Butler County</b>				
Butler Memorial Health System	✓	✓	✓	✓
<b>Cambria County</b>				
Conemaugh Memorial Medical Center	✓	✓	✓	✓
Conemaugh Miners Medical Center	✓	✓	✓	✓
<b>Clarion County</b>				
Clarion Hospital	✓	✓	✓	✓
<b>Clearfield County</b>				
Penn Highlands Clearfield	✓	✓	✓	✓
Penn Highlands DuBois	✓	✓	✓	✓
<b>Crawford County</b>				
Meadville Medical Center	✓	✓	✓	✓
Titusville Area Hospital	✓	✓	✓	✓
<b>Elk County</b>				
Penn Highlands Elk	✓	✓	✓	✓
<b>Erie County</b>				
AHN Saint Vincent Hospital	✓	✓	✓	✓
Corry Memorial Hospital	✓	✓	✓	✓
Millcreek Community Hospital	✓	✓	✓	✓
UPMC Hamot	✓	✓	✓	

# WPA (cont'd)

Pending CMS Approval

Freedom Blue PPO, Security Blue HMO-POS, Complete Blue PPO, and Community Blue Medicare HMO In-Network Hospitals

Facility Name	Freedom Blue PPO	Security Blue HMO-POS	Complete Blue PPO	Community Blue Medicare HMO
<b>Fayette County</b>				
Highlands Hospital	✓	✓	✓	✓
WVU Uniontown Hospital	✓	✓	✓	✓
<b>Greene County</b>				
Washington Health System Greene	✓	✓	✓	✓
<b>Huntingdon County</b>				
JC Blair Memorial Hospital	✓	✓	✓	✓
<b>Indiana County</b>				
Indiana Regional Medical Center	✓	✓	✓	✓
<b>Jefferson County</b>				
Penn Highlands Brookville	✓	✓	✓	✓
Punxsutawny Area Hospital	✓	✓	✓	✓
<b>Lawrence County</b>				
UPMC Jameson	✓	✓	✓	✓
<b>McKean County</b>				
Bradford Regional Medical Center	✓	✓	✓	✓
UPMC Kane	✓	✓	✓	✓
<b>Mercer County</b>				
Edgewood Surgical Hospital	✓	✓	✓	✓
AHN Grove City	✓	✓	✓	✓
Sharon Regional Medical Center	✓	✓	✓	✓
UPMC Horizon	✓	✓	✓	✓
<b>Potter County</b>				
UPMC Charles Cole	✓	✓	✓	✓
<b>Somerset County</b>				
Chan Soon-Shiong Medical Center at Windber	✓	✓	✓	✓
Conemaugh Meyersdale Medical Center	✓	✓	✓	✓
UPMC Somerset	✓	✓	✓	✓
<b>Venango County</b>				
UPMC Northwest	✓	✓	✓	✓
<b>Warren County</b>				
Warren General Hospital	✓	✓	✓	✓
<b>Washington County</b>				
Advanced Surgical Hospital	✓	✓	✓	✓
AHN Canonsburg Hospital	✓	✓	✓	✓
Monongahela Valley Hospital	✓	✓	✓	✓
Washington Hospital	✓	✓	✓	✓
<b>Westmoreland County</b>				
Excela Health Frick Hospital	✓	✓	✓	✓
Excela Health Latrobe Hospital	✓	✓	✓	✓
Excela Health Westmoreland Hospital	✓	✓	✓	✓

# CPA & NEPA

Pending CMS Approval

Freedom Blue PPO, Community Blue Medicare PPO, Community Blue Plus PPO, and Community Blue Medicare PPO In-Network Hospitals

Facility Name	Freedom Blue PPO	Community Blue Medicare HMO	Community Blue Plus PPO	Community Blue Medicare PPO
<b>Adams County</b>				
WellSpan Gettysburg Hospital	✓	✓	✓	✓
<b>Berks County</b>				
Penn State Health St. Joseph Medical Center	✓	✓	✓	✓
Reading Hospital	✓		✓	✓
Surgical Institute of Reading	✓		✓	✓
<b>Bradford County</b>				
Guthrie Robert Packer Hospital	✓	✓	✓	✓
Guthrie Towanda Memorial Hospital	✓	✓	✓	✓
Guthrie Troy Community Hospital	✓	✓	✓	✓
<b>Carbon County</b>				
St. Luke's Lehighton Campus	✓		✓	✓
<b>Centre County</b>				
Mount Nittany Medical Center	✓		✓	✓
<b>Clinton County</b>				
Bucktail Medical Center	✓		✓	✓
UPMC Susquehanna Lock Haven	✓		✓	✓
<b>Columbia County</b>				
Berwick Hospital Center	✓	✓	✓	✓
Geisinger Bloomsburg Hospital	✓		✓	✓
<b>Cumberland County</b>				
Penn State Health Holy Spirit Hospital	✓	✓	✓	✓
UPMC Pinnacle Carlisle	✓		✓	✓
UPMC Pinnacle West Shore Campus	✓	✓	✓	✓
<b>Dauphin County</b>				
Penn State Health Milton S. Hershey Medical Center	✓	✓	✓	✓
UPMC Pinnacle Community Osteopathic	✓	✓	✓	✓
UPMC Pinnacle Harrisburg Campus	✓	✓	✓	✓
<b>Franklin County</b>				
Chambersburg Hospital	✓	✓	✓	✓
Waynesboro Hospital	✓	✓	✓	✓
<b>Fulton County</b>				
Fulton County Medical Center	✓		✓	✓
<b>Lackawanna County</b>				
Geisinger Community Medical Center	✓		✓	✓
Moses Taylor Hospital	✓	✓	✓	✓
Regional Hospital of Scranton	✓	✓	✓	✓
<b>Lancaster County</b>				
Lancaster General Hospital	✓	✓	✓	✓
UPMC Pinnacle Lititz	✓		✓	✓
WellSpan Ephrata Community Hospital	✓	✓	✓	✓
<b>Lebanon County</b>				
WellSpan Good Samaritan Hospital	✓	✓	✓	✓
<b>Lehigh County</b>				
Lehigh Valley Coordinated Health Hospital of Allentown	✓	✓	✓	✓
Lehigh Valley Hospital - Cedar Crest	✓	✓	✓	✓
Lehigh Valley Hospital - 17th Street	✓	✓	✓	✓

# CPA & NEPA (cont'd)

Pending CMS Approval

Freedom Blue PPO, Community Blue Medicare PPO, Community Blue Plus PPO, and Community Blue Medicare PPO In-Network Hospitals

Facility Name	Freedom Blue PPO	Community Blue Medicare HMO	Community Blue Plus PPO	Community Blue Medicare PPO
<b>Lehigh County (cont'd)</b>				
St. Luke's Sacred Heart Hospital	✓		✓	✓
St. Luke's Hospital Allentown	✓		✓	✓
<b>Luzerne County</b>				
Lehigh Valley Hospital - Hazleton	✓	✓	✓	✓
Wilkes-Barre General Hospital	✓	✓	✓	✓
<b>Lycoming County</b>				
Geisinger Jersey Shore Hospital	✓		✓	✓
UPMC Susquehanna Divine Providence Hospital	✓	✓	✓	✓
UPMC Susquehanna Muncy	✓	✓	✓	✓
UPMC Susquehanna: Williamsport Regional Medical Center	✓	✓	✓	✓
<b>Mifflin County</b>				
Geisinger Lewistown Hospital	✓		✓	✓
<b>Montour County</b>				
Geisinger Medical Center			✓	
<b>Monroe County</b>				
Lehigh Valley Hospital - Pocono	✓	✓	✓	✓
<b>Northampton County</b>				
Lehigh Valley Coordinated Health Hospital of Bethlehem	✓	✓	✓	✓
St. Luke's Easton Campus	✓		✓	✓
Lehigh Valley Hospital - Muhlenberg	✓	✓	✓	✓
St. Luke's Bethlehem Campus	✓		✓	✓
<b>Northumberland County</b>				
Geisinger Shamokin Area Community Hospital	✓		✓	✓
<b>Schuylkill County</b>				
Lehigh Valley Hospital - Schuylkill E. Norwegian Street	✓	✓	✓	✓
Lehigh Valley Hospital - Schuylkill S. Jackson	✓	✓	✓	✓
St. Luke's Miners Memorial Hospital	✓		✓	✓
Geisinger St. Luke's Hospital	✓		✓	✓
<b>Susquehanna County</b>				
Barnes-Kasson County Hospital	✓		✓	✓
Endless Mountains Health Systems	✓	✓	✓	✓
<b>Tioga County</b>				
UPMC Susquehanna Soldiers + Sailors	✓	✓	✓	✓
<b>Union County</b>				
Evangelical Community Hospital	✓			
<b>Wayne County</b>				
Wayne Memorial Hospital	✓	✓	✓	✓
<b>Wyoming County</b>				
Tyler Memorial Hospital	✓	✓	✓	✓
<b>York County</b>				
OSS Health Orthopaedic Hospital	✓		✓	✓
UPMC Pinnacle Hanover	✓		✓	✓
UPMC Pinnacle Memorial	✓		✓	✓
WellSpan Surgery and Rehabilitation Hospital	✓	✓	✓	✓
WellSpan York Hospital	✓	✓	✓	✓



Pending CMS Approval

Freedom Blue PPO In-Network Hospitals

Facility Name	Freedom Blue PPO County
Broaddus Hospital	Barbour
WVU Medicine - Berkeley Medical Center	Berkeley
Boone Memorial Hospital	Boone
WVU Medicine - Braxton County Memorial Hospital	Braxton
Acuity Specialty Hospital of Ohio Valley - Weirton	Brooke
Weirton Medical Center	Brooke
Cabell Huntington Hospital	Cabell
River Park Hospital	Cabell
St. Mary's Medical Center	Cabell
Minnie Hamilton Health Center	Calhoun
Montgomery General Hospital	Fayette
Plateau Medical Center	Fayette
Grant Memorial Hospital	Grant
Greenbrier Valley Medical Center	Greenbrier
Valley Health - Hampshire Memorial Hospital	Hampshire
WVU Medicine - United Hospital Center	Harrison
WVU Medicine - Highland-Clarksburg Hospital	Harrison
WVU Medicine - Jackson General Hospital	Jackson
WVU Medicine - Jefferson Medical Center	Jefferson
Charleston Area Medical Center	Kanawha
Charleston Surgical Hospital	Kanawha
Saint Francis Hospital	Kanawha
Select Specialty Hospital - Charleston	Kanawha
Thomas Memorial Hospital	Kanawha
Stonewall Jackson Memorial Hospital	Lewis
Logan Regional Medical Center	Logan
WVU Medicine - Fairmont Medical Center	Marion

Facility Name	Freedom Blue PPO County
WVU Medicine - Reynolds Memorial Hospital	Marshall
Pleasant Valley Hospital	Mason
WVU Medicine - Princeton Community Hospital	Mercer
WVU Medicine - Potomac Valley Hospital	Mineral
Mon Health Medical Center	Monongalia
WVU Medicine - Chestnut Ridge Center	Monongalia
WVU Medicine - Children's Hospital	Monongalia
WVU Medicine - J.W. Ruby Memorial Hospital	Monongalia
Valley Health - War Memorial Hospital	Morgan
WVU Medicine - Summersville Regional Medical Center	Nicholas
Acuity Specialty Hospital of Ohio Valley - Wheeling	Ohio
WVU Medicine - Wheeling Hospital	Ohio
Pocahontas Memorial Hospital	Pocahontas
Mon Health Preston Memorial Hospital	Preston
Charleston Area Medical Center Teays Valley Hospital	Putnam
Beckley ARH Hospital	Raleigh
Raleigh General Hospital	Raleigh
Davis Medical Center	Randolph
Roane General Hospital	Roane
Summers County ARH Hospital	Summers
Grafton City Hospital	Taylor
Sistersville General Hospital	Tyler
WVU Medicine - St. Joseph's Hospital	Upshur
Webster County Memorial Hospital	Webster
WVU Medicine - Wetzel County Hospital	Wetzel
WVU Medicine - Camden Clark Medical Center	Wood



# DE

## Pending CMS Approval

### Freedom Blue PPO In-Network Hospitals

Facility Name	Freedom Blue PPO
	County
Bayhealth Hospital - Kent Campus	KENT
ChristianaCare - Christiana Hospital	NEW CASTLE
ChristianaCare - Wilmington Hospital	NEW CASTLE
Delaware Psychiatric Center	NEW CASTLE
Nemours/Alfred I. duPont Hospital for Children	NEW CASTLE
Saint Francis Hospital	NEW CASTLE
Select Specialty Hospital - Wilmington	NEW CASTLE
Bayhealth Hospital - Sussex Campus	SUSSEX
Beebe Medical Center	SUSSEX
TidalHealth - Nanticoke Hospital	SUSSEX



---

SECTION IX:

# Additional Enrollment Resources

for Part B and Part D, IRMAA, PACE/PACENET

# Part B and D IRMAA

## What is the Part B and Part D Income Related Monthly Adjusted Amount (IRMAA)?

If your client or prospective client has a higher income, the law requires an adjustment to their monthly premiums for Medicare Part B (medical insurance) and Medicare Part D (prescription drug coverage). This adjustment is known as the Income Related Monthly Adjustment Amount (IRMAA). IRMAA is paid directly to Medicare, it is not part of the plan premium. Your client will be notified by Social Security if IRMAA is applicable. The following table is the most current information available as of the date of publication of this guide. Please note that the standard premium for 2021 is \$148.50.

File individual tax return*	File joint tax return*	File married and separate tax return*	Part B Monthly Premium Increase	Part D Monthly Premium Increase
\$88,000 or less	\$176,000 or less	\$88,000 or less	\$0	Plan premium
Above \$88,000 up to \$111,000	Above \$176,000 up to \$222,000	Not Applicable	\$59.40	\$12.30
Above \$111,000 up to \$138,000	Above \$222,000 up to \$276,000	Not Applicable	\$148.50	\$31.80
Above \$138,000 up to \$165,000	Above \$276,000 up to \$330,000	Not Applicable	\$237.60	\$51.20
Above \$165,000 up to \$500,000	Above \$330,000 up to \$750,000	Above \$88,000 up to \$412,000	\$326.70	\$70.70
\$500,000 and above	\$750,000 and above	\$412,000 and above	\$356.40	\$77.10

\*Based on 2019 filing for 2021 calendar year.

## Medicare Advantage and Part D Election Periods

**Initial Election Period (IEP)** is the period during which an individual may make an initial election to enroll in an MA plan.

**Annual Election Period (AEP)** is the period when an individual may enroll or disenroll from an MA plan.

**Special Election Period (SEP)** is a time frame that allows some individuals to enroll in an MA plan outside of the IEP and AEP if they meet certain requirements. A few examples are people who are eligible for extra help in paying for their Medicare prescription, such as if they qualify for Low Income Subsidy (LIS) or Programs of All-Inclusive Care for the Elderly (PACE), or people who have lost their employer group coverage or relocated outside the plan’s service area.

**Open Enrollment Period (OEP)** is a time frame that allows an individual enrolled in a Medicare Advantage plan\* a one-time opportunity to:

- Switch to a different Medicare Advantage plan.
- Drop their Medicare Advantage plan and return to Original Medicare, Part A and Part B.
- Sign up for a stand-alone Medicare Part D Prescription Drug plan (if they return to Original Medicare).

	Part C (Medicare Advantage plans)	Part D (Prescription Drug plans)	Plans Available		
			MA/MA-PD	PDP	Medigap
<b>IEP</b>	Once per lifetime	Starts 3 months before and ends 3 months after month of eligibility – total 7 months	X	X	X
<b>AEP</b>	Oct. 15 to Dec. 7	Oct. 15 to Dec. 7	X	X	X
<b>SEP</b>	All year	All year	X	X	X
<b>OEP*</b>	Jan. 1 to March 31		X	X	X

*\*Individuals enrolled in Original Medicare, a cost plan, or other plan types are not eligible to use OEP to enroll in an MA plan. Individuals enrolled in a Part D only plan are not eligible to make changes during OEP.*

# PACE/PACENET

## What is PACE/PACENET Coverage?

The Pharmaceutical Assistance Contract for the Elderly or PACE program is a lottery-funded program that provides prescription drug coverage to Pennsylvania residents, ages 65 and older, who meet the program's income requirements:

	Single Income Limit	Married Income Limit	Copay Generic	Copay Single-Source Brand
PACE	\$14,500	\$17,700	\$6	\$9
PACENET	\$14,500 – \$27,500	\$17,700 – \$35,500	\$8	\$15

## PACE FAQs

### Q: If I am enrolled in a Highmark Part D plan, will I still use my PACE or PACENET card?

Yes, show both cards at the pharmacy. This will let your pharmacist know to bill Highmark first and bill PACE or PACENET second. It will also let your pharmacist know that you are entitled to all of the drugs that are available under PACE and PACENET.

### Q: Will my copayments be higher with PACE/PACENET and Highmark Part D plan?

No, not for medications that are covered by PACE/PACENET. If your Highmark plan charges higher copayments than you were paying under PACE/PACENET, the program will pay the difference if the pharmacy has the capability to bill more than one payer for a prescription claim. If you are taking medications that are not covered by PACE/PACENET, you will pay the Highmark plan's copay for those drugs. If you run into any confusion at the pharmacy, call the program's toll-free number at 1-800-225-7223 while you're still at the pharmacy.

### Q: What happens if my Highmark plan charges lower copayments than PACE/PACENET?

You will pay the lower copayments when the Part D plan pays for medication.

### Q: Many Highmark Part D plans stop their coverage after you reach a certain dollar limit. This is referred to as the "donut hole" or "coverage gap." How will this work if I have PACE/PACENET?

You will not experience a "donut hole" or period of time when you have no prescription drug coverage. Instead, the PACE/PACENET program will fill in the gaps for covered medications, so that you can continue to get your prescriptions by only paying the PACE/PACENET copays.

**Q: What happens if my Highmark Part D plan doesn't cover all of the drugs that PACE/PACENET covers?**

If your Part D plan has a restrictive drug formulary, PACE/PACENET will cover your prescription medications or work directly with the plan to process a prior authorization on your behalf so the drugs will be covered by your Part D plan.

**Q: Can I go to any pharmacy I choose if I am in PACE and Medicare Part D?**

No. You must use the pharmacies that are in your Highmark Part D plan's network. If you decide to change pharmacies, check with your new pharmacy to make sure they participate in your Highmark Part D plan and PACE.

**Q: If my Part D plan offers a mail-order service, can I use it?**

Yes. However, the mail-order pharmacy must participate with the PACE Program in order for the program to help pay for your extra copayments. Please have your doctors verify if the mail-order pharmacy is in the PACE network prior to submitting prescriptions for processing. Also, when you receive a three-month supply of your drug(s) by mail, you will pay up to three PACE/PACENET copayments at once. For example, a PACE cardholder would pay up to \$18 for a 90-day supply of generic medications.

# Low Income Subsidy (LIS)

The Low Income Subsidy (LIS) helps people with Medicare pay for prescription drugs, and lowers the costs of Medicare prescription drug coverage.

The resource limits used to determine eligibility for the Low Income Subsidy (LIS) are as follows:

LIS Level	Marital Status	2021 LIS Resource Limit
Full Subsidy LIS	Single	\$9,470
	Married	\$14,960
All Other LIS	Single	\$14,790
	Married	\$29,520

The maximum LIS beneficiary cost-sharing table is as follows:

Low-Income Subsidy Category	Deductible	Copayment up to Out-of-Pocket Threshold*	Copayment Above Out-of-Pocket Threshold*
Institutionalized Full-Benefit Dual Eligible; or Beneficiaries Receiving Home and Community-Based Services	\$0	\$0	\$0
Full-Benefit Dual Eligible ≤ 100% Federal Poverty Level (FPL)	\$0	\$1.30 generic, \$4.00 brand	\$0
Full-Benefit Dual Eligible > 100% FPL; or Medicare Saving Program Participant; or SSI (but not Medicaid) Recipient; or Applicant < 135% FPL	\$0	\$3.70 generic, \$9.20 brand	\$0
Applicant < 135% FPL	\$0	\$3.70 generic, \$9.20 brand	\$0
Applicant < 150% FPL	\$92	15%	\$3.70 generic, \$9.20 brand



# Frequently Asked Questions

## **Q: How can I get a \$0 copay for lab work?**

If the provider processes the lab work on-site or sends the lab work to a freestanding lab such as Quest Diagnostics or LabCorp, then there will be a \$0 copay. However, if the lab work is sent to an outpatient facility, then the applicable copay applies.

## **Q: What is the difference between the Freedom Blue PPO and Complete Blue PPO networks in western PA?**

The Freedom Blue PPO and Complete Blue PPO doctor and hospital networks are the same, whereas the Complete Blue PPO ancillary network used for services such as Durable Medical Equipment and Skilled Nursing Facilities utilizes our enhanced value network.

## **Q: A client would like me to be their agent of record (AOR). How do I request this change?**

Our policy is that an agent is only added by being the agent who enrolls the client in their current plan. Unless your client completes a new app for new plan changes, an AOR update cannot be made.

## **Q: My new client is still receiving invoices despite signing up for electronic funds transfer (EFT)?**

EFT takes approximately 45 – 60 days to be set up. Meanwhile, your client will need to continue paying invoices until they receive notice that EFT is starting deductions.

## **Q: Why did my client receive a letter that their Social Security Premium Withholding was rejected?**

Social Security Premium Withhold request cannot submit retroactive Premium Withhold start dates. If the request for Premium Withholding is approved, it will start within the next two months. Please keep in mind that members are responsible for paying directly for all premiums due from their enrollment effective date until the month in which Premium Withhold begins. Failure to pay premiums for months in which Premium Withholding is not in effect may result in disenrollment.

# Tips for Using the Online Provider Search Tool

## Q: How do I locate the provider search tool?

**medicare.highmark.com**

At the bottom of the homepage, you will find useful links such as **Find a Provider** and **Find a Dentist**. The dental link will automatically link you to the National Medicare Advantage dental search. Please note, the vision link is for a medical specialist (ophthalmologist). If you are looking for a routine vision provider, please see **davisvision.com**.

## Q: Why am I only finding one or a few of the providers from a practice and not the actual provider my client sees?

If you find the practice itself or other providers at that location, you can consider all providers at the practice/location as participating.

## Q: How do I find providers outside of the Highmark sales region?

**provider.bcbs.com**

Choose a location and a plan. From there, you will be asked for the alpha prefix. To bypass, select **Browse a list of plans**. For PA, you can use PA Highmark Blue Shield or PA Highmark Blue Cross Blue Shield. For WV, use WV Highmark Blue Cross Blue Shield. From there, you can search for providers available through our Travel Program.

## Q: Where do I find providers from the five Philadelphia counties?

Use **provider.bcbs.com**. These counties are considered out of the area.

## Q: Is Johns Hopkins in your network?

No, there is not a current network available to us in Maryland. Members would be able to use their out-of-network benefits.

## Q: Why am I having trouble locating routine vision and dental providers?

An optometrist for routine vision can be found at **davisvision.com**. Routine dental providers can be found at **unitedconcordia.com**.

## Q: What is the dental network?

All plans that include dental coverage (Whole Health Balance as well) use the National Medicare Advantage network through United Concordia.

# Agent Sales Checklist

- Identify yourself as a Highmark licensed sales agent and have your name badge displayed.
- Confirm the Scope of Appointment was completed prior to the start of the meeting.
- Explain that in order to enroll in a Medicare Advantage plan, members must be enrolled in Medicare and continue to pay Part B premium.
- Describe Original Medicare and how it works when enrolled in a Medicare Advantage plan.
- Accurately describe the plans' deductibles, copays, coinsurance, OOP max.
- Accurately describe the copays and deductibles for drugs under Part D.
- Fully explain the cost of prescriptions during the coverage gap and catastrophic coverage period.
- Explain that certain prescription drugs have restrictions such as prior authorizations or quantity limits.
- Discuss the differences between MA and Medicare Supplement plans.
- Ensure the beneficiary(s) understood each plan(s) network and how they work.
- Explain how to locate a provider using the provider directory and/or provider website.
- Explain how to check if drugs are covered in the formulary.
- Review the Star Rating for all applicable plans.
- Describe the different enrollment periods including AEP, MAPD, and possible SEPs.
- Avoid making absolute statements.
- Avoid scare tactics.
- Avoid cross-selling of non-health products.
- Avoid using unapproved marketing material.

# Medical Underwriting Guidelines

## Medigap Blue — Pennsylvania Updated Underwriting Guidelines

### Health questions to determine eligibility — Pennsylvania

Prior to approving an application for enrollment, Highmark reserves the right to review previous and current applications for coverage as well as claims history.

The following questions, if answered “yes,” will result in a member not being eligible for a Medigap Blue plan.

- Were you enrolled in Medicare prior to age 65 due to a disability?
- Are you now or have you been advised in the next year to be any of the following?
  - Admitted as an inpatient to a hospital
  - Confined to a nursing facility for other than short-term rehabilitation
  - Paralyzed, bedridden, or confined to a wheelchair
  - Receiving dialysis
- Within the past two years, have you been diagnosed or treated (including prescription drugs) for any of the following conditions? Do not include any genetic information, such as family medical history or any information related to genetic testing, services, or counseling.
  - Cancer (other than skin cancer), leukemia, lymphoma, melanoma
  - Heart, coronary, or carotid artery disease (not including high blood pressure), heart attack, aneurysm, congestive heart failure or any other type of heart failure, enlarged heart, stroke, transient ischemic attacks (TIA), or hemophilia
  - Bone marrow or other organ transplant
  - ALS (Lou Gehrig’s disease), multiple sclerosis (MS), Parkinson’s, systemic lupus erythematosus (SLE), Alzheimer’s, or dementia
  - AIDS, AIDS-related complex (ARC), or tested positive for HIV
  - Chronic renal disease such as ESRD
- Have you been advised to have a joint replacement in the next year, or have you received a joint replacement within the past six months?

## Health questions to determine eligibility — Pennsylvania (cont.)

The following questions help determine rate.

If answer is “no” to the following questions, the application is approved at the preferred rate, unless the BMI is 40 or greater. If BMI is 40 or greater, the application is approved at the standard rate.

- Have you been diagnosed, received treatment (including prescription drugs), or had any of the following conditions?

- **Heart conditions**

- » Heart rhythm disorders

- **Lung conditions**

- » Chronic obstructive pulmonary disease (COPD)
- » Emphysema

- **Liver conditions**

- » Cirrhosis of the liver
- » Hepatitis C

- **Diabetes**

- » Type I or Type II

- **Eye conditions**

- » Macular degeneration

- **Gastrointestinal conditions**

- » Chronic pancreatitis
- » Esophageal varices
- » Ulcerative colitis

- **Musculoskeletal conditions**

- » Amputation due to disease
- » Rheumatoid arthritis
- » Spinal stenosis
- » Degenerative disk or herniated disk
- » Osteoporosis

- **Psychological/mental conditions**

- » Bipolar or manic depressive
- » Schizophrenia

- **Substance abuse**

- » Alcohol abuse or alcoholism
- » Drug abuse or use of illegal drugs

- Within the past two years, have you ever:

- Been hospitalized or had inpatient surgery?
- Smoked cigarettes or used any tobacco product?

**If a “yes” answer is provided for any of these questions, the application is approved at the standard rate.**

**If a “yes” answer is provided for the tobacco question and there is one or more “yes” answers in these questions, the application is denied.**

**If applicant answers “no” to these questions, with exception of “yes” answer to the tobacco question and the applicant’s BMI is 40 or greater, the application is denied.**

**If all answers are “no” and the tobacco question is answered “yes” and the applicant’s BMI is less than 40, the application is approved at the standard rate.**

## Medigap Blue — West Virginia Updated Underwriting Guidelines

### Health questions to determine eligibility — West Virginia

Prior to approving an application for enrollment, Highmark reserves the right to review previous and current applications for coverage as well as claims history.

#### The following questions help determine rate.

The following questions, if answered “yes,” will result in a member not being eligible for a Medigap Blue plan.

- Were you enrolled in Medicare prior to age 65 due to a disability?
- Are you now or have you been advised in the next year to be any of the following?
  - Admitted as an inpatient to a hospital
  - Confined to a nursing facility for other than short-term rehabilitation
  - Paralyzed, bedridden, or confined to a wheelchair
  - Receiving dialysis
- Within the past two years, have you been diagnosed or treated (including prescription drugs) for any of the following conditions? Do not include any genetic information, such as family medical history or any information related to genetic testing, services, or counseling.
  - Cancer (other than skin cancer), leukemia or lymphoma, melanoma
  - Heart, coronary, or carotid artery disease (not including high blood pressure), heart attack, aneurysm, congestive heart failure or any other type of heart failure, enlarged heart, stroke, transient ischemic attacks (TIA), hemophilia, or heart rhythm disorders
  - Diabetes
  - Chronic obstructive pulmonary disease (COPD), emphysema
  - Bone marrow or other organ transplant
  - ALS (Lou Gehrig’s disease), multiple sclerosis (MS), Parkinson’s, systemic lupus erythematosus (SLE), Alzheimer’s, or dementia
  - AIDS, AIDS-related complex (ARC), or tested positive for HIV

- Hepatitis C
- Chronic pancreatitis, esophageal varices, or ulcerative colitis
- Chronic renal disease such as ESRD
- Bipolar, manic depressive, schizophrenia, or psychological illness requiring hospitalization
- Have you been advised to have a joint replacement in the next year, or have you received a joint replacement within the past six months?

#### Responses to the following questions will be collected, but will not affect the outcome of the review.

- Have you been diagnosed, received treatment (including prescription drugs), or had any of the following conditions?
  - **Musculoskeletal conditions**
    - » Amputation due to disease
    - » Rheumatoid arthritis
    - » Spinal stenosis
    - » Degenerative disk or herniated disk
    - » Osteoporosis
  - **Liver conditions**
    - » Cirrhosis of the liver
  - **Eye conditions**
    - » Mascular degeneration
- Within the past two years, have you ever:
  - Been hospitalized or had inpatient surgery?
  - Smoked cigarettes or used any tobacco product?

If the applicant’s BMI is greater than 40, **the application is denied.**

## Medigap Blue – Delaware Underwriting Guidelines

### Health questions to determine eligibility – Delaware

Prior to approving an application for enrollment, Highmark reserves the right to review previous and current applications for coverage as well as claims history.

**The following questions, if answered “yes,” will result in a member not being eligible for a Medigap Blue plan.**

- Were you enrolled in Medicare prior to age 65 due to a disability?
- Are you now or have you been advised in the next year to be any of the following?
  - Admitted as an inpatient to a hospital
  - Confined to a nursing facility for other than short-term rehabilitation
  - Paralyzed, bedridden, or confined to a wheelchair
  - Receiving dialysis
- Within the past two years, have you been diagnosed or treated (including prescription drugs) for any of the following conditions? Do not include any genetic information, such as family medical history or any information related to genetic testing, services, or counseling.
  - Cancer (other than skin cancer), leukemia, lymphoma, melanoma
  - Heart, coronary, or carotid artery disease (not including high blood pressure), heart attack, aneurysm, congestive heart failure or any other type of heart failure, enlarged heart, stroke, transient ischemic attacks (TIA), or hemophilia
  - Bone marrow or other organ transplant
  - ALS (Lou Gehrig’s disease), multiple sclerosis (MS), Parkinson’s, systemic lupus erythematosus (SLE), Alzheimer’s, or dementia
  - AIDS, AIDS-related complex (ARC), or tested positive for HIV
- Chronic renal disease such as ESRD
- Cirrhosis of the liver, hepatitis C
- Chronic obstructive pulmonary disease (COPD), emphysema
- Alcohol abuse or alcoholism, drug abuse or use of illegal drug
- Bipolar or manic depressive, schizophrenia, psychological illness requiring hospitalization
- BMI greater than 40
- Have you been advised to have a joint replacement in the next year, or have you received a joint replacement within the past six months?

### The following determines rate.

- If the answer to tobacco usage in the past 12 months is “yes,” a 25% surcharge will be added to the premium.

# Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or their authorized representative.

**Please initial below beside the type of product(s) you want the agent to discuss.**

## Stand-alone Medicare Prescription Drug plans (Part D)

**Medicare Prescription Drug Plan (PDP)** – A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

## Medicare Advantage plans (Part C)

**Medicare Health Maintenance Organization (HMO)** – A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) plan** – A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

## Medicare Supplement plans (Medigap)

**Medicare Supplement (Medigap) plan** – A Medicare Supplement Insurance (Medigap) policy, sold by private companies, can help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance, and deductibles.

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, impact your current or future enrollment status, or enroll you in a Medicare plan.



**Beneficiary or Authorized Representative Signature and Signature Date:**

Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

*If you are the authorized representative, please sign above and print below:*

Representative's Name: \_\_\_\_\_

Your Relationship to the Beneficiary: \_\_\_\_\_

**To be completed by Agent:**

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
[Plan Use Only:]	

\*Scope of Appointment documentation is subject to CMS record retention requirements

If the form was signed by the beneficiary at time of appointment, the Agent MUST provide an explanation why the SOA was not documented prior to meeting on the lines provided below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Y0037\_15\_0594 Accepted

*Highmark Senior Health Company, Highmark Choice Company and Highmark Senior Solutions Company are Medicare Advantage plans with a Medicare contract. HM Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in Highmark Senior Health Company, Highmark Choice Company, Highmark Senior Solutions Company and HM Health Insurance Company depends on contract renewal.*

# Highmark Senior Markets

Senior Markets Producer Hotline . . . . . **1-800-652-9459**  
 (Option 1 — Application Status, Benefit, Claims, Rx, and Provider Network questions — M – F, 8 a.m. – 5 p.m.)  
 (Option 2 — Commissions, Training, Online Agent, and Producer Portal questions — M – F, 8 a.m. – 4 p.m.)

Senior Markets Producer Enrollment . . . . . **1-866-673-9112**  
 Senior Markets Producer Enrollment Application Fax Line . . . . . **1-888-663-0258**

*Note: Enrollment submissions must be faxed to this number within 48 hours of receipt. Enrollment may also be submitted online.*

Senior Markets Broker Support Email Addresses:

Application Status, Benefit, Claims, Rx, and Provider Network questions . . . . . **PRODEM@highmark.com**  
 Commissions, Training, Online Agent, and Producer Portal questions . . . . . **highmarkseniormarkets@highmark.com**

Highmark Website . **highmarkbcbs.com, highmarkblueshield.com, highmarkbcbswv.com** or **highmarkbcbsde.com**

Highmark Producer Portal . . . . . **producer.highmark.com**

Senior Markets Broker Support Email . . . . . **HighmarkSeniorMarkets@highmark.com**

Highmark Integrity Office . . . . . **1-800-985-1056**

Highmark Integrity Office Email . . . . . **Integrity@highmark.com**

## Highmark Customer Service

Prospective Members . . . . . **1-866-682-7968**  
 Community Blue Medicare HMO . . . . . **1-888-234-5397**  
 Community Blue Medicare PPO . . . . . **1-888-757-2946**  
 Security Blue HMO-POS . . . . . **1-800-935-2583**  
 Complete Blue PPO . . . . . **1-866-588-6967**  
 Freedom Blue PPO (PA) . . . . . **1-800-550-8722**  
 Freedom Blue PPO (WV) . . . . . **1-888-459-4020**  
 Blue Rx PDP . . . . . **1-800-290-3914**  
 Medigap Blue . . . . . **1-800-345-7808**  
 Blues On Call . . . . . **1-888-258-3428**  
 PALS . . . . . **1-800-988-0706**  
 SilverSneakers . . . . . **1-888-423-4632**  
 Charge it Blue (Premium payments by phone) . . . . . **1-800-472-2738**

**APPENDIX F: HIGHMARK SENIOR MARKETS**

**Community Resources**

MEDICARE . . . . . **800-MEDICARE**  
(TTY: 1-877-486-2048), available 24 hours a day, 7 days a week

Social Security Administration . . . . . **1-800-772-1213**  
(TTY: 1-800-325-0778), available 7 a.m. – 7 p.m., Monday – Friday

PACE or PACENET . . . . . **1-800-225-7223**  
(TTY: 1-800-222-9004), available 9 a.m. – 5 p.m., Monday – Friday

Apprise . . . . . **1-800-783-7067**

Partnership for Prescription Assistance. . . . . **1-888-477-2669**

Railroad Retirement Office . . . . . **1-877-772-5772**

Veteran’s Affairs . . . . . **1-800-827-1000**

# Glossary

<b>Applicable Law</b>	Means any local, state and federal laws, statutes, regulations, rules, codes, ordinances, orders, decisions, licensing requirement, regulatory guidance, pronouncements, and instructions, declarations, decrees, directives, legislative enactments, other binding restrictions or requirements of or by any governmental authority, any interpretation of any of the foregoing by a governmental authority having jurisdiction or authority or any modified or supplemented version of the foregoing items, which applies to or affects the services provided or the other obligations of the parties hereunder. "Applicable Law" includes but is not limited to HIPAA, the regulations, guidance and instructions issued by CMS (including but not limited to the MMG), the Medicare Improvement for Patients and Providers Act, the False Claims Act (31 U.S.C. §§ 3729 et seq.), the anti-kickback statute (42 U.S.C. § 1320a-7b(b), Section 1557 of the Patient Protection and Affordable Care Act, TCPA and state and federal laws applicable to telemarketing, and laws or regulations applicable to insurers, agents and brokers.
<b>BPM</b>	Broad Performance Medicare Network
<b>CMS</b>	The Centers for Medicare & Medicaid Services. The federal agency who administers the Medicare Program.
<b>Field Agent Guide</b>	A confidential and proprietary document developed exclusively for Highmark Field Agents.
<b>Highmark</b>	Collectively refers to "Highmark Inc.," d/b/a "Highmark Blue Cross Blue Shield" in the 42 counties of western and northeastern Pennsylvania, d/b/a "Highmark Blue Shield," elsewhere in the state; "Highmark West Virginia Inc., d/b/a Highmark Blue Cross Blue Shield West Virginia", and "Highmark BCBSD Inc., d/b/a "Highmark Blue Cross Blue Shield Delaware."
<b>HMO</b>	Health Maintenance Organization
<b>Medicare</b>	Health insurance provided by the U.S. government for people over 65, or for some disabled persons.
<b>MPVN</b>	Medicare Preferred Value Network
<b>PDP</b>	Prescription Drug Plan (Part D)
<b>PPO</b>	Preferred Provider Plan (Part C)
<b>Producer Portal</b>	The website you will use to enroll Medicare clients online, check the status of applications, order customized enrollment kits, request CMS approved marketing materials, view and download important documents, and view the most recent version of this Field Guide.
<b>Ready to Sell</b>	Trained, passed a background check, not on any exclusion lists, have an active state license, and have been appointed by Highmark to sell our products.
<b>We and Us</b>	Highmark
<b>You and yours</b>	You, the reader



