

What kind of extra-extras do you get with Whole Health Balance?

A bunch. Trust us.

And all these bonus benefits could be yours for one low monthly fee. Check them out below.



Dental

- \$30 biannual dental exams
- \$25 copay on routine dental X-rays (1 per year)



Hearing

- \$40 annual hearing exams
- \$699 copay for TruHearing advanced hearing aids
- \$999 copay for premium hearing aids



Vision

- \$0 annual vision exam and contact lens fitting
- \$0 standard frames and lenses or contacts; \$100 allowance for non-standard



Fitness

- SilverSneakers® exercise membership with access to more than 13,000 fitness centers nationwide

If there's a plan that fits better, we'll help you find it.

We promise that we'll always be here to make sure you've got the right fit plan.

- Call **1-844-346-9575** (8 a.m. – 8 p.m., seven days a week, TTY users call 711)
- Get one-on-one attention at a location of your choice with a Highmark Personal Medicare Advisor.
- Go to [YourHighmarkPlan.com](https://www.yourhighmarkplan.com)

TruHearing is a registered trademark of TruHearing, Inc.

SilverSneakers is a registered mark of Tivity Health, Inc. Tivity Health, Inc. is a separate company that administers the SilverSneakers program.

Medigap Blue is a service mark of the Blue Cross Blue Shield Association.

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

Let's look at your options for a 2020 Medigap Blue Plan.



**Medigap Blue Plan
Comparison Guide 2020**



		Highmark Blue Cross Blue Shield Delaware Medigap Blue Plan Comparison								
		Medicare	Available to all Medicare-eligible beneficiaries*					Only available to those who were first eligible for Medicare before January 1, 2020*		
			Plan A	Plan B	Plan D	Plan G	Plan N	Plan C	Plan F	Plan F HD
Services		Medicare Pays:	You Pay:				You Pay:			
Plan Deductible		—	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,340
Hospitalization	Days 1-60	All but \$1,408 (Part A Ded.)	\$1,408	\$0	\$0	\$0	\$0	\$0	\$0	\$0 after plan ded.
	Days 61-90	All but \$352/day	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 after plan ded.
	Days 91 and after: Using 60 lifetime reserve days	All but \$704/day	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 after plan ded.
	After lifetime reserve days, additional 365 days	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 after plan ded.
	Beyond additional 365 days	\$0	All costs	All costs	All costs	All costs	All costs	All costs	All costs	All costs
Skilled nursing	Days 1-20	All approved amounts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Days 21-100	All but \$176/day	\$176/day	\$176/day	\$0	\$0	\$0	\$0	\$0	\$0 after plan ded.
	Days 101 and after	\$0	All costs	All costs	All costs	All costs	All costs	All costs	All costs	All costs
Medical expenses Including physician office visits, surgery, supplies, diagnostic tests and physical and speech therapy	First \$198 of Medicare approved amounts	\$0	\$198 (Part B Ded.)	\$198 (Part B Ded.)	\$198 (Part B Ded.)	\$198 (Part B Ded.)	\$198 (Part B Ded.)	\$0	\$0	\$0 after plan ded.
	Office visits	\$0	\$198 (Part B Ded.)	\$198 (Part B Ded.)	\$198 (Part B Ded.)	\$198 (Part B Ded.)	Lesser of \$20 copay or Part B coinsurance	\$0	\$0	\$0 after plan ded.
	Emergency Room visits	\$0	\$198 (Part B Ded.)	\$198 (Part B Ded.)	\$198 (Part B Ded.)	\$198 (Part B Ded.)	Lesser of \$50 copay or Part B coinsurance	\$0	\$0	\$0 after plan ded.
	Remainder of Medicare approved amounts	Generally 80%	\$0	\$0	\$0	\$0	Other expenses: \$0	\$0	\$0	\$0 after plan ded.
Part B excess charges	(Above Medicare approved amounts)	\$0	All costs	All costs	All costs	\$0	All costs	All costs	\$0	\$0 after plan ded.
Home health care	Medically necessary skilled care services and supplies	100%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Durable medical equipment	First \$198 of Medicare approved amounts	\$0	\$198 (Part B Ded.)	\$198 (Part B Ded.)	\$198 (Part B Ded.)	\$198 (Part B Ded.)	\$198 (Part B Ded.)	\$0	\$0	\$0 after plan ded.
	Remainder of Medicare approved amounts	80%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 after plan ded.
Foreign travel	First \$250 each calendar year	\$0	All costs	All costs	\$250	\$250	\$250	\$250	\$250	\$250
	Charges up to \$50,000 lifetime maximum	\$0	All costs	All costs	20%	20%	20%	20%	20%	20%
	Charges after \$50,000 lifetime maximum	\$0	All costs	All costs	All costs	All costs	All costs	All costs	All costs	All costs
Prescription Drugs	Prescription Drugs	Not covered	Not covered - discount only.				Not covered - discount only.			