



2020
PRODUCT

SNEAK PEEK





2020 PRODUCT

HIGHLIGHTS

- **NEW** \$0 PPO in Northwest PA
- **NEW** \$0 PPO in CPA/NEPA
- \$20 Part B Premium Buy Back on \$0 PPO in Lancaster County
- Added Comprehensive Dental and OTC benefits to select plans
- Extended Contract With UPMC for Security Blue HMO-POS and Freedom Blue PPO Plans



**Nationally
Recognized**

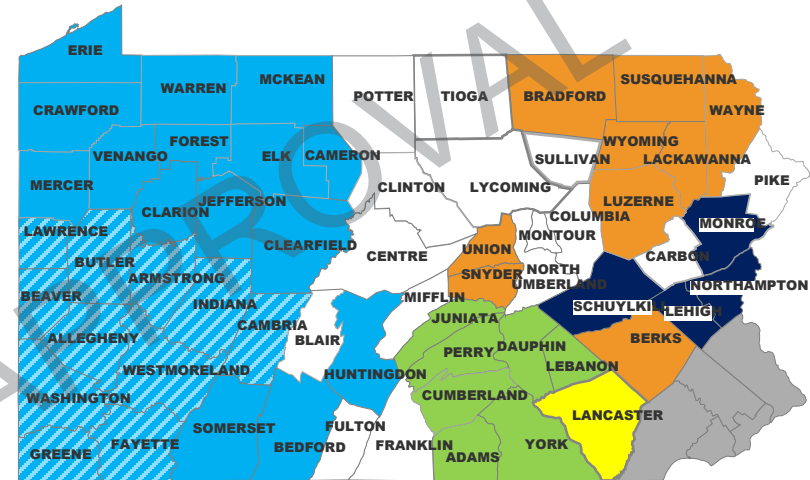
*for Outstanding Member Satisfaction with
Medicare Advantage Plans*

This award is neither endorsed nor given by Medicare.
For J.D. Power 2018 award information, visit jdpower.com/awards.

HIGHMARK 2020 OUR MOST COMPETITIVE PORTFOLIO YET!

COMMUNITY BLUE MEDICARE HMO

- \$0 Signature premium plan in Western PA, CPA/NEPA, and Lehigh Valley
- **Enhanced** Signature plan benefits
- Added Comprehensive Dental and OTC on select plans
- \$0 PCP copay
- No deductibles
- Access to high quality providers and hospitals across Pennsylvania
- Signature plan in CPA/NEPA offers enhanced medical and prescription drug benefits, excludes supplemental benefits



 CB Signature only

 CB Signature & Prestige

	Signature (WPA)	Prestige (WPA)	Signature (CPA/NEPA)	Signature (Lehigh Valley)
Monthly Premium	\$0	\$246	\$0	\$0
MOOP	\$6700	\$6700	\$5500	\$5900
PCP Visit	\$0	\$0	\$0	\$0
Specialist Visit	\$30	\$25	\$20	\$25
Inpatient Hospital	\$295/admit	\$225/admit	\$250/admit	\$295/admit
Comprehensive Dental	\$500 Allowance (50%)	\$250 Allowance (50%)	Not Covered	\$2000 Allowance (50%)
OTC	\$25 Per Quarter	Not Covered	Not Covered	\$100 Per Quarter
Preferred Rx 31 day	\$0/\$5/\$47/\$100/33%	\$0/\$13/\$45/\$95/33%	\$0/\$5/\$47/\$100/33%	\$0/\$5/\$47/\$100/33%
Standard Rx 31 day	\$7/\$15/\$47/\$100/33%	\$5/\$19/\$47/\$100/33%	\$7/\$15/\$47/\$100/33%	\$7/\$15/\$47/\$100/33%

WPA

Price: \$0*
Signature

WPA

Price: \$246*
Prestige

Lehigh Valley

Price: \$0*
Signature

CPA

Price: \$0*
Signature

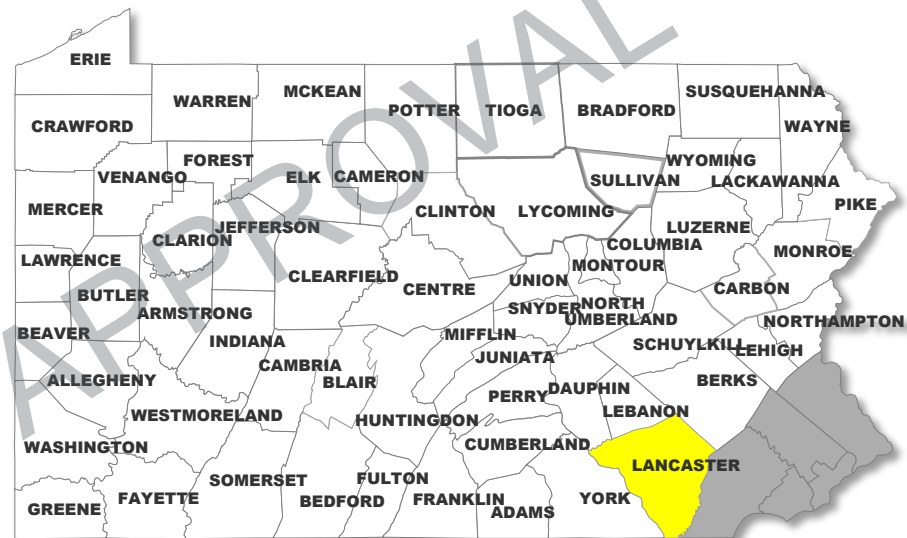
NEPA

Price: \$0*
Signature

HIGHMARK 2020 OUR MOST COMPETITIVE PORTFOLIO EVER!

COMMUNITY BLUE MEDICARE LANCASTER

- **NEW** \$0 PPO Plan with **\$20 Part B Premium Buy Back** and attractive benefit package include \$2000 Comprehensive Dental, OTC benefit and low Inpatient Hospital Copay
- Extremely Competitive mid-priced PPO with enhanced medical benefits
- \$0 deductible on all plans IN or OON
- PPOs offer predictable out-of-network benefits and network flexibility
- **NEW** Comprehensive Dental and OTC on PPO plans
- HMO Signature in CPA/NEPA offers enhanced medical and prescription drug benefits, excludes supplemental benefits



	HMO Signature	PPO Signature	PPO Distinct
Monthly Premium	\$0	\$0	\$35
MOOP	\$5500	\$6700	\$5900
PCP Visit	\$0	\$0 IN; \$0 OON	\$0 IN; \$0 OON
Specialist Visit	\$20	\$30 IN; \$30 OON	\$25 IN; \$25 OON
Inpatient Hospital	\$250/admit	\$395/admit IN; \$275/day (days 1-5) OON	\$275/admit IN; \$325/admit OON
Comprehensive Dental	Not Covered	\$2000 Allowance (50%)	\$2000 Allowance (50%)
OTC	Not Covered	\$75 Per Quarter	\$75 Per Quarter
Preferred Rx 31 day	\$0/\$5/\$47/\$100/33%	\$0/\$5/\$47/\$100/33%	\$0/\$5/\$47/\$100/33%
Standard Rx 31 day	\$7/\$15/\$47/\$100/33%	\$7/\$15/\$47/\$100/33%	\$7/\$15/\$47/\$100/33%

Lancaster HMO

Price: \$0*
Signature

Lancaster PPO

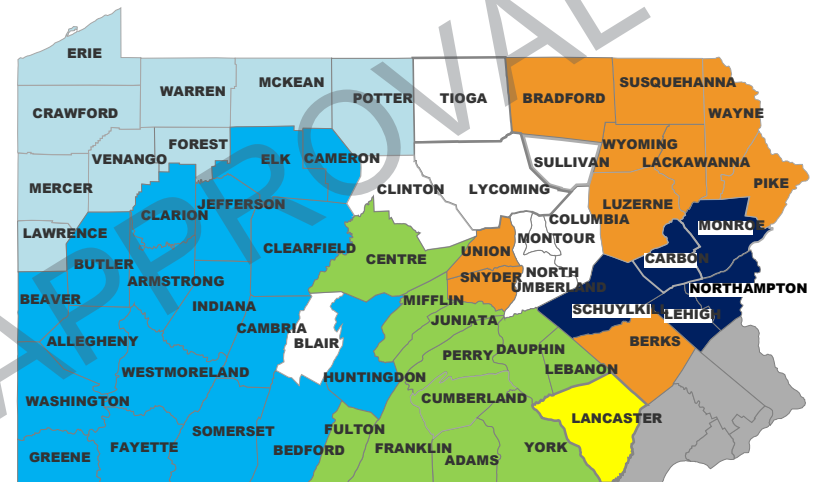
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Signature

Price: \$35*
Distinct

HIGHMARK 2020 OUR MOST COMPETITIVE PORTFOLIO EVER!

COMMUNITY BLUE MEDICARE PPO

- **NEW** \$0 PPO Plan in Northwest, CPA, NEPA regions
- Competitive mid-priced PPO with enhanced medical benefits
- \$0 deductible on all plans IN or OON
- Predictable out-of-network benefits provide network flexibility
- **NEW** Comprehensive Dental and OTC on all plans
- Access to all Blue Cross Blue Shield Medicare Advantage PPO networks throughout the country
- Robust supplemental benefits including routine dental, vision, hearing and SilverSneakers®



WPA – SW / WC

Price: **\$35***
Distinct

WPA - NW

Price: **\$0*** Signature
Price: **\$35*** Distinct

CPA

Price: **\$0*** Signature
Price: **\$35** Distinct

Lehigh Valley

Price: **\$0*** Signature
Price: **\$35*** Distinct

NEPA

Price: **\$0*** Signature
Price: **\$35** Distinct

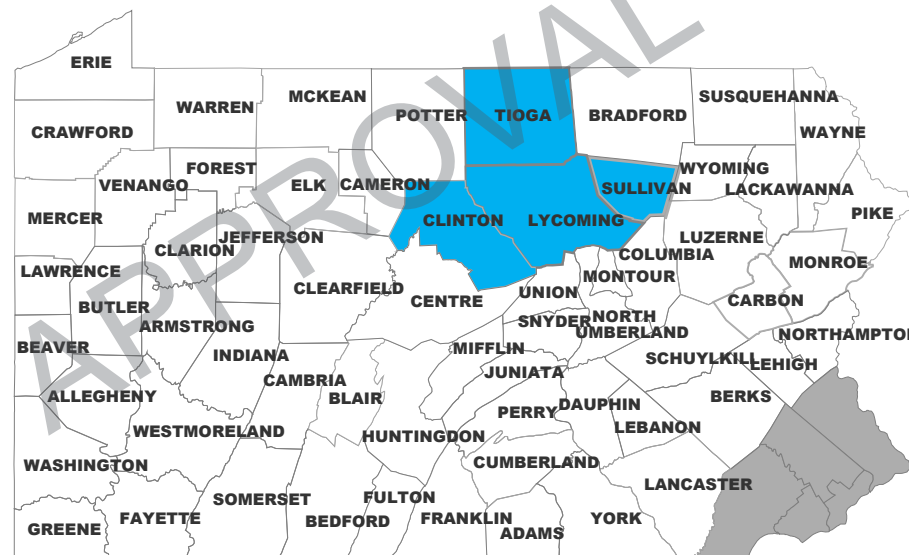
	PPO Distinct (WPA: SW/WC)	PPO Signature (WPA: NW)	PPO Distinct (WPA: NW)	PPO Signature (LV/CPA/NEPA)	PPO Distinct (LV/CPA/NEPA)
Monthly Premium	\$35	\$0	\$35	LV:\$0; HB:\$0; N/E:\$0	LV:\$35; HB:\$35; N/E:\$35
MOOP	\$5900	\$5750	\$5500	\$6700	\$5900
PCP Visit	\$0 IN; \$0 OON	\$0 IN; \$0 OON	\$0 IN; \$0 OON	\$0 IN; \$0 OON	\$0 IN; \$0 OON
Specialist Visit	\$30 IN; \$30 OON	\$30 IN; \$30 OON	\$25 IN; \$25 OON	\$35 IN; \$35 OON	\$30 IN; \$30 OON
Inpatient Hospital	\$275/admit IN; \$350/admit OON	\$275/admit IN; \$325/admit OON	\$275/admit IN; \$350/admit OON	\$395/admit IN; \$225/day (days 1-7) OON	\$325/admit IN; \$375/admit OON
Comprehensive Dental	\$750 Allowance (50%)	\$750 Allowance (50%)	\$750 Allowance (50%)	\$2000 Allowance (50%)	\$2000 Allowance (50%)
OTC	\$25 Per Quarter	\$25 Per Quarter	\$25 Per Quarter	\$75 Per Quarter	\$75 Per Quarter
Preferred Rx 31 day	\$0/\$9/\$47/\$100/33%	\$0/\$5/\$47/\$100/33%	\$0/\$9/\$47/\$100/33%	\$0/\$5/\$47/\$100/33%	\$0/\$5/\$47/\$100/33%
Standard Rx 31 day	\$7/\$20/\$47/\$100/33%	\$7/\$15/\$47/\$100/33%	\$7/\$20/\$47/\$100/33%	\$7/\$15/\$47/\$100/33%	\$7/\$15/\$47/\$100/33%

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HIGHMARK 2020 OUR MOST COMPETITIVE PORTFOLIO EVER!

COMMUNITY BLUE MEDICARE PLUS PPO

- **EXCLUSIVE** in-network access to Geisinger Medical Center Danville
- **NEW** \$0 PPO Plan
- Competitive mid-priced PPO with enhanced medical benefits
- **NEW** Comprehensive Dental and OTC on all plans
- Access to all Blue Cross Blue Shield Medicare Advantage PPO networks throughout the country
- Robust supplemental benefits including routine dental, vision, hearing and SilverSneakers®



	Plus PPO Signature	Plus PPO Distinct
Monthly Premium	\$0	\$35
MOOP	\$6700	\$5900
PCP Visit	\$0 IN; \$0 OON	\$0 IN; \$0 OON
Specialist Visit	\$35 IN; \$35 OON	\$30 IN; \$30 OON
Inpatient Hospital	\$395/admit IN; \$275/day (days 1-5) OON	\$375/admit IN; \$200/day (days 1-5) OON
Comprehensive Dental	\$2000 Allowance (50%)	\$2000 Allowance (50%)
OTC	\$75 Per Quarter	\$75 Per Quarter
Preferred Rx 31 day	\$0/\$5/\$47/\$100/33%	\$0/\$5/\$47/\$100/33%
Standard Rx 31 day	\$7/\$15/\$47/\$100/33%	\$7/\$15/\$47/\$100/33%

Plus PPO

Price: \$0*
Signature

Price: \$35*
Distinct

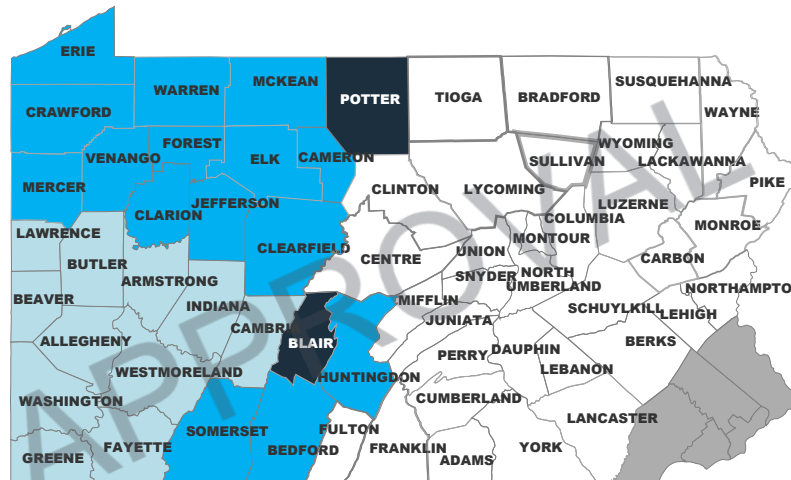


2020

OUR MOST COMPETITIVE PORTFOLIO EVER!

SECURITY BLUE HMO-POS

- Premium reductions and modest benefit improvements including reduced Inpatient Hospital Copay
- Reduced Maximum OOP
- Lower Tier 2 Rx Copays
- Competitively priced premiums with \$0 deductible
- Robust supplemental benefits including routine dental, vision, hearing and SilverSneakers®
- Includes in-network access to UPMC



Southwest

Price: \$55*
Basic

Price: \$200.50*
Standard

Price: \$64*
Value Rx

Price: \$267.50*
Deluxe

West Central

Price: \$58.50*
Basic

Price: \$186.50*
Standard

Price: \$59.50*
Value Rx

Price: \$226.50*
Deluxe

Blair/ Potter

Price: \$58.50*
Basic

Price: \$186.50*
Standard

Price: \$59.50*
Value Rx

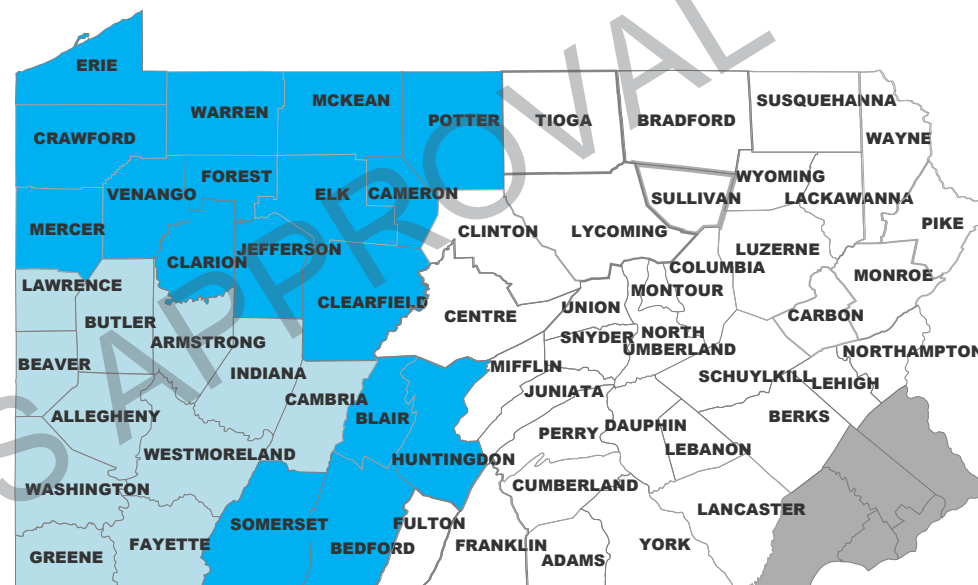
Price: \$226.50*
Deluxe

	Basic	Value Rx	Standard	Deluxe
Monthly Premium	SW: \$55.00 WC: \$58.50 Blair/Potter: \$58.50	SW: \$64.00 WC: \$59.50 Blair/Potter: \$59.50	SW: \$200.50 WC: \$186.50 Blair/Potter: \$186.50	SW: \$267.50 WC: \$226.50 Blair/Potter: \$226.50
MOOP	\$5900	\$5500	\$5000	\$4500
PCP Visit	\$0 IN; \$0 POS	\$0 IN; \$0 POS	\$0 IN; \$0 POS	\$0 IN; \$0 POS
Specialist Visit	\$30 IN; \$30 POS	\$40 IN; \$40 POS	\$30 IN; \$30 POS	\$25 IN; \$25 POS
Inpatient Hospital	\$340/admit IN; \$390/admit POS	\$220/day (days 1-5) IN; \$270/day (days 1-5) POS	\$335/admit IN; \$385/admit POS	\$210/admit IN; \$260/admit POS
Preferred Rx 31 day	Not Covered	\$0/\$13/\$45/\$95/33%	\$0/\$13/\$44/\$100/33%	\$0/\$13/\$42/\$100/33%
Standard Rx 31 day	Not Covered	\$5/\$19/\$47/\$100/33%	\$0/\$13/\$44/\$100/33%	\$0/\$13/\$42/\$100/33%

HIGHMARK 2020 OUR MOST COMPETITIVE PORTFOLIO EVER!

FREEDOM BLUE PPO – WESTERN PA

- Premium reductions and modest benefit improvements including reduced Inpatient Hospital Copay
- Reduced Maximum OOP
- Lower Tier 2 Rx Copays
- In-network access to all Blue Cross Blue Shield Medicare Advantage PPO networks throughout the country and out-of-network coverage
- Robust supplemental benefits including routine dental, hearing, vision, and SilverSneakers®
- Includes in-network access to UPMC



	Value Rx	Select	Classic
Monthly Premium	SW: \$76 / WC: \$73.50	SW: \$171.00 / WC: \$132.50	SW: \$292 / WC: \$268.50
MOOP	\$5500	\$5000	\$4500
PCP Visit	\$0 IN; \$0 OON	\$0 IN; \$0 OON	\$0 IN; \$0 OON
Specialist Visit	\$40 IN; \$40 OON	\$30 IN; \$30 OON	\$25 IN; \$25 OON
Inpatient Hospital	\$220/day (days 1-5) IN; \$220/day (days 1-5) OON	\$350/admit IN; \$350/admit OON	\$210/admit IN; \$210/admit OON
Preferred Rx 31 day	\$0/\$13/\$45/\$95/33%	\$0/\$13/\$45/\$95/33%	\$0/\$13/\$45/\$95/33%
Standard Rx 31 day	\$5/\$19/\$47/\$100/33%	\$5/\$19/\$47/\$100/33%	\$5/\$19/\$47/\$100/33%

Southwest

Price: \$76*
Value Rx

Price: \$171*
Select

Price: \$292*
Classic

West Central

Price: \$73.50*
Value Rx

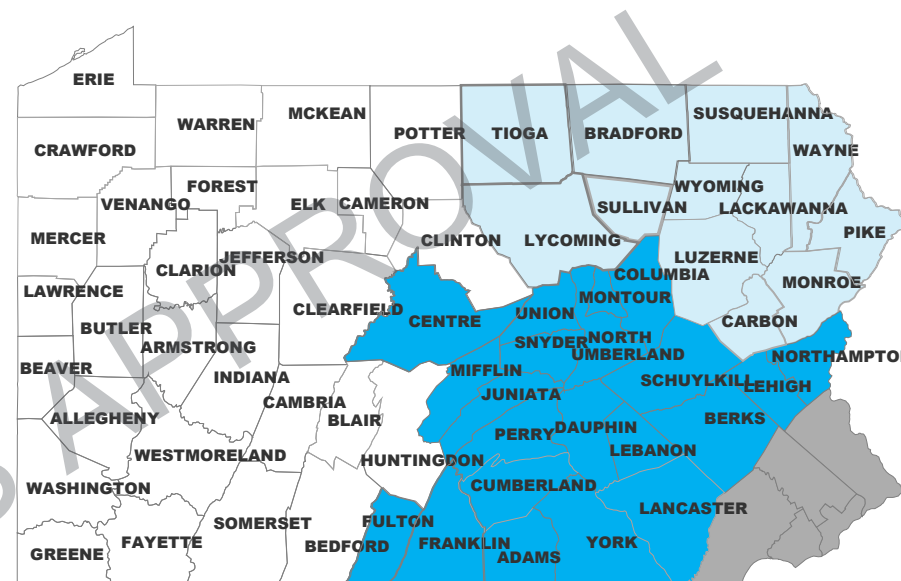
Price: \$132.50*
Select

Price: \$268.50*
Classic

HIGHMARK 2020 OUR MOST COMPETITIVE PORTFOLIO EVER!

FREEDOM BLUE PPO – CPA/NEPA

- One of the largest networks of doctors and hospitals in the state; including UPMC Pinnacle, UPMC Susquehanna, WellSpan, Penn State Health, Lehigh Valley & St. Luke's
- Premium reductions and modest benefit improvements including reduced Inpatient Hospital Copay
- Reduced Maximum OOP
- In-network access to all Blue Cross Blue Shield Medicare Advantage PPO networks throughout the country and out-of-network coverage
- Lower Tier 2 Rx Copays
- Robust supplemental benefits including routine dental, hearing, vision, and SilverSneakers®



	Basic	Value Rx	Standard	Deluxe
Monthly Premium	\$92.00	\$70.00	\$185.50	\$288.50
MOOP	\$5900	\$5500	\$5000	\$4500
PCP Visit	\$10 IN; \$10 OON	\$5 IN; \$5 OON	\$5 IN; \$5 OON	\$5 IN; \$5 OON
Specialist Visit	\$35 IN; \$35 OON	\$40 IN; \$40 OON	\$35 IN; \$35 OON	\$30 IN; \$30 OON
Inpatient Hospital	\$340/admit IN; \$340/admit OON	\$245/day (days 1-5) IN; \$245/day (days 1-5) OON	\$475/admit IN; \$475/admit OON	\$235/admit IN; \$235/admit OON
Preferred Rx 31 day	Not Covered	\$0/\$13/\$45/\$95/33%	\$0/\$13/\$45/\$95/33%	\$0/\$13/\$45/\$95/33%
Standard Rx 31 day	Not Covered	\$5/\$19/\$47/\$100/33%	\$5/\$19/\$47/\$100/33%	\$5/\$19/\$47/\$100/33%

CPA/NEPA

Price: \$92*
Basic

Price: \$70*
Value Rx

Price: \$185.50*
Standard

Price: \$288.50*
Deluxe