

COMMUNITY BLUE MEDICARE HMO

BENEFIT OVERVIEW

NOTE: EXCLUDES LANCASTER COUNTY

	Signature (WPA)	Signature (CPA/NEPA)	Prestige (WPA)
Monthly Premium	\$0	\$0	\$226.00
Deductible	\$0	\$0	\$0
PCP Visit	\$0	\$0	\$0
Specialist Visit	\$30	\$40	\$20
Outpatient (ASC/ Facility)	\$250/\$300	\$300/\$350	\$50/\$150
Inpatient Hospital	\$300 per admit	\$275/day (days 1-5)	\$225/admit
ER	\$90	\$90	\$90
Lab	\$0/\$30	\$0/\$30	\$0/\$10
X-Rays	\$30	\$50	\$20
Hearing Exam/Aid	\$30 / \$699/\$999 copay	\$40 / \$699/\$999 copay	\$20 / \$499/\$799 copay
Vision Exam	\$0 Routine	\$0 Routine	\$0 Routine
Eyeglasses/Contacts	Standard \$0/\$100 Non-standard	Standard \$0/\$100 Non-standard	Standard \$0/\$100 Non-standard
Dental Exam	\$0 Every 6 Months	\$15 Every 6 Months	\$15 Every 6 Months
SilverSneakers	Included	Included	Included
Preferred Rx 30 day	\$0/\$5/\$42/\$95/33%	\$0/\$15/\$42/\$95/33%	\$0/\$15/\$42/\$95/33%
Standard Rx 30 day	\$5/\$15/\$47/\$100/33%	\$5/\$20/\$47/\$100/33%	\$5/\$20/\$47/\$100/33%



COMMUNITY BLUE MEDICARE HMO

BENEFIT OVERVIEW – LANCASTER COUNTY

	Signature (Lancaster)
Monthly Premium	\$0
Deductible	\$0
PCP Visit	\$0
Specialist Visit	\$30
Outpatient (ASC/ Facility)	\$225/\$300
Inpatient Hospital	\$450 per admit
ER	\$90
Lab	\$0/\$30
X-Rays	\$25
Hearing Exam/Aid	\$30 / \$699/\$999 copay
Vision Exam	\$0 Routine
Eyeglasses/Contacts	Standard \$0/\$100 Non-standard
Dental Exam	\$0 Every 6 Months
SilverSneakers	Included
Preferred Rx 30 day	\$0/\$15/\$42/\$95/33%
Standard Rx 30 day	\$5/\$20/\$47/\$100/33%



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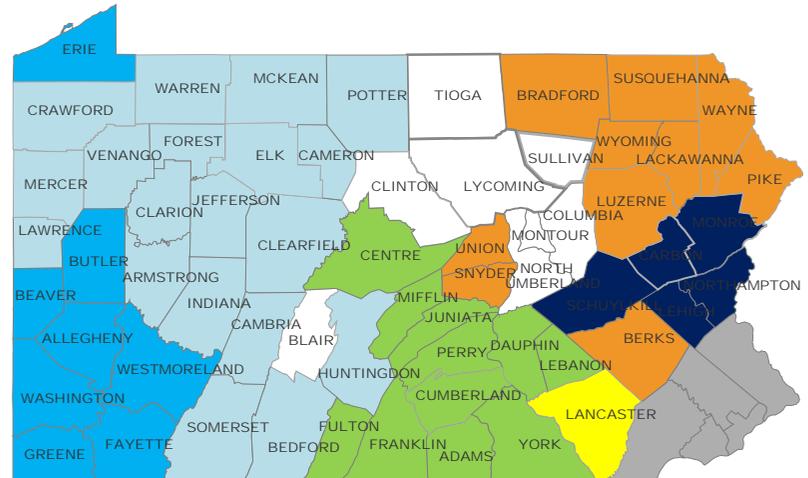
COMMUNITY BLUE MEDICARE PPO

The Highmark Health organization is a leader in health care companies employing more than 40,000 employees. We're proud to serve the health and wellness needs of millions of Americans in all 50 states and the District of Columbia. We share a unique commitment to getting health care right for our customers. And we're transforming health care in bold new ways that deliver greater value and a better overall experience for our customers along their health care journeys.

COMMUNITY BLUE MEDICARE PPO

- Competitively priced premiums with \$0 deductible
- Predictable out-of-network benefits provide network flexibility
- **NEW** enhanced benefits in Lancaster County
- Access to all Blue Cross Blue Shield Medicare Advantage PPO networks throughout the country
- Robust supplemental benefits including routine dental, vision, hearing and SilverSneakers
- Enhanced dental benefit
- Lower Rx copays through the Preferred Value Pharmacy Network

WPA - AHN Price: \$13* Signature (035-001)	WPA - Other Price: \$27* Prestige (035-002)
Lehigh Valley Price: \$13* Signature (034-001)	Harrisburg Price: \$27* Signature (034-003)
North/East Price: \$23* Signature (034-004)	Lancaster Price: \$13* Signature (034-005)



COMMUNITY BLUE MEDICARE PPO

BENEFIT OVERVIEW

NOTE: EXCLUDES LANCASTER COUNTY

	Signature (WPA)		Signature (CPA/NEPA)	
	In-network	Out-of-network	In-network	Out-of-network
Monthly Premium	\$13 - \$27		\$13 - \$27	
Deductible	\$0	\$0	\$0	\$0
PCP Visit	\$0	\$25	\$0	\$25
Specialist Visit	\$40	\$60	\$40	\$60
Outpatient (ASC/ Facility)	\$275/\$350	\$450	\$300/\$350	\$450
Inpatient Hospital	\$250/day (days 1-5)	\$325/day (days 1-5)	\$295/day (days 1-5)	\$345/day (days 1-5)
ER	\$80		\$80	
Lab	\$0/\$25	\$35	\$0/\$30	\$40
X-Rays	\$50	\$70	\$50	\$70
Hearing Exam/Aid	\$40 /\$699/\$999 copay	\$60/\$500 allowance	\$40 / \$699/\$999 copay	\$60/\$500 allowance
Eyeglasses/Contacts	Standard \$0/\$100 Non-std	\$100 Non-standard	Standard \$0/\$100 Non-std	\$100 Non-standard
Vision Exam	\$0 Routine	\$50 Routine	\$0 Routine	\$50 Routine
Dental Exam	\$15 Every 6 Months	50% Coinsurance	\$15 Every 6 Months	50% Coinsurance
Silver Sneakers	Included	\$500 Ded/50% Coins	Included	\$500 Ded/50% Coins
Preferred Rx 30 day	\$0/\$15/\$42/\$95/33%	N/A	\$0/\$15/\$42/\$95/33%	N/A
Standard Rx 30 day	\$5/\$20/\$47/\$100/33%	\$5/\$20/\$47/\$100/33%*	\$5/\$20/\$47/\$100/33%	\$5/\$20/\$47/\$100/33%*

* May be responsible for standard copay plus the difference between the out-of-network price and the network pharmacy price.



COMMUNITY BLUE MEDICARE PPO

BENEFIT OVERVIEW – LANCASTER COUNTY

	Lancaster County	
	In-network	Out-of-network
Monthly Premium	\$13	
Deductible	\$0	\$0
PCP Visit	\$0	\$25
Specialist Visit	\$30	\$60
Outpatient (ASC/ Facility)	\$225/\$300	\$450
Inpatient Hospital	\$450 per admit	\$325/day (days 1-5)
ER	\$90	
Lab	\$0/\$30	\$40
X-Rays	\$25	\$50
Hearing Exam/Aid	\$30 /\$699/\$999 copay	\$60/\$500 allowance
Eyeglasses/Contacts	Standard \$0/\$100 Non-std	\$100 Non-standard
Vision Exam	\$0 Routine	\$50 Routine
Dental Exam	\$0 Every 6 Months	50% Coinsurance
Silver Sneakers	Included	\$500 Ded/50% Coins
Preferred Rx 30 day	\$0/\$15/\$42/\$95/33%	N/A
Standard Rx 30 day	\$5/\$20/\$47/\$100/33%	\$5/\$20/\$47/\$100/33%*

* May be responsible for standard copay plus the difference between the out-of-network price and the network pharmacy price.





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COMMUNITY BLUE MEDICARE PLUS PPO

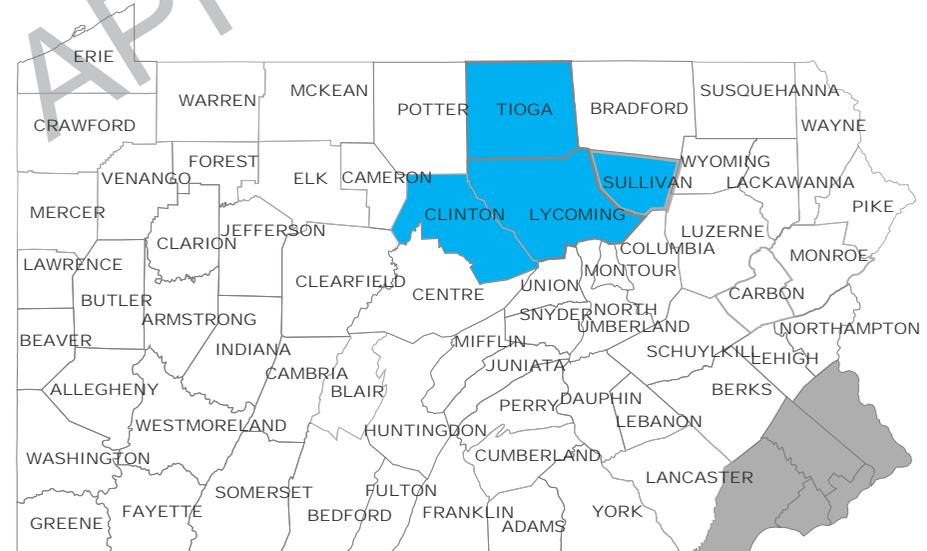
With more than 80 years of insurance know-how, we're dedicated to helping you get the most from your coverage. Our Medicare plan members enjoy a variety of extra benefits and services designed to help them manage their chronic conditions and enjoy a healthier, more active lifestyle.

COMMUNITY BLUE MEDICARE PLUS PPO

- **EXCLUSIVE** in-network access to Geisinger Medical Center Danville
- Competitive PPO plan with strong out-of-network benefits
- Access to all Blue Cross Blue Shield Medicare Advantage PPO networks throughout the country
- Robust supplemental benefits including routine dental, vision, hearing and SilverSneakers

4 County (Geisinger)

Price: \$17*
Distinct (036-000)



COMMUNITY BLUE MEDICARE PLUS PPO

BENEFIT OVERVIEW

	Distinct	
	In-network	Out-of-network
Monthly Premium	\$17	
Deductible	\$0	\$0
PCP Visit	\$0	\$25
Specialist Visit	\$40	\$60
Outpatient (ASC/ Facility)	\$300/\$350	\$450
Inpatient Hospital	\$275/day (days 1-5)	\$350/day (days 1-5)
ER	\$90	
Lab	\$0/\$30	\$40
X-Rays	\$50	\$70
Hearing Exam/Aid	\$40 / \$699/\$999 copay	\$60/\$500 allowance
Eyeglasses/Contacts	Standard \$0/\$100 Non-std	\$100 Non-standard
Vision Exam	\$0 Routine	\$50 Routine
Dental Exam	\$15 Every 6 Months	50% Coinsurance
Silver Sneakers	Included	\$500 Ded/50% Coins
Preferred Rx 30 day	\$0/\$15/\$42/\$95/33%	N/A
Standard Rx 30 day	\$5/\$20/\$47/\$100/33%	\$5/\$20/\$47/\$100/33%*

* May be responsible for standard copay plus the difference between the out-of-network price and the network pharmacy price.





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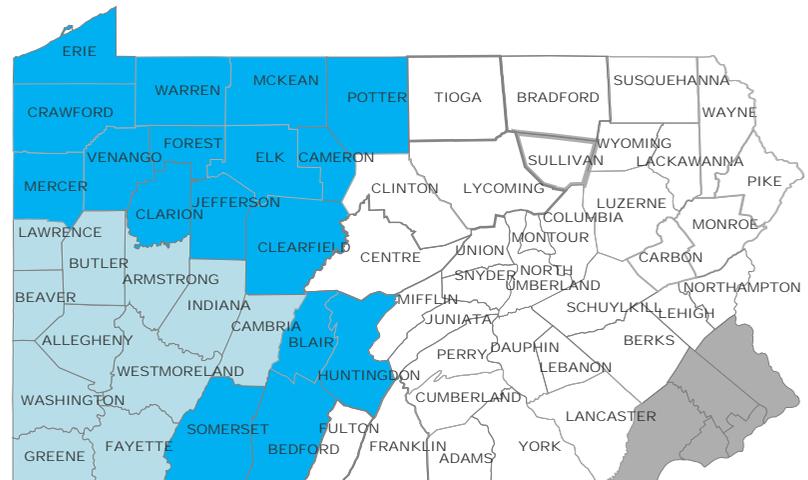
SECURITY BLUE HMO-POS

Highmark Inc. and its health insurance subsidiaries and affiliates collectively are among the ten largest health insurers in the United States and comprise the fourth-largest Blue Cross and Blue Shield-affiliated organization. Highmark Inc. and affiliates operate health insurance plans in Pennsylvania, Delaware and West Virginia that serve 5 million members.

SECURITY BLUE HMO-POS

- New POS feature added to give members added protection and to minimize disruption
- Competitively priced premiums with \$0 deductible
- Stable premiums and rich medical benefits
- Robust supplemental benefits including routine dental, vision, hearing and SilverSneakers

Southwest	West Central
Price: \$56* Basic (024)	Price: \$59.50* Basic (025)
Price: \$65* Value Rx (031)	Price: \$60.50* Value Rx (032)
Price: \$201.50* Standard (003)	Price: \$187.50* Standard (006)
Price: \$268.50* Deluxe (020)	Price: \$227.50* Deluxe (020)



SECURITY BLUE HMO-POS

BENEFIT OVERVIEW

	Basic	ValueRx	Standard	Deluxe
Monthly Premium	SW: \$56 WC: \$59.50	SW: \$65 WC: \$60.50	SW: \$201.50 WC: \$186.50	SW: \$268.50 WC: \$289.50
Deductible	\$0	\$0	\$0	\$0
PCP Visit	\$5 INN/OON	\$0 INN/OON	\$0 INN/OON	\$0 INN/OON
Specialist Visit	\$30 INN/OON	\$40 INN/OON	\$30 INN/OON	\$25 INN/OON
Outpatient (ASC/ Facility)	\$100/\$200	\$175/\$275	\$125/\$225	\$75/\$150
Inpatient Hospital	\$350/admit INN / \$400 admit OON	\$225/day (days 1-5) INN / \$275/day (days 1-5) OON	\$350/admit INN / \$425/admit OON	\$225/admit INN / \$300/admit OON
ER	\$90	\$90	\$90	\$90
Lab	\$0/\$20 INN / \$30 OON	\$0/\$20 INN / \$25 OON	\$0/\$10 INN / \$15 OON	\$0/\$10 INN / \$15 OON
X-Rays	\$45 INN / \$60 OON	\$30 INN / \$40 OON	\$25 INN / \$35 OON	\$20 INN / \$30 OON
Hearing Exam/Aid	\$30 / \$699/\$999 copay	\$40 / \$699/\$999 copay	\$30 / \$699/\$999 copay	\$25 / \$499/\$799 copay
Eyeglasses/Contacts	Standard \$0/\$100 Non-std	Standard \$0/\$100 Non-std	Standard \$0/\$100 Non-std	Standard \$0/\$100 Non-std
Vision Exam	\$0 Routine	\$0 Routine	\$0 Routine	\$0 Routine
Dental Exam	\$15 Every 6 Months	\$15 Every 6 Months	\$15 Every 6 Months	\$15 Every 6 Months
Silver Sneakers	Included	Included	Included	Included
Preferred Rx 30 day	N/A	\$0/\$15/\$42/\$95/33%	\$0/\$13/\$44/\$100/33%	\$0/\$13/\$42/\$100/33%
Standard Rx 30 day	N/A	\$5/\$20/\$47/\$100/33%	\$0/\$13/\$44/\$100/33%	\$0/\$13/\$42/\$100/33%





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FREEDOM BLUE PPO – WESTERN PA

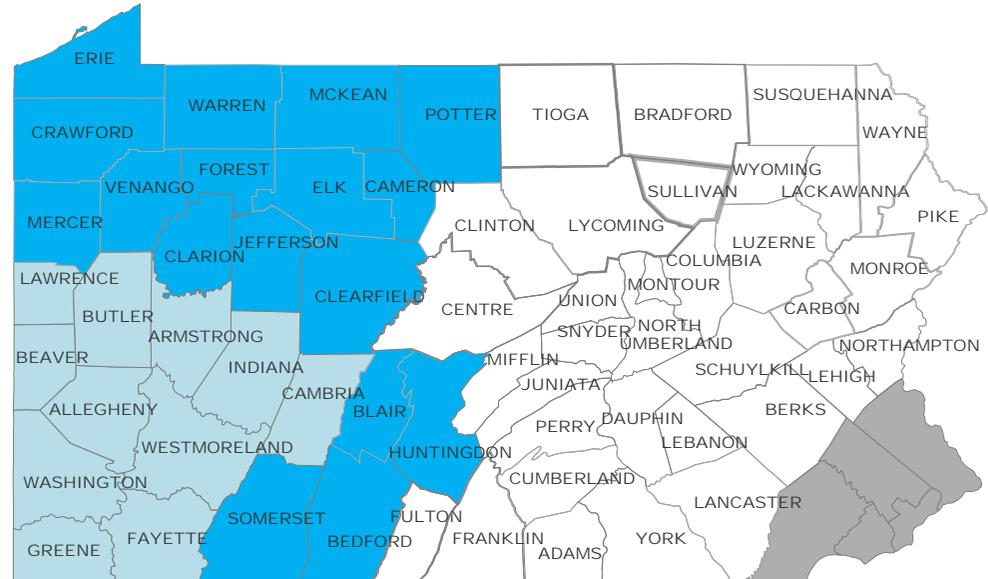
The mission of Highmark Inc. is to be the leading health and wellness company in the communities we serve. We do this through the innovative products, programs and services we provide throughout Pennsylvania and the nation.

In carrying out this mission, we strive to preserve the tradition and reputation that we have built upon our high ethical standards.

FREEDOM BLUE PPO WESTERN PA

- 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 SilverSneakers and new out-of-network hearing aid allowance
- Lower Rx copays through the Preferred Value Pharmacy Network
- Enhanced dental benefit

Southwest	West Central
Price: \$77* Value Rx (032)	Price: \$74.50* Value Rx (033)
Price: \$172* Select (022)	Price: \$133.50* Select (024)
Price: \$293* Classic (001)	Price: \$269.50* Classic (002)



FREEDOM BLUE PPO WESTERN PA

BENEFIT OVERVIEW

	ValueRx	Select	Classic
Monthly Premium	SW: \$77 / WC: \$74.50	SW: \$172/ WC: \$133.50	SW: \$293/ WC: \$269.50
Deductible	\$0	\$0	\$0
PCP Visit	\$0 INN/OON	\$0 INN/OON	\$0 INN/OON
Specialist Visit	\$40 INN/OON	\$30 INN/OON	\$25
Outpatient (ASC/ Facility)	\$200/\$275 INN / \$275 OON	\$125/\$225 INN / \$225 OON	\$100/\$200 INN / \$200 OON
Inpatient Hospital	\$250/day (days 1-6) INN/OON	\$175/day (days 1-5) INN/OON	\$125/day (days 1-5) INN/OON
ER	\$90	\$90	\$90
Lab	\$0/\$20 INN / \$20 OON	\$0/\$15 / \$15 OON	\$0/\$10 / \$10 OON
X-Rays	\$30 INN/OON	\$30 INN/OON	\$20 INN/OON
Hearing Exam/Aid	\$40 routine / \$699/\$999 copay	\$30 routine / \$699/\$999 copay	\$25 / \$699/\$999 copay
Eyeglasses/Contacts	Standard \$0/\$100 Non-standard	Standard \$0/\$100 Non-standard	Standard \$0/\$100 Non-standard
Vision Exam	\$0 Routine	\$0 Routine	\$0 Routine
Dental Exam	\$15 Every 6 Months	\$15 Every 6 Months	\$15 Every 6 Months
Silver Sneakers	Included	Included	Included
Preferred Rx 30 day	\$0/\$15/\$42/\$95/33%	\$0/\$15/\$42/\$95/33%	\$0/\$15/\$42/\$95/33%
Standard Rx 30 day	\$5/\$20/\$47/\$100/33%	\$5/\$20/\$47/\$100/33%	\$5/\$20/\$47/\$100/33%



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FREEDOM BLUE PPO – CPA/NEPA

The Highmark Health organization is focused on building the health care of the future. We are connecting care and coverage in new ways to achieve health care that is better coordinated, delivered closer to home, and that better deploys technologies and innovation to support our corporate mission of delivering high-quality, accessible, understandable, and affordable experiences, outcomes, and solutions for customers.

FREEDOM BLUE PPO - CPA/NEPA

- One of the largest networks of doctors and hospitals in the state, including UPMC Pinnacle, UPMC Susquehanna, WellSpan, Lehigh Valley & St. Luke's
- In-network access to all Blue Cross Blue Shield Medicare Advantage PPO networks throughout the country and out-of-network coverage
- Lower Rx copays through the Preferred Value Pharmacy Network
- Enhanced dental benefit
- Robust supplemental benefits including SilverSneakers and new out-of-network hearing aid allowance

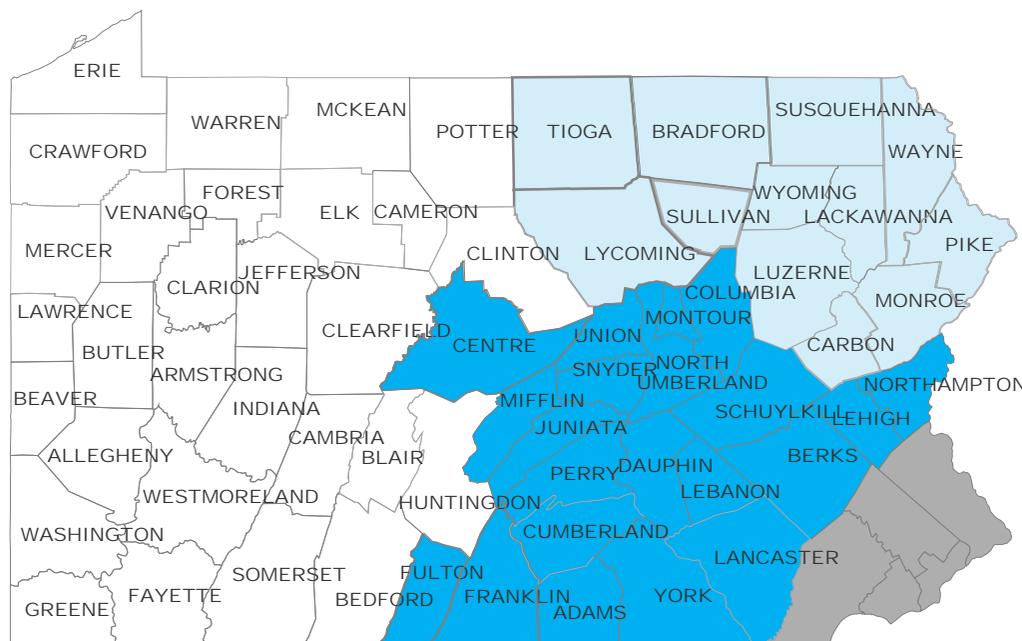
CPA/NEPA

Price: \$93*
Basic (012)

Price: \$71*
Value Rx (018)

Price: \$186.50*
Standard (015)

Price: \$289.50*
Deluxe (005)



FREEDOM BLUE PPO CPA/NEPA

BENEFIT OVERVIEW

	Basic	ValueRx	Standard	Deluxe
Monthly Premium	\$93.00	\$71.00	\$186.50	\$289.50
Deductible	\$0	\$0	\$0	\$0
PCP Visit	\$15 INN/OON	\$5 INN/OON	\$5 INN/OON	\$5 INN/OON
Specialist Visit	\$35 INN/OON	\$40 INN/OON	\$35 INN/OON	\$30 INN/OON
Outpatient (ASC/ Facility)	\$100/\$200 INN / \$200 OON	\$200/\$275 INN / \$275 OON	\$150/\$250 INN / \$250 OON	\$100/\$200 INN / \$200 OON
Inpatient Hospital	\$350/admit INN/OON	\$250/day (days 1-5) INN/OON	\$500/admit INN/OON	\$250/admit INN/OON
ER	\$90	\$90	\$90	\$90
Lab	\$0/\$20 INN / \$20 OON	\$0/\$20 INN / \$20 OON	\$0/\$15 INN / \$15 OON	\$0/\$10 INN / \$10 OON
X-Rays	\$30 INN/OON	\$30 INN/OON	\$25 INN/OON	\$10 INN/OON
Hearing Exam/Aid	\$35 / \$699/\$999 copay	\$40 / \$699/\$999 copay	\$35 / \$699/\$999 copay	\$30 / \$499/\$799 copay
Eyeglasses/Contacts	Standard \$0/\$100 Non-std	Standard \$0/\$100 Non-std	Standard \$0/\$100 Non-std	Standard \$0/\$100 Non-std
Vision Exam	\$0 Routine	\$0 Routine	\$0 Routine	\$0 Routine
Dental Exam	\$15 Every 6 Months	\$15 Every 6 Months	\$15 Every 6 Months	\$15 Every 6 Months
Silver Sneakers	Included	Included	Included	Included
Preferred Rx 30 day	N/A	\$0/\$15/\$42/\$95/33%	\$0/\$15/\$42/\$95/33%	\$0/\$15/\$42/\$95/33%
Standard Rx 30 day	N/A	\$5/\$20/\$47/\$100/33%	\$5/\$20/\$47/\$100/33%	\$5/\$20/\$47/\$100/33%

