

# 2017 MEDICARE ADVANTAGE

## *Key Information for Providers*

### MEDICARE'S ANNUAL ENROLLMENT PERIOD (AEP) HAS BEGUN

**From Oct. 15 through Dec. 7, 2016**, members have the opportunity to make changes to their Medicare Advantage and/or Stand-Alone Prescription Drug Plan. Members can enroll, disenroll or change plans during this time period.

Highmark's Medicare Advantage members have received their Annual Notice of Changes. This packet contains information about the 2017 premiums, benefit plans, formulary changes and more.

This posting provides some key highlights for providers. Please also look for *Provider News*, the Plan Central page of NaviNet® and the Highmark 2017 page on the Provider Resource Center for important updates.

Knowing the important role you play in the lives of our Medicare Advantage members, we strive to ensure that you are informed should our members come to you with questions or looking for guidance. If your patients have questions about Medicare plan options they can call **1-844-346-9532**. If they already have Medicare Advantage coverage through Highmark, please direct them to contact Member Service at the phone number listed on their ID card.

Highmark is again offering a broad range of product options that have been designed to fit each person's budget. Our staff is fully prepared to help our Medicare Advantage members select the 2017 plan that is best for them.

### WHAT PROVIDERS NEED TO KNOW

#### BENEFITS, PREMIUMS AND PLAN CHANGES

- **Most Highmark Medicare Advantage members will see relatively stable premiums in 2017.**
- **Monthly premiums** for Community Blue Medicare HMO will increase by only \$1 to \$16 in Region 1 and \$26 in Region 2.
- **Monthly premiums** for Freedom Blue PPO will range from \$93 to \$293.50 in central and northeastern Pennsylvania.
- **Community Blue Medicare HMO will expand to include six additional counties in central and northeastern Pennsylvania:** Berks, Lancaster, Lebanon, Snyder and Union (Region 1), and Schuylkill (Region 2). For complete details, see [Community Blue Medicare HMO Expanding in Central and Northeastern PA.](#)



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## PART C BENEFIT CHANGES

- Select **DME network** will be effective Jan. 1, 2017 (Providers notified Aug. 30, 2016)
- **Dialysis:** 20 percent coinsurance will be introduced for the first time in 2017
- **Radiology:** Copays have been increased across plans ranging from \$75 to \$300
- **Therapeutic Radiology:** \$60 copay will be introduced for the first time in 2017
- **Non-emergent ambulance:** Prior authorization will be introduced for non-emergent trips
- **Routine Transportation:** Reduced copay from \$40 to \$10 for transportation that includes wheelchair, vans, stretcher vans and sedans (limit of 24 one-way trips)
- **Acupuncture will no longer be offered** on Community Blue plans



## PART D BENEFIT AND FORMULARY CHANGES

### Existing Pharmacy Network (Community Blue Medicare HMO and Freedom Blue PPO)

- Tier 1 Preferred generics—HMO \$5; PPO \$3
- Tier 2 Generic drugs—HMO \$20; PPO \$20
- Tier 3 Preferred brand drugs—HMO \$42 to \$47; PPO \$44 to \$47 (depending on plan)
- Tier 4 Non-preferred brand drugs—HMO and PPO 45 percent coinsurance
- Tier 5 Specialty drugs—HMO and PPO 33 percent coinsurance

### Medicare Preferred Value Pharmacy Network\* (Stand-Alone Prescription Drug Plans)

- Blue Rx Plus PDP—\$400 deductible
- Blue Rx Complete PDP—no deductible

\* Includes Walgreens, Rite-Aid, Kmart, Costco and independent community pharmacies. Go to [highmarkblueshield.com](http://highmarkblueshield.com), select the Find a Doctor or Rx tab, choose Find a Pharmacy and click the Medicare Preferred Value Network Pharmacy link to view participating pharmacies in your area.

- Copays at preferred pharmacies:
  - \$0 preferred generic drugs
  - \$13 generic drugs
  - \$42 preferred brand and generic drugs
  - 40 percent coinsurance, non-preferred brand
  - 33 percent coinsurance for specialty
- Copays at standard pharmacies:
  - \$5 preferred generic drugs
  - \$20 generic drugs
  - \$47 preferred brand and generic drugs
  - 50 percent coinsurance, non-preferred brand
  - 33 percent coinsurance for specialty



## KEY FORMULARY CHANGES

### Closed Formulary

The complete list of drugs included in the Closed Formulary is available online at [2017 Medicare-Approved Closed Formulary](#).

- Four drugs added; one drug deleted
- Prior Authorization added to 11 drugs
- Quantity Level Limits added to 71 drugs; modified for nine drugs
- Drugs moved to a higher tier (continue to have a mixed-tier structure)
  - Tier 3 = five drugs
  - Tier 4 = 17 drugs

### Incentive Formulary

The complete list of drugs included in the Incentive Formulary is available online at [2017 Medicare-Approved Incentive Formulary](#).

- Added two drugs (Tier 5/Specialty with Prior Authorization)
- Prior Authorization added to 19 drugs
- Quantity Level Limits added to 107 drugs; modified for four drugs
- Drugs moved to a higher tier
  - Tier 3 = six drugs
  - Tier 4 = 18 drugs

## KEY TAKEAWAY

We have good news for 2017. Most members will see stable premiums or a very modest premium increase. We've worked hard to ensure that our members have a variety of plan options at various price ranges and have maintained affordable out-of-pocket costs. If a member is satisfied with their current plan, there is no need to change or do anything to remain enrolled. Members thinking about other options may want to consider other Highmark Medicare Advantage plans or a Medigap plan.

## MEDIGAP PRODUCT ALTERNATIVE

In 2017, we will again offer the same choice of Medicare Supplement plans in Pennsylvania. These plans are Medigap Blue A, B, C, F, FHD and N.



## WHY MEDICARE ADVANTAGE CONSUMERS SHOULD CONTINUE TO CHOOSE HIGHMARK

### THE HIGHMARK DIFFERENCE

Highmark has more than 80 years of experience providing health care coverage in the markets we serve. We have been providing Medicare plans since the program began in 1965.

At Highmark, we recognize that individuals with Medicare have unique needs, which is why we have a broad product portfolio for all consumers. We balance medical needs with an affordable premium that provides these individuals with the value they need. For 2017, we've worked hard to ensure that our members have affordable premiums and out-of-pocket costs.

Our plans provide many of the benefits our members value and utilize the most, including:

- **Low monthly premiums for most plans**
- **Routine chiropractic and podiatry services available with all plans**
- **Enhanced hearing aid benefit offered through TruHearing®**
- **Low-cost generic drug options**

Our exceptional Customer Service Representatives are dedicated to our Medicare Advantage members.

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## HIGHMARK IS RELIABLE

Highmark has a long history of stability, reliability, and adherence to the highest ethical standards. Count on us for dedicated service when you need it, including fast and accurate claims processing.

- **Highmark is rated** as the area's most preferred health insurance company and the most trusted health insurer among seniors in northeastern Pennsylvania.
- **Our extensive provider network** provides access to high quality providers. Plus, Freedom Blue PPO members have access to all participating Blue Cross Blue Shield Medicare Advantage PPO providers for routine care coast to coast.
- **Highmark has the experience** to help you smoothly navigate the continuous changes in health insurance.



## HIGHMARK HELPS OUR MEMBERS LIVE A HEALTHY LIFE

Highmark is committed to being your partner in health by including enhanced vision, dental and hearing benefits on all Medicare Advantage plans, plus a package of wellness extras you won't find anywhere else.

- **Highmark's SilverSneakers® fitness program** offers free access to fitness classes, pools and exercise equipment at more than 12,000 participating locations nationwide.
- **Highmark gives you 24/7 access** to health and wellness coaching facilitated by a registered nurse health coach.
- **Highmark provides no-cost preventive exams and screenings** designed to help our members stay healthy and independent, and to help avoid or delay the onset of illness or disease.
- **Highmark's advanced discharge planning programs** ensure that members receive the right care, in the right place for the right amount of time and smooth the way to going home or to a post-acute care facility.
- **Highmark has specialized programs designed to support those dealing with a serious, life-limiting illness** by providing emotional support, coordinating care services and arranging referrals to community services.

If your patients with Medicare Advantage coverage through Highmark have any questions, please direct them to contact Member Service via the phone number listed on their member ID card.

We're offering a broad range of product options to fit everyone's budget, and our staff is fully prepared to help all of our Medicare Advantage and Medigap members select the 2017 plan that is best for them.

**Thank you!**