

MEDICARE ADVANTAGE 2019 SUMMARY INFORMATION FOR PROVIDERS

Central and Northeastern PA

HIGHMARK MEDICARE ADVANTAGE BENEFITS

Benefit	Original Medicare Part A	Original Medicare Part B	Highmark Medicare Advantage
Inpatient Hospital Coverage	X		X
Outpatient Medical Services		X	X
Prescription Drug Coverage			X
Annual Physical Exam			X
Protection from Part B Deductible			X
Out-of-Pocket Maximum Protection			X
Routine Vision Coverage including Eyeglasses and Contact Lenses			X
Routine Hearing Coverage including Hearing Aids			X
Routine Dental Coverage			X
Routine Foot Care			X
Worldwide Emergency Care			X
Complimentary Fitness Center Membership			X

HIGHMARK MEDICARE ADVANTAGE: SUPPLEMENTAL BENEFITS



Blues on Call –
Nurse Support 24/7



Routine Services
(Vision, dental, chiropractic
and podiatry)



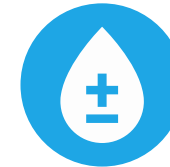
Passport Rewards
and Discounts



Hearing Aids



Medication Therapy
Management (MTM)



Advanced Illness
Services



People Able to
Lend Support
(PALS)



PPO Network Sharing
(In-network in 37 States and
Puerto Rico)



NaviHealth



Silver Sneakers
(Gym Benefit)



Transportation
for Non-emergency situations



WebMd



MEDICAL BENEFITS BY PLAN:
CENTRAL / NORTHEASTERN PA
FREEDOM BLUE PPO
COMMUNITY BLUE

2019 KEY PLAN BENEFIT CHANGES

Central/Northeastern PA*: Freedom Blue PPO Basic

	2018	2019
PCP Visit	\$15 copay in-network \$30 copay out-of-network	\$15 copay in-network \$15 copay out-of-network
Specialist Visit	\$35 copay in-network \$45 copay out-of-network	\$35 copay in-network \$35 copay out-of-network
Outpatient Surgery	ASC: \$100 copay in-network 30% coinsurance out-of-network Facility: \$200 copay in-network 30% coinsurance out-of-network	ASC: \$100 copay in-network \$200 copay out-of-network Facility: \$200 copay in-network \$200 copay out-of-network
Inpatient Hospital	\$350 per admission in-network 30% coinsurance out-of-network	\$350 per admission in-network \$350 per admission out-of-network
Routine Dental	Office Visit: \$30 copay every six months X-ray: \$25 copay every calendar year	Office Visit: \$15 copay every six months X-ray: \$15 copay every calendar year
Out-of-Pocket Max	\$6,700 in-network \$10,000 in-network/out-of-network	\$6,700 in-network \$10,000* out-of-network

*Applicable to most of region

*INN payments count toward the OON max

2019 KEY PLAN BENEFIT CHANGES

Central/Northeastern PA*: Freedom Blue PPO ValueRx

	2018	2019
PCP Visit	\$10 copay in-network \$30 copay out-of-network	\$5 copay in-network \$5 copay out-of-network
Specialist Visit	\$40 copay in-network \$50 copay out-of-network	\$40 copay in-network \$40 copay out-of-network
Outpatient Surgery	ASC: \$200 copay in-network 30% coinsurance out-of-network Facility: \$275 copay in-network 30% coinsurance out-of-network	ASC: \$200 copay in-network \$275 copay out-of-network Facility: \$275 copay in-network \$275 copay out-of-network
Inpatient Hospital	\$250 per day (days 1-6) in-network 20% coinsurance out-of-network	\$250 per day (days 1-5) in-network \$250 per day (days 1-5) out-of-network
Routine Dental	Office Visit: \$30 copay every six months X-ray: \$25 copay every calendar year	Office Visit: \$15 copay every six months X-ray: \$15 copay every calendar year
Out-of-Pocket Max	\$6,700 in-network \$10,000 in-network/out-of-network	\$6,700 in-network \$10,000* out-of-network

*Applicable to most of region

*INN payments count toward the OON max

2019 KEY PLAN BENEFIT CHANGES

Central/Northeastern PA*: Freedom Blue PPO Standard

	2018	2019
PCP Visit	\$10 copay in-network \$30 copay out-of-network	\$5 copay in-network \$5 copay out-of-network
Specialist Visit	\$35 copay in-network \$45 copay out-of-network	\$35 copay in-network \$35 copay out-of-network
Outpatient Surgery	ASC: \$150 copay in-network 30% coinsurance out-of-network Facility: \$250 copay in-network 30% coinsurance out-of-network	ASC: \$150 copay in-network \$250 copay out-of-network Facility: \$250 copay in-network \$250 copay out-of-network
Inpatient Hospital	\$500 per admission in-network 30% coinsurance out-of-network	\$500 per admission in-network \$500 per admission out-of-network
Routine Dental	Office Visit: \$30 copay every six months X-ray: \$25 copay every calendar year	Office Visit: \$15 copay every six months X-ray: \$15 copay every calendar year
Out-of-Pocket Max	\$6,700 in-network \$10,000 in-network/out-of-network	\$6,700 in-network \$10,000** out-of-network




2019 KEY PLAN BENEFIT CHANGES

Central/Northeastern PA*: Freedom Blue PPO Deluxe

	2018	2019
PCP Visit	\$5 copay in-network \$30 copay out-of-network	\$5 copay in-network \$5 copay out-of-network
Specialist Visit	\$30 copay in-network \$40 copay out-of-network	\$30 copay in-network \$30 copay out-of-network
Outpatient Surgery	ASC: \$100 copay in-network 30% coinsurance out-of-network Facility: \$200 copay in-network 30% coinsurance out-of-network	ASC: \$100 copay in-network \$200 copay out-of-network Facility: \$200 copay in-network \$200 copay out-of-network
Inpatient Hospital	\$250 per admission in-network 30% coinsurance out-of-network	\$250 per admission in-network \$250 per admission out-of-network
Routine Dental	Office Visit: \$20 copay every six months X-ray: \$20 copay every calendar year	Office Visit: \$15 copay every six months X-ray: \$15 copay every calendar year
Out-of-Pocket Max	\$6,700 in-network \$10,000 in-network/out-of-network	\$6,700 in-network \$10,000** out-of-network

2019 KEY PLAN BENEFIT CHANGES

Central/Northeastern PA*: Community Blue Medicare HMO Signature

	2018		2019
PCP Visit	\$0 copay in-network		\$0 copay in-network
Specialist Visit	\$40 copay in-network		\$40 copay in-network
Outpatient Surgery	<u>ASC:</u> \$300 copay in-network <u>Facility:</u> \$350 copay in-network		<u>ASC:</u> \$300 copay in-network <u>Facility:</u> \$350 copay in-network
Inpatient Hospital	\$295 per day (days 1-5) in-network		\$275 per day (days 1-5) in-network
Routine Dental	Office Visit: \$30 copay every six months X-ray: \$25 copay every calendar year		Office Visit: \$15 copay every six months X-ray: \$15 copay every calendar year
Out-of-Pocket Max	\$6,700 in-network		\$6,700 in-network

2019 KEY PLAN BENEFIT CHANGES

Central/Northeastern PA*: Community Blue Medicare PPO Signature

	2018	2019
PCP Visit	\$0 copay in-network \$25 copay out-of-network	\$0 copay in-network \$25 copay out-of-network
Specialist Visit	\$40 copay in-network \$60 copay out-of-network	\$40 copay in-network \$60 copay out-of-network
Outpatient Surgery	ASC: \$300 copay in-network \$450 copay out-of-network Facility: \$350 copay in-network \$450 copay out-of-network	ASC: \$300 copay in-network \$450 copay out-of-network Facility: \$350 copay in-network \$450 copay out-of-network
Inpatient Hospital	\$295 per day (days 1-5) in-network \$345 per day (days 1-5) out-of-network	\$275 per day (days 1-5) in-network \$350 per day (days 1-5) out-of-network
Routine Dental	Office Visit: \$30 copay every six months X-ray: \$25 copay every calendar year	Office Visit: \$15 copay every six months X-ray: \$15 copay every calendar year
Out-of-Pocket Max	\$6,700 in-network \$10,000 in-network/out-of-network	\$6,700 in-network \$10,000** out-of-network

RULES OF THE ROAD

The Medicare Marketing Guidelines (Section 70.5, et. al) provide guidance around what a Medicare Advantage Organization (MAO) may and may not allow its contracted provider to do with regarding to Marketing of the MAO.

Providers *may*:

- ✓ Provide the names of Plans/Part D Sponsors with which they contract and/or participate
- ✓ Provide information and assistance in applying for the Low Income Subsidy (LIS)
- ✓ Make available and/or distribute plan marketing materials
- ✓ Refer their patients to other sources of information, such as assistance programs, plan marketing representatives, their State Medicaid Office, local Social Security Office, CMS' website at <http://www.medicare.gov/> or **1-800-MEDICARE**
- ✓ Assist a beneficiary in an objective assessment of his/her needs and potential options to meet those needs. The plan selection must always be in the best interest of the beneficiary

Thank YOU!

This information is not a complete description of benefits. Call the phone number on the back of your member ID card (TTY users may call 711) for more information. Out-of-network/non-contracted providers are under no obligation to treat Freedom Blue PPO or Security Blue HMO-POS members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

Highmark Choice Company and Highmark Senior Health Company are Medicare Advantage plans with a Medicare contract. Enrollment in Highmark Choice Company and Highmark Senior Health Company depends on contract renewal. Highmark Blue Cross Blue Shield, Highmark Choice Company, and Highmark Senior Health Company are independent licensees of the Blue Cross and Blue Shield Association.

Blues On Call is a service mark of the Blue Cross and Blue Shield Association. SilverSneakers is a registered mark of Tivity Health, Inc., a separate company that administers the SilverSneakers Fitness Program. Davis Vision is an independent company that does not provide Highmark Blue Cross Blue Shield products and services. Davis Vision is solely responsible for the products and services it provides. TruHearing is a registered trademark of TruHearing, Inc.

