

2015 Personal Plan Overview

Residents of the following counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland counties, [please click here](#).

Residents of the following counties: Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Somerset, Venango and Warren counties, [please click here](#).

Highmark — Your Trusted Choice

All the benefits and services you expect *and more*.

Community Blue Medicare HMO*, Security Blue HMO, and Freedom Blue PPO plans give you more benefits than Original Medicare. In addition, no matter which plan you choose, Highmark offers:

- Access to our large network of doctors, pharmacies and hospitals
- Expanded coverage for dental, vision, and hearing services
- No referrals to see a specialist — ever
- Award-winning SilverSneakers Fitness Program and membership at any of our thousands of participating fitness centers
- Plans with built-in coverage from an extensive list of Medicare-approved Part D drugs with access to pharmacies nationwide, including major chains
- Worldwide coverage for urgent and emergency care

*Not all providers will accept Community Blue Medicare HMO. Please verify that your providers are participating before enrolling. If a provider does not participate, neither Medicare nor Community Blue Medicare HMO will be responsible for the costs.

Experience and dedication you can count on.

With a 75 year history of reliable service and quality coverage, Highmark is there when you need us most. Innovative products, an extensive network, and speedy and accurate claims payment are just a few reasons that Highmark remains an insurer of choice in the communities we serve.

We are dedicated to the health and well-being of our members. And that's why we have created an expanded offering of benefits this year. These include everything from robust provider access to increased member-exclusive offers to wellness and preventive programs, and much more.

In addition, Highmark gives you access to a highly trained team of Medicare specialists that are available 7 days a week with answers to all your questions. Whether you need help locating a doctor, determining coverage for a drug, or simply need help understanding Medicare, we're here for you.

Our *Featured* Plans For You



Community Blue Medicare HMO Signature

Monthly Plan Premium	\$0
Doctor Office Visit	\$10 PCP Copay \$40 Specialist Copay
Inpatient Hospital Stay	\$275 Per Day (Days 1-5) Per Admit
Prescription Drug	As low as \$4
Extra Included Benefits	Vision Dental Hearing SilverSneakers



Security Blue HMO ValueRx

Monthly Plan Premium	\$52
Doctor Office Visit	\$10 PCP Copay \$35 Specialist Copay
Inpatient Hospital Stay	\$200 Per Day (Days 1-7) Per Admit
Prescription Drug	As low as \$4
Extra Included Benefits	Vision Dental Hearing SilverSneakers

Additional plan information on following pages.

Ready to select a plan or need help deciding?



Mail:

Fill out the enclosed enrollment form and mail it in the postage-paid envelope provided.



Phone:

Enroll over the phone, toll-free 1-866-682-7970 (TTY/TDD users may call 711), 8 a.m.—8 p.m., seven days a week.



Online:

Quick step-by-step enrollment online at www.highmarkbcbs.com/medicare



In Person:

Call the toll-free number to schedule an **in-home meeting**, or to find a Medicare Solutions Seminar in your area. You can also stop by a Highmark Direct store near you or visit your local Highmark Blue Cross Blue Shield authorized agent.


HMO Plans

With plans starting as low as \$0, we have options for everyone's budget.

In order to find the right product for you, you'll want to make sure that you select one that offers access to your preferred providers, and since **all** of our plans offer coverage worldwide in the event of emergency, you'll always be covered when you need it most:

- **Community Blue Medicare HMO** offers a selected network of doctors and hospitals - review the list to make sure you have access to providers you're comfortable with.
- **Security Blue HMO** offers access to ALL hospitals in Western Pennsylvania and one of the largest lists of doctors in the state, including those from both UPMC and Allegheny Health Network.
- **Freedom Blue PPO** offers access to the same great network as Security Blue HMO, PLUS access to all participating Blue Cross Blue Shield Medicare Advantage PPO networks and out of network doctors coast to coast.

Once you determine the product or products that work for you, take a look at the charts on the following pages to find the plan that best meets your budget and medical needs.

 Call 1-866-682-7970 (TTY/TDD users may call 711), 8 a.m. – 8 p.m., seven days a week

 Or visit www.highmarkbcbs.com/medicare

			Featured Plan	Featured Plan	Featured Plan	Featured Plan	Featured Plan	
			Community Blue Medicare HMO Signature	Community Blue Medicare HMO Prestige	Security Blue HMO ValueRx	Security Blue HMO Standard	Security Blue HMO Deluxe	
Health	BASIC PLAN COSTS	Monthly Plan Premium ¹	\$0	\$193	\$52	\$205	\$279	
		Deductible	\$0	\$0	\$0	\$0	\$0	
		Out-of-Network	N/A	N/A	N/A	N/A	N/A	
	PHYSICIAN SERVICES	Doctor Office Visit	PCP: \$10 Copay, Specialist: \$40 Copay	PCP: \$0 Copay, Specialist: \$10 Copay	PCP: \$10 Copay, Specialist: \$35 Copay	PCP: \$10 Copay, Specialist: \$30 Copay	PCP: \$5 Copay, Specialist: \$30 Copay	
		Lab & Diagnostic Tests	Office/Lab: \$5 Copay, Outpatient: \$15 Copay	Covered In Full	Office/Lab: \$0 Copay, Outpatient: \$10 Copay	Covered in Full	Covered in Full	
		X-rays/Advanced Imaging	X-ray: \$50 Copay, Advanced Imaging: \$200 Copay	X-ray: \$10 Copay, Advanced Imaging: \$35 Copay	X-ray: \$30 Copay, Advanced Imaging: \$125 Copay	X-ray: \$25 Copay, Advanced Imaging: \$75 Copay	X-ray: \$20 Copay, Advanced Imaging: \$50 Copay	
		Preventive Testing & Screenings	Covered In Full (Office visit Copay may apply)	Covered In Full (Office visit Copay may apply)	Covered In Full (Office visit Copay may apply)	Covered In Full (Office visit Copay may apply)	Covered In Full (Office visit Copay may apply)	
	FACILITY SERVICES	Outpatient Surgery	\$300 Copay	\$50 Copay	ASC: \$150 Copay Facility: \$250 Copay	ASC: \$125 Copay Facility: \$225 Copay	ASC: \$75 Copay Facility: \$150 Copay	
		Emergency Room	\$65 Copay	\$65 Copay	\$65 Copay	\$65 Copay	\$65 Copay	
		Inpatient Hospital Stay	\$275 Per Day (Days 1-5) Per Admit	\$100 Per Admit	\$200 Per Day (Days 1-7) Per Admit	\$325 Per Admit	\$225 Per Admit	
		Skilled Nursing Facility (Days 1-100 per benefit period)	\$0 Per Day (Days 1-20), \$155 Per Day (Days 21-100)	\$0 Per Day (Days 1-20), \$150 Per Day (Days 21-100)	\$0 Per Day (Days 1-20), \$150 Per Day (Days 21-100)	\$0 Per Day (Days 1-20), \$150 Per Day (Days 21-100)	\$0 Per Day (Days 1-20), \$150 Per Day (Days 21-100)	
	ADDITIONAL BENEFITS	Eyeglasses or Contact Lenses (Annually)	\$0 Copay for routine eye exam. Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear.					
		Hearing Aids (Covered every three years)	\$500 Coverage	\$1,000 Coverage	\$500 Coverage	\$500 Coverage	\$1,000 Coverage	
		Routine Dental & Dentures	Office Visit: \$30 Copay, X-ray: \$25 Copay	Office Visit: \$20 Copay, X-ray: \$20 Copay, Dental Services/Dentures: 50% Coinsurance	Office Visit: \$30 Copay, X-ray: \$25 Copay	Office Visit: \$30 Copay, X-ray: \$25 Copay	Office Visit: \$20 Copay, X-ray: \$20 Copay	
		Routine Chiropractic & Podiatry	Not Covered	Routine Chiro: 6 Visits Per Year Routine Podiatry: 8 Visits Per Year	Not Covered	Not Covered	Routine Chiro: 6 Visits Per Year Routine Podiatry: 8 Visits Per Year	
	OTHER PLAN COVERAGE	Ambulance (Per one-way trip)	\$250 Copay	\$50 Copay	\$200 Copay	\$100 Copay	\$75 Copay	
		Durable Medical Equipment	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	
Out-of-Pocket Maximum		\$6,700	\$6,700	\$6,700	\$6,700	\$6,700		
Drug	PART D DRUGS (UP TO 31 DAYS)	Drugs Covered	Extensive List of Brand and Generic Drugs	All Drugs Allowed by Medicare	Extensive List of Brand and Generic Drugs	All Drugs Allowed by Medicare	All Drugs Allowed by Medicare	
		Initial Coverage (Up to \$2,960 in total Rx Costs)	\$4 Preferred Generic, \$15 Non-Preferred Generic, \$45 Preferred Brand, \$95 Non-Preferred Brand, 33% Specialty	\$3 Preferred Generic, \$12 Non-Preferred Generic, \$40 Preferred Brand, \$90 Non-Preferred Brand, 33% Specialty	\$4 Preferred Generic, \$12 Non-Preferred Generic, \$45 Preferred Brand, \$95 Non-Preferred Brand, 33% Specialty	\$4 Preferred Generic, \$12 Non-Preferred Generic, \$45 Preferred Brand, \$90 Non-Preferred Brand, 33% Specialty	\$4 Preferred Generic, \$12 Non-Preferred Generic, \$42 Preferred Brand, \$90 Non-Preferred Brand, 33% Specialty	
		Coverage Gap	Generics (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²	Generics: Tier 1 (\$3 copay) Generics: Tier 2 (\$12 copay) Generics: Tiers 3-5 (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²	Generics (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²	Generics (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²	Generics: Tier 1 (\$4 copay) Generics: Tier 2 (\$12 copay) Generics: Tiers 3-5 (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²	
		Catastrophic Coverage	After \$4,700 member out-of-pocket costs, you pay the greater of 5% Coinsurance or \$2.65 for Generic/Preferred Multi-Source or \$6.60 for all others.					

¹You must continue to pay your Medicare Part B Premium. ²The Medicare Coverage Gap Discount Program will provide manufacturer discounts on brand-name drugs to Part D enrollees who have reached the coverage gap and are not already receiving "Extra Help."

A 50% discount on the negotiated price (excluding the dispensing fee) will be available for those brand-name drugs from manufacturers that have agreed to pay the discount. The benefits listed here are a summary only. Please see the enclosed Summary of Benefits, which compares Original Medicare benefits with the plan benefits. Limitations, copayments, and restrictions may apply.

PPO Plans

Ready to select a plan or need help deciding?

Mail: Fill out the enclosed enrollment form and mail it in the postage-paid envelope provided.


Phone: Enroll over the phone, toll-free 1-866-682-7970 (TTY/TDD users may call 711), 8 a.m.—8 p.m., seven days a week.

Online: Quick step-by-step enrollment online at www.highmarkbcbs.com/medicare

In Person: Call the toll-free number to schedule an **in-home meeting**, or to find a Medicare Solutions Seminar in your area. You can also stop by a Highmark Direct store near you or visit your local Highmark Blue Cross Blue Shield authorized agent.

Still have questions?

Give us a call. Our Medicare-dedicated representatives can help you find a plan that fits your needs.

 Call 1-866-682-7970 (TTY/TDD users may call 711), 8 a.m. – 8 p.m., seven days a week

 Or visit www.highmarkbcbs.com/medicare

			Freedom Blue PPO ValueRx	Freedom Blue PPO Select	Freedom Blue PPO Classic
Health	BASIC PLAN COSTS	Monthly Plan Premium ¹	\$123	\$184	\$319
		Deductible	\$0	\$0	\$0
		Out-of-Network	30% Coinsurance	30% Coinsurance	30% Coinsurance
	PHYSICIAN SERVICES	Doctor Office Visit	PCP: \$15 In-/-\$30 Out-of-Network Copay, Specialist: \$40 In-/-\$50 Out-of-Network Copay	PCP: \$10 In-/-\$30 Out-of-Network Copay, Specialist: \$35 In-/-\$45 Out-of-Network Copay	PCP: \$5 In-/-\$30 Out-of-Network Copay, Specialist: \$25 In-/-\$40 Out-of-Network Copay
		Lab & Diagnostic Tests	Office/Lab: \$5 Copay, Outpatient: \$15 Copay	Office/Lab: \$0 Copay, Outpatient: \$10 Copay	Covered In Full
		X-rays/Advanced Imaging	X-ray: \$50 Copay, Advanced Imaging: \$200 Copay	X-ray: \$40 Copay, Advanced Imaging: \$150 Copay	X-ray: \$20 Copay, Advanced Imaging: \$100 Copay
		Preventive Testing & Screenings	Covered In Full (Office visit Copay may apply)	Covered In Full (Office visit Copay may apply)	Covered In Full (Office visit Copay may apply)
	FACILITY SERVICES	Outpatient Surgery	ASC: \$200 Copay Facility: \$300 Copay	ASC: \$150 Copay Facility: \$250 Copay	ASC: \$150 Copay Facility: \$250 Copay
		Emergency Room	\$65 Copay	\$65 Copay	\$65 Copay
		Inpatient Hospital Stay	\$250 Per Day (Days 1-5) Per Admit	\$200 Per Day (Days 1-5) Per Admit	\$125 Per Day (Days 1-5) Per Admit
		Skilled Nursing Facility (Days 1-100 per benefit period)	\$0 Per Day (Days 1-20), \$150 Per Day (Days 21-100)	\$0 Per Day (Days 1-20), \$150 Per Day (Days 21-100)	\$0 Per Day (Days 1-20), \$150 Per Day (Days 21-100)
	ADDITIONAL BENEFITS	Eyeglasses or Contact Lenses (Annually)	In-Network: \$0 Copay for routine eye exam. Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear. Out-of-Network: \$100 benefit maximum for eyewear.		
		Hearing Aids (Covered every three years)	\$500 Coverage	\$500 Coverage	\$500 Coverage
		Routine Dental & Dentures	Office Visit: \$30 Copay, X-ray: \$25 Copay	Office Visit: \$30 Copay, X-ray: \$25 Copay	Office Visit: \$20 Copay, X-ray: \$20 Copay
		Routine Chiropractic & Podiatry	Not Covered	Routine Chiro: 8 Visits Per Year Routine Podiatry: 10 Visits Per Year	Routine Chiro: 8 Visits Per Year Routine Podiatry: 10 Visits Per Year
	OTHER PLAN COVERAGE	Ambulance (Per one-way trip)	\$200 Copay	\$150 Copay	\$100 Copay
		Durable Medical Equipment	20% Coinsurance	20% Coinsurance	20% Coinsurance
		Out-of-Pocket Maximum	In-Network: \$6,700 Catastrophic: \$10,000	In-Network: \$6,700 Catastrophic: \$10,000	In-Network: \$6,700 Catastrophic: \$10,000
Drug	PART D DRUGS (UP TO 31 DAYS)	Drugs Covered	Extensive List of Brand and Generic Drugs	Extensive list of Brand and Generic drugs	All Drugs Allowed by Medicare
		Initial Coverage (Up to \$2,960 in total Rx Costs)	\$4 Preferred Generic, \$15 Non-Preferred Generic, \$45 Preferred Brand, \$95 Non-Preferred Brand, 33% Specialty	\$4 Preferred Generic, \$12 Non-Preferred Generic, \$45 Preferred Brand, \$95 Non-Preferred Brand, 33% Specialty	\$4 Preferred Generic, \$12 Non-Preferred Generic, \$45 Preferred Brand, \$90 Non-Preferred Brand, 33% Specialty
		Coverage Gap	Generics (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²	Generics (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²	Generics: Tier 1 (\$4 copay) Generics: Tier 2 (\$12 copay) Generics: Tiers 3-5 (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²
		Catastrophic Coverage	After \$4,700 member out-of-pocket costs, you pay the greater of 5% Coinsurance or \$2.65 for Generic/Preferred Multi-Source or \$6.60 for all others.		

¹You must continue to pay your Medicare Part B Premium. ²The Medicare Coverage Gap Discount Program will provide manufacturer discounts on brand-name drugs to Part D enrollees who have reached the coverage gap and are not already receiving "Extra Help."

A 50% discount on the negotiated price (excluding the dispensing fee) will be available for those brand-name drugs from manufacturers that have agreed to pay the discount. The benefits listed here are a summary only. Please see the enclosed Summary of Benefits, which compares Original Medicare benefits with the plan benefits. Limitations, copayments, and restrictions may apply.

¹You must continue to pay your Medicare Part B premium. Keystone Health Plan West, Inc. is a HMO plan with a Medicare contract. Enrollment in Keystone Health Plan West, Inc. depends on contract renewal. Highmark Inc. is a PPO plan with a Medicare contract. Enrollment in Highmark Inc. depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or Your Medicaid Office. People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048. Individuals must have both Part A and Part B to enroll. You must reside in the Security Blue HMO, Community Blue Medicare HMO, or Freedom Blue PPO service area. Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances, and quantity limitations and restrictions may apply. You must receive all routine care from plan providers. Highmark is a registered mark of Highmark Inc. Highmark Blue Cross Blue Shield and Keystone Health Plan West are independent licensees of the Blue Cross and Blue Shield Association. Freedom Blue, Security Blue, and Community Blue are service marks of the Blue Cross and Blue Shield Association. Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. SilverSneakers is a registered mark of Healthways, Inc. Healthways, Inc., is a separate company that administers the SilverSneakers program. Medicare beneficiaries may also enroll in Security Blue HMO, Community Blue Medicare HMO, and Freedom Blue PPO through the CMS Medicare Online Enrollment Center located at <http://www.medicare.gov>.

Security Blue HMO and Community Blue Medicare HMO:

You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers, neither Medicare nor Security Blue HMO or Community Blue Medicare HMO will be responsible for the costs. Eligible Medicare beneficiaries may enroll in Medicare-approved plans only during specific times of the year known as enrollment periods. For more information please contact Highmark Blue Cross Blue Shield customer service at 1-866-682-7970 (TTY/TDD users may call 711), 8 a.m.-8 p.m., seven days a week. This document may be available in alternate formats or languages. To receive assistance in other languages or formats, please contact 1-866-682-7970 (TTY/TDD users may call 711), 8 a.m.-8 p.m., seven days a week.

Freedom Blue PPO:

Deductibles, coinsurance and limitations apply to out of-network services except for urgent and emergency care. Contact Freedom Blue PPO representatives for details. With the exception of emergency or urgent care, it may cost more to get care from non-plan or nonpreferred providers. Eligible Medicare beneficiaries may enroll in Medicare-approved plans only during specific times of the year known as enrollment periods. For more information please contact Highmark Blue Cross Blue Shield customer service at 1-866-682-7969 (TTY/TDD users may call 711), 8 a.m.-8 p.m., seven days a week. This document may be available in alternate formats or languages. To receive assistance in other languages or formats, please contact 1-866-682-7969 (TTY/TDD users may call 711), 8 a.m.-8 p.m., seven days a week.

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Our *Featured* Plans For You



Community Blue Medicare HMO Signature

Monthly Plan Premium	\$0
Doctor Office Visit	\$10 PCP Copay \$40 Specialist Copay
Inpatient Hospital Stay	\$275 Per Day (Days 1-5) Per Admit
Prescription Drug	As low as \$4
Extra Included Benefits	Vision Dental Hearing SilverSneakers



Security Blue HMO ValueRx

Monthly Plan Premium	\$42
Doctor Office Visit	\$10 PCP Copay \$35 Specialist Copay
Inpatient Hospital Stay	\$200 Per Day (Days 1-7) Per Admit
Prescription Drug	As low as \$4
Extra Included Benefits	Vision Dental Hearing SilverSneakers

Additional plan information on following pages.

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HMO Plans

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In order to find the right product for you, you'll want to make sure that you select one that offers access to your preferred providers, and since **all** of our plans offer coverage worldwide in the event of emergency, you'll always be covered when you need it most:

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Health	BASIC PLAN COSTS	Monthly Plan Premium ¹	\$0	\$193	\$42	\$201	\$237	
		Deductible	\$0	\$0	\$0	\$0	\$0	
		Out-of-Network	N/A	N/A	N/A	N/A	N/A	
	PHYSICIAN SERVICES	Doctor Office Visit	PCP: \$10 Copay, Specialist: \$40 Copay	PCP: \$0 Copay, Specialist: \$10 Copay	PCP: \$10 Copay, Specialist: \$35 Copay	PCP: \$10 Copay, Specialist: \$30 Copay	PCP: \$5 Copay, Specialist: \$30 Copay	
		Lab & Diagnostic Tests	Office/Lab: \$5 Copay, Outpatient: \$15 Copay	Covered In Full	Office/Lab: \$0 Copay, Outpatient: \$10 Copay	Covered in Full	Covered in Full	
		X-rays/Advanced Imaging	X-ray: \$50 Copay, Advanced Imaging: \$200 Copay	X-ray: \$10 Copay, Advanced Imaging: \$35 Copay	X-ray: \$30 Copay, Advanced Imaging: \$125 Copay	X-ray: \$25 Copay, Advanced Imaging: \$75 Copay	X-ray: \$20 Copay, Advanced Imaging: \$50 Copay	
		Preventive Testing & Screenings	Covered In Full (Office visit Copay may apply)	Covered In Full (Office visit Copay may apply)	Covered In Full (Office visit Copay may apply)	Covered In Full (Office visit Copay may apply)	Covered In Full (Office visit Copay may apply)	
	FACILITY SERVICES	Outpatient Surgery	\$300 Copay	\$50 Copay	ASC: \$150 Copay Facility: \$250 Copay	ASC: \$125 Copay Facility: \$225 Copay	ASC: \$75 Copay Facility: \$150 Copay	
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Drug	PART D DRUGS (UP TO 31 DAYS)	Drugs Covered	Extensive List of Brand and Generic Drugs	All Drugs Allowed by Medicare	Extensive List of Brand and Generic Drugs	All Drugs Allowed by Medicare	All Drugs Allowed by Medicare	
		Initial Coverage (Up to \$2,960 in total Rx Costs)	\$4 Preferred Generic, \$15 Non-Preferred Generic, \$45 Preferred Brand, \$95 Non-Preferred Brand, 33% Specialty	\$3 Preferred Generic, \$12 Non-Preferred Generic, \$40 Preferred Brand, \$90 Non-Preferred Brand, 33% Specialty	\$4 Preferred Generic, \$12 Non-Preferred Generic, \$45 Preferred Brand, \$95 Non-Preferred Brand, 33% Specialty	\$4 Preferred Generic, \$12 Non-Preferred Generic, \$45 Preferred Brand, \$90 Non-Preferred Brand, 33% Specialty	\$4 Preferred Generic, \$12 Non-Preferred Generic, \$42 Preferred Brand, \$90 Non-Preferred Brand, 33% Specialty	
		Coverage Gap	Generics (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²	Generics: Tier 1 (\$3 copay) Generics: Tier 2 (\$12 copay) Generics: Tiers 3-5 (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²	Generics (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²	Generics (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²	Generics: Tier 1 (\$4 copay) Generics: Tier 2 (\$12 copay) Generics: Tiers 3-5 (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²	
	Catastrophic Coverage	After \$4,700 member out-of-pocket costs, you pay the greater of 5% Coinsurance or \$2.65 for Generic/Preferred Multi-Source or \$6.60 for all others.						

¹You must continue to pay your Medicare Part B Premium. ²The Medicare Coverage Gap Discount Program will provide manufacturer discounts on brand-name drugs to Part D enrollees who have reached the coverage gap and are not already receiving "Extra Help."

A 50% discount on the negotiated price (excluding the dispensing fee) will be available for those brand-name drugs from manufacturers that have agreed to pay the discount. The benefits listed here are a summary only. Please see the enclosed Summary of Benefits, which compares Original Medicare benefits with the plan benefits. Limitations, copayments, and restrictions may apply.

PPO Plans

Ready to select a plan or need help deciding?

Mail: Fill out the enclosed enrollment form and mail it in the postage-paid envelope provided.


Phone: Enroll over the phone, toll-free 1-866-682-7970 (TTY/TDD users may call 711), 8 a.m.—8 p.m., seven days a week.

Online: Quick step-by-step enrollment online at www.highmarkbcbs.com/medicare

In Person: Call the toll-free number to schedule an **in-home meeting**, or to find a Medicare Solutions Seminar in your area. You can also stop by a Highmark Direct store near you or visit your local Highmark Blue Cross Blue Shield authorized agent.

Still have questions?

Give us a call. Our Medicare-dedicated representatives can help you find a plan that fits your needs.

 Call 1-866-682-7970 (TTY/TDD users may call 711), 8 a.m. – 8 p.m., seven days a week

 Or visit www.highmarkbcbs.com/medicare

			Freedom Blue PPO ValueRx	Freedom Blue PPO Select	Freedom Blue PPO Classic
Health	BASIC PLAN COSTS	Monthly Plan Premium ¹	\$105	\$137	\$280
		Deductible	\$0	\$0	\$0
		Out-of-Network	30% Coinsurance	30% Coinsurance	30% Coinsurance
	PHYSICIAN SERVICES	Doctor Office Visit	PCP: \$15 In-/-\$30 Out-of-Network Copay, Specialist: \$40 In-/-\$50 Out-of-Network Copay	PCP: \$10 In-/-\$30 Out-of-Network Copay, Specialist: \$35 In-/-\$45 Out-of-Network Copay	PCP: \$5 In-/-\$30 Out-of-Network Copay, Specialist: \$25 In-/-\$40 Out-of-Network Copay
		Lab & Diagnostic Tests	Office/Lab: \$5 Copay, Outpatient: \$15 Copay	Office/Lab: \$0 Copay, Outpatient: \$10 Copay	Covered In Full
		X-rays/Advanced Imaging	X-ray: \$50 Copay, Advanced Imaging: \$200 Copay	X-ray: \$40 Copay, Advanced Imaging: \$150 Copay	X-ray: \$20 Copay, Advanced Imaging: \$100 Copay
		Preventive Testing & Screenings	Covered In Full (Office visit Copay may apply)	Covered In Full (Office visit Copay may apply)	Covered In Full (Office visit Copay may apply)
	FACILITY SERVICES	Outpatient Surgery	ASC: \$200 Copay Facility: \$300 Copay	ASC: \$150 Copay Facility: \$250 Copay	ASC: \$150 Copay Facility: \$250 Copay
		Emergency Room	\$65 Copay	\$65 Copay	\$65 Copay
		Inpatient Hospital Stay	\$250 Per Day (Days 1-5) Per Admit	\$200 Per Day (Days 1-5) Per Admit	\$125 Per Day (Days 1-5) Per Admit
		Skilled Nursing Facility (Days 1-100 per benefit period)	\$0 Per Day (Days 1-20), \$150 Per Day (Days 21-100)	\$0 Per Day (Days 1-20), \$150 Per Day (Days 21-100)	\$0 Per Day (Days 1-20), \$150 Per Day (Days 21-100)
	ADDITIONAL BENEFITS	Eyeglasses or Contact Lenses (Annually)	In-Network: \$0 Copay for routine eye exam. Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. \$200 benefit maximum for post cataract eyewear. Out-of-Network: \$100 benefit maximum for eyewear.		
		Hearing Aids (Covered every three years)	\$500 Coverage	\$500 Coverage	\$500 Coverage
		Routine Dental & Dentures	Office Visit: \$30 Copay, X-ray: \$25 Copay	Office Visit: \$30 Copay, X-ray: \$25 Copay	Office Visit: \$20 Copay, X-ray: \$20 Copay
		Routine Chiropractic & Podiatry	Not Covered	Routine Chiro: 8 Visits Per Year Routine Podiatry: 10 Visits Per Year	Routine Chiro: 8 Visits Per Year Routine Podiatry: 10 Visits Per Year
	OTHER PLAN COVERAGE	Ambulance (Per one-way trip)	\$200 Copay	\$150 Copay	\$100 Copay
		Durable Medical Equipment	20% Coinsurance	20% Coinsurance	20% Coinsurance
		Out-of-Pocket Maximum	In-Network: \$6,700 Catastrophic: \$10,000	In-Network: \$6,700 Catastrophic: \$10,000	In-Network: \$6,700 Catastrophic: \$10,000
Drug	PART D DRUGS (UP TO 31 DAYS)	Drugs Covered	Extensive List of Brand and Generic Drugs	Extensive list of Brand and Generic drugs	All Drugs Allowed by Medicare
		Initial Coverage (Up to \$2,960 in total Rx Costs)	\$4 Preferred Generic, \$15 Non-Preferred Generic, \$45 Preferred Brand, \$95 Non-Preferred Brand, 33% Specialty	\$4 Preferred Generic, \$12 Non-Preferred Generic, \$45 Preferred Brand, \$95 Non-Preferred Brand, 33% Specialty	\$4 Preferred Generic, \$12 Non-Preferred Generic, \$45 Preferred Brand, \$90 Non-Preferred Brand, 33% Specialty
		Coverage Gap	Generics (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²	Generics (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²	Generics: Tier 1 (\$4 copay) Generics: Tier 2 (\$12 copay) Generics: Tiers 3-5 (65% Coinsurance) Brands (45% Coinsurance After 50% Discount) ²
		Catastrophic Coverage	After \$4,700 member out-of-pocket costs, you pay the greater of 5% Coinsurance or \$2.65 for Generic/Preferred Multi-Source or \$6.60 for all others.		

¹You must continue to pay your Medicare Part B Premium. ²The Medicare Coverage Gap Discount Program will provide manufacturer discounts on brand-name drugs to Part D enrollees who have reached the coverage gap and are not already receiving "Extra Help."

A 50% discount on the negotiated price (excluding the dispensing fee) will be available for those brand-name drugs from manufacturers that have agreed to pay the discount. The benefits listed here are a summary only. Please see the enclosed Summary of Benefits, which compares Original Medicare benefits with the plan benefits. Limitations, copayments, and restrictions may apply.

¹You must continue to pay your Medicare Part B premium. Keystone Health Plan West, Inc. is a HMO plan with a Medicare contract. Enrollment in Keystone Health Plan West, Inc. depends on contract renewal. Highmark Inc. is a PPO plan with a Medicare contract. Enrollment in Highmark Inc. depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or Your Medicaid Office. People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048. Individuals must have both Part A and Part B to enroll. You must reside in the Security Blue HMO, Community Blue Medicare HMO, or Freedom Blue PPO service area. Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances, and quantity limitations and restrictions may apply. You must receive all routine care from plan providers. Highmark is a registered mark of Highmark Inc. Highmark Blue Cross Blue Shield and Keystone Health Plan West are independent licensees of the Blue Cross and Blue Shield Association. Freedom Blue, Security Blue, and Community Blue are service marks of the Blue Cross and Blue Shield Association. Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. SilverSneakers is a registered mark of Healthways, Inc. Healthways, Inc., is a separate company that administers the SilverSneakers program. Medicare beneficiaries may also enroll in Security Blue HMO, Community Blue Medicare HMO, and Freedom Blue PPO through the CMS Medicare Online Enrollment Center located at <http://www.medicare.gov>.

Security Blue HMO and Community Blue Medicare HMO:

You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers, neither Medicare nor Security Blue HMO or Community Blue Medicare HMO will be responsible for the costs. Eligible Medicare beneficiaries may enroll in Medicare-approved plans only during specific times of the year known as enrollment periods. For more information please contact Highmark Blue Cross Blue Shield customer service at 1-866-682-7970 (TTY/TDD users may call 711), 8 a.m.-8 p.m., seven days a week. This document may be available in alternate formats or languages. To receive assistance in other languages or formats, please contact 1-866-682-7970 (TTY/TDD users may call 711), 8 a.m.-8 p.m., seven days a week.

Freedom Blue PPO:

Deductibles, coinsurance and limitations apply to out of-network services except for urgent and emergency care. Contact Freedom Blue PPO representatives for details. With the exception of emergency or urgent care, it may cost more to get care from non-plan or nonpreferred providers. Eligible Medicare beneficiaries may enroll in Medicare-approved plans only during specific times of the year known as enrollment periods. For more information please contact Highmark Blue Cross Blue Shield customer service at 1-866-682-7969 (TTY/TDD users may call 711), 8 a.m.-8 p.m., seven days a week. This document may be available in alternate formats or languages. To receive assistance in other languages or formats, please contact 1-866-682-7969 (TTY/TDD users may call 711), 8 a.m.-8 p.m., seven days a week.