## 2025 HIGHMARK MEDICARE ADVANTAGE, D-SNP, AND ACA INDIVIDUAL MARKET

# Agent Field Guide

HIGHMARK.

Because Life.™

# Dear Highmark Agent:

Welcome to Highmark Federal Markets — what we call our combined Highmark Medicare, D-SNP, and ACA Individual Market sales team. You're a valued member of this team, and the face of Highmark.

As a Highmark field agent, you're often our first point of contact with consumers who are shopping for quality health coverage that's both accessible and affordable.

With this in mind, we've put together our Agent Field Guide to equip you with the tools and references you need to assist your clients more effectively.

For 2025, we're using a new format for the Agent Field Guide. We're separating what has traditionally been included in the Field Guide into two resources: the Agent Field Guide (our "how to do business with Highmark" guide, which you're viewing now) and a separate Federal Markets Agent Product Guide that will outline product and benefit details for all three lines of business (Medicare, D-SNP, ACA). With this new approach, we hope to get more accurate information into your hands in a timely manner, without the added confusion of updated/revised versions.

This Agent Field Guide puts a wealth of information at your fingertips — including details about our Highmark Medicare, D-SNP, and ACA Individual Market products, important policies, and everything you need to know about doing business with Highmark. On the following pages, you'll also find guidance on using the Highmark producer web portal, information on the Medicare Star Ratings, and other insights to ensure you're ready to sell Highmark products.

Please keep this guide handy. It can help you prepare to have more productive meetings with your clients as they search for a health plan offering both comprehensive coverage and real value.

The Federal Markets Agent Product Guide will include 2025 benefit grids and maps for all three lines of business, as well as any updates received since this guide's production. We will communicate and distribute the Agent Product Guide as soon as it is available and annually every year after.

Thank you for representing Highmark. Please know that we're always here to help make your job easier and support your successes.

Sincerely,

The Highmark Federal Markets Team

# Contents

SECTION I

# Highmark Snapshot — Who Are We?



## Welcome to Highmark Health, a health and wellness organization with more than 35,000 employees.

A national blended health organization, Highmark Health and our leading businesses support millions of customers with products, services, and solutions closely aligned to our mission of creating remarkable health experiences, freeing people to be their best.

Headquartered in Pittsburgh, we're regionally focused in Pennsylvania, Delaware, West Virginia, and New York, with customers in 50 states and the District of Columbia.

We passionately serve individual consumers and fellow businesses alike. And our companies cover a diversified spectrum of essential health-related needs including health insurance, health care delivery, population health management, dental solutions, reinsurance solutions, and innovative technology solutions.

### Highmark Health's portfolio of leading health care companies

**Highmark Inc.** | Pittsburgh, PA

Highmark Inc. and its collective health insurance subsidiaries and affiliates are one of America's largest health insurance organizations.

Highmark Inc. and its affiliates operate health insurance plans in Pennsylvania, Delaware, West Virginia, and New York that serve more than 6 million members and hundreds of thousands of additional individuals through the BlueCard® program.

Together with its Blue-branded affiliates, Highmark Inc. is the fourth-largest overall Blue Cross and Blue Shield–affiliated organization in the country based on capital.

Highmark Inc. is an independent licensee of the Blue Cross Blue Shield Association.

New for 2025, Highmark Blue Cross Blue Shield is bringing D-SNP to Delaware with Highmark Health Options Duals. Members enjoy a top-tier network of providers as well as a variety of value-added benefits designed to address the total health of its members.

Because Life.™

Because Life.™

**Highmark Wholecare** is a leading Medicaid and Medicare insurer. They coordinate health care that goes beyond doctors and medicine, driving a new kind of health care in collaboration with a robust provider network of 30,000 doctors and specialists across Pennsylvania. Highmark Wholecare is committed to supporting the "total health" of its members.

**United Concordia Dental** is a leading national dental solutions company focused on delivering better overall health. The company has nearly 8.5 million members, one of the nation's largest dentist networks, an AM Best A- (Excellent) rating, and is licensed in all 50 states, District of Columbia, and Puerto Rico.

**HM Insurance Group** works to protect businesses from the potential financial risk associated with catastrophic health care costs. Through its insurance companies, HM Insurance Group holds insurance licenses in 50 states and the District of Columbia and maintains sales offices across the country.

**enGen's** dynamic ecosystem of smart automation, and technology supports and streamlines complex operations for health plans and their provider partners. Founded in 2014 as HM Health Solutions (HMHS), enGen is a wholly owned subsidiary of Highmark Health. enGen has more than 3,500 employees and works with health care plans serving more than 10 million members nationwide.

**Allegheny Health Network** provides health care delivery, research, medical education, and wellness services through a leading integrated delivery network of 13 hospitals, more than 2,500 staff physicians, and key clinical and research partnerships.

**Helion** is a health care technology and services firm that helps payers cultivate high-performing networks while empowering providers to operate at their best — and in doing so, helps patients heal better. The firm's end goal is health and healing in the home, but their solutions create value along a broader part of the health care continuum.



SECTION II

# Doing Business with Highmark Federal Markets

# The Producer Portal

Highmark offers plenty of helpful resources to make your job easier — including our Producer Portal. This user-friendly website has everything you need to understand our plans and communicate effectively with clients.

*Producer Portal is only for Medicare and ACA lines of business, not D-SNP.*

### With the Producer Portal, you can:

- Enroll clients online.
- Check the status of applications.
- Order customized enrollment kits.
- Request CMS-approved marketing materials.
- View and download important documents.
- Access the most recent version of this Field Guide.



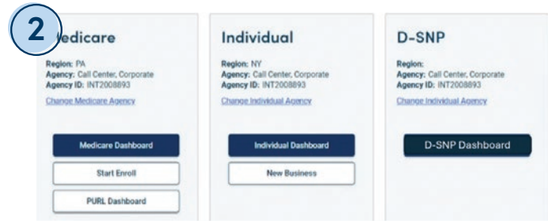


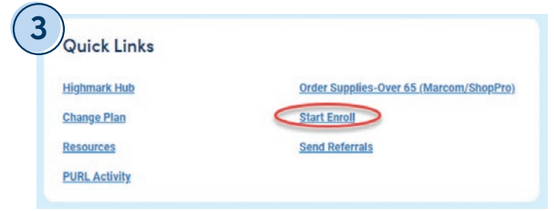

### Enroll your clients in just a few steps

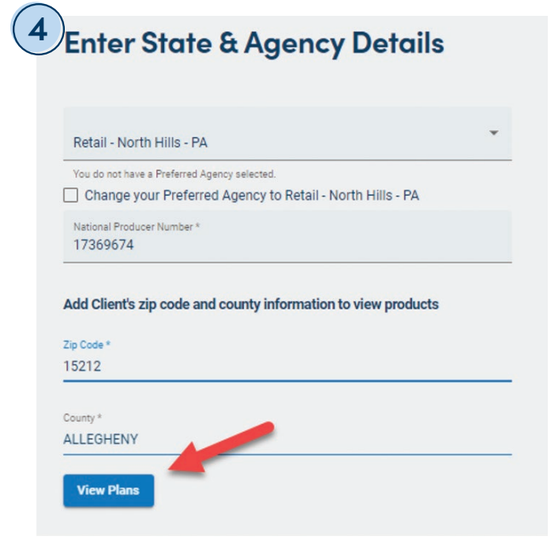
Our online enrollment tool allows you to enroll your clients quickly and easily. It also provides instant confirmation that an application has been received by Highmark.

#### To use the online enrollment tool:

1. Log in to the **Producer Portal**.
2. Select your Line of Business. (Note: to access the Medicare Producer Portal directly, you can use this address — **medicare.highmark.com/producer/login.**) If you're logging in to ACA Individual Market, you then select **On Exchange Plans** or **Off Exchange Plans**. Individuals can only enroll online for off-exchange plans during the Open Enrollment Period.
3. Select the **Start Enroll** button from your Dashboard, or under **Quick Links**.
4. Enter the ZIP code and select the county the beneficiary lives in. Then, choose **View Plans** to make a selection.
5. Next you will come to the **Review** screen. At this screen, you can print out a summary of the application.
6. After you submit the application, you will be directed to a confirmation screen. Here you can email yourself a confirmation for your records.

## Checking the status of an application

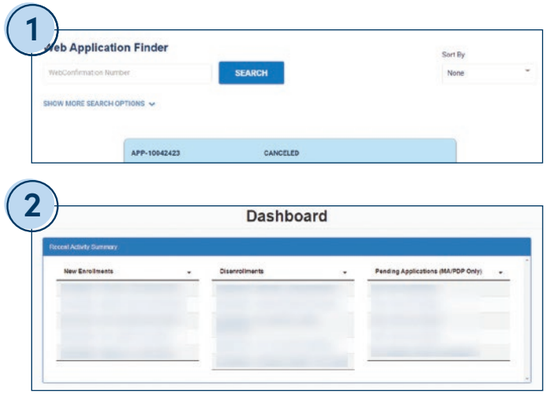
Once you submit an application to Highmark via online enrollment, you can check its status through the Producer Portal.

### Here's how:

1. Log in to the **Producer Portal**.
2. Applications will be listed at the bottom of your Dashboard screen.

### Alternatively:

1. Click on the **Reports** link under **Quick Links**.
2. Review **Recent Activity** including **Pending Applications** from this secondary Dashboard.




## Viewing and downloading documents

The Producer Portal has important documents that producers can use to market and sell Highmark Medicare and ACA Individual Market Products.

To access these documents, click on the **Resources** link under **Quick Links** on your Dashboard. All documentation available to producers will be listed by product and region, including additional resources like the **Scope of Appointment** document.






## Sharing PURLs from the Producer Portal

**Sharing PURLs applies to Medicare Advantage only.**

Your PURLs (Personalized URLs that lead to specific web landing pages) are an easy way to send enrollment kits and roadmaps with your details attached, so that you get credit for resulting enrollments. Sending PURLs from the Portal allows you to track what members or prospects do with them.

When you log in to the Portal, you'll notice two new Quick Links on your Dashboard: **Send Referrals** and **PURL Activity**.

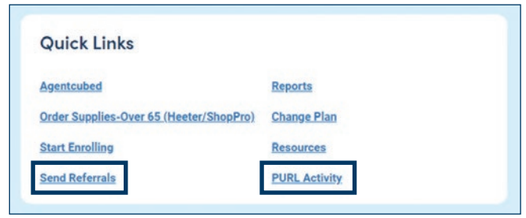
From **Send Referrals**, your details are prepopulated and you can enter your prospect's ZIP code, county, and email address, then select the type of referral you're sending (referral email, enrollment kit, or roadmap kit).

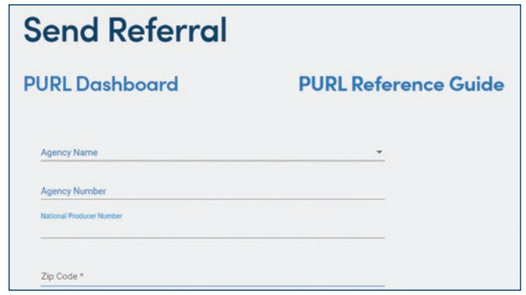
Click **Send Email**, and the referral is sent.
**We strongly urge you to send PURLs directly from the Producer Portal in this way.**
This ensures the activity is tracked in your PURL Status Tracker dashboard.

Clicking **PURL Activity** sends you to the **PURL Status Tracker**. This page displays the actions your prospects have taken with your Portal-sent PURLs (email sent, link clicked, app saved, app submitted) in both a bar graph overview and a more detailed list.

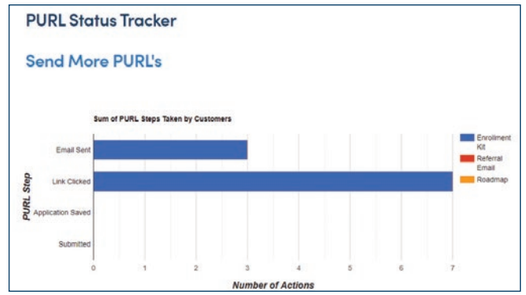
**For a more detailed overview and walk-through of these new features, go to the Send Referral link and click on the PURL Reference Guide.**

### Send Referrals



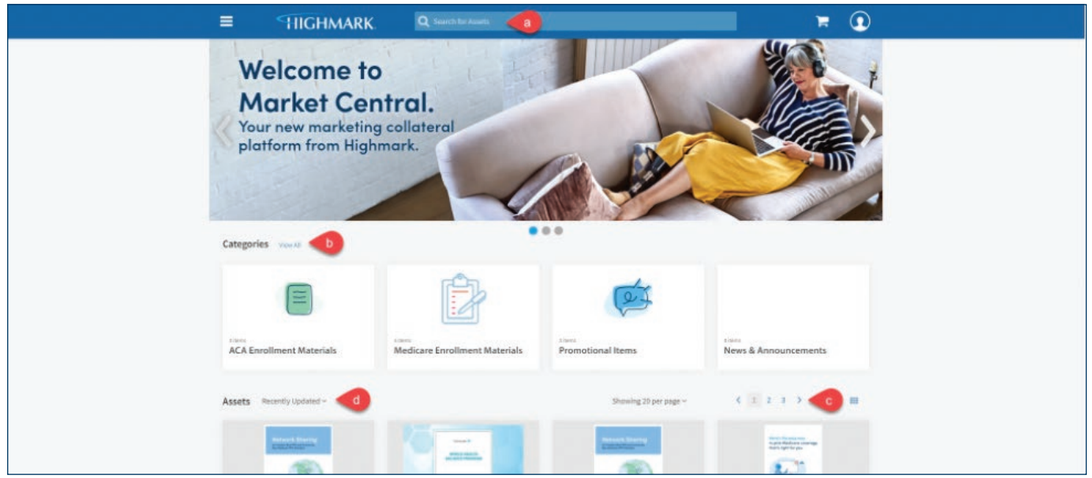




### PURL Activity



# Using Marcom — our online source for enrollment kits and support materials

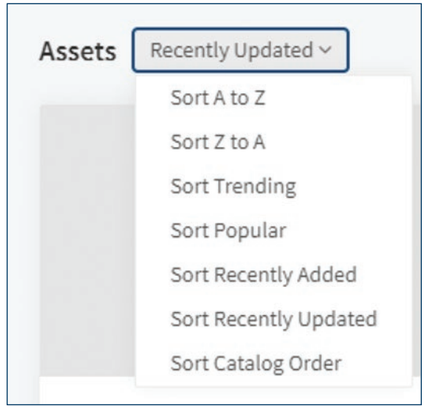
Highmark agents have one website for all of their marketing materials and enrollment kits. To get started, log in to **Highmark Producer Portal** at **producer.highmark.com**. From the **Medicare Advantage** dashboard, you can access Marcom by selecting the **Order Supplies-Over 65** link under **Quick Links**.




## How to navigate

You can search the portal a few ways:

1. **Typing in the Search Bar.**
2. **Scrolling** through the pages.
3. **Home Page view/toggling** between the different view options.

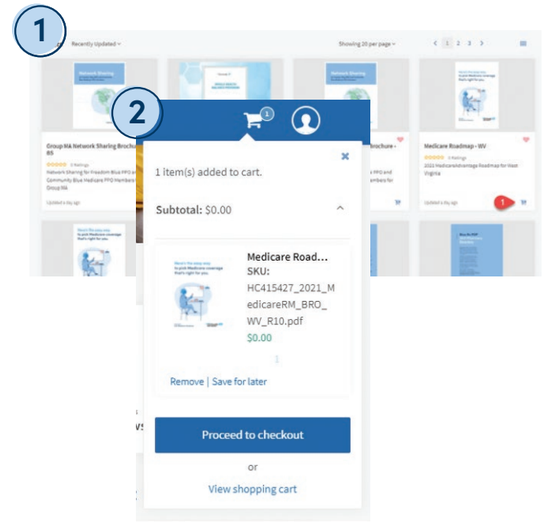



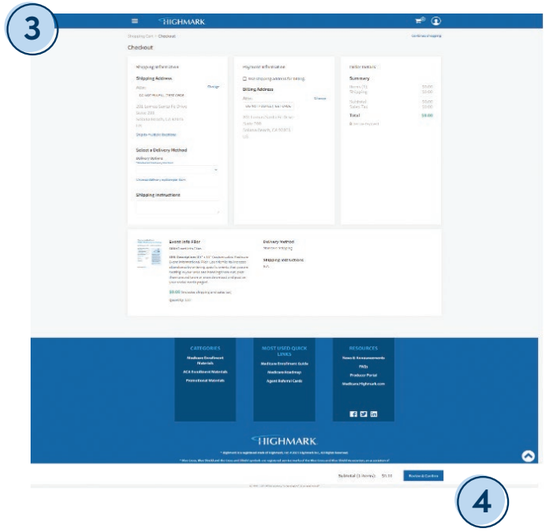





## How to check out

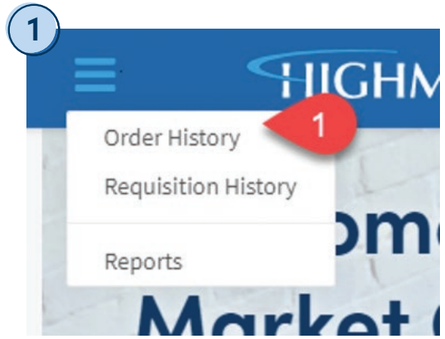
1. Select the product you would like to order and click on the **Cart icon** to add it to your cart. If the piece requires customization, you must complete that first and then select **Add to Cart** after generating a proof.
2. Once you add to the cart, a preview will show in the top right of the page.
3. Click the **View Shopping Cart** or the **Proceed to Checkout** button to begin the checkout process. You'll be asked to fill out your **Shipping and Billing Information**. Once you've completed that, hit **Refresh order details** at the bottom to apply your changes to the order.
4. Click the **Review and Confirm** button.
5. Review your order details and click **Complete Order**.
6. Your order is placed, and you will receive your order number.

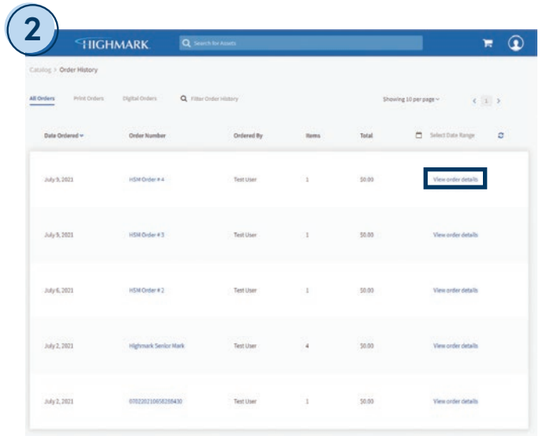


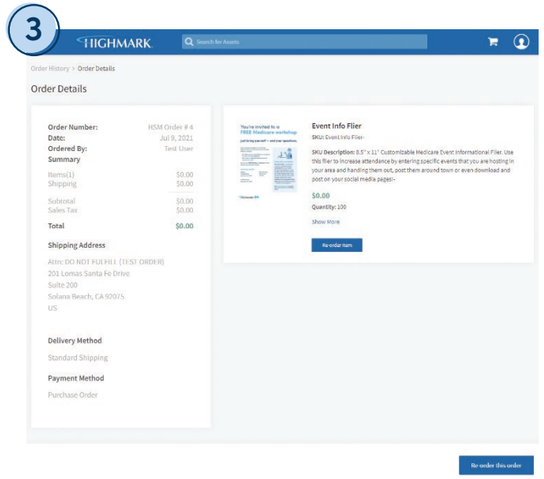




### How to check order history

1. To check on past orders, navigate to the menu icon in the top left corner and select **Order History**.
2. You'll see all orders listed by date. You can also search by order number, date range, and more.
3. You can select the **View order details** link to see which items were included in each order. You will also be provided a link to reorder if you'd like.








# How to talk to your clients about eBill

### The easiest way to pay

Coverage starts once a member reaches their coverage effective date and makes their first payment. The simplest way to do that is by registering for an eBill account. After that, they can set up automatic payments to make paying on time even easier. Here's how to get started:

1. **Create an account** by visiting our secure member website and selecting the **Register** link. They'll need their Highmark member ID.
2. **Receive and pay the first invoice**.
3. **Set up automatic payments**, so they never miss one. Missing a payment can lead to loss of coverage.

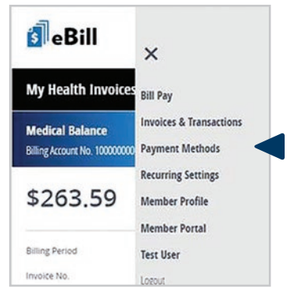
### Making payments

#### Step 1:

Members can log in to their account and click the **Pay Premium** tab. This will take them to the eBill landing page. If they're using a mobile device, they can click the three lines in the upper right-hand corner to access the menu.

#### Step 2:

Under **My Health Invoices**, they can find their invoice and tap **Pay Now** in the blue bar.




**Step 3:**

Next, they'll need to add a payment method.

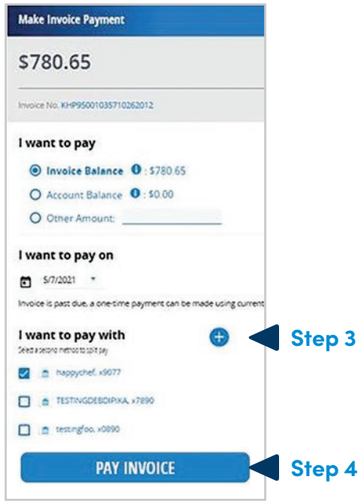
- They can tap the blue plus symbol to the right of **I want to pay with**. From there, they can enter the details of their preferred payment method, then tap **Add Payment**.

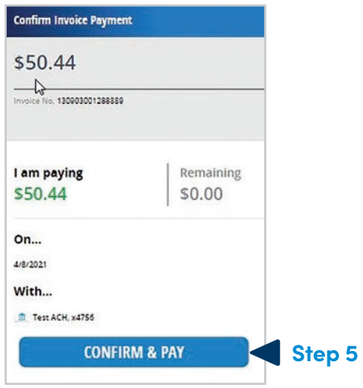
**Step 4:**

Once their preferred payment method is added, they should tap **Pay Invoice**.

**Step 5:**

On the **Confirm Invoice Payment** page, they can make sure all the information is correct and then tap **Confirm and Pay**.








## Signing up for automatic payments

**Step 1:**

Members can go to **Recurring Settings** on the main menu and tap **Add Recurring Payment**.

**Step 2:**

Select the **Coverage Type** from the drop-down menu.

**Step 3:**

Select the number of days before the due date to pay the bill from the drop-down menu (0 – 10), then select a starting date for the recurring payment.

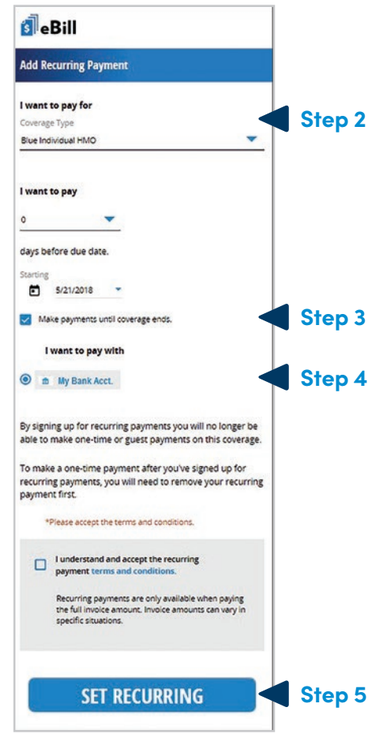
- If the box below the starting date is unchecked, a second box will appear for the ending date. **Make payments until coverage ends** is the default.

**Step 4:**

The member's preferred payment method will automatically be selected. If they want to use multiple payment methods, they can uncheck the preferred payment method and choose another.

**Step 5:**

Tap the checkbox to accept the terms and conditions, then click **Set Recurring**.

# Ethics and Integrity

Highmark Health and its Blue-branded health plans are committed to complying with all applicable federal and state regulatory requirements.

Highmark Health and its affiliates/subsidiaries' policies and procedures deal with direct black and white types of situations. But more often than not, life happens in gray areas. This is where the Code of Business Conduct comes in.

The Code outlines Highmark Health's ethical standards and behavioral expectations. You are required to read, understand, and agree to abide by the Highmark Health Third Party Code of Business Conduct.

As an appointed agent, you have the responsibility to comply with our Third Party Code of Business Conduct.[1] You are required to conduct business activities and interactions ethically and with integrity. You must adhere to the following standards:

- Seek to truthfully, carefully, and accurately present a true picture of covered benefits by learning about and keeping abreast of all relevant products, benefit plans, and applicable legislation and regulation, to the best of your ability.
- Make a conscientious effort to ascertain and understand all relevant circumstances pertaining to the client in order to recommend appropriate benefit plans.
- Inventory current benefit plans with the client to avoid selling duplicative insurance benefits.
- Honestly assess the likelihood that a client will meet underwriting and financial requirements and discover any adverse factor(s) to reduce false expectations of acceptance and adequacy of benefit plan.
- Possess a comprehensive understanding of products in order to honestly, openly, and effectively portray benefit plans and determine a client understanding of key benefits and limitations.
- Clarify and verify the client's grasp of information and review pertinent issues.
- Protect proprietary and competitive information.
- Protect protected health information and confidential and financial information in compliance with existing state and federal laws and regulations.
- Obey all laws, including antitrust, governing business, and professional activities and represent products in an ethical manner without fraud, misrepresentation, exaggeration, coercion, scare tactics, or concealment of pertinent facts.
- At all times, fully disclose commission and compensation arrangements to the client.
- Ensure appropriate relationships by not offering or accepting any inducements that might compromise a reasonable business decision. Avoid any conflict of interest or the appearance of any conflicts of interest.
- Use only authorized promotional materials unless prior written approval has been obtained, and fairly focus your presentation on positive benefit comparisons, rather than disparaging remarks about the competition.
- Treat a client or a potential client with courtesy, respect, and priority, in accordance with thoughtful, ethical, and legal business practices.

1. A copy of Highmark Health's Third Party Code of Business Conduct may be found at highmarkhealth.org/hmk/pdf/highmarkHealthThirdPartyCodeBusinessConduct.pdf





You are obligated to report any questionable behavior by employees of Highmark Health and/or its subsidiaries/affiliates, a third party, and/or its employees and agents or potential noncompliance situation, or if you suspect potential or actual fraud, waste, or abuse ("FWA"), you should contact the Highmark Health Integrity and Compliance Department. In addition to being a resource for Highmark Health employees, the Integrity and Compliance Department is available for questions by Highmark Health business agents like you. When a report is made to the Integrity and Compliance Department, appropriate action is taken to review and/or investigate the report to reduce the potential for recurrence and ensure ongoing compliance. Third Parties are expected to cooperate with the investigation of a suspected violation of this Third Party Code or violation of any governmental law or regulation. In addition, as required and/or appropriate, the Integrity and Compliance Department may disclose investigation matters to applicable law enforcement or regulatory entities. Failure to promptly report a known violation may result in action up to and including termination of the business relationship and is the sole discretion of Highmark Health.

There are various methods for reporting concerns:

- 24/7 Helpline: **800-985-1056**
- U.S. Post Office Box: **Highmark Health Integrity and Compliance Department, P. O. Box 22492, Pittsburgh, PA 15222**
- Fax: **412-544-2475**
- Email: **integrity@highmark.com**

*All inquiries to the Integrity and Compliance Department are confidential, subject to limitations imposed by law. When using the Integrity Helpline, you may remain anonymous. If you choose to make an anonymous report, you should provide enough information about the situation to allow the Integrity and Compliance Department to properly perform an investigation. If you do not provide enough details, the ability to pursue the matter will be limited. Highmark Health maintains a reprisal-free environment and has a policy of non-retaliation and non-intimidation to encourage employees, Third Parties, and their employees to raise ethical or legal concerns in good faith. Third Parties who raise questions or report concerns regarding potential or actual FWA matters in connection with any of Highmark Health's government programs are protected from retaliation and retribution for False Claims Act complaints, as well as any other applicable anti-retaliation protections. All inquiries are confidential, subject to limitations imposed by law. The Third Party Code sets forth general principles with which Third Parties must comply. More restrictive requirements may be set forth in the contracts between Third Parties and Highmark Health.*

# Commissions, Compliance, and Agent Oversight*

## Compensation

Compensation includes monetary or non-monetary remuneration of any kind relating to the sale or renewal of a policy including, but not limited to, commissions, bonuses, gifts, prizes, awards, and referral/finder's fees.

Compensation **DOES NOT** include:

- The payment of fees to comply with state appointment laws.
- Training.
- Certification.
- Testing costs.
- Reimbursement for mileage to, and from, appointments with beneficiaries.
- Reimbursement for actual costs associated with beneficiary sales appointments such as venue rent, snacks, and materials.

## Commissions

We pay a commission to agents for each person they enroll in a Highmark product in accordance with the CMS requirements, agent eligibility, and our commission schedules. The compensation year is Jan. 1 – Dec. 31, regardless of beneficiary enrollee date.

### To qualify for commissions, agents must:

- Not be on Office of the Inspector General (OIG) and/or the General Services Administration-System for Award Management (SAM). We check them initially and every month thereafter.
- Complete the contract, state licensing, appointment, and certification process prior to the sale of the policy. **(You will not receive commissions for applications submitted before all contracting and certification requirements are met.)**
- Complete the annual certification process, including market-specific product training(s) to receive renewal commission for policies active in the current year, and meet other requirements set forth in your contract.
- Be in good standing with their plan. Disciplinary action may result in the disqualification of commission.
- Please refer to your appointment documents and/or the General Producer Agreement for more information about eligibility for commissions.

In addition, to receive renewal commission in January for business sold in prior years, you must complete the annual certification process by Dec. 31.

*Note: The annual certification process must be completed by Dec. 31 to receive renewal commissions in January. If you choose to recertify after Dec. 31, prorated renewal commission payments to you will resume the first month after certification is complete. You will not be eligible for any missed commission payments during your lapse period.*

* Per CMS guidelines, some information may only pertain to Medicare.





## Compliance

Highmark is committed to full compliance with federal and state regulatory requirements applicable to its Federal Markets plan business.

Highmark, its employees, and contractors are expected to meet the contractual obligations set forth in the company's contracts with the Centers for Medicare and Medicaid Services (CMS).

In order to achieve these objectives, Highmark conducts its business in compliance with — and does not tolerate any violation of — applicable federal and state health care regulations.

Potential consequences of engaging in inappropriate or prohibited marketing activities include disciplinary actions, termination, and forfeiture of compensation.

Agents for Highmark's covered programs are required to comply with the ACA Section 1557 regulations as of July 18, 2016. Any agent that engages in prohibited discrimination in connection with the marketing of a Highmark covered program will be subject to disciplinary action including the termination with cause of their Producer Agreement.

At the time of contract, the following will be verified:

- Active License (with Accident and Health Line of Authority)
- Annual Certification (including the Annual FWA and Compliance training and Integrity training)
- Appointments to the appropriate Highmark companies

In addition, ongoing communication will occur through email blasts, webinars, group meetings, and one-on-one consultations. Training will reinforce the need for strict compliance and will advise producers that any failure to comply will be documented and may result in disciplinary action up to and including possible termination.

## Agent Oversight

Highmark employs several monitoring procedures to ensure that certified agents are complying with all CMS sales and marketing guidelines and Highmark Federal Markets Sales policies. If any compliance deficiencies are identified through these monitoring procedures, the agent is subject to the disciplinary action process outlined later in this section. Violations could result in receiving education, non-commissionable sales, or even termination.

These procedures include:

### Secret Shop Evaluations

- Highmark utilizes a vendor to conduct periodic secret shopper evaluations of producers selling Highmark Medicare products.
- Highmark Federal Markets Sales reviews the evaluations reported to verify that the producer is complying with all applicable CMS sales and marketing guidelines.

### Telephonic Phone Surveys

- Highmark calls a random sample of members enrolled through producers as part of the New Member Welcome Call process and requests that the member complete a survey addressing the producer sales process.

### Complaint Allegation Tracking

- Highmark investigates, monitors, and tracks any and all complaints that are received against producers.

### Untimely Application Tracking

- Highmark investigates, monitors, and tracks any and all applications received after 48 hours.

### Scope of Appointment Audits

- Highmark expects that all agents maintain complete and separate records of all transactions and documents pertaining to applications submitted to and accepted by Highmark for a period of at least 10 years after the contract year.
- To ensure that all producers are complying with the CMS guidelines that require records to be kept for 10 years, a random sample of agent-submitted agreements will be selected and the agent will be required to provide the Scope of Appointment.

### Rapid Disenrollment and Cancellation Tracking

- Highmark's Producer Agreement stipulates that:
  - The total Initial or Renewal commission will be charged back if the enrollee disenrolls in an unreasonably short time frame (i.e., rapid disenrollment).
  - An "unreasonably short time frame" is defined as less than three months after enrollment.
  - Upon receipt of a notice of disenrollment that occurs three months or more after enrollment, Highmark will withhold or withdraw ("chargeback") commission payments on a pro rata monthly basis to the effective date of the disenrollment.
  - Highmark will also assess chargeback for rapid disenrollments in accordance with CMS guidelines.





## Sales and Marketing Events

During marketing/sales events, plan representatives may discuss plan-specific information (i.e., premiums, cost sharing, and benefits), distribute health plan brochures and enrollment materials, and accept and perform enrollments.

### There are two types of sales and marketing events

(Both follow the same CMS marketing guidelines.)

- **Formal:** Typically in an audience/presenter format with an agent, broker, or producer formally providing specific plan or product information via a presentation.
- **Informal:** Conducted with a less structured presentation or in a less formal environment. Typically utilizes a table, a kiosk, or a recreational vehicle (RV) staffed by a plan representative who can discuss the merits of the plan's products. Beneficiaries must approach you first.

## Key Requirements and Important Notes

- Use only our CMS-approved sales scripts, presentations, and sales presentations notes/talking points during all Highmark marketing/sales events.
- Formal and informal marketing/sales events do not require documentation of beneficiary agreement on a Scope of Appointment form. Do not request or obtain one. CMS views this as pressuring for personal contact information.
- A beneficiary may complete a Scope of Appointment at a marketing/sales event for a future appointment.
- Upon arrival to an informal or formal event, check in with the venue so they know you are on site, and have the verification form signed at that time.
- Do not market non-health-care-related products such as annuities and life insurance (cross-selling) to prospective enrollees during MA/MAPD or PDP marketing/sales events.
- All marketing/sales events must meet event requirements. Exception: If only one beneficiary attends a formal event, you can discuss the MA/MAPD and/or PDP products on an individual basis (must go with attendee's preference — full presentation or informal discussion). A Scope of Appointment is not required under this exception.
- You will not receive commission for any sale that results from an unreported marketing/sales event. Failure to report events can result in termination of your Highmark contract.
- New agents received marketing/sales event reporting information during their certification training. This information is also located in agent annual training/testing material, CMS Medicare Marketing Guidelines, this Highmark Medicare Producer Guide, and on the Highmark Producer Portal.
- All documentation must be saved for at least 10 years and available upon request by Highmark or CMS.

## Prohibited Activities

- Conducting health screening, genetic testing, or other like activities that give the impression of "cherry picking."
- Requiring beneficiaries to provide any contact information as a prerequisite for attending an event. This includes requiring an email address or any other contact information as a condition to RSVP for an event online or through the mail.
- Using personal contact information for any other purpose other than to notify individuals of a raffle or drawing winning.
- Comparing Highmark to another organization or plan by name unless you obtain written consent from all organizations or plans being compared. You must provide this written consent to us for submission to CMS.

- Providing meals to attendees. However, light snacks and refreshments are permitted.
- Asking a beneficiary for a referral.
- Soliciting or accepting an enrollment application for a Jan. 1 effective date prior to the start of the Annual Enrollment Period (Oct. 15 – Dec. 7) unless the beneficiary is entitled to another enrollment period.
- Marketing or advertising Medicare plans or events for the upcoming plan year prior to Oct. 1.
- Using absolute superlatives like "the best," "highest ranked," or "rated number 1," or qualified superlatives like "one of the best," or "among the highest ranked," unless they are substantiated with supporting data provided to CMS as a part of the marketing review process.
- Claiming you or Highmark are recommended or endorsed by CMS, Medicare, or the Department of Health and Human Services.
- Offering nominal gifts in the form of cash or other monetary rebates, even if their worth is $15 or less. Cash gifts include charitable contributions made on behalf of potential enrollees, and those gift certificates and gift cards that can be readily converted to cash.

## CMS Consent to Aid Requirement: ACA

CMS requires agents and brokers who are helping consumers apply for and enroll in Marketplace coverage to document receipt of consent from the consumer, or the consumer's authorized representative, prior to aiding in the application process.

- To satisfy this requirement for Pennsylvania, Delaware, and West Virginia, Highmark utilizes the CMS Model Consent form.
- This documentation must be retained for 10 years.

## Scope of Appointment Form

The Centers for Medicare and Medicaid Services require agents to document the scope of a marketing appointment prior to any face-to-face or telephonic sales meeting to ensure understanding of what will be discussed between the agent and the beneficiary.

If the agent would like to discuss additional products during the appointment, the agent must document a second Scope of Appointment (SOA) for the additional product type.

- It is the responsibility of the agent to secure an SOA for every sales appointment.
- The agent must retain a copy of the SOA for 10 years after the contract year per CMS regulations — whether an enrollment is received or not.
- All information provided on the form is confidential and should be completed by each person with Medicare.
- When conducting a sales meeting, the agent may not market any health care-related product beyond what was agreed upon on the SOA form.

*Note: A copy of the Highmark Scope of Appointment (SOA) can be found in the Appendix at the end of this guide.*

You must gather a SOA form at least 48 hours before speaking to anyone about plans, and only speak to the specific plans they ask about. In other words, personal marketing appointments may not take place until 48 hours since the time the SOA is completed by the beneficiary.

These are two exceptions to this rule:

- When the prospect is within four days of the end of the enrollment period.
- When there is a walk-in appointment or inbound call where the beneficiary is expressing interest in enrollment.

Keep in mind, these are general guidelines and do not encompass every scenario.





## Third Party Marketing Organization (TPMO) Disclaimer Requirements

### TPMOs must use the new standardized disclaimer:

We do not offer every plan available in your area. Currently, we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact **medicare.gov**, **1-800-MEDICARE**, or your local State Health Insurance Program (SHIP) to get information on all of your options.

### If a TPMO sells for all Medicare Advantage Organizations in a service area, they are required to use the following disclaimer:

Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact **medicare.gov**, **1-800-MEDICARE**, or your local State Health Insurance Program (SHIP) for help with plan choices.

### TPMO Compliance Obligation

Further, TPMOs understand that the TPMO shall not share personal beneficiary data with other TPMOs for marketing or enrollment purposes unless a prior express written consent is obtained from the beneficiary that allows the TPMO to share that information with other TPMOs. The prior express written consent from the beneficiary to share the data and be contacted for marketing or enrollment purposes must be obtained through a clear and conspicuous disclosure that lists each entity receiving the data and allows the beneficiary to consent or reject to the sharing of their data with each individual TPMO.

### The following five activities are mandatory.

**You must:**

1. Report all marketing/sales events prior to advertising the event or 21 days prior to the event's scheduled date, whichever is earlier.
2. Use one of our CMS-approved sales presentations from beginning to end every time you meet with a beneficiary to discuss our products and read the sales presentation notes/talking points as part of the script. The sales presentation video must use in conjunction with the CMS-approved sales presentation.
3. Announce all products or plan types to be covered during the presentation at the beginning of the presentation (i.e., HMO, PPO, PDP, etc.).
4. When providing an enrollment form, you must also provide the following materials: 1) Star Ratings information, 2) Summary of Benefits, and 3) Multi-Language Insert.
5. If using non-Highmark sign-in sheets, clearly write in large letters across the top: "Completion of any contact information is optional."

# Agent Disciplinary Policy for Minor and Severe Violations

## Minor Violations

Minor violations are taken seriously and may require immediate disciplinary action. Disciplinary action may include, but is not limited to, withholding commissions and/or the retraction of commissions. The results of each investigation will be reviewed by the Federal Markets Sales Department to determine the appropriate disciplinary action. Minor violations are tracked over a rolling two-year period.

### Violations in this category include, but are not limited to:

- **Untimely broker application submissions**
  - Highmark requires applications to be submitted within 48 hours of signature from the customer. This pertains to both online enrollments and paper applications.
- **Rapid disenrollments**
  - Rapid disenrollments will be reviewed for any trends or patterns amongst individual agents.
  - Highmark's Producer Agreement (Schedule C, Section B, Subparts 5 and 6) stipulates that:
    - » The total Initial or Renewal commission will be charged back (as set forth below) if an enrollee disenrolls in an unreasonably short time frame (i.e., rapid disenrollment). An "unreasonably short time frame" is defined as less than 90 days after enrollment.
    - » Upon receipt of a notice of disenrollment that occurs 90 days or more after enrollment, Highmark will withhold or withdraw ("chargeback") commission payments on a pro rata monthly basis to the effective date of the disenrollment. Highmark will also assess chargebacks for rapid disenrollments in accordance with CMS guidelines.

### Minor Violation Disciplinary Procedures

- **First Offense:** A first violation committed by the agent will result in an official warning to the agent and/or their general agency or FMO, as applicable, alerting them of the infraction.
- **Second Offense:** A second violation committed by the agent will result in a secondary warning and education on Highmark's policies and procedures.
- **Third Offense:** A third violation will result in withholding or retraction of commissions on any sale or application(s) relating to the violation. Depending on the nature of the third offense, the commission retraction could be one or multiple applications relating to the offense. This is at the sole discretion of the Federal Markets Sales Department.
- **Persistent Minor Violations:** Persistent violations disciplinary action may include, but is not limited to, suspension and/or termination of contract.

Any agent found to have committed a minor violation may be educated by the appropriate member of the Federal Markets Sales Department. The agent may be required to repeat the company's sales training program before being permitted to resume selling Highmark Federal Markets products.

Committing a minor violation may be considered grounds for further action to be taken including, but not limited to, suspension, termination, and/or retraction of commissions.

- **Founded Complaints Tracking Module (CTM) or Member Service complaint**
  - Each complaint is independently investigated by a Highmark compliance individual.
- **CMS compliance violation during sales interaction**
- **Presenting competitor information during Highmark event or Highmark scheduled appointment**





## Severe Violations

Severe violations are noncompliant activities deemed egregious in nature, which may result in immediate contract suspension, termination, and/or retraction of commissions.

All allegations of severe violations are investigated by the Federal Markets Sales Department with support from the Compliance Department.

### Violations in this category include, but are not limited to:

- Dishonesty or theft.
- Threatening, coercing, intimidating, or deceiving a member or prospective member, or the use of any other unethical sales tactics.
- Door-to-door solicitation.
- Misrepresentation of the product, the purpose of the producer's visit, or an implication that the visit is in any way connected with the government.
- Forging or knowingly accepting a forged signature on an enrollment form.
- Mistreatment of Highmark employees and/or contractors.
- Deliberate or negligent omission or falsification of significant information on any company form.
- Sales of a product by any individual other than the licensed producer who presented the product and signed the enrollment form.
- Accepting any monetary or other rewards including, but not limited to, rewards for influencing the enrollee's choice of physician, medical center, or pharmacy.
- Willful use (with intent to misrepresent) of marketing material(s) not provided by the company, and therefore not filed with and approved by CMS for use.
- Rebating or splitting commissions with another person who is not a licensed and contracted producer (i.e., payment of any kind or amount to a member or non-member as reimbursement for a referral name on the condition that the referred person purchases one of our products).
- Any marketing activity that is a violation of Highmark's, CMS, or DOI regulations.
- Marketing or selling products for the following year prior to the CMS-determined Annual Enrollment Period (AEP) or Open Enrollment Period (OEP) marketing date.
- Marketing or selling products for a contract year prior to taking the annual Highmark-specific training on rules and regulations and passing the test with a score of at least 85%.

### Severe Violation Disciplinary Procedures

- A severe violation committed by the agent will result in a notification to the agent and/or their general agency, as applicable, alerting them of the infraction. This notification will alert the agent and/or their general agency, as applicable, that they have been accused of a severe violation and that an investigation will be conducted.
- After the investigation is completed, if it is confirmed that the agent committed the infraction, immediate contract suspension, termination, and/or retraction of commissions may result.
- The results of each investigation will be reviewed by the Federal Markets Sales Department to determine the appropriate disciplinary action, at which point the agent will be notified of their contract status with Highmark.

Highmark will report any disciplinary action that results from an investigation of a complaint to CMS in accordance with the CMS Reporting Requirements. Disciplinary action taken could fall within a broad continuum, from manager coaching, documented verbal warning, retraining, a documented corrective action plan, suspension, commission retraction, or termination of employment or contract.

Highmark will report the termination of any agents and the reasons for the termination to the state in which the agent has been appointed in accordance with the state appointment law. Highmark will make the report available upon CMS' request until further guidance has been issued regarding designated reporting dates to CMS.

In addition, Highmark will report incidences of submission of applications by unlicensed agents to the authority in the state where the application was submitted.

# All About the BlueCard® Program

The Blue Cross Blue Shield Association's BlueCard® Program connects independent Blue Plans across the country, with access to the largest physician and hospital networks in the U.S. and over 1.7 million providers, including 95% of all hospitals.* When members travel, they are covered in 190 countries through the Blue Cross Blue Shield Global® Core program.* BlueCard® allows in-network access to routine, urgent, and emergency care from BlueCard® participating providers.

However, certain services may still require members to work with their BlueCard® participating provider to obtain prior authorization. To determine if care requires prior authorization, the member can call Member Service at the number on the back of their ID card. The level of coverage depends on the chosen plan.

Under this program, many out-of-state facilities are in network due to our partnerships with them.

**Note:** The BlueCard® program applies to PPO plans for Medicare Advantage and all plans for Individual ACA except Together Blue EPO, where only emergency coverage is included.

The best way to find a BlueCard® facility is to call **800-810-BLUE** or visit the BlueCard® Doctor and National Hospital Finder website at **bcbs.com**.

* According to the Blue Cross Blue Shield Association.



SECTION III

# Medicare Advantage

# Highmark's Medicare Advantage Star Ratings

The Centers for Medicare and Medicaid Services (CMS) created the Part C and D Star Ratings to provide quality and performance information to Medicare beneficiaries to assist them in choosing their health plan.

## What do the Medicare Advantage Star Ratings really mean?

Each Medicare Advantage contract receives a single Star Rating from CMS annually. A contract is made up of one or more Product Benefit Plans (PBPs) or simply "plans." Performance data for members enrolled in those plans are collectively used to calculate the contract's overall Star Rating. The Star Rating associated with each plan represents the overall contract's Star Rating.

Plans offering access to health services are scored on the quality of many different measures that fall into five categories:

1. **Staying healthy: screenings, tests, and vaccines**
   - Includes whether members got various screening tests, vaccines, and other checkups that help them stay healthy.
2. **Managing chronic (long-term) conditions**
   - Includes how often members with different conditions got certain tests and treatments that help them manage their condition.
3. **Member experience with the health plan**
   - Includes ratings of member satisfaction with the plan.
4. **Member complaints and changes in the health plan's performance**
   - Includes how often Medicare found problems with the plan and how often members had problems with the plan.
   - Also includes how much the plan's performance has improved (if at all) over time.
5. **Health plan customer service**
   - Includes how well the plan handles member appeals.

Plans offering prescription drug coverage are scored on the quality of many different measures that fall into three categories:

1. **Member complaints and changes in the drug plan's performance**
   - Includes how often Medicare found problems with the plan and how often members had problems with the plan.
   - Also includes how much the plan's performance has improved (if at all) over time.
2. **Member experience with the drug plan**
   - Includes ratings of member satisfaction with the plan.
3. **Drug safety and accuracy of drug pricing**
   - Includes how accurate the plan's pricing information is and how often members with certain medical conditions are prescribed drugs in a way that is safer and clinically recommended for their condition.





## Why do Star Ratings matter?

- Achieving strong Star Ratings helps Highmark sustain choice and affordability for Medicare-eligible customers in our service area.
- Our Star Ratings performance reflects our commitment and ongoing investment in improving the health care experience for our members.
- The financial benefit of favorable Star Ratings will also help us keep a strong and consistent option for Medicare Advantage customers.
- Plans that achieve a rating of five stars are considered to be the top quality performers in serving Medicare beneficiaries. Beneficiaries are able to switch into a five-star plan at any time throughout the year, once per calendar year.
- Low-performing plans (below three stars) are at risk of having enrollment blocked by the federal government or being removed entirely from the Medicare program.

## Lagging timeline

Star Ratings are not on the typical one-year planning cycle, where what we do this year impacts next year. Instead, the annual Star Ratings reflect performance from two years prior. For example, how we performed in calendar year 2022 was used by CMS for our 2024 star ratings.

## How can you positively impact Star Ratings?

You are the face of our plan and how you portray our plans and interact with your clients can positively affect our Star Ratings. Your professionalism and accuracy are very important to some of the performance categories measured by CMS, especially for the member satisfaction category. You can positively impact Star Ratings by being accurate when you present a plan and by encouraging members to use their benefits, complete an annual wellness visit, seek appropriate care, complete preventive screening and tests, and adhere to their medications. You must be able to:

- Know the benefits you are selling, accurately explain the plan, and determine the best fit for the consumer. This supports the consumer with their plan selection, strengthens your relationship, and may also help avoid complaints.
- Encourage consumers and members to use their benefits because Star Ratings are influenced by whether or not our members obtain specific services, such as: receiving annual screenings and preventive care, visiting their primary care physician (PCP), and properly using their medications (referred to as "medication adherence").
- Reduce the chance that any type of complaint would be filed by doing what is required in all sales presentations and appointments and lending proper support to your consumers.
- Earn high scores on your sales events if you are secret-shopped by mentioning all required statements and showing consumers all required materials. One of the things you are required to cover is information on Star Ratings.

# Highmark 2024 Star Ratings[1]

**Highmark Senior Health Company (Freedom Blue PPO, Community Blue Medicare PPO, and Complete Blue PPO)**

**Highmark Choice Company (Security Blue HMO-POS and Community Blue Medicare HMO)**

**HM Health Insurance Company (Blue Rx PDP)**

**Highmark Senior Solutions Company (Freedom Blue PPO — West Virginia)**

**Highmark Blue Cross Blue Shield of Western New York (PPO)**

**Highmark Blue Cross Blue Shield of Western New York (HMO)**

**Highmark Blue Shield of Northeastern New York (PPO)**

**Highmark Blue Shield of Northeastern New York (HMO)**

**Highmark Blue Cross Blue Shield of Delaware (Freedom Blue PPO — Delaware)**

[1] Reference medicare.gov or cms.gov/Medicare/Prescription-Drug Coverage/PrescriptionDrugCovGenIn/PerformanceData.html.





# Enrollment Processes

Before completing an enrollment application with a beneficiary, you must confirm that the prospect is eligible, i.e., entitled to Medicare Part A and Part B benefits as of the effective date of coverage under the plan.

Examples of acceptable proof of eligibility include:

- A copy of a Medicare card.
- A copy of a Medicaid award letter for dual-eligible Special Needs Plans.
- A Social Security Administration award notice.
- A Railroad Retirement Board letter of verification.
- A statement from the Social Security Administration or Railroad Retirement Board verifying the consumer's Medicare eligibility.

When you make a presentation to any prospect, be sure to use only a current Highmark CMS-approved sales presentation to ensure you've covered all required information.

Once you have completed the application, you may submit it to Highmark via any of the methods below:

1. Secure Fax: **888-663-0258**
   - Applications will not be accepted via any other fax number.
   - Applications must be faxed within 48 hours of receipt.
2. Online through the Highmark Producer Portal — **medicare.highmark.com/producer/login**
3. Phone Number: **866-673-9112**
   Once you have completed a phone consultation with the prospect and the prospect is ready to complete the enrollment, you may conference call our dedicated enrollment line for the beneficiary to complete the enrollment telephonically. (The personnel staffing the enrollment line are unlicensed agents and will not be able to provide consultative assistance to you or the beneficiary. If the beneficiary has any plan-specific questions, they will be directed to call their agent back to assist before completing the enrollment.)
4. In New York, applications may be emailed to **maandmedigapebny@highmarkhealth.org**.

   **Required information:** Please provide the agent with your name and NPN, the beneficiary's name, and the plan they wish to enroll in. The agent staffing the line will then process the enrollment telephonically. To ensure all applications are properly processed, you must send the beneficiary's name, DOB, and the selected plan to **highmarkseniormarkets@highmark.com**.

## What happens next?

**If the enrollment application is complete,**
Highmark will submit the completed enrollment application to the Centers for Medicare and Medicaid Services (CMS). CMS will determine approval for requested coverage.

Once the enrollment application is approved by CMS, the member will receive:

- An enrollment verification letter.
- A welcome kit (mailed within seven days of CMS acceptance).
- An ID card (mailed within 10 days of CMS acceptance).

If the enrollment application is denied, the member will receive a denial letter with the reason for denial. This is mailed within 10 days of the application denial.

**If the enrollment application is incomplete,**
Highmark will reach out to the member and/or agent by phone and/or written communication to obtain the missing information. If the missing information is received within 21 days, or the end of the current month (whichever is later), the enrollment application will be submitted to CMS. CMS will determine approval for the requested coverage. If the missing information is not received in time, the application will be denied.





# Products Overview

## Who is eligible for it, and how does it work?

Medicare is health insurance that the U.S. government provides for people over 65, or for some disabled persons. Medicare is made up of four parts – Part A, Part B, Part C, and Part D. Parts A and B comprise what is known as Original Medicare, for which most people are eligible when they turn 65. Part A is automatic. Parts B, C, and D are optional.

### Part A

Part A is hospital insurance that helps pay for things like inpatient hospital stays, skilled nursing care, hospice, and limited home health care. If your prospective client or their spouse has worked a minimum of 10 years and paid in at least 40 quarters of Medicare taxes, they are automatically enrolled in Part A with no monthly premium.

### Part B

Part B is medical insurance that helps pay for doctor visits, outpatient procedures, diagnostic tests, medical supplies, and vaccines. Preventive benefits, like certain screenings such as mammograms, diabetes, and prostate screenings, are also included. Most people have to sign up for Part B, and it typically comes with a standard monthly premium that is determined by income.

### Part C

Private insurance companies like Highmark offer Part C plans, which are called Medicare Advantage. These plans act as primary insurance instead of Original Medicare. These plans help with the hospital costs, doctor visits, and other medical services that are covered by Original Medicare. Plus, these plans offer worldwide emergency and urgent care, and many include coverage for prescription drugs, routine vision, hearing, dental, and even gym memberships.

### Medicare Part D

Insurance companies like Highmark also offer Medicare Part D, and it helps pay for prescription drugs.

Each prescription drug plan has a list of generic and brand-name drugs that are covered by that plan, and that list is called a formulary. Each drug is assigned to a tier, which determines how much your client will pay for that drug. Highmark has a transition process to accommodate the needs of new enrollees whose current regimens include drugs that are not on the plan's formulary or those drugs that require prior authorization. You may find the appropriate formulary on the Producer Portal.

## Highmark Senior Markets Medicare Products

| Product Name | Available In (Products and Pricing by County) | HMO/PPO |
|---|---|---|
| Complete Blue | WPA, CPA, NEPA, SEPA | PPO |
| Together Blue Medicare | WPA | HMO |
| Community Blue Medicare | CPA, NEPA | HMO and PPO |
| Community Blue Medicare Plus | NEPA | PPO |
| Freedom Blue | PA, WV, DE | PPO |
| Freedom Blue Valor | PA, WV, DE | PPO |
| Security Blue | WPA | HMO-POS |
| Blue Rx PDP | PA, WV | PDP |
| Senior Blue | WNY, NENY | HMO |
| BlueSaver | WNY | HMO |
| Freedom Nation | WNY | PPO |
| Freedom Valor | WNY | PPO |
| Forever Blue | WNY, NENY | PPO |
| Freedom Plus | NENY | HMO |

### Medigap

Medigap Blue plans help pay for costs that are not covered by Original Medicare, such as deductibles, coinsurance, and copayments. Medigap offers you a choice of eight plans: Plan A, B, C, D, F, F High Deductible, G, and N. With Medigap, you have the ability to choose any doctor, specialist, or hospital that accepts Medicare — with no limitations and no referrals. Like other Medicare Supplement plans, Medigap does not come with Part D prescription drug coverage. Please note that you cannot enroll in Plans C and F if turning 65 after Jan. 1, 2020.

In 2019, we added the Whole Health Balance program. This program allows members to add vision, hearing, dental, and fitness benefits to their Highmark Medigap Blue plan for an additional premium.

*Medigap Blue Plan B is currently available only in Pennsylvania and Delaware. Medigap Plan D is not available in New York. Whole Health Balance is not available in New York. Not all plans are available in all regions.*





## Highmark Medicare plan perks

Below is a list of unique advantages that come with a Highmark Medicare plan.

Members of certain Highmark Medicare plans have access to special programs and services designed to improve wellness and manage health conditions.

### Exclusive Highmark Medicare plan membership benefits and services include:

- **Highmark Clinical Care Team:** This group of medical professionals works together to help you manage your health. This collaborative team consists of physicians, pharmacists, social workers, medical case managers, and disease managers.
- **Blues On Call℠:** Highmark's health coaches are available 24/7 to answer general medical questions.
  - Help your clients understand a recent diagnosis, treatment options, or lab tests.
  - Review your clients' symptoms and help them decide where to receive care.
  - Ensure that your clients are taking medications properly.
  - Provide support for losing weight, managing stress, or quitting smoking.
  - Answer medical questions and provide information.

To speak to a health coach 24 hours a day, seven days a week, call **888-258-3428**.

- **My Healthy Flex Card**: Available on limited plans. This benefit provides a debit card with an annual allowance that can be used for the out-of-pocket costs associated with eligible benefits, such as hearing, vision, dental, and OTC. With some plans, the allowance can also be used for part B benefits (please note that there is a $50 limit per transaction for Part B benefits). All Flex benefits are Pre-Allowance, meaning clients can use their funds on the first out-of-pocket expenses and do not have to exhaust the equivalent stand-alone benefit allowances.
- **AIS Home Visit Program:** When dealing with a serious medical condition, we can provide an extra layer of support in your home to help you and your family throughout the course of your illness. Advanced Illness Services are available 24 hours a day, seven days a week to help your clients focus on what matters most to them. Learn more about the services provided by the AIS Home Visit Program by contacting **877-317-0216**.
- **Highmark House Call:** Once a year, a licensed health care provider will come to your client's home to review their medications, answer health-related questions, and make sure their medical history is current.
- **Blue Neighbors:** This volunteer program provides nonmedical assistance to Highmark members in need. Volunteers are able to assist with everyday activities such as grocery shopping, household chores, yard work, light meal preparation, errands, and friendly phone calls or visits. To find out more about this program, please call **800-988-0706**, 8:30 a.m. – 4:30 p.m., Monday – Friday.
- **Fitness Benefit:** This benefit provides in-person access to fitness and wellness classes at health clubs across the country and virtual classes online at no cost. Your clients can get fit, make friends, and live a healthier, more active life with this program. Clients will have access to over 13,000 fitness facilities and community centers with cardio and weight equipment, pools, saunas, and exercise classes. The website and app provides Hollywood production quality fitness classes, custom meal planning, condition-specific courses, and an online community. Call **1-855-946-4036** to take advantage of this valuable program.*
- **Highmark Wellness Rewards Program:** With our rewards program benefits, your clients can earn gift cards for taking positive actions that promote health and well-being.

**Benefits vary by plan. Not all benefits available with all plans.*

# Value-Added Benefits

## Mental Well-Being

Our Mental Well-Being solution, powered by Spring Health, connects members to the most appropriate care based on their individual needs. This program provides fast access to behavioral health providers and high-quality options, from preventive care to clinical support. Members will take an assessment to create a personalized plan and get recommended resources like personalized care plans, in-network therapy, medication management, coaching, and self-guided mental exercises.

## Well360 Virtual Health

Well360 Virtual Health is a virtual care solution that provides urgent care, behavioral health, dermatology, and women's health services. Members will easily and seamlessly access the entire suite of Well360 Virtual Health clinics through our fully integrated My Highmark experience. Well360 Virtual Health is available to MA members as a part of their medical benefits.

**Benefits include:**

- On-demand or scheduled appointments.
- Easy access to all clinics via the My Highmark app and website.
- Ability to route members to in-network services for in-person care and lab work.
- High member satisfaction ratings (75% member satisfaction and 89% ease of use).*
- Access, convenience, and time savings for members.
- Faster-time-to-treatment options with dermatology and behavioral health.

*Source: Highmark BoB 2022.
Value-Added Benefits may vary by product and plan year.





## Kidney Care Management

Individuals with chronic kidney disease and end-stage renal disease have complex treatment plans that often result in high-cost utilization and poor and frustrating member experiences. Kidney Care Management powered by Healthmap supports your clients and providers with improved care coordination and high-touch personalized services. Available at no additional cost through their Highmark health plan, your clients have access to a Care Navigation team that works hand in hand with their doctor. The Care Navigation team can help them better understand their condition, answer questions about medication, help manage and schedule doctor visits and treatment appointments, and connect them with community services for services like meals and transportation. Eligible members may receive outreach by our Healthmap team.

## CHF and COPD Management

CHF and COPD Management, powered by Vida, helps individuals with chronic obstructive pulmonary disease (COPD) or congestive heart failure (CHF) better manage their condition and reduce or avoid hospital admissions, readmissions, and ER visits. This virtual solution allows your clients to learn how to recognize, manage, and monitor their symptoms with the help of registered dietitians, health coaches, in-app trackers, learning resources, and monitoring devices. When needed, an enrolled participant has access to digital scales, blood pressure monitoring devices, and respiratory tracking devices.

*Pending BCBSA approval

# Medicare Advantage Pharmacy Network

| | Preferred Network (Preferred Copay) | Standard Network |
|---|---|---|
| PA | giant eagle, Costco Wholesale, weis, CVS pharmacy, Target, RITE AID, Walmart, GIANT | Walgreens |
| WV | giant eagle, Costco Wholesale, weis, CVS pharmacy, Target, Walmart, GIANT | Walgreens, RITE AID |
| DE | Walgreens, RITE AID, Walmart | Costco Wholesale, Target, CVS pharmacy |
| New York | RITE AID, Walgreens, Walmart, Price Chopper, Wegmans | CVS pharmacy, Target, Hannaford |

## Out of Network

- Select specialty pharmacies
- Select independent pharmacies

*Changes to our pharmacy network may occur during the benefit year. An updated Pharmacy Directory is located on our website at* **medicare.highmark.com**. *You may also call Customer Service at* ***1-800-290-3914*** *(TTY/TDD users should call 711) for updated information.*





# Medicare Advantage In-Network Hospitals

## WPA (pending CMS approval)

### Freedom Blue PPO, Security Blue HMO-POS, Complete Blue PPO, Together Blue Medicare HMO, and Community Blue Medicare HMO In-Network Hospitals

| Facility Name | Freedom Blue PPO | Security Blue HMO-POS | Complete Blue PPO | Together Blue Medicare HMO | Community Blue Medicare HMO |
|---|---|---|---|---|---|
| **Allegheny County** | | | | | |
| AHN Allegheny General Hospital | ✓ | ✓ | ✓ | ✓ | ✓ |
| AHN Allegheny Valley Hospital | ✓ | ✓ | ✓ | ✓ | ✓ |
| AHN Brentwood Neighborhood Hospital | ✓ | ✓ | ✓ | ✓ | ✓ |
| AHN Forbes Hospital | ✓ | ✓ | ✓ | ✓ | ✓ |
| AHN Harmar Neighborhood Hospital | ✓ | ✓ | ✓ | ✓ | ✓ |
| AHN Jefferson Hospital | ✓ | ✓ | ✓ | ✓ | ✓ |
| AHN McCandless Neighborhood Hospital | ✓ | ✓ | ✓ | ✓ | ✓ |
| AHN West Penn Hospital | ✓ | ✓ | ✓ | ✓ | ✓ |
| AHN Wexford Hospital | ✓ | ✓ | ✓ | ✓ | ✓ |
| Heritage Valley Kennedy | ✓ | ✓ | ✓ | | ✓ |
| Heritage Valley Sewickley | ✓ | ✓ | ✓ | | ✓ |
| St. Clair Memorial Hospital | ✓ | ✓ | ✓ | | ✓ |
| UPMC East | ✓ | ✓ | ✓ | | |
| UPMC Magee | ✓ | ✓ | ✓ | | |
| UPMC McKeesport | ✓ | ✓ | ✓ | | |
| UPMC Mercy | ✓ | ✓ | ✓ | | |
| UPMC Passavant | ✓ | ✓ | ✓ | | |
| UPMC Presbyterian | ✓ | ✓ | ✓ | | |
| UPMC Shadyside | ✓ | ✓ | ✓ | | |
| UPMC St. Margaret's | ✓ | ✓ | ✓ | | |
| **Armstrong County** | | | | | |
| Armstrong County Memorial Hospital | ✓ | ✓ | ✓ | | ✓ |
| **Beaver County** | | | | | |
| Heritage Valley Beaver | ✓ | ✓ | ✓ | | ✓ |
| **Bedford County** | | | | | |
| UPMC Bedford Memorial | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Blair County** | | | | | |
| Conemaugh Nason Medical Center | ✓ | ✓ | ✓ | | ✓ |
| Penn Highlands Tyrone | ✓ | ✓ | ✓ | | ✓ |
| UPMC Altoona | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Butler County** | | | | | |
| Butler Memorial Health System | ✓ | ✓ | ✓ | | ✓ |
| UPMC Passavant Cranberry | ✓ | ✓ | ✓ | | ✓ |
| **Cambria County** | | | | | |
| Conemaugh Memorial Medical Center | ✓ | ✓ | ✓ | | ✓ |
| Conemaugh Miners Medical Center | ✓ | ✓ | ✓ | | ✓ |
| **Clarion County** | | | | | |
| Clarion Hospital | ✓ | ✓ | ✓ | | ✓ |
| Clarion Psychiatric Center | ✓ | ✓ | ✓ | | ✓ |

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# Medicare Advantage In-Network Hospitals

## WPA, cont. (pending CMS approval)

### Freedom Blue PPO, Security Blue HMO-POS, Complete Blue PPO, Together Blue Medicare HMO, and Community Blue Medicare HMO In-Network Hospitals

| Facility Name | Freedom Blue PPO | Security Blue HMO-POS | Complete Blue PPO | Together Blue Medicare HMO | Community Blue Medicare HMO |
|---|---|---|---|---|---|
| **Clearfield County** | | | | | |
| Penn Highlands Clearfield | ✔ | ✔ | ✔ | | ✔ |
| Penn Highlands DuBois | ✔ | ✔ | ✔ | | ✔ |
| **Crawford County** | | | | | |
| Meadville Medical Center | ✔ | ✔ | ✔ | | ✔ |
| Titusville Area Hospital | ✔ | ✔ | ✔ | | ✔ |
| **Elk County** | | | | | |
| Penn Highlands Elk | ✔ | ✔ | ✔ | | ✔ |
| **Erie County** | | | | | |
| AHN Saint Vincent Hospital | ✔ | ✔ | ✔ | ✔ | ✔ |
| LECOM Health — Corry Memorial Hospital | ✔ | ✔ | ✔ | | ✔ |
| LECOM Health — Millcreek Community Hospital | ✔ | ✔ | ✔ | | ✔ |
| UPMC Hamot | ✔ | ✔ | ✔ | | |
| **Fayette County** | | | | | |
| Penn Highlands Connellsville | ✔ | ✔ | ✔ | | ✔ |
| **Greene County** | | | | | |
| UPMC Greene | ✔ | ✔ | ✔ | | ✔ |
| **Huntingdon County** | | | | | |
| Penn Highlands Huntingdon Hospital | ✔ | ✔ | ✔ | | ✔ |
| **Indiana County** | | | | | |
| Indiana Regional Medical Center | ✔ | ✔ | ✔ | | ✔ |
| **Jefferson County** | | | | | |
| Penn Highlands Brookville | ✔ | ✔ | ✔ | | ✔ |
| Punxsutawny Area Hospital | ✔ | ✔ | ✔ | | ✔ |
| **Lawrence County** | | | | | |
| UPMC Jameson | ✔ | ✔ | ✔ | ✔ | ✔ |
| **McKean County** | | | | | |
| Bradford Regional Medical Center | ✔ | ✔ | ✔ | | ✔ |
| UPMC Kane | ✔ | ✔ | ✔ | ✔ | ✔ |
| **Mercer County** | | | | | |
| AHN Grove City | ✔ | ✔ | ✔ | ✔ | ✔ |
| Edgewood Surgical Hospital | ✔ | ✔ | ✔ | | ✔ |
| Sharon Regional Medical Center | ✔ | ✔ | ✔ | | ✔ |
| UPMC Horizon | ✔ | ✔ | ✔ | ✔ | ✔ |
| UPMC Horizon — Shanango Campus | ✔ | ✔ | ✔ | ✔ | ✔ |
| **Potter County** | | | | | |
| UPMC Cole | ✔ | ✔ | ✔ | ✔ | ✔ |

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# Medicare Advantage In-Network Hospitals

## WPA, cont. (pending CMS approval)

### Freedom Blue PPO, Security Blue HMO-POS, Complete Blue PPO, Together Blue Medicare HMO, and Community Blue Medicare HMO In-Network Hospitals

| Facility Name | Freedom Blue PPO | Security Blue HMO-POS | Complete Blue PPO | Together Blue Medicare HMO | Community Blue Medicare HMO |
|---|---|---|---|---|---|
| **Somerset County** | | | | | |
| Chan Soon-Shiong Medical Center at Windber | ✔ | ✔ | ✔ | | ✔ |
| Conemaugh Meyersdale Medical Center | ✔ | ✔ | ✔ | | ✔ |
| UPMC Somerset | ✔ | ✔ | ✔ | ✔ | ✔ |
| **Venango County** | | | | | |
| UPMC Northwest | ✔ | ✔ | ✔ | ✔ | ✔ |
| **Warren County** | | | | | |
| Warren General Hospital | ✔ | ✔ | ✔ | | ✔ |
| **Washington County** | | | | | |
| Advanced Surgical Hospital | ✔ | ✔ | ✔ | | ✔ |
| AHN Canonsburg Hospital | ✔ | ✔ | ✔ | ✔ | ✔ |
| Penn Highlands Mon Valley Hospital | ✔ | ✔ | ✔ | | ✔ |
| UPMC Washington | ✔ | ✔ | ✔ | | ✔ |
| **Westmoreland County** | | | | | |
| AHN Hempfield Neighborhood Hospital | ✔ | ✔ | ✔ | ✔ | ✔ |
| Excela Health Frick Hospital | ✔ | ✔ | ✔ | | ✔ |
| Excela Health Latrobe Hospital | ✔ | ✔ | ✔ | | ✔ |
| Excela Health Westmoreland Hospital | ✔ | ✔ | ✔ | | ✔ |

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# Medicare Advantage In-Network Hospitals

## CPA and NEPA (pending CMS approval)

### Freedom Blue PPO, Community Blue Medicare HMO, Community Blue Medicare Plus PPO, and Community Blue Medicare PPO In-Network Hospitals

| Facility Name | Freedom Blue PPO | Community Blue Medicare HMO | Community Blue Medicare Plus PPO | Community Blue Medicare PPO/ Complete Blue PPO |
|---|---|---|---|---|
| **Adams County** | | | | |
| WellSpan Gettysburg Hospital | ✓ | ✓ | ✓ | ✓ |
| **Berks County** | | | | |
| Penn State Health St. Joseph Medical Center | ✓ | ✓ | ✓ | ✓ |
| Reading Hospital | ✓ | | ✓ | ✓ |
| Surgical Institute of Reading | ✓ | | ✓ | ✓ |
| **Bradford County** | | | | |
| Guthrie Robert Packer Hospital | ✓ | ✓ | ✓ | ✓ |
| Guthrie Robert Packer Hospital — Towanda Campus | ✓ | ✓ | ✓ | ✓ |
| Guthrie Troy Community Hospital | ✓ | ✓ | ✓ | ✓ |
| **Carbon County** | | | | |
| Lehigh Valley Hospital — Carbon | ✓ | ✓ | ✓ | ✓ |
| St. Luke's Hospital — Carbon | ✓ | ✓ | ✓ | ✓ |
| St. Luke's Hospital — Lehighton Campus | ✓ | | ✓ | ✓ |
| **Centre County** | | | | |
| Mount Nittany Medical Center | ✓ | ✓ | ✓ | ✓ |
| **Clinton County** | | | | |
| Bucktail Medical Center | ✓ | | ✓ | ✓ |
| UPMC Lock Haven | ✓ | | ✓ | ✓ |
| **Columbia County** | | | | |
| Geisinger Bloomsburg Hospital | ✓ | | ✓ | ✓ |
| **Cumberland County** | | | | |
| Penn State Health Hampden Medical Center | ✓ | ✓ | ✓ | ✓ |
| Penn State Health Holy Spirit Hospital | ✓ | ✓ | ✓ | ✓ |
| UPMC Carlisle | ✓ | | ✓ | ✓ |
| UPMC West Shore | ✓ | ✓ | ✓ | ✓ |
| **Dauphin County** | | | | |
| Penn State Health Milton S. Hershey Medical Center | ✓ | ✓ | ✓ | ✓ |
| UPMC Community Osteopathic | ✓ | ✓ | ✓ | ✓ |
| UPMC Harrisburg Campus | ✓ | ✓ | ✓ | ✓ |
| **Franklin County** | | | | |
| WellSpan Chambersburg Hospital | ✓ | ✓ | ✓ | ✓ |
| WellSpan Waynesboro Hospital | ✓ | ✓ | ✓ | ✓ |
| **Fulton County** | | | | |
| Fulton County Medical Center | ✓ | ✓ | ✓ | ✓ |
| **Lackawanna County** | | | | |
| Geisinger Community Medical Center | ✓ | | ✓ | ✓ |
| Lehigh Valley Hospital — Dickson City | ✓ | ✓ | ✓ | ✓ |
| Moses Taylor Hospital | ✓ | ✓ | ✓ | ✓ |
| Regional Hospital of Scranton | ✓ | ✓ | ✓ | ✓ |

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# Medicare Advantage In-Network Hospitals

## CPA and NEPA, cont. (pending CMS approval)

### Freedom Blue PPO, Community Blue Medicare HMO, Community Blue Medicare Plus PPO, and Community Blue Medicare PPO In-Network Hospitals

| Facility Name | Freedom Blue PPO | Community Blue Medicare HMO | Community Blue Medicare Plus PPO | Community Blue Medicare PPO/ Complete Blue PPO |
|---|---|---|---|---|
| **Lancaster County** | | | | |
| Lancaster General Hospital | ✓ | ✓ | ✓ | ✓ |
| Penn State Health Lancaster Medical Center | ✓ | ✓ | ✓ | ✓ |
| UPMC Lititz | ✓ | | ✓ | ✓ |
| WellSpan Ephrata Community Hospital | ✓ | ✓ | ✓ | ✓ |
| **Lebanon County** | | | | |
| WellSpan Good Samaritan Hospital | ✓ | ✓ | ✓ | ✓ |
| **Lehigh County** | | | | |
| Lehigh Valley Hospital — 17th Street | ✓ | ✓ | ✓ | ✓ |
| Lehigh Valley Hospital — Cedar Crest | ✓ | ✓ | ✓ | ✓ |
| Lehigh Valley Hospital — Macungie | ✓ | ✓ | ✓ | ✓ |
| St. Luke's Hospital Allentown | ✓ | | ✓ | ✓ |
| St. Luke's Sacred Heart Hospital | ✓ | | ✓ | ✓ |
| **Luzerne County** | | | | |
| Lehigh Valley Hospital — Hazleton | ✓ | ✓ | ✓ | ✓ |
| Wilkes-Barre General Hospital | ✓ | ✓ | ✓ | ✓ |
| **Lycoming County** | | | | |
| Geisinger Jersey Shore Hospital | ✓ | | ✓ | ✓ |
| Geisinger Medical Center Muncy | ✓ | | ✓ | ✓ |
| UPMC Muncy | ✓ | ✓ | ✓ | ✓ |
| UPMC Williamsport Divine Providence Hospital | ✓ | ✓ | ✓ | ✓ |
| UPMC Williamsport Hospital | ✓ | ✓ | ✓ | ✓ |
| **Mifflin County** | | | | |
| Geisinger Lewistown Hospital | ✓ | | ✓ | ✓ |
| **Montour County** | | | | |
| Geisinger Medical Center | | | ✓ | |
| **Monroe County** | | | | |
| Lehigh Valley Hospital — Pocono | ✓ | ✓ | ✓ | ✓ |
| St. Luke's Hospital — Monroe Campus | ✓ | | ✓ | ✓ |
| **Northampton County** | | | | |
| Lehigh Valley Hosptial — Hecktown Oaks | ✓ | ✓ | ✓ | ✓ |
| Lehigh Valley Hospital — Muhlenberg | ✓ | ✓ | ✓ | ✓ |
| St. Luke's Hospital — Anderson | ✓ | | ✓ | ✓ |
| St. Luke's Hospital — Bethlehem | ✓ | | ✓ | ✓ |
| St. Luke's Hospital — Easton | ✓ | | ✓ | ✓ |
| **Northumberland County** | | | | |
| Geisinger Shamokin Area Community Hospital | ✓ | | ✓ | ✓ |

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# Medicare Advantage In-Network Hospitals

## CPA and NEPA, cont. (pending CMS approval)

### Freedom Blue PPO, Community Blue Medicare HMO, Community Blue Medicare Plus PPO, and Community Blue Medicare PPO In-Network Hospitals

| Facility Name | Freedom Blue PPO | Community Blue Medicare HMO | Community Blue Medicare Plus PPO | Community Blue Medicare PPO/ Complete Blue PPO |
|---|---|---|---|---|
| **Schuylkill County** | | | | |
| Geisinger St. Luke's Hospital | ✓ | | ✓ | ✓ |
| Lehigh Valley Hospital — Schuylkill East Norwegian Street | ✓ | ✓ | ✓ | ✓ |
| Lehigh Valley Hospital — Schuylkill South Jackson Street | ✓ | ✓ | ✓ | ✓ |
| St. Luke's Miners Memorial Hospital | ✓ | | ✓ | ✓ |
| **Susquehanna County** | | | | |
| Barnes-Kasson County Hospital | ✓ | | ✓ | ✓ |
| Endless Mountain Health Systems | ✓ | ✓ | ✓ | ✓ |
| **Tioga County** | | | | |
| UPMC Wellsboro | ✓ | ✓ | ✓ | ✓ |
| **Union County** | | | | |
| Evangelical Community Hospital | ✓ | ✓ | ✓ | ✓ |
| **Wayne County** | | | | |
| Wayne Memorial Hospital | ✓ | ✓ | ✓ | ✓ |
| **Wyoming County** | | | | |
| Tyler Memorial Hospital | ✓ | ✓ | ✓ | ✓ |
| **York County** | | | | |
| OSS Health Orthopaedic Hospital | ✓ | | ✓ | ✓ |
| UPMC Hanover | ✓ | | ✓ | ✓ |
| UPMC Memorial | ✓ | | ✓ | ✓ |
| WellSpan Surgery and Rehabilitation Hospital | ✓ | ✓ | ✓ | ✓ |
| WellSpan York Hospital | ✓ | ✓ | ✓ | ✓ |

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# Medicare Advantage In-Network Hospitals

## SEPA (pending CMS approval)

### Freedom Blue PPO and Complete Blue PPO In-Network Hospitals

| Facility Name | Freedom Blue PPO | Complete Blue PPO |
|---|---|---|
| **Bucks County** | | |
| Doylestown Hospital | ✓ | ✓ |
| Grand View Hospital | ✓ | ✓ |
| Jefferson Health — Bucks Hospital | ✓ | ✓ |
| Prime Healthcare — Lower Bucks Hospital | ✓ | ✓ |
| St. Luke's Hospital — Quakertown Campus | ✓ | ✓ |
| St. Luke's Hospital — Upper Blucks Campus | ✓ | ✓ |
| Trinity Health — St. Mary Medical Center | ✓ | ✓ |
| **Chester County** | | |
| Penn Medicine — Chester County Hospital | ✓ | ✓ |
| Tower Health — Phoenixville Hospital | ✓ | ✓ |
| **Delaware County** | | |
| Crozer Health — Chester Medical Center | ✓ | ✓ |
| Crozer Health — Delaware County Memorial Hospital | ✓ | ✓ |
| Crozer Health — Springfield Hospital | ✓ | ✓ |
| Crozer Health — Taylor Hospital | ✓ | ✓ |
| Trinity Health — Mercy Fitzgerald Hospital | ✓ | ✓ |
| **Montgomery County** | | |
| Einstein Medical Center Elkins Park | ✓ | ✓ |
| Einstein Medical Center Montgomery | ✓ | ✓ |
| Holy Redeemer Hospital | ✓ | ✓ |
| Jefferson Health — Abington Hospital | ✓ | ✓ |
| Jefferson Health — Abington-Lansdale Hospital | ✓ | ✓ |
| Prime Healthcare — Suburban Community Hospital | ✓ | ✓ |
| Tower Health — Pottstown Hospital | ✓ | ✓ |
| **Philadelphia County** | | |
| Jefferson Health — Frankford Hospital | ✓ | ✓ |
| Jefferson Health — Jefferson Einstein Hospital | ✓ | ✓ |
| Jefferson Health — Methodist Hospital | ✓ | ✓ |
| Jefferson Health — Thomas Jefferson University Hospital | ✓ | ✓ |
| Jefferson Health — Torresdale Hospital | ✓ | ✓ |
| Penn Medicine — Hospital of the University of Pennsylvania | ✓ | ✓ |
| Penn Medicine — Penn Presbyterian Medical Center | ✓ | ✓ |
| Penn Medicine — Pennsylvania Hospital | ✓ | ✓ |
| Prime Healthcare — Roxborough Memorial Hospital | ✓ | ✓ |
| Temple Health — Fox Chase Cancer Center | ✓ | ✓ |
| Temple Health — Temple University Hospital | ✓ | ✓ |
| Temple Health — Chestnut Hill Hospital | ✓ | ✓ |
| Trinity Health — Nazareth Hospital | ✓ | ✓ |

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# Medicare Advantage In-Network Hospitals

## WV (pending CMS approval)

### Freedom Blue PPO In-Network Hospitals

| Facility Name | Freedom Blue PPO |
|---|---|
| | County |
| Broaddus Hospital | Barbour |
| WVU Medicine — Berkeley Medical Center | Berkeley |
| Boone Memorial Hospital | Boone |
| WVU Medicine — Braxton County Memorial Hospital | Braxton |
| Acuity Specialty Hospital of Ohio Valley — Weirton | Brooke |
| Weirton Medical Center | |
| Cabell Huntington Hospital | Cabell |
| River Park Hospital | |
| St. Mary's Medical Center | |
| Minnie Hamilton Health Center | Calhoun |
| Montgomery General Hospital | Fayette |
| CAMC — Plateau Medical Center | |
| WVU Medicine — Grant Memorial Hospital | Grant |
| CAMC — Greenbrier Valley Medical Center | Greenbrier |
| Valley Health — Hampshire Memorial Hospital | Hampshire |
| Highland — Clarksburg Hospital | Harrison |
| WVU Medicine — United Hospital Center | |
| WVU Medicine — Jackson General Hospital | Jackson |
| WVU Medicine — Jefferson Medical Center | Jefferson |
| CAMC — Charleston Surgical Hospital | Kanawha |
| Charleston Area Medical Center | |
| Select Specialty Hospital — Charleston | |
| WVU Medicine — Saint Francis Hospital | |
| WVU Medicine — Thomas Memorial Hospital | |
| Mon Health Stonewall Jackson Memorial Hospital | Lewis |
| Logan Regional Medical Center | Logan |
| Mon Health Marion Neighborhood Hospital | Marion |
| WVU Medicine — Fairmont Medical Center | |

| Facility Name | Freedom Blue PPO |
|---|---|
| | County |
| WVU Medicine — Reynolds Memorial Hospital | Marshall |
| Rivers Health | Mason |
| Welch Community Hospital | McDowell |
| WVU Medicine — Princeton Community Hospital | Mercer |
| WVU Medicine — Potomac Valley Hospital | Mineral |
| Mon Health Medical Center | Monongalia |
| WVU Medicine — Chestnut Ridge Center | |
| WVU Medicine — Children's Hospital | |
| WVU Medicine — J.W. Ruby Memorial Hospital | |
| Valley Health — War Memorial Hospital | Morgan |
| WVU Medicine — Summersville Regional Medical Center | Nicholas |
| Acuity Specialty Hospital of Ohio Valley — Wheeling | Ohio |
| WVU Medicine — Wheeling Hospital | |
| Pocahontas Memorial Hospital | Pocahontas |
| Mon Health Preston Memorial Hospital | Preston |
| CAMC — Teays Valley Hospital | Putnam |
| Beckley ARH Hospital | Raleigh |
| Raleigh General Hospital | |
| Davis Medical Center | Randolph |
| Roane General Hospital | Roane |
| Summers County ARH Hospital | Summers |
| Mon Health Grafton City Hospital | Taylor |
| Sistersville General Hospital | Tyler |
| WVU Medicine — St. Joseph's Hospital | Upshur |
| Webster County Memorial Hospital | Webster |
| WVU Medicine — Wetzel County Hospital | Wetzel |
| WVU Medicine — Camden Clark Medical Center | Wood |

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# Medicare Advantage In-Network Hospitals

## DE (pending CMS approval)

### Freedom Blue PPO In-Network Hospitals

| Facility Name | Freedom Blue PPO |
|---|---|
| | County |
| Bayhealth Hospital — Kent Campus | Kent |
| ChristianaCare — Christiana Hospital | New Castle |
| ChristianaCare — Wilmington Hospital | |
| Delaware Psychiatric Center | |
| Select Specialty Hospital — Wilmington | |
| St. Francis Hospital | |
| Bayhealth Hospital — Sussex Campus | Sussex |
| Beebe Medical Center | |
| TidalHealth — Nanticoke Hospital | |

# Medicare Advantage In-Network Hospitals

## Northeastern New York (pending CMS approval)

### In-Network Hospitals

| Facility Name | County |
|---|---|
| Albany Medical Center Hospital | Albany |
| Albany Medical Center Hospital Rehab | |
| Albany Medical Center South Clinical Campus | |
| Samaritan Hospital — Albany Memorial Campus | |
| St. Peter's Hospital | |
| Columbia Memorial Hospital | Columbia |
| Alice Hyde Medical Center | Franklin |
| Nathan Littauer Hospital | Fulton |
| Little Falls Hospital | Herkimer |
| St. Mary's Healthcare | Montgomery |
| St. Mary's Hospital Memorial Campus | |
| Samaritan Hospital | Rensselaer |
| Saratoga Hospital | Saratoga |
| Bellevue Woman's Care Center of Ellis Hospital | Schenectady |
| Ellis Hospital | |
| Sunnyview Hospital | |
| Cobleskill Regional Hospital | Schoharie |
| HealthAlliance Mary's Avenue Campus | Ulster |
| Glens Falls Hospital | Warren |

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# Medicare Advantage In-Network Hospitals

## Western New York (pending CMS approval)

### In-Network Hospitals

| Facility Name | County |
|---|---|
| Cuba Memorial Hospital | Allegany |
| Jones Memorial Hospital | |
| Brooks Memorial Hospital | Cattaraugus |
| Lakeshore Hospital Inc. | |
| Olean General Hospital | |
| UPMC Chautauqua | |
| Westfield Memorial Hospital | |
| Bertrand Chaffee Hospital | Erie (NY) |
| BryLin Hospital | |
| Buffalo General Hospital | |
| Erie County Medical Center | |
| John R. Oishei Children's Hospital | |
| Kaleida Heath | |
| Kenmore Mercy Hospital | |
| Mercy Hospital of Buffalo | |
| Millard Fillmore Suburban Hospital | |
| Roswell Park Comprehensive Cancer Center | |
| Sisters of Charity Hospital | |
| Sisters of Charity Hospital — St. Joseph Campus | |
| AHN Saint Vincent Hospital | Erie (PA) |
| Encompass Health Rehabilitation Hospital of Erie | |
| UPMC Hamot | |
| United Memorial Medical Center | Genesee |
| Nicholas H. Noyes Memorial Hospital | Livingston |
| Bradford Regional Medical Center | McKean |
| Highland Hospital | Monroe |
| Rochester General Hospital | |
| Strong Memorial Hospital | |
| Unity Hospital of Rochester | |
| Unity Hospital of Rochester — Buffalo Road | |
| DeGraff Memorial Hospital | Niagara |
| Lockport Memorial Hospital | |
| Mount St. Mary's Hospital | |
| Niagara Falls Memorial Medical Center | |
| The Frederick Ferris Thompson Hospital | Ontario |
| Medina Memorial Hospital | Orleans |
| UPMC Cole | Potter |
| St. James Hospital | Steuben |
| Newark Wayne Community Hospital | Wayne |
| Wyoming County Community Hospital | Wyoming |

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# Part B and D IRMAA

## What is the Part B and Part D Income Related Monthly Adjusted Amount (IRMAA)?

If your client or prospective client has a higher income, the law requires an adjustment to their monthly premiums for Medicare Part B (medical insurance) and Medicare Part D (prescription drug coverage). This adjustment is known as the Income Related Monthly Adjustment Amount (IRMAA). IRMAA is paid directly to Medicare. It is not part of the plan premium. Your client will be notified by Social Security if IRMAA is applicable. The following table is the most current information available as of the date of publication of this guide. Please note that the standard premium for 2024 is $174.70.

| File individual tax return* | File joint tax return* | File married and separate tax return* | Part B Monthly Premium Increase | Part D Monthly Premium Increase |
|---|---|---|---|---|
| $103,000 or less | $206,000 or less | $103,000 or less | $0 | Plan premium |
| Above $103,000 up to $129,000 | Above $206,000 up to $258,000 | Not Applicable | $69.90 | $12.90 |
| Above $129,000 up to $161,000 | Above $258,000 up to $322,000 | Not Applicable | $174.70 | $33.30 |
| Above $161,000 up to $193,000 | Above $322,000 up to $386,000 | Not Applicable | $279.50 | $53.80 |
| Above $193,000 up to $500,000 | Above $386,000 up to $750,000 | Above $103,000 up to $397,000 | $384.30 | $74.20 |
| $500,000 and above | $750,000 and above | $397,000 and above | $419.30 | $81 |

*Based on 2022 filing for 2024 calendar year.

# Election Periods

## Medicare Advantage and Part D Election Periods

**Initial Election Period (IEP)** is the period during which an individual may make an initial election to enroll in an MA plan.

**Annual Election Period (AEP)** is the period when an individual may enroll or disenroll from an MA plan.

**Open Enrollment Period (OEP)** is a time frame that allows an individual enrolled in a Medicare Advantage plan* a one-time opportunity to:

- Switch to a different Medicare Advantage plan.
- Drop their Medicare Advantage plan and return to Original Medicare, Part A and Part B.
- Sign up for a stand-alone Medicare Part D Prescription Drug plan (if they return to Original Medicare).

**Special Election Period (SEP)** is a time frame that allows some individuals to enroll in an MA plan outside of the IEP and AEP if they meet certain requirements. A few examples are people who are eligible for extra help in paying for their Medicare prescription, such as if they qualify for Low Income Subsidy (LIS) or Programs of All-Inclusive Care for the Elderly (PACE), or people who have lost their employer group coverage or relocated outside the plan's service area.

| | Part C (Medicare Advantage plans) | Part D (Prescription Drug plans) | Plans Available | | |
|---|---|---|---|---|---|
| | | | MA/MA-PD | PDP | Medigap |
| IEP | Once per lifetime | Starts 3 months before and ends 3 months after month of eligibility — total 7 months | X | X | X |
| AEP | Oct. 15 to Dec. 7 | Oct. 15 to Dec. 7 | X | X | X |
| OEP* | Jan. 1 to March 31 | N/A | X | X | X |
| SEP | All year | All year | X | X | X |
| 5-Star SEP | Dec. 8 to Nov. 30 | Dec. 8 to Nov. 30 | X | X | |

*Individuals enrolled in Original Medicare, a cost plan, or other plan types are not eligible to use OEP to enroll in an MA plan. Individuals enrolled in a Part D only plan are not eligible to make changes during OEP.





# PACE and PACENET

## What is PACE/PACENET coverage?

The Pharmaceutical Assistance Contract for the Elderly (PACE) program is a lottery-funded program that provides prescription drug coverage to Pennsylvania residents, ages 65 and older, who meet the program's income requirements:

| | Single Income Limit | Married Income Limit | Copay Generic | Copay Single-Source Brand |
|---|---|---|---|---|
| PACE | $14,500 | $17,700 | $6 | $9 |
| PACENET | $14,500 – $33,500 | $17,700 – $41,500 | $8 | $15 |

## PACE/PACENET FAQs

### Q: If I am enrolled in a Highmark Part D plan, will I still use my PACE or PACENET card?

Yes, show both cards at the pharmacy. This will let your pharmacist know to bill Highmark first and bill PACE or PACENET second. It will also let your pharmacist know that you are entitled to all of the drugs that are available under PACE and PACENET.

### Q: Will my copayments be higher with PACE/PACENET and Highmark Part D plan?

No, not for medications that are covered by PACE/PACENET. If your Highmark plan charges higher copayments than you were paying under PACE/PACENET, the program will pay the difference if the pharmacy has the capability to bill more than one payer for a prescription claim. If you are taking medications that are not covered by PACE/PACENET, you will pay the Highmark plan's copay for those drugs. If you run into any confusion at the pharmacy, call the program's toll-free number at **800-225-7223** while you're still at the pharmacy.

### Q: What happens if my Highmark plan charges lower copayments than PACE/PACENET?

You will pay the lower copayments when the Part D plan pays for medication.

# PACE and PACENET, cont.

**Q: Many Highmark Part D plans stop their coverage after you reach a certain dollar limit. This is referred to as the "donut hole" or "coverage gap." How will this work if I have PACE/PACENET?**

You will not experience a "donut hole" or period of time when you have no prescription drug coverage. Instead, the PACE/PACENET program will fill in the gaps for covered medications, so that you can continue to get your prescriptions by only paying the PACE/PACENET copays.

**Q: What happens if my Highmark Part D plan doesn't cover all of the drugs that PACE/PACENET covers?**

If your Part D plan has a restrictive drug formulary, PACE/PACENET will cover your prescription medications or work directly with the plan to process a prior authorization on your behalf so the drugs will be covered by your Part D plan.

**Q: Can I go to any pharmacy I choose if I am in PACE and Medicare Part D?**

No. You must use the pharmacies that are in your Highmark Part D plan's network. If you decide to change pharmacies, check with your new pharmacy to make sure they participate in your Highmark Part D plan and PACE.

**Q: If my Part D plan offers a mail-order service, can I use it?**

Yes. However, the mail order pharmacy must participate with the PACE Program in order for the program to help pay for your extra copayments. Please have your doctors verify if the mail order pharmacy is in the PACE network prior to submitting prescriptions for processing. Also, when you receive a three-month supply of your drug(s) by mail, you will pay up to three PACE/PACENET copayments at once. For example, a PACE cardholder would pay up to $18 for a 90-day supply of generic medications.





# New York EPIC Program

The Elderly Pharmaceutical Insurance Coverage (EPIC) program is a New York State program for seniors administered by the Department of Health. It helps more than 325,000 income-eligible seniors aged 65 and older to supplement their out-of-pocket Medicare Part D drug plan costs. Seniors can apply for EPIC at any time of the year and must be enrolled or eligible to be enrolled in a Medicare Part D drug plan to receive EPIC benefits and maintain coverage.

EPIC provides secondary coverage for Medicare Part D and EPIC-covered drugs purchased after any Medicare Part D deductible is met. EPIC also covers approved Part D-excluded drugs once a member is enrolled in Part D.

**To join EPIC, a senior must:**

- Be a New York State resident age 65 or older.
- Have an annual income below $75,000 if single or $100,000 if married.
- Be enrolled or eligible to be enrolled in a Medicare Part D plan (no exceptions), and not be receiving full Medicaid benefits.

Note: You can join EPIC at any time during the year. Once enrolled, you will receive a 'Special Enrollment Period' to join a Medicare Part D drug plan. You are not eligible to receive EPIC benefits until you are enrolled in a Part D drug plan.

Seniors who are not eligible to join a Medicare Part D drug plan cannot join EPIC (e.g., seniors with a union/retiree drug subsidy program that is not a Part D plan, seniors without Medicare Part A or Medicare Part B).

Seniors with Medicare Advantage (HMO) health insurance can only join EPIC if they have Part D drug coverage with their HMO.

## Residency

To enroll in EPIC, you must be a resident of New York State. This means that your permanent home (not a summer or winter home) is located in New York State. It also means you live in the State on a regular, ongoing basis, and your New York State address is listed as your home address on official and legal documents. You need to notify EPIC whenever you change your address.

# New York EPIC Program, cont.

## Income

For purposes of your EPIC enrollment, household gross income is the previous year's total annual income of the senior or married spouses. It includes, but is not limited to:

- Federal adjusted gross household income as reported on your income tax return.
- Social Security payments (less Medicare premiums).
- Railroad retirement benefits.
- The taxable amount of IRA distributions and retirement annuities.
- Support money, including foster care support payments.
- Supplemental Security income.
- Tax-exempt interest.
- Worker's compensation.
- Gross amount of loss-of-time insurance.
- Cash public assistance and relief, other than medical assistance for the needy.
- Nontaxable strike benefits.
- Veterans' disability pensions.
- Lottery winnings.

**It does not include:**

- Food stamps.
- Medicare premiums.
- Medicaid.
- Scholarships.
- Grants.
- Surplus food.
- Payments made to veterans under the federal Veterans' Dioxin and Radiation Exposure Compensations Standards Act (Agent Orange).
- Payments made to individuals because of their status as victims of Nazi persecution.





# Low Income Subsidy (LIS)

The Low Income Subsidy (LIS) helps people with Medicare pay for prescription drugs, and lowers the costs of Medicare prescription drug coverage.

The resource limits used to determine eligibility for the LIS are as follows:

| Marital Status | 2024 LIS Resource Limit |
|---|---|
| Single | $17,220 |
| Married | $34,360 |

The maximum LIS beneficiary cost-sharing table is as follows:

| Low-Income Subsidy Category | Deductible | Copayment up to Out-of-Pocket Threshold | |
|---|---|---|---|
| | | Generic | Brand |
| Full-Benefit Dual Eligible Beneficiaries Institutionalized or Receiving Home- and Community-Based Services | $0 | $0 | $0 |
| Full-Benefit Dual Eligible Beneficiaries with income ≤ 100% FPL | $0 | $1.55 | $4.60 |
| Full-Benefit Dual Eligible Beneficiaries with income between 100% and 150% FPL | $0 | $4.50 | $11.20 |
| Non-Full Benefit Dual Eligible Beneficiaries Applied or are eligible for Medicare Savings Program (QMB-only, SLMB-only, or QI); or Supplemental Security Income (but not Medicaid) | $0 | $4.50 | $11.20 |
| Non-Full Benefit Dual Eligible Beneficiaries Applied and with income ≤ 150% FPL with resources ≤ $17,220 ($34,360 if married) | $0 | $4.50 | $11.20 |

# Frequently Asked Questions

### Q: What is the difference between the Freedom Blue and Complete Blue networks?

The **Complete Blue PPO** network offers broad access including INN to all western Pennsylvania Hospitals (including UPMC). Additionally, it provides:

- Highest quality, narrow network supplemental providers (SNF, DME, etc.).
- INN access to all BCBS MA providers across the country.
- Emergent and Urgent Care covered worldwide.

The **Freedom Blue PPO** network (western Pennsylvania) offers INN Access to all western Pennsylvania Hospitals. Additionally, it provides:

- Broad network of supplemental providers (SNF, DME, etc.) throughout western Pennsylvania.
- POS access to OON providers.
- Emergent and Urgent Care covered worldwide.

### Q: How do I locate a provider within the Blue Card network?

For PPO members visiting a county or state outside of their current plan coverage area, they can locate providers by following these steps:

1. Visit **provider.bcbs.com**.
2. Enter a ZIP code.
3. Select **Browse a List of Plans**.
4. Choose **Medicare Advantage PPO** and scroll down to choose the appropriate Highmark home plan.

### Q: What is the claim submission process when utilizing a provider through the BlueCard® network?

Participating providers should submit claims to their local Blue Plan.

### Q: How am I billed for Emergency Care Worldwide?

When outside of the United States, members should expect to pay upfront; however, they can then submit an itemized receipt for reimbursement, less their Emergency Care copay.

### Q: What happens to my total drug spend if I switch plans throughout the year?

Their drug spend will only reset Jan. 1 of each year. It does not reset when changing plans.

### Q: How can I obtain my diabetic testing supplies?

LifeScan and either Abbott (PA, WV, DE) or Roche (NY) brand testing supplies are available at pharmacies and DME suppliers. Other brands can either be obtained at a DME supplier or with a physician authorization at pharmacies.

### Q: How is transportation covered with Community Blue Medicare?

The benefit will allow for a one-way trip to the home for continued acute care after discharge from an emergency room and any additional trips to a physician related to the continued acute home care. Arrangements for the trip will be made through the servicing provider.

### Q: How is transportation covered with Freedom Blue and Security Blue Medicare plans?

There is a $0 in-network copay per one-way trip and provides a benefit for up to 24 one-way routine trips for nonemergency, medical-related purposes such as doctor visits, appointments for dental, vision, hearing, and behavioral health services, and visits to pharmacies to pick up prescription drugs within a 50-mile limit. The destination must always be plan-approved.





### Q: Where can I go to pay the lowest amount for lab work?

To a participating freestanding lab such as Quest Diagnostics and Labcorp. Please check the provider search tool to verify available freestanding labs. Labs at a hospital or affiliated with a hospital will not process with the lowest cost share.

### Q: How do I utilize the OTC benefit? Am I automatically sent a catalog?

You may redeem your OTC benefits by visiting the online store at **shophighmarkotc.com**. Physical catalogs are available on request from Member Service. Additionally, members with the Flex Card are able to utilize the OTC benefit in person.

### Q: Does an unused OTC benefit amount carry over to the next quarter?

OTC benefits must be used within the calendar quarter, or they will be forfeited. Conversely, any amount spent above the benefit allowance per quarter will be the responsibility of the member.

### Q: Is shipping covered with my OTC benefit?

Shipping is free for the first order per quarter. All subsequent orders will incur a shipping charge at the member's expense.

### Q: How can I reach TruHearing to utilize benefits?

Contact TruHearing directly at **855-544-7171** (or 800-334-1807, TTY: 711) to locate a provider and schedule an appointment.

### Q: Where can I find a list of participating vision providers?

Optometrists for routine vision can be found by visiting **davisvision.com**.

1. Select **Find an eye care professional** from the banner at the top of the homepage.
2. From there you will be able to search by location and/or the provider's name or business name.

### Q: Where can I find a list of participating dental providers?

Routine dental providers can be found by visiting **unitedconcordia.com**.

1. Locate the three lines in the top right corner, select **Find a Dentist**.
2. Choose your location.
3. Select your network: National Medicare Advantage Dental. (This is the same for all of our MAPD plans that include dental, as well as the Whole Health Balance option offered to Medigap members.)

### Q: Why am I still receiving invoices despite signing up for Electronic Funds Transfer (EFT)?

EFT takes approximately 45 – 60 days to be set up. Timing can be impacted by queue volume and response time from the member's bank. In the meantime, you will need to continue paying invoices until they receive notice that EFT is starting deductions.

### Q: A client would like me to be their Agent of Record (AOR). How do I request this change?

A change cannot be requested. If the agent submits a plan change, the AOR change will go through. Duplicate applications submitted for the active plan will not process as an AOR change.

# Tips for Using the Online Provider Search Tool

### Q: How do I locate the provider search tool?

**medicare.highmark.com**

At the bottom of the homepage, you will find useful links such as **Find a Provider** and **Find a Dentist**. The dental link will automatically link you to the National Medicare Advantage dental search. Please note, the vision link is for a medical specialist (ophthalmologist). If you are looking for a routine vision provider, please see **davisvision.com**.

### Q: Why am I only finding one or a few of the providers from a practice and not the actual provider my client sees?

If you find the practice itself or other providers at that location, you can consider all providers at the practice/location as participating.

### Q: How do I find providers outside of the Highmark sales region?

**provider.bcbs.com**

Choose a location and a plan. From there, you will be asked for the alpha prefix. To bypass, select **Browse a list of plans**. For PA, you can use PA Highmark Blue Shield or PA Highmark Blue Cross Blue Shield. For WV, use WV Highmark Blue Cross Blue Shield. From there, you can search for providers available through our Travel Program.

### Q: Why am I having trouble locating routine vision and dental providers?

An optometrist for routine vision can be found at **davisvision.com**. Routine dental providers can be found at **unitedconcordia.com**.

### Q: What is the dental network?

All plans that include dental coverage (Whole Health Balance as well) use the National Medicare Advantage network through United Concordia.





# Medical Underwriting Guidelines

## Medigap Blue — Pennsylvania Updated Underwriting Guidelines

### Health questions to determine eligibility — Pennsylvania

Prior to approving an application for enrollment, Highmark reserves the right to review previous and current applications for coverage as well as claims history.

The following questions, if answered "yes," will result in a member not being eligible for a Medigap Blue plan.

- Were you enrolled in Medicare prior to age 65 due to a disability?
- Are you now or have you been advised in the next year to be any of the following?
  - Admitted as an inpatient to a hospital
  - Confined to a nursing facility for other than short-term rehabilitation
  - Paralyzed, bedridden, or confined to a wheelchair
  - Receiving dialysis
- Within the past two years, have you been diagnosed or treated (including prescription drugs) for any of the following conditions? Do not include any genetic information, such as family medical history or any information related to genetic testing, services, or counseling.
  - Cancer (other than skin cancer), leukemia, lymphoma, melanoma
  - Heart, coronary, or carotid artery disease (not including high blood pressure), heart attack, aneurysm, congestive heart failure or any other type of heart failure, enlarged heart, stroke, transient ischemic attacks (TIA), or hemophilia
  - Bone marrow or other organ transplant
  - ALS (Lou Gehrig's disease), multiple sclerosis (MS), Parkinson's, systemic lupus erythematosus (SLE), Alzheimer's, or dementia
  - AIDS, AIDS-related complex (ARC), or tested positive for HIV
  - Chronic renal disease such as ESRD
- Have you been advised to have a joint replacement in the next year, or have you received a joint replacement within the past six months?

# Medical Underwriting Guidelines, cont.

### Health questions to determine eligibility — Pennsylvania (cont.)

**The following questions help determine rate.**

If answer is "no" to the following questions, the application is approved at the preferred rate, unless the BMI is 40 or greater. If BMI is 40 or greater, the application is approved at the standard rate.

- Have you been diagnosed, received treatment (including prescription drugs), or had any of the following conditions?
  - **Heart conditions**
    - » Heart rhythm disorders
  - **Lung conditions**
    - » Chronic obstructive pulmonary disease (COPD)
    - » Emphysema
  - **Liver conditions**
    - » Cirrhosis of the liver
    - » Hepatitis C
  - **Diabetes**
    - » Type I or Type II
  - **Eye conditions**
    - » Macular degeneration
- **Gastrointestinal conditions**
  - » Chronic pancreatitis
  - » Esophageal varices
  - » Ulcerative colitis
  - **Musculoskeletal conditions**
    - » Amputation due to disease
    - » Rheumatoid arthritis
    - » Spinal stenosis
    - » Degenerative disk or herniated disk
    - » Osteoporosis
  - **Psychological/mental conditions**
    - » Bipolar or manic depressive
    - » Schizophrenia
  - **Substance abuse**
    - » Alcohol abuse or alcoholism
    - » Drug abuse or use of illegal drugs
- Within the past two years, have you ever:
  - Been hospitalized or had inpatient surgery?
  - Smoked cigarettes or used any tobacco product?

**If a "yes" answer is provided for any of these questions, the application is approved at the standard rate.**

**If a "yes" answer is provided for the tobacco question and there is one or more "yes" answers in these questions, the application is denied.**

**If applicant answers "no" to these questions, with exception of "yes" answer to the tobacco question and the applicant's BMI is 40 or greater, the application is denied.**

**If all answers are "no" and the tobacco question is answered "yes" and the applicant's BMI is less than 40, the application is approved at the standard rate.**





## Medigap Blue — West Virginia Updated Underwriting Guidelines

### Health questions to determine eligibility — West Virginia

Prior to approving an application for enrollment, Highmark reserves the right to review previous and current applications for coverage as well as claims history.

**The following questions, if answered "yes," will result in a member not being eligible for a Medigap Blue plan.**

- Were you enrolled in Medicare prior to age 65 due to a disability?
- Are you now or have you been advised in the next year to be any of the following?
  - Admitted as an inpatient to a hospital
  - Confined to a nursing facility for other than short-term rehabilitation
  - Paralyzed, bedridden, or confined to a wheelchair
  - Receiving dialysis
- Within the past two years, have you been diagnosed or treated (including prescription drugs) for any of the following conditions? Do not include any genetic information, such as family medical history or any information related to genetic testing, services, or counseling.
  - Cancer (other than skin cancer), leukemia or lymphoma, melanoma
  - Heart, coronary, or carotid artery disease (not including high blood pressure), heart attack, aneurysm, congestive heart failure or any other type of heart failure, enlarged heart, stroke, transient ischemic attacks (TIA), hemophilia, or heart rhythm disorders
  - Diabetes
  - Chronic obstructive pulmonary disease (COPD), emphysema
  - Bone marrow or other organ transplant
  - ALS (Lou Gehrig's disease), multiple sclerosis (MS), Parkinson's, systemic lupus erythematosus (SLE), Alzheimer's, or dementia
  - AIDS, AIDS-related complex (ARC), or tested positive for HIV
  - Hepatitis C
  - Chronic pancreatitis, esophageal varices, or ulcerative colitis
  - Chronic renal disease such as ESRD
  - Bipolar, manic depressive, schizophrenia, or psychological illness requiring hospitalization
- Have you been advised to have a joint replacement in the next year, or have you received a joint replacement within the past six months?

**Responses to the following questions will be collected, but will not affect the outcome of the review.**

- Have you been diagnosed, received treatment (including prescription drugs), or had any of the following conditions?
  - **Musculoskeletal conditions**
    - » Amputation due to disease
    - » Rheumatoid arthritis
    - » Spinal stenosis
    - » Degenerative disk or herniated disk
    - » Osteoporosis
  - **Liver conditions**
    - » Cirrhosis of the liver
  - **Eye conditions**
    - » Mascular degeneration
- Within the past two years, have you ever:
  - Been hospitalized or had inpatient surgery?
  - Smoked cigarettes or used any tobacco product?

If the applicant's BMI is greater than 40, **the application is denied.**

# Medical Underwriting Guidelines, cont.

## Medigap Blue — Delaware Underwriting Guidelines

### Health questions to determine eligibility — Delaware

Prior to approving an application for enrollment, Highmark reserves the right to review previous and current applications for coverage as well as claims history.

**The following questions, if answered "yes," will result in a member not being eligible for a Medigap Blue plan.**

- Were you enrolled in Medicare prior to age 65 due to a disability?
- Are you now or have you been advised in the next year to be any of the following?
  - Admitted as an inpatient to a hospital
  - Confined to a nursing facility for other than short-term rehabilitation
  - Paralyzed, bedridden, or confined to a wheelchair
  - Receiving dialysis
- Within the past two years, have you been diagnosed or treated (including prescription drugs) for any of the following conditions? Do not include any genetic information, such as family medical history or any information related to genetic testing, services, or counseling.
  - Cancer (other than skin cancer), leukemia, lymphoma, melanoma
  - Heart, coronary, or carotid artery disease (not including high blood pressure), heart attack, aneurysm, congestive heart failure or any other type of heart failure, enlarged heart, stroke, transient ischemic attacks (TIA), or hemophilia
  - Diabetes (using insulin)
  - Bone marrow or other organ transplant
  - ALS (Lou Gehrig's disease), multiple sclerosis (MS), Parkinson's, systemic lupus erythematosus (SLE), Alzheimer's, or dementia
  - AIDS, AIDS-related complex (ARC), or tested positive for HIV
  - Chronic renal disease such as ESRD
  - Cirrhosis of the liver, hepatitis C
  - Chronic obstructive pulmonary disease (COPD), emphysema
  - Alcohol abuse or alcoholism, drug abuse or use of illegal drug
  - Bipolar or manic depressive, schizophrenia, psychological illness requiring hospitalization
  - BMI greater than 40
- Have you been advised to have a joint replacement in the next year, or have you received a joint replacement within the past six months?

**The following determines rate.**

- If the answer to tobacco usage in the past 12 months is "yes," a 25% surcharge will be added to the premium.

**Responses to the following questions will be collected, but will not affect the outcome of the review.**

- Have you been diagnosed, received treatment (including prescription drugs), or had any of the following conditions?
  - Heart conditions
  - Heart rhythm disorders
  - Musculoskeletal conditions
  - Amputation due to disease
  - Rheumatoid arthritis
  - Spinal stenosis
  - Degenerative disc or herniated disc
  - Osteoperosis
  - Gastrointestinal conditions
  - Chronic pancreatitis
  - Esophageal varices
  - Ulcerative colitis





# Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or their authorized representative.

**Please initial below beside the type of product(s) you want the agent to discuss.**

☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**

**Medicare Prescription Drug Plan (PDP) —** A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

☐ **Medicare Advantage Plans (Part C)**

**Medicare Health Maintenance Organization (HMO) —** A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan —** A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

☐ **Medicare Supplement Plans (Medigap)**

**Medicare Supplement (Medigap) Plan —** A Medicare Supplement Insurance (Medigap) policy, sold by private companies, can help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance, and deductibles.

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, impact your current or future enrollment status or enroll you in a Medicare plan.

# Scope of Sales Appointment Confirmation Form, cont.

### Beneficiary or authorized representative signature and signature date

Signature: _____ Date: _____

*If you are the authorized representative, please sign above and print below:*

Representative's name:_____

Your relationship to the beneficiary: _____

### To be completed by Agent

| | |
|---|---|
| Agent name: | Agent phone: |
| Beneficiary name: | Beneficiary phone: |
| Initial method of contact:<br>(Indicate here if beneficiary was a walk-in) | |
| Agent signature: | |
| Plan(s) represented during the meeting: | |
| Date appointment completed: | |
| [Plan use only:] | |

**Scope of Appointment documentation is subject to CMS record retention requirements.*
*If the form was signed by the beneficiary at time of appointment, the Agent MUST provide an explanation why the SOA was not documented prior to meeting on the lines provided below:*

_____

_____

H3384_H3916_H3957_H5106_H5526_H8166_23_2702_C





# Agent Sales Checklist

- Identify yourself as a Highmark licensed sales agent and have your name badge displayed.
- Confirm the Scope of Appointment was completed prior to the start of the meeting.
- Explain that in order to enroll in a Medicare Advantage plan, members must be enrolled in Medicare and continue to pay Part B premium.
- Describe Original Medicare and how it works when enrolled in a Medicare Advantage plan.
- Accurately describe the plans' deductibles, copays, coinsurance, OOP max.
- Accurately describe the copays and deductibles for drugs under Part D.
- Fully explain the cost of prescriptions during the coverage gap and catastrophic coverage period.
- Explain that certain prescription drugs have restrictions such as prior authorizations or quantity limits.
- Discuss the differences between MA and Medicare Supplement plans.
- Ensure the beneficiary(s) understood each plan(s) network and how they work.
- Explain how to locate a provider using the provider directory and/or provider website.
- Explain how to check if drugs are covered in the formulary.
- Review the Star Rating for all applicable plans.
- Describe the different enrollment periods including AEP, MAPD, and possible SEPs.
- Avoid making absolute statements.
- Avoid scare tactics.
- Avoid cross-selling of non-health products.
- Avoid using unapproved marketing material.

SECTION IV

# D-SNP

# Introduction

Highmark D-SNP plans are specialized Medicare Advantage Plans, which means the benefits are designed for people with special health care needs who have Medicare and are also entitled to assistance from Medicaid. Like all Medicare Advantage Plans, these D-SNP plans are approved by Medicare and have contracts with their State Medicaid programs to coordinate Medicaid benefits.

## What is a Dual Eligible Special Needs Plan?

Members who are eligible for both Medicare and Medicaid (Medical Assistance from the State), can join a Dual Eligible Special Needs Plan (D-SNP). D-SNPs are approved by Medicare but are run by private companies.

### Benefits of a D-SNP:

- Members get hospital, medical, and prescription drug coverage through one plan.
- Members have a large network of providers to choose from.
- All medically necessary and preventive services offered under parts A and B are covered, in addition to prescription drug coverage under Part D.
- Many plans offer value-added benefits, including hearing, dental, vision, transportation, healthy food cards, and more.

## D-SNP Enrollment Periods

### Initial Enrollment Period (IEP)

This is a seven-month period that starts three months before the month containing the member's 65th birthday, and continues for three months after.

### Special Enrollment Period (SEP)

A member can change plans quarterly except for in the last quarter because of AEP. They can change plans if they're moving out of their current plan's service area, losing creditable group health insurance due to employment ending, or being released from jail. Some of the events that can qualify a member to enroll in a D-SNP during this period include:

- Beneficiaries are given Q1, Q2, and Q3 SEP to change plans.
- Nursing home residency. Whether they're moving in, moving out, or are currently living in a nursing home, they can enroll in a Special Needs Plan for the first time, switch plans, or opt out of their current plan.
- Qualifying for Medicaid. If they already have Medicaid benefits or become eligible, they can enroll in a Special Needs Plan at any time.
- Moving outside the service area. If they move outside the service area covered by their current Special Needs Plan and they want to switch to another plan, they can do it during the SEP. If they do not enroll in a different D-SNP, they are automatically returned to coverage through Original Medicare.
- Their current D-SNP leaves Medicare. If this happens, they can sign up for a different D-SNP.

### Annual Enrollment Period (AEP)

**Oct 15. – Dec. 7** — Members can switch plans as many times as they want during AEP. They have until Dec. 7 by 11:59 p.m. to make a final decision.





# Products Overview

## D-SNP Plan Eligibility Requirements

| Highmark Wholecare (PA) | | Highmark Blue Cross Blue Shield (DE) |
|---|---|---|
| Highmark Wholecare Medicare Assured Diamond (HMO D-SNP) | Highmark Wholecare Medicare Assured Ruby (HMO D-SNP) | Highmark Health Options Duals (HMO D-SNP) |
| Live in service area | Live in service area | Live in service area |
| Entitled to Medicare Part A | Entitled to Medicare Part A | Entitled to Medicare Part A |
| Enrolled in Medicare Part B | Enrolled in Medicare Part B | Enrolled in Medicare Part B |
| Full Medicaid: QMB, QMB+, SLMB+, and FBDE | Partial Medicaid: SLMB, and QI | Full Medicaid: QMB, QMB+, SLMB+, and FBDE |

## Eligibility Descriptions

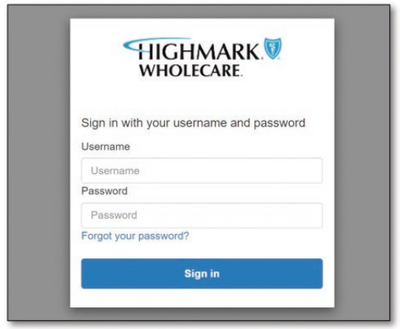
| | |
|---|---|
| Qualified Medicare Beneficiaries (QMBs) without other Medicaid (QMB Only) | These individuals are entitled to Medicare Part A, have income of 100% Federal poverty level (FPL) or less and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for full Medicaid. |
| QMBs with full Medicaid (QMB+) | These individuals are entitled to Medicare Part A, have income of 100% FPL or less and resources that do not exceed twice the limit for SSI eligibility, and are eligible for full Medicaid benefits. |
| Specified Low-Income Medicare Beneficiaries (SLMBs) without other Medicaid (SLMB Only) | These individuals are entitled to Medicare Part A, have income of greater than 100% FPL, but less than 120% FPL and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. |
| SLMBs with full Medicaid (SLMB+) | These individuals are entitled to Medicare Part A, have income of greater than 100% FPL, but less than 120% FPL and resources that do not in exceed twice the limit for SSI eligibility, and are eligible for full Medicaid benefits. |
| Qualified Disabled and Working Individuals (QDWIs) | These individuals lost their Medicare Part A benefits due to their return to work. They are eligible to purchase Medicare Part A benefits, have income of 200% FPL or less and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. |

# Highmark Wholecare (PA D-SNP) Enrollment Processes

## Cavulus

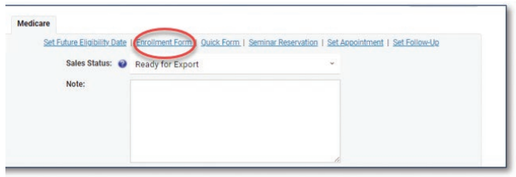
Cavulus is a CRM (Customer Relationship Management) software used to store contacts, sales opportunities, and upcoming seminars. It helps to prioritize tasks, schedule plans, and optimize member experience. Everything is automatically uploaded in the program, including member names, addresses, and any other details required for registration. You can easily contact members and access their background information to understand their plan needs.

**highmarkwholecare.cavulus.com**




### Electronic Enrollment

- Sign in to your workspace with your username and password.
- Select **Enrollment Form** hyperlink.
  - Verify contact details
  - Select product type: **Diamond** or **Ruby**
  - Date defaults to today's date
  - Go through enrollment checklist
  - Verify personal information (name, date of birth, phone number, SSN, address, Medicare number, and any prescription coverage)
  - Race/ethnicity questions are **optional**
  - Select language
  - Confirm if the prospect is enrolled in Medicaid
  - Confirm phone number; email address is optional
  - Complete Attestation of Eligibility
  - Read and sign Privacy Act Statement
  - Submit enrollment

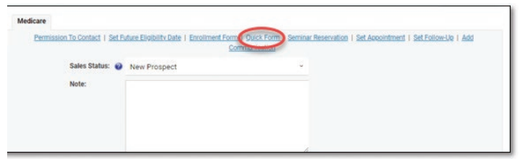







### Manual Enrollment

- Sign in to your workspace with your username and password.
- Select **Quick Form** hyperlink.
  - Select **New Enrollment** or **Edit Current Active**
  - Select product type: **Diamond** or **Ruby**
  - For election type, either enter Unknown or pick from the types listed
  - Choose the Effective Date
  - Choose the App Recs Date
  - Choose the Application Type
  - Type in Medicare Identifier if applicable
  - Fill in date of birth
  - Upload application
  - Confirm Enrollment




### Checklist for enrollment

Information you'll need to enroll a member:

- Name
- Address
- Date of birth
- Social Security Number
- Medicaid and Medicare numbers
- List of current doctors and prescriptions

### How to check eligibility

To check for eligibility of a prospective member or if you need an SOA, you can contact Agent Support over the phone at **888-871-0417** or by email at **HWCBrokerSupport@highmark.com**.

- Make sure you have a PTC (Permission to Contact)/ Scope of Appointment.
- Have the member's name, address, and date of birth handy. If you're calling Agent Support, you should also have their social security number (SSN) and Medicare Beneficiary Number (MBI), if possible.

# Highmark Blue Cross Blue Shield Delaware D-SNP Enrollment Processes

**For Highmark Blue Cross Blue Shield Delaware D-SNP enrollment:**

- Log in to the Producer Portal.
- Select **D-SNP** Line of Business.
- Click the **Enroll** button.

This will redirect you to Cavulus where you can follow the steps below:

- Select the **Lead Entry** field.
- Select **DE**.
- Choose **Referral** for Lead Source then select **<Year>, Agent, Self Generated**.
- Enter beneficiary's full name and phone (if available).
- Choose **Agent Generated** for Response Type, then select **Continue**.
- Enter home address, including ZIP code (email is optional).
- Confirm current coverage.
- Consent Level: select **Contact Only**.
- Make sure your name and ID appear, then select **Continue**.
- On the next page, enter member's information and add your name in the agent box.





# D-SNP Pharmacy Networks

| | Highmark Wholecare D-SNP Pharmacy Network |
|---|---|
| PA | giant eagle, Costco Wholesale, weis, Walmart, GIANT, CVS pharmacy, Target, RITE AID, Walgreens |

| | Highmark Blue Cross Blue Shield Delaware D-SNP Pharmacy Network |
|---|---|
| DE | Costco Wholesale, GIANT, Harris Teeter, Walmart, Sav-on Pharmacy, ACME, CVS pharmacy, RITE AID, Walgreens, ivira pharmacy |

Select local pharmacies are also in network.

*Changes to our pharmacy network may occur during the benefit year. Any changes made after the production date of this guide will be included with our product benefit grid and map reference guide.*

# Highmark Wholecare D-SNP In-Network Hospitals

## PA

| Facility Name | Medicare Assured Diamond (HMO D-SNP) | Medicare Assured Ruby (HMO D-SNP) |
|---|---|---|
| **Adams County** | | |
| Wellspan Gettysburg Hospital | ✔ | ✔ |
| **Allegheny County** | | |
| AHN Brentwood Neighborhood Hospital | ✔ | ✔ |
| AHN Forbes Hospital | ✔ | ✔ |
| AHN McCandless Neighborhood Hospital | ✔ | ✔ |
| AHN Observation Group | ✔ | ✔ |
| AHN West Penn Hospital | ✔ | ✔ |
| AHN Wexford Hospital | ✔ | ✔ |
| Allegheny General Hospital | ✔ | ✔ |
| Alle-Kiski Medical Center | ✔ | ✔ |
| Children's Hospital of Pittsburgh | ✔ | ✔ |
| Heritage Valley Kennedy | ✔ | ✔ |
| Heritage Valley Sewickley | ✔ | ✔ |
| Jefferson Regional Medical Center | ✔ | ✔ |
| St. Clair Hospital — Outpatient/Inpatient | ✔ | ✔ |
| UPMC East | ✔ | ✔ |
| UPMC Magee — Womens Hospital | ✔ | ✔ |
| UPMC McKeesport Hospital | ✔ | ✔ |
| UPMC Mercy | ✔ | ✔ |
| UPMC Passavant | ✔ | ✔ |
| UPMC Shadyside | ✔ | ✔ |
| UPMC St. Margaret | ✔ | ✔ |
| **Armstrong County** | | |
| Armstrong County Memorial Hospital | ✔ | ✔ |
| **Beaver County** | | |
| Heritage Valley Beaver | ✔ | ✔ |
| **Bedford County** | | |
| UPMC Bedford | ✔ | ✔ |
| **Berks County** | | |
| Reading Hospital and Medical Center | ✔ | ✔ |
| Reading Hospital — Weight Loss Surgery | ✔ | ✔ |
| Penn State Health St. Joseph Medical Center | ✔ | ✔ |
| Surgical Institute of Reading | ✔ | ✔ |
| **Blair County** | | |
| Conemaugh Nason Medical Center | ✔ | ✔ |
| Penn Highlands Tyrone | ✔ | ✔ |
| UPMC Altoona | ✔ | ✔ |
| **Bradford County** | | |
| Guthrie Troy Community Hospital | ✔ | ✔ |
| Guthrie Robert Packer Hospital | ✔ | ✔ |
| Guthrie Robert Packer Hospital — Towanda Campus | ✔ | ✔ |

*Changes to our in-network facilities may occur during the benefit year. Any changes made after the production date of this guide will be included with our product benefit grid and map reference guide.*





# Highmark Wholecare D-SNP In-Network Hospitals

## PA, cont.

| Facility Name | Medicare Assured Diamond (HMO D-SNP) | Medicare Assured Ruby (HMO D-SNP) |
|---|---|---|
| **Bucks County** | | |
| Aria Health — Bucks Campus | ✔ | ✔ |
| Avenues Recovery Medical Center at Valley Forge | ✔ | ✔ |
| Lower Bucks Hospital | ✔ | ✔ |
| St. Luke's Hospital — Quakertown Campus | ✔ | ✔ |
| St. Mary Medical Center | ✔ | ✔ |
| **Butler County** | | |
| Butler Memorial Hospital | ✔ | ✔ |
| **Cambria County** | | |
| Conemaugh Valley Memorial Hospital | ✔ | ✔ |
| Conemaugh Miners Medical Center | ✔ | ✔ |
| **Carbon County** | | |
| St. Luke's Hospital — Lehighton Campus | ✔ | ✔ |
| St. Luke's Hospital — Carbon Campus | ✔ | ✔ |
| **Centre County** | | |
| Mount Nittany Medical Center | ✔ | ✔ |
| **Chester County** | | |
| Paoli Hospital | ✔ | ✔ |
| Penn Medicine Chester County Hospital | ✔ | ✔ |
| Phoenixville Hospital | ✔ | ✔ |
| **Clarion County** | | |
| Clarion Hospital | ✔ | ✔ |
| **Clearfield County** | | |
| Penn Highlands Clearfield | ✔ | ✔ |
| Penn Highlands Dubois | ✔ | ✔ |
| **Clinton County** | | |
| Bucktail Medical Center | ✔ | ✔ |
| **Crawford County** | | |
| Meadville Medical Center | ✔ | ✔ |
| Titusville Area Hospital | ✔ | ✔ |
| **Cumberland County** | | |
| Penn State Health Holy Spirit Medical Center | ✔ | ✔ |
| Holy Spirit Silver Creek Mediplex | ✔ | ✔ |
| Penn State Health Hampden Medical Center | ✔ | ✔ |
| UPMC Carlisle | ✔ | ✔ |
| **Dauphin County** | | |
| Penn State Health Milton S. Hershey Medical Center | ✔ | ✔ |
| UPMC Community Osteopathic | ✔ | ✔ |
| **Delaware County** | | |
| Crozer Health — Chester Medical Center | ✔ | ✔ |
| Crozer Health — Delaware County Memorial Hospital | ✔ | ✔ |
| Mercy Catholic Medical Center Fitzgerald Campus | ✔ | ✔ |

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# Highmark Wholecare D-SNP In-Network Hospitals

## PA, cont.

| Facility Name | Medicare Assured Diamond (HMO D-SNP) | Medicare Assured Ruby (HMO D-SNP) |
|---|---|---|
| Main Line Health — Riddle Hospital | ✔ | ✔ |
| Crozer Health — Springfield Hospital | ✔ | ✔ |
| Crozer Health — Taylor Hospital | ✔ | ✔ |
| **Elk County** | | |
| Penn Highlands Elk | ✔ | ✔ |
| **Erie County** | | |
| AHN Saint Vincent Hospital | ✔ | ✔ |
| LECOM Health — Corry Memorial Hospital | ✔ | ✔ |
| LECOM Health — Millcreek Community Hospital | ✔ | ✔ |
| UPMC Hamot | ✔ | ✔ |
| **Fayette County** | | |
| WVU Uniontown Hospital | ✔ | ✔ |
| **Franklin County** | | |
| WellSpan Chambersburg Hospital | ✔ | ✔ |
| WellSpan Waynesboro Hospital | ✔ | ✔ |
| **Fulton County** | | |
| Fulton County Medical Center | ✔ | ✔ |
| **Greene County** | | |
| Washington Health System Greene | ✔ | ✔ |
| **Huntingdon County** | | |
| Penn Highlands Huntingdon | ✔ | ✔ |
| **Indiana County** | | |
| Indiana Regional Medical Center | ✔ | ✔ |
| **Jefferson County** | | |
| Penn Highlands Brookville | ✔ | ✔ |
| Punxsutawney Area Hospital | ✔ | ✔ |
| **Lackawanna County** | | |
| Lehigh Valley Hospital — Dickson City | ✔ | ✔ |
| **Lancaster County** | | |
| Ephrata Community Hospital | ✔ | ✔ |
| Lancaster Behavioral Health Hospital | ✔ | ✔ |
| Lancaster General Hospital | ✔ | ✔ |
| Penn State Health Lancaster Medical Center | ✔ | ✔ |
| UPMC Lititz | ✔ | ✔ |
| **Lawrence County** | | |
| UPMC Jameson | ✔ | ✔ |
| **Lebanon County** | | |
| WellSpan Good Samaritan Hospital | ✔ | ✔ |
| **Lehigh County** | | |
| Lehigh Valley Hospital | ✔ | ✔ |
| Lehigh Valley Hospital Coordinated Health Allentown | ✔ | ✔ |
| St. Luke's Hospital — Allentown | ✔ | ✔ |

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# Highmark Wholecare D-SNP In-Network Hospitals

## PA, cont.

| Facility Name | Medicare Assured Diamond (HMO D-SNP) | Medicare Assured Ruby (HMO D-SNP) |
|---|---|---|
| **Luzerne County** | | |
| Lehigh Valley Hospital — Hazleton | ✔ | ✔ |
| **Lycoming County** | | |
| UPMC Muncy | ✔ | ✔ |
| UPMC Williamsport | ✔ | ✔ |
| **McKean County** | | |
| UPMC Kane | ✔ | ✔ |
| **Mercer County** | | |
| AHN Grove City Hospital | ✔ | ✔ |
| Edgewood Surgical Hospital | ✔ | ✔ |
| Steward Sharon Regional Health System | ✔ | ✔ |
| UPMC Horizon | ✔ | ✔ |
| **Monroe County** | | |
| Lehigh Valley Hospital — Pocono | ✔ | ✔ |
| St. Luke's Hospital — Monroe Campus | ✔ | ✔ |
| **Montgomery County** | | |
| Jefferson Einstein Montgomery Hospital | ✔ | ✔ |
| Lankenau Medical Center | ✔ | ✔ |
| Pottstown Hospital | ✔ | ✔ |
| Suburban Community Hospital | ✔ | ✔ |
| **Northampton County** | | |
| Lehigh Valley Hospital — Muhlenberg | ✔ | ✔ |
| Lehigh Valley Hospital Coordinated Health Bethlehem | ✔ | ✔ |
| St. Luke's Hospital — Anderson | ✔ | ✔ |
| St. Luke's Hospital — Bethlehem Campus | ✔ | ✔ |
| St. Lukes Hospital — Easton Campus | ✔ | ✔ |
| **Philadelphia County** | | |
| Albert Einstein Medical Center | ✔ | ✔ |
| Aria Health — Frankford Campus | ✔ | ✔ |
| Aria Health — Torresdale Campus | ✔ | ✔ |
| Chestnut Hill Hospital | ✔ | ✔ |
| Children's Hospital of Philadelphia | ✔ | ✔ |
| Holy Redeemer Hospital | ✔ | ✔ |
| Hospital of the University of Pennsylvania | ✔ | ✔ |
| Jeanes Hospital | ✔ | ✔ |
| Kensington Hospital | ✔ | ✔ |
| Mercy Catholic Hospital — Philadelphia Campus | ✔ | ✔ |
| Nazareth Hospital | ✔ | ✔ |
| Penn Presbyterian Medical Center | ✔ | ✔ |
| Pennsylvania Hospital | ✔ | ✔ |
| Roxborough Memorial Hospital | ✔ | ✔ |
| Temple University Hospital | ✔ | ✔ |
| Wills Eye Hospital | ✔ | ✔ |

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# Highmark Wholecare D-SNP In-Network Hospitals

## PA, cont.

| Facility Name | Medicare Assured Diamond (HMO D-SNP) | Medicare Assured Ruby (HMO D-SNP) |
|---|---|---|
| **Potter County** | | |
| Charles Cole Memorial Hospital | ✔ | ✔ |
| **Schuylkill County** | | |
| Geisinger St. Luke's Hospital | ✔ | ✔ |
| Lehigh Valley Hospital — Schuylkill East Norwegian Street | ✔ | ✔ |
| St. Luke's Hospital — Miners Campus | ✔ | ✔ |
| **Somerset County** | | |
| Meyersdale Medical Center | ✔ | ✔ |
| UPMC Somerset | ✔ | ✔ |
| Chan Soon-Shiong Medical Center at Windber | ✔ | ✔ |
| **Tioga County** | | |
| UPMC Wellsboro | ✔ | ✔ |
| **Union County** | | |
| Evangelical Community Hospital | ✔ | ✔ |
| **Venango County** | | |
| UPMC Northwest | ✔ | ✔ |
| **Warren County** | | |
| Warren General Hospital | ✔ | ✔ |
| **Washington County** | | |
| AHN Canonsburg Hospital | ✔ | ✔ |
| Washington Health System | ✔ | ✔ |
| Penn Highlands Mon Valley | ✔ | ✔ |
| **Westmoreland County** | | |
| AHN Hempfield Neighborhood Hospital | ✔ | ✔ |
| Latrobe Area Hospital | ✔ | ✔ |
| Westmoreland Hospital | ✔ | ✔ |
| Frick Hospital | ✔ | ✔ |
| **York County** | | |
| OSS Orthopaedic Hospital | ✔ | ✔ |
| UPMC Hanover | ✔ | ✔ |
| UPMC Memorial | ✔ | ✔ |
| WellSpan Philhaven Child Partial Hospitalization | ✔ | ✔ |
| WellSpan York Hospital | ✔ | ✔ |

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# Highmark Wholecare D-SNP In-Network Hospitals

## Delaware

| Facility Name | Medicare Assured Diamond (HMO D-SNP) | Medicare Assured Ruby (HMO D-SNP) |
|---|---|---|
| **New Castle County** | | |
| Christiana Care Health Services Inc. | ✔ | ✔ |

## New York

| Facility Name | Medicare Assured Diamond (HMO D-SNP) | Medicare Assured Ruby (HMO D-SNP) |
|---|---|---|
| **Cattaraugus County** | | |
| Olean General Hospital | ✔ | ✔ |
| **Cortland County** | | |
| Guthrie Cortland Medical Center — Cancer Center | ✔ | ✔ |
| **Steuben County** | | |
| Guthrie Corning Hospital | ✔ | ✔ |

## West Virginia

| Facility Name | Medicare Assured Diamond (HMO D-SNP) | Medicare Assured Ruby (HMO D-SNP) |
|---|---|---|
| **Berkeley County** | | |
| Berkeley Medical Center | ✔ | ✔ |
| **Jefferson County** | | |
| Jefferson Medical Center | ✔ | ✔ |
| **Marshall County** | | |
| Reynolds Memorial Hospital Inc. | ✔ | ✔ |
| **Mineral County** | | |
| Potomac Valley Hospital of WV Inc. | ✔ | ✔ |
| **Monongalia County** | | |
| West Virginia University Hospitals Inc. | ✔ | ✔ |
| **Upshur County** | | |
| WVU Medicine — St. Joseph's Hospital | ✔ | ✔ |
| **Wetzel County** | | |
| WVU Medicine — Wetzel County Hospital | ✔ | ✔ |

## New Jersey

| Facility Name | Medicare Assured Diamond (HMO D-SNP) | Medicare Assured Ruby (HMO D-SNP) |
|---|---|---|
| **Morris County** | | |
| Morristown Medical Center — AHS Hospital Corp. | ✔ | ✔ |
| **Sussex County** | | |
| Newton Medical Center — AHS Hospital Corp. | ✔ | ✔ |
| **Union County** | | |
| Overlook Medical Center — AHS Hospital Corp. | ✔ | ✔ |
| **Warren County** | | |
| Hackettstown Medical Center — AHS Hospital Corp. | ✔ | ✔ |

*Changes to our in-network facilities may occur during the benefit year. Any changes made after the production date of this guide will be included with our product benefit grid and map reference guide.*

# Highmark Blue Cross Blue Shield Delaware D-SNP In-Network Hospitals

## Delaware

| Facility Name |
|---|
| **Kent County** |
| Bayhealth Hospital — Kent Campus |
| PAM Health Rehabilitation Hospital of Dover |
| Dover Behavioral Health |
| **New Castle County** |
| ChristianaCare — Christiana Hospital |
| ChristianaCare — Wilmington Hospital |
| Rockford Center |
| **Sussex County** |
| Beebe Healthcare — Abessinio Health Campus |
| Beebe Healthcare — Margaret H. Rollins Lewes Campus |
| Beebe Healthcare — South Coastal Health Campus |
| PAM Health Rehabilitation Hospital of Georgetown |
| SUN Behavioral Health |

*Changes to our in-network facilities may occur during the benefit year. Any changes made after the production date of this guide will be included with our product benefit grid and map reference guide.*





# Scope of Appointment Confirmation Form

## Highmark Wholecare offers individuals the following products:

### Medicare Special Needs Plans (HMO SNP)

For individuals entitled to Medicare Part A, enrolled in Medicare Part B, who live in the service area and receive Medicaid Assistance from the State.

**Please indicate how you wish to be contacted:**

❑ I would like an agent to call me.

❑ I would like an agent to meet with me in person.

## Beneficiary information

Name:_____

Address: _____

Phone number: _____

In the space provided below, please initial the type of Medicare Advantage product(s) you want the agent to disucss:

_____ Medicare Special Needs Plans (HMO SNP)

Please remember to sign and date this form on the back side of this page.

### Beneficiary or authorized representative signature and signature date

Signature: _____ Date: _____

*If you are the authorized representative, please sign above and print below:*

Name:_____

Relationship to beneficiary:_____

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. The person does not work directly for the Federal Government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

### To be completed by Agent

| | |
|---|---|
| Name: | Phone: |
| Initial method of contact:<br>(Please indicate if beneficiary was a walk-in) | |
| Signature: | |
| Plan(s) represented during the meeting: | |
| Date appointment completed: | |
| [Plan use only:] | |

**Scope of Appointment documentation is subject to CMS record retention requirements*
*Agent, if the form was signed by the beneficiary at time of appointment, please provide explanation why SOA was not documented prior to meeting:*

_____

_____





# Agent Sales Checklist

### To enroll a new member, you need their:

- ☐ **Name**
- ☐ **Address**
- ☐ **Date of birth**
- ☐ **Social Security Number**
- ☐ **Medicaid and Medicare numbers (if available)**
- ☐ **List of current doctors and prescriptions**

### How to check eligibility

To check a member's eligibility, you can either call Agent Support or use one of the programs mentioned below to do it yourself. Here's how:

1. Make sure you have a Permission to Contact/Scope of Appointment.
2. Have the member's name, address, and date of birth handy. If you're calling Agent Support, you should also have their Social Security Number (SSN) and Medicare Beneficiary Number, if possible.
3. If the member already has a Medicare plan, you use their Medical Assistance Number, Eligibility Code, or SSN to look them up.
4. Sign into all programs (Cavulus, ECIS, MARx, Provider network tool, and Formulary tool) or call Agent Support. Use the member's information to find them in the programs, or provide their information to Agent Support.
5. Check for eligibility. Make sure you take notes and capture all information connected to the member.

SECTION V

# Highmark ACA Individual Market

# Enrollment Processes

## For Plan Year 2025: Open Enrollment Period

**Nov. 1 – Jan. 15 (DE, PA, WV)**

**Nov. 16 – Jan. 31 (New York)**

Members who enroll by Dec. 15 will have a plan effective date of Jan. 1. Members who enroll in a plan between Dec. 16 and Jan. 15 will have a plan effective date of Feb. 1.

## Financial assistance

There are two kinds of extra cost savings available for Affordable Care Act (ACA) enrollees.

### Advanced Premium Tax Credits (APTC)

APTC may be applied, in advance, to lower payments each month for premiums at any level Marketplace plan except Catastrophic.

### Cost-Sharing Reductions (CSR)

CSR will lower deductibles and out-of-pocket costs that a member may pay at the time of service for doctor visits, lab tests, drugs, and other covered services. These savings are only available with enrollment in a Marketplace Silver plan. These plans will have the term **Extra Savings** in the name.

### Special Enrollment Period

Special Enrollment Periods can apply any time throughout the year. Outside the Open Enrollment Period, members may only change or enroll in coverage if they have a qualifying life event.

**Examples include:**

- Losing eligibility for employer-sponsored coverage due to job loss, reduction in hours, employer no longer offering benefits, or business closing.
- Expiration of COBRA coverage or non-calendar year policy.
- Losing pregnancy-related or medically necessary coverage under Medicaid.
- Losing eligibility for Medicaid or CHIP.
- Losing eligibility for Medicare.
- Having a baby.
- Getting married.

**Deadline for application:** The application, SEP form, and supporting documentation must be submitted within 60 days after coverage is lost. In some cases, but not all, the application may be submitted up to 60 days before the loss of coverage.

**Effective date:** In most cases, this may be the first day of the month immediately following the application, or the second month after the application, depending on the type of special enrollment and date of application.

**Note:** Voluntarily quitting other health insurance coverage, being terminated for not paying premiums, or losing health insurance coverage that does not qualify as minimum essential coverage are not considered a loss of qualifying coverage. A conversion or HIPAA plan may be a good option if your client's policy terms prior to end of month.





Once an application is approved, the member will receive:

- An enrollment confirmation email received the next business day after application confirmation.
- A payment confirmation email and SMS received the next business day after payment confirmation.
- A member ID card and buckslip received within seven business days of their active enrollment date.
- A welcome email or SMS received within the first 14 business days of enrollment.
- A welcome booklet received within the first 30 – 60 business days of enrollment.

## Member eBill registration

The simplest way for your client to pay their bill is by registering for an eBill account. Once they make their first payment and it's received, they can set up automatic payments to ensure they never miss one.

Refer to page 15 for information on how to enroll and utilize eBill.

# Products Overview

## Together Blue EPO

Available in western Pennsylvania — Allegheny, Butler, Erie, Washington, and Westmoreland counties. The most affordable product option in western Pennsylvania, Together Blue EPO includes:

- Access to world-class care close to home from Allegheny Health Network (AHN) and select independent providers.
- Access to a dedicated Together Connect Team — on hand to help them navigate all the ins and outs of their care and coverage — when they receive services from an AHN provider.
- Plans that are available on- and off-exchange.

Please visit **ahn.org/locations** for more information on AHN and expansion updates.

## my Direct Blue EPO

Available in 24 counties across western and central Pennsylvania. The most affordable product option in central Pennsylvania, my Direct Blue EPO includes:

- Community providers and hospitals that are participating with Highmark to deliver high-quality, lower-cost care.
- In-network access to national BlueCard® providers outside of western and central Pennsylvania for routine care.
- Plans that are available on- and off-exchange.

## my Blue Access PPO

Available in 54 counties across western, central, and southeastern Pennsylvania, my Blue Access includes:

- Comprehensive, in-network access throughout western, central, and southeastern Pennsylvania — including all AHN and UPMC hospitals and hospitals in central Pennsylvania and the Lehigh Valley.
- In-network access to national BlueCard® providers outside of western, central, and southeastern Pennsylvania for routine care.
- Plans that are available on- and off-exchange in western, central, and southeastern Pennsylvania.
- The ability for members to select any provider of their choice, with benefits now available in and out of network.
- Select plans in the five-county southeastern region will allow members to save on labs, X-rays, and imaging when using free-standing facilities ("Member Savings Sites") rather than utilizing hospital-based facilities. Member Savings Sites, or facilities where members can take advantage of the lower cost sharing, will be clearly identified in the online directory.

## my Priority Blue Flex PPO

Available in all 13 northeastern Pennsylvania counties, my Priority Blue Flex includes:

- In-network care offered at both the Enhanced and Standard levels of benefits, with lower out-of-pocket costs when receiving care from Enhanced providers.
- Standard level of benefits to my Direct Blue's ACA Select network providers in western and central Pennsylvania as well as BlueCard® providers outside of western, central, and northeastern Pennsylvania — including the Philadelphia region.
- Plans that are available on- and off-exchange.





## my Blue Access DE PPO

my Blue Access DE plans provide in-network access to a statewide network of high-quality, cost-effective care in Delaware as well as Maryland, New Jersey, and Pennsylvania. Members are able to select any in-network provider or facility of their choice. As part of our broadest network, these plans include in-network access to BlueCard® providers outside of Delaware as well as facilities like ChristianaCare, Bayhealth, Beebe Medical Center, and Nemours/Alfred I. duPont Hospital for Children. Available in all three Delaware counties.

## my Blue Access WV PPO

my Blue Access WV plans provide in-network access to a statewide network of high-quality, cost-effective care in West Virginia as well as Kentucky, Maryland, Ohio, Pennsylvania, and Virginia. Members are able to select any in-network provider or facility of their choice. As part of our broadest network, these plans include in-network access to BlueCard® providers outside of West Virginia. Available in all 55 West Virginia counties.

## New York

All existing POS plans in NY will be discontinued, and members will need to actively re-enroll in new my Blue Access EX plans.

my Blue Access EX plans are available in all 8 counties in Western New York and all 13 counties in Northeastern New York and provide in-network access to our broadest local network in New York, plus in-network access to providers in the national BlueCard® network. Alongside the introduction of a new network, you will see a few additional changes:

- A consistent portfolio between northeastern and western New York, with new innovative non-standard plan designs (branded "Destination 65")
- Optional Adult Dental and Vision will be expanded to all non-standard plan designs at all metals

# Value-Added Benefits

## Mental Well-Being

Our Mental Well-Being solution, powered by Spring Health, connects members to the most appropriate care based on their individual needs. This program provides fast access to behavioral health providers and high-quality options, from preventive care to clinical support. Members will take an assessment to create a personalized plan and get recommended resources like personalized care plans, in-network therapy, medication management, coaching, and self-guided mental exercises.

## Well360 Virtual Health

Well360 Virtual Health is a virtual care solution that provides urgent care, behavioral health, dermatology, and women's health services. Members will easily and seamlessly access the entire suite of Well360 Virtual Health clinics through our fully integrated My Highmark experience. Well360 Virtual Health is available to MA members as a part of their medical benefits.

### Benefits include:

- On-demand or scheduled appointments.
- Easy access to all clinics via the My Highmark app and website.
- Ability to route members to in-network services for in-person care and lab work.
- High member satisfaction ratings (75% member satisfaction and 89% ease of use).*
- Access, convenience, and time savings for members.
- Faster-time-to-treatment options with dermatology and behavioral health.

## Highmark's Virtual Physical Care Program Powered by Sword

This program utilizes Sword Health, a digital musculoskeletal (MSK) care provider whose mission is to free people from chronic, acute, and post-surgical pain. Sword Health's clinical-grade digital MSK care platform pairs expert physical therapists with medical-grade wearable technology to deliver a personalized treatment plan that is more effective and easier to use. Key components of Highmark's Virtual Physical Care Program, powered by Sword include:

- Licensed physical therapists, delivering 100% of the human aspect of the program through virtual technology.
- Sensor-based technology that gives real-time feedback that's more accurate than human eyes.
- Treatment of all the major joints — lower back, shoulder, neck, knee, elbow, hip, ankle, wrist.
- A program that can accommodate all phases of the spectrum: acute, chronic, pre-surgery and post-surgery rehab.
- A preventive program (self-service) that addresses low-level musculoskeletal care needs and is available to all program-eligible members, even if they are not candidates for the full program.

*Source: Highmark BoB 2022.
Value-Added Benefits may vary by product and plan year.





## Kidney Care Management

Individuals with chronic kidney disease and end-stage renal disease have complex treatment plans that often result in high-cost utilization and poor and frustrating member experiences. Kidney Care Management powered by Healthmap supports your clients and providers with improved care coordination and high-touch personalized services. Available at no additional cost through their Highmark health plan, your clients have access to a Care Navigation team that works hand in hand with their doctor. The Care Navigation team can help them better understand their condition, answer questions about medication, help manage and schedule doctor visits and treatment appointments, and connect them with community services for services like meals and transportation. Eligible members may receive outreach by our Healthmap team.

## CHF and COPD Management

CHF and COPD Management, powered by Vida, helps individuals with chronic obstructive pulmonary disease (COPD) or congestive heart failure (CHF) better manage their condition and reduce or avoid hospital admissions, readmissions, and ER visits. This virtual solution allows your clients to learn how to recognize, manage and monitor their symptoms with the help of registered dietitians, health coaches, in-app trackers, learning resources, and monitoring devices. When needed, an enrolled participant has access to digital scales, blood pressure monitoring devices, and respiratory tracking devices.

*Source: Highmark BoB 2022.
Value-Added Benefits may vary by product and plan year.

# ACA Individual Market Pharmacy Network

| | In Network | OON |
|---|---|---|
| PA | giant eagle, Costco Wholesale, weis, sam's club, CVS pharmacy, Target, RITE AID, Save-on Pharmacy, The Medicine Shoppe Pharmacy, GIANT, Walmart<br>Select Specialty Pharmacies<br>Select Independent Pharmacies | Walgreens |
| WV | CVS pharmacy, Target, The Medicine Shoppe Pharmacy, Walgreens, sam's club<br>Select Specialty Pharmacies<br>Select Independent Pharmacies | |
| DE | CVS pharmacy, Target, sam's club, RITE AID, Walgreens, Walmart<br>Select Specialty Pharmacies<br>Select Independent Pharmacies | |
| New York | Price Chopper, Costco Wholesale, Target, Walgreens, Wegmans, Tops, CVS pharmacy, sam's club, RITE AID, KinneyDrugs, Walmart, The Medicine Shoppe Pharmacy, STOP&SHOP<br>Select Specialty Pharmacies<br>Select Independent Pharmacies | |

*Changes to our pharmacy network may occur during the benefit year. Any changes made after the production date of this guide will be included with our product benefit grid and map reference guide.*





# ACA Individual Market In-Network Hospitals

## Pennsylvania — Together Blue EPO

| Facility Name | County |
|---|---|
| AHN Allegheny General Hospital | Allegheny |
| AHN Allegheny Valley Hospital | |
| AHN Brentwood Neighborhood Hospital | |
| AHN Forbes Hospital | |
| AHN Harmar Neighborhood Hospital | |
| AHN Jefferson Hospital | |
| AHN McCandless Neighborhood Hospital | |
| AHN West Penn Hospital | |
| AHN Wexford Hospital | |
| The Children's Home of Pittsburgh | |
| The Children's Institute of Pittsburgh | |
| UPMC Children's Hospital of Pittsburgh | |
| UPMC Western Psychiatric Hospital | |
| UPMC Bedford | Bedford |
| UPMC Altoona | Blair |
| AHN Westfield Memorial Hospital | Chautauqua (New York) |
| AHN Saint Vincent Hospital | Erie |
| UPMC Jameson | Lawrence |
| UPMC Kane | McKean |
| AHN Grove City | Mercer |
| UPMC Horizon — Greenville | |
| UPMC Horizon — Shenango Valley | |
| UPMC Cole | Potter |
| UPMC Somerset Hospital | Somerset |
| UPMC Northwest | Venango |
| AHN Canonsburg Hospital | Washington |
| AHN Hempfield Neighborhood Hospital | Westmoreland |

*Changes to our in-network facilities may occur during the benefit year. Any changes made after the production date of this guide will be included with our product benefit grid and map reference guide.*

# ACA Individual Market In-Network Hospitals

## Pennsylvania — my Direct Blue EPO

| Facility Name | County |
|---|---|
| WellSpan Gettysburg Hospital | Adams |
| AHN Allegheny General Hospital | Allegheny |
| AHN Allegheny Valley Hospital | |
| AHN Brentwood Neighborhood Hospital | |
| AHN Forbes Hospital | |
| AHN Harmar Neighborhood Hospital | |
| AHN Jefferson Hospital | |
| AHN McCandless Neighborhood Hospital | |
| AHN West Penn Hospital | |
| AHN Wexford Hospital | |
| Curahealth Pittsburgh | |
| Heritage Valley Kennedy | |
| Heritage Valley Sewickley | |
| St. Clair Hospital | |
| The Children's Home of Pittsburgh | |
| The Children's Institute of Pittsburgh | |
| UPMC Children's Hospital of Pittsburgh | |
| UPMC Western Psychiatric Hospital | |
| Armstrong County Memorial Hospital | Armstrong |
| Curahealth Hospital Heritage Valley | Beaver |
| Heritage Valley Beaver | |
| UPMC Bedford | Bedford |
| Penn State Health St. Joseph Medical Center | Berks |
| Surgical Institute of Reading | |
| Conemaugh Nason Medical Center | Blair |
| Penn Highlands Tyrone | |
| UPMC Altoona | |
| Guthrie Robert Packer Hospital | Bradford |
| Guthrie Towanda Memorial Hospital | |
| Guthrie Troy Community Hospital | |
| Doylestown Hospital | Bucks |
| Grand View Hospital | |
| Jefferson Health — Bucks Hospital | |
| St. Mary Medical Center | |
| BHS Butler Memorial Hospital | Butler |
| Conemaugh Memorial Medical Center | Cambria |
| Conemaugh Memorial Medical Center — Lee Campus | |
| Conemaugh Miners Medical Center | |
| Select Specialty Hospital — Johnstown | |
| St. Luke's Hospital — Carbon Campus | Carbon |
| St. Luke's Hospital — Leighton Campus | |
| Mount Nittany Medical Center | Centre |
| Main Line Health — Bryn Mawr Rehab Hospital | Chester |
| Main Line Health — Paoli Hospital | |
| Penn Medicine — Chester County Hospital | |
| BHS Clarion Hospital | Clarion |

| Facility Name | County |
|---|---|
| Bucktail Medical Center | Clinton |
| UPMC Lock Haven | |
| Meadville Medical Center | Crawford |
| Titusville Area Hospital | |
| Penn State Health Hampden Medical Center | Cumberland |
| Penn State Health Holy Spirit Medical Center | |
| Select Specialty Hospital — Camp Hill | |
| UPMC Carlisle | |
| Penn State Health Children's Hospital — Milton S. Hershey Medical Center | Dauphin |
| Penn State Health Milton S. Hershey Medical Center | |
| Crozer Health — Chester Medical Center | Delaware |
| Crozer Health — Delaware County Memorial Hospital | |
| Crozer Health — Springfield Hospital | |
| Crozer Health — Taylor Hospital | |
| Main Line Health — Riddle Hospital | |
| AHN Saint Vincent Hospital | Erie |
| LECOM Health — Corry Memorial Hospital | |
| LECOM Health — Millcreek Community Hospital | |
| Select Specialty Hospital – Erie | |
| Penn Highlands Connellsville | Fayette |
| WVU Medicine — Uniontown Hospital | |
| WellSpan Chambersburg Hospital | Franklin |
| WellSpan Waynesboro Hospital | |
| Washington Health System Greene | Greene |
| CHS Moses Taylor Hospital | Lackawanna |
| CHS Regional Hospital of Scranton | |
| Geisinger Medical Center Muncy | |
| Geisinger Community Medical Center | |
| Lancaster General Hospital | Lancaster |
| Lancaster General Hospital Women & Babies | |
| Lancaster Surgery Center | |
| Penn State Health Lancaster Medical Center | |
| WellSpan Ephrata Community Hospital | |
| Lawrence County Surgery Center of Edgewood Surgical Hospital | Lawrence |
| UPMC Jameson | |
| WellSpan Good Samaritan Hospital | Lebanon |
| Lehigh Valley Hospital — 17th Street | Lehigh |
| Lehigh Valley Hospital — Cedar Crest | |
| Lehigh Valley Hospital — Coordinated Health Allentown | |
| Lehigh Valley Cedar Crest — Reilly Children's Hospital | |
| CHS First Hospital Wyoming Valley | Luzerne |
| CHS Wilkes-Barre General Hospital | |
| Geisinger Wyoming Valley Medical Center | |
| Lehigh Valley Hospital — Hazleton | |

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# ACA Individual Market In-Network Hospitals

## Pennsylvania — my Direct Blue EPO, cont.

| Facility Name | County |
|---|---|
| Geisinger Jersey Shore Hospital | Lycoming |
| UPMC Muncy | |
| UPMC Williamsport | |
| UPMC Williamsport Divine Providence | |
| Bradford Regional Medical Center | McKean |
| UPMC Kane | |
| AHN Grove City | Mercer |
| Edgewood Surgical Hospital | |
| Sharon Regional Medical Center | |
| UPMC Horizon — Greenville | |
| UPMC Horizon — Shenango Valley | |
| Lehigh Valley Hospital — Pocono | Monroe |
| St. Luke's Hospital — Monroe Campus | |
| Einstein Medical Center Elkins Park | Montgomery |
| Einstein Medical Center Montgomery | |
| Holy Redeemer Hospital | |
| Jefferson Health — Abington Hospital | |
| Jefferson Health — Abington Lansdale Hospital | |
| Main Line Health — Bryn Mawr Hospital | |
| Main Line Health — Lankenau Medical Center | |
| Lehigh Valley Hospital — Coordinated Health Bethlehem | Northampton |
| Lehigh Valley Hospital – Hecktown Oaks | |
| Lehigh Valley Hospital — Muhlenberg | |
| Children's Hospital of Philadelphia | Philadelphia |
| Einstein Medical Center Philadelphia | |
| Jefferson Health — Frankford Hospital | |
| Jefferson Health — Methodist Hospital | |
| Jefferson Health — Thomas Jefferson University Hospital | |
| Jefferson Health — Torresdale Hospital | |
| Jefferson Health — WillsEye Hospital | |
| Penn Medicine — Hospital of the University of Pennsylvania | |
| Penn Medicine — Penn Presbyterian Medical Center | |
| Penn Medicine — Pennsylvania Hospital | |
| Temple Health — Fox Chase Cancer Center | |
| Temple Health — Temple University Hospital | |
| UPMC Cole | Potter |
| Geisinger St. Luke's Hospital | Schuylkill |
| Lehigh Valley Hospital — Schuylkill E. Norwegian Street | |
| Lehigh Valley Hospital — Schuylkill S. Jackson Street | |
| Chan Soon-Shiong Medical Center at Windber | Somerset |
| Conemaugh Meyersdale Medical Center | |
| UPMC Somerset | |
| Barnes-Kasson Hospital | Susquehanna |
| Endless Mountains Health Systems | |
| UPMC Wellsboro | Tioga |
| Evangelical Community Hospital | Union |

| Facility Name | County |
|---|---|
| UPMC Northwest | Venango |
| Warren General Hospital | Warren |
| Advanced Surgical Hospital | Washington |
| AHN Canonsburg Hospital | |
| Monongahela Valley Hospital | |
| Washington Hospital | |
| Wayne Memorial Hospital | Wayne |
| AHN Hempfield Neighborhood Hospital | Westmoreland |
| Excela Health Frick Hospital | |
| Excela Health Latrobe Hospital | |
| Excela Health Westmoreland Hospital | |
| Select Specialty Hospital — Laurel Highlands | |
| CHS Tyler Memorial Hospital | Wyoming |
| WellSpan York Hospital | York |
| WellSpan Surgery and Rehabilitation Hospital | |

## Out-of-state providers

| Facility Name | State |
|---|---|
| Meritus Medical Center | MD |
| The Johns Hopkins Hospital | |
| University of Maryland Medical Center | |
| UPMC Western Maryland | |
| WVU Medicine — Garrett Regional Medical Center | |
| AHN Westfield Memorial Hospital | NY |
| Guthrie Corning Hospital | |
| Olean General Hospital | |
| UR Medicine — Jones Memorial Hospital | |
| UR Medicine — Strong Memorial Hospital | |
| Cleveland Clinic | OH |
| WVU Medicine — Children's Hospital | WV |
| WVU Medicine — J.W. Ruby Memorial Hospital | |

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# ACA Individual Market In-Network Hospitals

## Pennsylvania — my Blue Access PPO

| Facility Name | County |
|---|---|
| WellSpan Gettysburg Hospital | Adams |
| AHN Allegheny General Hospital | Allegheny |
| AHN Allegheny Valley Hospital | |
| AHN Brentwood Neighborhood Hospital | |
| AHN Forbes Hospital | |
| AHN Harmar Neighborhood Hospital | |
| AHN Jefferson Hospital | |
| AHN McCandless Neighborhood Hospital | |
| AHN West Penn Hospital | |
| AHN Wexford Hospital | |
| Curahealth Pittsburgh | |
| Heritage Valley Kennedy | |
| Heritage Valley Sewickley | |
| Select Specialty Hospital — McKeesport | |
| Select Specialty Hospital — Pittsburgh UPMC | |
| St. Clair Hospital | |
| The Children's Home of Pittsburgh | |
| The Children's Institute of Pittsburgh | |
| UPMC Children's Hospital of Pittsburgh | |
| UPMC East | |
| UPMC Magee-Womens Hospital | |
| UPMC McKeesport | |
| UPMC Mercy | |
| UPMC Vision & Rehabilitation Tower | |
| UPMC Passavant — McCandless | |
| UPMC Presbyterian | |
| UPMC Shadyside | |
| UPMC St. Margaret | |
| UPMC Western Psychiatric Hospital | |
| Armstrong County Memorial Hospital | Armstrong |
| Curahealth Hospital Heritage Valley | Beaver |
| Heritage Valley Beaver | |
| UPMC Bedford | Bedford |
| Penn State Health St. Joseph Medical Center | Berks |
| Surgical Institute of Reading | |
| Reading Hospital — Tower Health | |
| Conemaugh Nason Medical Center | Blair |
| Penn Highlands Tyrone | |
| UPMC Altoona | |
| Guthrie Robert Packer Hospital | Bradford |
| Guthrie Towanda Memorial Hospital | |
| Guthrie Troy Community Hospital | |
| BHS Butler Memorial Hospital | Butler |
| UPMC Passavant — Cranberry | |

| Facility Name | County |
|---|---|
| Conemaugh Memorial Medical Center | Cambria |
| Conemaugh Memorial Medical Center — Lee Campus | |
| Conemaugh Miners Medical Center | |
| Select Specialty Hospital — Johnstown | |
| St. Luke's Hospital — Carbon Campus | Carbon |
| St. Luke's Hospital — Leighton Campus | |
| Mount Nittany Medical Center | Centre |
| Penn Medicine — Chester County Hospital | Chester |
| BHS Clarion Hospital | Clarion |
| Penn Highlands Clearfield | Clearfield |
| Penn Highlands DuBois | |
| Bucktail Medical Center | Clinton |
| UPMC Lock Haven | |
| CHS Berwick Hospital Center | Columbia |
| Geisinger Bloomsburg Hospital | |
| Meadville Medical Center | Crawford |
| Titusville Area Hospital | |
| Penn State Health Hampden Medical Center | Cumberland |
| Penn State Health Holy Spirit Medical Center | |
| Select Specialty Hospital — Camp Hill | |
| UPMC Carlisle | |
| UPMC West Shore | |
| Penn State Health Children's Hospital | Dauphin |
| Penn State Health Milton S. Hershey Medical Center | |
| UPMC Community Osteopathic | |
| UPMC Harrisburg | |
| Penn Highlands Elk | Elk |
| AHN Saint Vincent Hospital | Erie |
| LECOM Health — Corry Memorial Hospital | |
| LECOM Health — Millcreek Community Hospital | |
| Select Specialty Hospital – Erie | |
| UPMC Hamot | |
| Penn Highlands Connellsville | Fayette |
| WVU Medicine — Uniontown Hospital | |
| WellSpan Chambersburg Hospital | Franklin |
| WellSpan Waynesboro Hospital | |
| Fulton County Medical Center | Fulton |
| Washington Health System Greene | Greene |
| Penn Highlands Huntingdon | Huntingdon |
| Indiana Regional Medical Center | Indiana |
| Penn Highlands Brookville | Jefferson |
| Punxsutawney Area Hospital | |
| CHS Moses Taylor Hospital | Lackawanna |
| CHS Regional Hospital of Scranton | |
| Geisinger Community Medical Center | |
| Geisinger Medical Center Muncy | |

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# ACA Individual Market In-Network Hospitals

## Pennsylvania — my Blue Access PPO, cont.

| Facility Name | County |
|---|---|
| Lancaster General Hospital | Lancaster |
| Lancaster General Hospital Women and Babies | |
| Lancaster Surgery Center | |
| Penn State Health Lancaster Medical Center | |
| UPMC Lititz | |
| WellSpan Ephrata Community Hospital | |
| Lawrence County Surgery Center of Edgewood Surgical Hospital | Lawrence |
| UPMC Jameson | |
| WellSpan Good Samaritan Hospital | Lebanon |
| Lehigh Valley Hospital — 17th Street | Lehigh |
| Lehigh Valley Hospital — Cedar Crest | |
| Lehigh Valley Hospital — Coordinated Health Allentown | |
| Lehigh Valley Reilly Children's Hospital | |
| St. Luke's Hospital — Allentown Campus | |
| St. Luke's Hospital — Sacred Heart Campus | |
| CHS First Hospital Wyoming Valley | Luzerne |
| CHS Wilkes-Barre General Hospital | |
| Geisinger Wyoming Valley Medical Center | |
| Lehigh Valley Hospital — Hazleton | |
| Geisinger Jersey Shore Hospital | Lycoming |
| UPMC Muncy | |
| UPMC Williamsport | |
| UPMC Williamsport Divine Providence | |
| Bradford Regional Medical Center | McKean |
| UPMC Kane | |
| AHN Grove City Hospital | Mercer |
| Edgewood Surgical Hospital | |
| Sharon Regional Medical Center | |
| UPMC Horizon — Greenville | |
| UPMC Horizon — Shenango Valley | |
| Geisinger Lewistown Hospital | Mifflin |
| Lehigh Valley Hospital — Pocono | Monroe |
| St. Luke's Hospital — Monroe Campus | |
| Geisinger Janet Weis Children's Hospital | Montour |
| Geisinger Medical Center | |
| Lehigh Valley Hospital — Coordinated Health Bethlehem | Northampton |
| Lehigh Valley Hospital – Hecktown Oaks | |
| Lehigh Valley Hospital — Muhlenberg | |
| St. Luke's Hospital — Anderson Campus | |
| St. Luke's Hospital — Easton Campus | |
| St. Luke's University Hospital — Bethlehem | |
| Geisinger Shamokin Area Community Hospital | Northumberland |

| Facility Name | County |
|---|---|
| Penn Medicine — Hospital of the University of Pennsylvania | Philadelphia |
| Penn Medicine — Penn Presbyterian Medical Center | |
| Penn Medicine — Pennsylvania Hospital | |
| Temple Health — Fox Chase Cancer Center | |
| Temple Health — Temple University Hospital | |
| UPMC Cole | Potter |
| Geisinger St. Luke's Hospital | Schuylkill |
| Lehigh Valley Hospital — Schuylkill E. Norwegian Street | |
| Lehigh Valley Hospital — Schuylkill S. Jackson Street | |
| St. Luke's Hospital — Miners Campus | |
| Chan Soon-Shiong Medical Center at Windber | Somerset |
| Conemaugh Meyersdale Medical Center | |
| UPMC Somerset | |
| Barnes-Kasson Hospital | Susquehanna |
| Endless Mountains Health Systems | |
| UPMC Wellsboro | Tioga |
| Evangelical Community Hospital | Union |
| UPMC Northwest | Venango |
| Warren General Hospital | Warren |
| Advanced Surgical Hospital | Washington |
| AHN Canonsburg Hospital | |
| Monongahela Valley Hospital | |
| Washington Hospital | |
| Wayne Memorial Hospital | Wayne |
| AHN Hempfield Neighborhood Hospital | Westmoreland |
| Excela Health Frick Hospital | |
| Excela Health Latrobe Hospital | |
| Excela Health Westmoreland Hospital | |
| Select Specialty Hospital — Laurel Highlands | |
| CHS Tyler Memorial Hospital | Wyoming |
| OSS Orthopaedic Hospital | York |
| UPMC Hanover | |
| UPMC Memorial | |
| WellSpan Surgery and Rehabilitation Hospital | |
| WellSpan York Hospital | |

*Changes to our in-network facilities may occur during the benefit year. Any changes made after the production date of this guide will be included with our product benefit grid and map reference guide.*

# ACA Individual Market In-Network Hospitals

## Pennsylvania — my Blue Access PPO, cont.

### Out-of-state providers

| Facility Name | State |
|---|---|
| Meritus Medical Center | MD |
| The Johns Hopkins Hospital | |
| University of Maryland Medical Center | |
| UPMC Western Maryland | |
| WVU Medicine — Garrett Regional Medical Center | |
| AHN Westfield Memorial Hospital | NY |
| Guthrie Corning Hospital | |
| Olean General Hospital | |
| UR Medicine — Jones Memorial Hospital | |
| UR Medicine — Strong Memorial Hospital | |
| Cleveland Clinic | OH |
| WVU Medicine — Children's Hospital | WV |
| WVU Medicine — J.W. Ruby Memorial Hospital | |

This is not a complete list of out-of-state providers. Refer to Provider Directory to look up specific facilities that may be in network via Blue Card.

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# ACA Individual Market In-Network Hospitals

## West Virginia — my Blue Access WV PPO

| Facility Name | County |
|---|---|
| Broaddus Hospital | Barbour |
| WVU Medicine — Berkeley Medical Center | Berkeley |
| Boone Memorial Hospital | Boone |
| WVU Medicine — Braxton County Memorial Hospital | Braxton |
| Acuity Specialty Hospital of Ohio Valley — Weirton | Brooke |
| Weirton Medical Center | |
| Cabell Huntington Hospital | Cabell |
| River Park Hospital | |
| St. Mary's Medical Center | |
| Minnie Hamilton Health Center | Calhoun |
| Montgomery General Hospital | Fayette |
| Plateau Medical Center | |
| Grant Memorial Hospital | Grant |
| CAMC Greenbrier Valley Medical Center | Greenbrier |
| Valley Health — Hampshire Memorial Hospital | Hampshire |
| Weirton Medical Center | Hancock |
| WVU Medicine — United Hospital Center | Harrison |
| WVU Medicine — Highland-Clarksburg Hospital | |
| WVU Medicine — Jackson General Hospital | Jackson |
| WVU Medicine — Jefferson Medical Center | Jefferson |
| CAMC Women and Children's hospital | Kanawha |
| CAMC General Hospital | |
| CAMC Memorial Hospital | |
| Saint Francis Hospital | |
| Select Specialty Hospital — Charleston | |
| Thomas Memorial Hospital | |
| Stonewall Jackson Memorial Hospital | Lewis |
| Logan General Hospital | Logan |
| WVU Medicine — Fairmont Medical Center | Marion |
| WVU Medicine — Reynolds Memorial Hospital | Marshall |
| Pleasant Valley Hospital | Mason |
| Welch Community Hospital | McDowell |
| WVU Medicine — Princeton Community Hospital | Mercer |
| WVU Medicine — Potomac Valley Hospital | Mineral |
| Mon Health Medical Center | Monongalia |
| WVU Medicine — Chestnut Ridge Center | |
| WVU Medicine — Children's Hospital | |
| WVU Medicine — J.W. Ruby Memorial Hospital | |
| Valley Health — War Memorial Hospital | Morgan |
| WVU Medicine — Summersville Regional Medical Center | Nicholas |
| Acuity Specialty Hospital of Ohio Valley — Wheeling | Ohio |
| WVU Medicine — Wheeling Hospital | |
| Pocahontas Memorial Hospital | Pocahontas |
| Mon Health Preston Memorial Hospital | Preston |
| CAMC Teays Valley Hospital | Putnam |
| Beckley ARH Hospital | Raleigh |
| Raleigh General Hospital | |
| Davis Medical Center | Randolph |
| Roane General Hospital | Roane |
| Summers County ARH Hospital | Summers |
| Grafton City Hospital | Taylor |
| Sistersville General Hospital | Tyler |
| WVU Medicine — St. Joseph's Hospital | Upshur |
| Webster County Memorial Hospital | Webster |
| WVU Medicine — Wetzel County Hospital | Wetzel |
| WVU Medicine — Camden Clark Medical Center | Wood |

### Out-of-state providers

| Facility Name | State |
|---|---|
| King's Daughters Medical Center | KY |
| Pikeville Medical Center | |
| Tug Valley ARH Regional Medical Center | |
| University of Kentucky HealthCare Hospitals | |
| Meritus Medical Center | MD |
| The Johns Hopkins Hospital | |
| University of Maryland Medical Center | |
| UPMC Western Maryland | |
| WVU Medicine — Garrett Regional Medical Center | |
| Cleveland Clinic | OH |
| East Liverpool City Hospital | |
| Holzer Medical Center — Gallipolis | |
| Holzer Medical Center — Jackson | |
| Marietta Memorial Hospital | |
| Mount Carmel New Albany Surgical Hospital | |
| Selby General Hospital | |
| Southern Ohio Medical Center | |
| The Ohio State University Wexner Medical Center | |
| Trinity Medical Center East | |
| Trinity Medical Center West | |
| WVU Medicine — Barnesville Hospital | |
| WVU Medicine — Harrison Community Hospital | |

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# ACA Individual Market In-Network Hospitals

## Delaware — my Blue Access PPO

| Facility Name | County |
|---|---|
| Bayhealth Hospital — Kent Campus | Kent |
| ChristianaCare — Christiana Hospital | New Castle |
| ChristianaCare — Wilmington Hospital | |
| Delaware Psychiatric Center | |
| Nemours Children's Hospital | |
| Saint Francis Hospital | |
| Select Specialty Hospital — Wilmington | |
| Bayhealth Hospital — Sussex Campus | Sussex |
| Beebe Medical Center | |
| Milford Memorial Rehabilitation | |
| TidalHealth — Nanticoke Hospital | |

## Out-of-state providers

| Facilty Name | State |
|---|---|
| The Johns Hopkins Hospital | MD |
| TidalHealth — Peninsula Regional Medical Center | |
| Memorial Sloan Kettering Cancer Center — Basking Ridge | NJ |
| Children's Hospital of Philadelphia | PA |
| Einstein Medical Center Philadelphia | |
| Penn Medicine — Hospital of the University of Pennsylvania | |
| Penn Medicine — Pennsylvania Hospital | |

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# ACA Individual Market In-Network Hospitals

## Northeastern New York

| Facility Name | County |
|---|---|
| Albany Medical Center Hospital | Albany |
| Albany Medical Center South Clinical Campus | |
| Samaritan Hospital — Albany Memorial Campus | |
| St. Peter's Hospital | |
| Champlain Valley Physicians Hospital | Clinton |
| Columbia Memorial Hospital | Columbia |
| Vassar Brothers Hospital | Dutchess |
| Elizabethtown Community Hospital | Essex |
| Elizabethtown Community Hospital — Moses Ludington Campus | |
| Adirondack Medical Center | Franklin |
| Alice Hyde Medical Center | |
| Nathan Littauer Hospital | Fulton |
| Little Falls Hospital | Herkimer |
| St. Mary's Healthcare | Montgomery |
| St. Mary's Hospital Memorial Campus | |
| Samaritan Hospital | Rensselaer |
| Saratoga Hospital | Saratoga |
| Bellevue Woman's Care Center of Ellis Hospital | Schenectady |
| Ellis Hospital | |
| Sunnyview Hospital | |
| Cobleskill Regional Hospital | Schoharie |
| HealthAlliance Mary's Avenue Campus | Ulster |
| Glens Falls Hospital | Warren |

## Western New York

| Facilty Name | County |
|---|---|
| Cuba Memorial Hospital | Allegany |
| Jones Memorial Hospital | |
| Olean General Hospital | Cattaraugus |
| Brooks Memorial Hospital | Chautauqua |
| Lake Shore Hospital Inc. | |
| UPMC Chautauqua at WCA | |
| AHN Westfield Memorial Hospital | |
| Bertrand Chaffee Hospital | Erie |
| Encompass Health Rehabilitation Hospital of Erie | |
| BryLin Hospital | |
| Buffalo General Hospital | |
| Erie County Medical Center | |
| John R. Oishei Children's Hospital | |
| Kenmore Mercy Hospital | |
| Mercy Hospital of Buffalo | |
| Millard Fillmore Suburban Hospital | |
| Roswell Park Comprehensive Cancer Center | |
| Sisters of Charity Hospital | |
| Sisters of Charity Hospital — St. Joseph Campus | |
| United Memorial Medical Center | Genesee |
| Nicholas H. Noyes Memorial Hospital | Livingston |
| Bradford Regional Medical Center | McKean |
| Highland Hospital | Monroe |
| Rochester General Hospital | |
| Strong Memorial Hospital | |
| Unity Hospital of Rochester | |
| Unity Hospital of Rochester — Buffalo Road | |
| DeGraff Memorial Hospital | Niagara |
| Eastern Niagara Hospital — Lockport | |
| Eastern Niagara Hospital — Newfane | |
| Mount St. Mary's Hospital | |
| Niagara Falls Memorial Medical Center | |
| The Frederick Ferris Thompson Hospital | Ontario |
| Medina Memorial Hospital | Orleans |
| St. James Hospital | Steuben |
| UPMC Cole | Potter (PA) |
| UPMC Hamot Medical Center | Erie (PA) |
| Newark Wayne Community Hospital | Wayne |
| Wyoming County Community Hospital | Wyoming |

*Changes to our in-network facilities may occur during the benefit year. Any changes made after the production date of this guide will be included with our product benefit grid and map reference guide.*

# Vision and Dental

## (Pennsylvania, West Virginia, Delaware, and New York)

For most products, one plan at each metal level will have two versions: one plan with medical benefits only and another plan with identical medical benefits, plus adult dental and vision.

### Benefits of vision coverage include:

- An annual eye exam.
- An allowance for glasses or contacts.

### Benefits of dental coverage include:

- The convenience of only having one bill to pay for comprehensive medical and dental coverage.
- Decreased waiting periods on certain services compared to Blue Edge Dental.
- Two cleanings annually.

| It pays to have dental coverage | | |
|---|---|---|
| **Service** | **Average cost with dental coverage** | **Average cost without dental coverage (usual fee)** |
| Exams, Cleanings, and X-rays | $0 – 37 | $288 |
| Composite Filling | $71 | $170 |
| Simple Extraction | $33 | $163 |
| Root Canal | $400 | $1,000 |

### Vision network

#### Davis Vision Network

This network is custom and specific to Highmark.

### Dental networks

#### United Concordia Advantage Provider Network

More than 65,000 unique dentists at over 248,000 access points nationwide.

#### Blue Edge Dental

For members who would prefer a stand-alone dental plan, Highmark offers Blue Edge Dental plans. With Blue Edge Dental, members can choose from basic to comprehensive dental plans. Members have access to the United Concordia network of dentists.





# 2024 Advanced Premium Tax Credits (APTC) and Cost-Sharing Reductions (CSR)

## Pennsylvania, West Virginia, and Delaware

| Who needs coverage? | What is the income for those covered under the health plan? | | | | |
|---|---|---|---|---|---|
| | Eligible for Medicaid | Eligible for CSRs and APTCs | | | Eligible for APTCs |
| | Medicaid Eligible Range (138% FPL or less) | Extra Savings Silver Plans | | | Standard |
| | | 138–149% CSR plans | 150–199% CSR plans | 200–249% CSR plans | 250% or higher FPL |
| **Single** | Less than $20,783 | $20,784 – $22,589 | $22,590 – $30,119 | $30,120 – $37,649 | $37,650 or more |
| **Family of 2** | Less than $28,207 | $28,208 – $30,659 | $30,660 – $40,879 | $40,880 – $51,099 | $51,100 or more |
| **Family of 3** | Less than $35,632 | $35,633 – $38,729 | $38,730 – $51,639 | $51,640 – $64,549 | $64,550 or more |
| **Family of 4** | Less than $43,056 | $43,057 – $46,799 | $46,800 – $62,399 | $62,400 – $77,999 | $78,000 or more |
| **Family of 5** | Less than $50,480 | $50,481 – $54,869 | $54,870 – $73,159 | $73,160 – $91,449 | $91,450 or more |
| **Family of 6** | Less than $57,905 | $57,906 – $62,939 | $62,940 – $83,919 | $83,920 – $104,899 | $104,900 or more |
| **Family of 7** | Less than $65,329 | $65,330 – $71,009 | $71,010 – $94,679 | $94,680 – $118,349 | $118,350 or more |
| **Family of 8** | Less than $72,754 | $72,755 – $79,079 | $79,080 – $105,439 | $105,440 – $131,799 | $131,800 or more |

**Income between 100% and 400% FPL: If your income is in this range, in all states you qualify for premium tax credits that lower your monthly premium for a Marketplace health insurance plan.*

**Income below 138% FPL: If your income is below 138% FPL and your state has expanded Medicaid coverage, you qualify for Medicaid based only on your income.*

*APTC and CSR amounts are subject to change annually. Updates will be communicated as they are received.*

# APTCs and CSRs, cont.

## New York

| Who needs coverage? | What is the income for those covered under the health plan? | | | | |
|---|---|---|---|---|---|
| | Eligible for Medicaid | Eligible for Essential Plan | Eligible for CSRs and APTCs | | Eligible for APTCs |
| | Medicaid Eligible Range (138% FPL or less) | Essential Plan | CSR 87% | CSR 73% | Standard Plans |
| | | 138–250%* | 251%–350% | 351%–400% | 401% or higher FPL |
| **Single** | Less than $20,783 | $20,784 – $37,650 | $37,651 – $52,710 | $52,711 – $60,240 | $60,241 or more |
| **Family of 2** | Less than $28,207 | $28,208 – $51,100 | $51,101 – $71,540 | $71,541 – $81,760 | $81,761 or more |
| **Family of 3** | Less than $35,632 | $35,633 – $64,550 | $64,551 – $90,370 | $90,371 – $103,280 | $103,281 or more |
| **Family of 4** | Less than $43,056 | $43,057 – $78,000 | $78,001 – $109,200 | $109,201 – $124,800 | $124,801 or more |
| **Family of 5** | Less than $50,480 | $50,481 – $91,450 | $91,451 – $128,030 | $128,031 – $146,320 | $146,321 or more |
| **Family of 6** | Less than $57,905 | $57,906 – $104,900 | $104,901 – $146,860 | $146,861 – $167,840 | $167,841 or more |
| **Family of 7** | Less than $65,329 | $65,330 – $118,350 | $118,351 – $165,690 | $165,691 – $189,360 | $189,361 or more |
| **Family of 8** | Less than $72,754 | $72,755 – $131,800 | $131,801 – $184,520 | $184,521 – $210,880 | $210,881 or more |

**If you are below 250% FPL and not eligible for the Essential Plan you may be eligible for CSR products and APTCs.*





| Contribution and Out-of-Pocket Limits for QHDHPs and HSAs | | | |
|---|---|---|---|
| | 2024 | 2023 | Change |
| **HSA contribution limit** (employer + employee) | Self-only: **$4,150**<br>Family: **$8,300** | Self-only: $3,850<br>Family: $7,750 | Self-only: +$300<br>Family: +$550 |
| **HDHP minimum deductible** | Self-only: **$1,600**<br>Family: **$3,200** | Self-only: $1,500<br>Family: $3,000 | Self-only: +$100<br>Family: +$200 |
| **HDHP maximum out-of-pocket amounts** (deductibles, copayments and other amounts, but no premiums) | Self-only: **$8,050**<br>Family: **$16,100** | Self-only: $7,500<br>Family: $15,000 | Self-only: +$550<br>Family: +$1,100 |

* For more information, visit **highmarkspendingaccounts.com**.

The Department of Health and Human Services (HHS) establishes the annual out-of-pocket limits for essential health benefits covered under an ACA-compliant plan.

**Take a look at these limits below:**

| | 2024 | 2023 |
|---|---|---|
| **Out-of-pocket limits for ACA-compliant plans (HHS)** | Self-only: **$9,450**<br>Family: **$18,900** | Self-only: $9,100<br>Family: $18,200 |
| **Out-of-pocket limits for HSA-qualified HDHPs (IRS)** | Self-only: **$8,050**<br>Family: **$16,100** | Self-only: $7,500<br>Family: $15,000 |

# Special Enrollment Period (SEP) Reminders

### New SEP forms and applications are now available

Off-exchange SEP forms and applications are now electronically fillable and contain a digital signature option. You can download these materials on **producer.highmark.com**, under the **Resources** section as separate documents. Completed applications can be submitted via the following methods:

- Email: **dp_applications@highmark.com** (one application per email)
- Fax: **866-224-5403**
- Mail: Use the address on the application

### Loss of Minimal Essential Coverage

**Examples include:**

- Losing eligibility for employer-sponsored coverage due to job loss, reduction in hours, employer no longer offering benefits, or closing.
- Expiration of COBRA coverage or non-calendar year policy.
- Losing pregnancy-related or medically needy coverage under Medicaid.
- Losing eligibility for Medicaid or CHIP.
- Losing eligibility for Medicare.

**Did you know...**

Highmark pays commission on SEP enrollments for new contracts and renewals! To confirm your available commission amount, please contact the agency you write individual policies through.

**Deadline:** Application, SEP form, and documentation can generally be submitted up to 60 days in advance of the loss of coverage, but no later than 60 days since coverage was lost.

**Effective date:** The first day of the month following the receipt of required forms and documentation. Effective date typically cannot be prior to the loss of coverage.

**Note:** Voluntarily quitting other health insurance coverage, being terminated for not paying premiums, or losing health insurance coverage that does not qualify as minimum essential coverage are not considered a loss of qualifying coverage.

A conversion or HIPAA plan may be a good option if your client's policy terms prior to end of month.

Please refer to the off-exchange application for more detail.





# Agent Sales Checklist

**Here's the info needed for each person who will be covered on a plan.**

- ☐ Date of birth
- ☐ Social Security number (or legal immigrant documents)
- ☐ Income documentation for all household members, even if they won't be covered by the plan (pay stubs, W-2 forms, or wage and tax statements)
- ☐ Current health insurance policy numbers (if applicable)
- ☐ Info on any health insurance a consumer or their family could get from their job

SECTION V: ACA INDIVIDUAL MARKET

# Individual Coverage Health Reimbursement Arrangement (ICHRA)

# Individual Coverage Health Reimbursement Arrangement (ICHRA)

## ICHRA overview

### Background

In June 2019, the Departments of the Treasury, Labor, and Health & Human Services jointly published a final rule to expand the flexibility and use of health reimbursement arrangements (HRAs) and other account-based group health plans to provide Americans with additional options to obtain quality, affordable health care.

This rule permits employers to offer an "individual coverage HRA" (ICHRA) as an alternative to traditional group health plan coverage, subject to certain conditions. Among other medical care expenses, ICHRAs can be used to reimburse premiums for individual health insurance chosen by the employee, promoting employee and employer flexibility, while also maintaining the same tax-favored status for employer contributions toward a traditional group health plan.

Employers can offer employees an ICHRA instead of offering traditional job-based health coverage. An ICHRA reimburses employees for medical expenses, including monthly premiums and other out-of-pocket costs like copayments and deductibles for insurance policies purchased in the individual market.

### Things to keep in mind

- An ICHRA is not traditional group coverage — it is Individual coverage reimbursed by the employer group.
- Employers are required to provide the employee with an ICHRA Notice that establishes the 60-day SEP enrollment opportunity for the employee.
- Employees and any covered dependents are required to be enrolled in Individual coverage or Medicare Parts A and B, or Part C in order to be reimbursed.
- Employees cannot be given an option between an ICHRA and group coverage.
- Policies may be purchased through the Marketplace (not eligible for APTC) or Off-Exchange.





### Classifications

Once an employer group decides to move forward with an ICHRA, they begin the process by classifying those employees who will qualify for the ICHRA. Employers must follow specific guidelines to ensure equitable access to this offering, including:

- Employers cannot offer employees in the same class a choice between group or ICHRA.
- All employees that fit that classification designation must be offered the ICHRA.

The following are the 11 employee classifications and brief descriptions of each:

1. Full-time (working at least 30 hours a week)
2. Part-time (working less than 30 hours a week)
3. Seasonal (hired on a short-term basis or for a season)
4. CBA (part of a Collective Bargaining Agreement — agreement between employer, employee, and their union)
5. Waiting period (just joined an employer)
6. Rating area (employees located in different geographic locations but their primary site of employment is in the same rating area)
7. Non-resident alien (non-resident aliens with no US-based income; includes foreign employees working abroad)
8. Salaried
9. Non-salaried (hourly workers who do not receive a salary)
10. Staffing firm (employees placed for temp assignments)
11. Combination (two or more of the above classes can be combined to create a new class)

## ICHRA/QSEHRA Application Processes

Here are some important dates to keep in mind throughout the application process:

- Allow 14 days from the date of submission for the application to process and bill account information to populate.
- Applications should be submitted by the 15th of the month for effectuation of the first of the following month.
- Applications submitted after the requested effectuation date will result in effectuation of the first of the following month.

## Tools for navigating enrollment

### Producer Portal

**OEP —** Please visit page 8 for an overview and instructions for utilizing this tool during the ACA Open Enrollment Period.

**SEP —** Outside of the Open Enrollment Period, the Producer Portal is now a helpful resource for submitting ICHRA/QSEHRA SEP applications. Please keep in mind the following when utilizing this solution:

- This Producer Portal SEP process is **only available for ICHRA/QSEHRA** applications and requires upload of supporting documentation (SEP Form and ICHRA Employer Notice) in order to complete each submission.

### Paper Application (OEP/SEP)

**Producer Managed eBill Payment Administration (Broker, Third Party Administrator, etc.):** Submit one application per contract per email (including SEP Form and ICHRA Notice when applicable) to the following addresses:

To: **dp_applications@highmark.com**
Cc: **ichra@highmark.com**

**Employee/Member Managed Payment Administration:** Submit one application per contract per email (including SEP Form and ICHRA Notice when applicable):

to: **dp_applications@highmark.com**

### Spreadsheet

For more information on the availability of a spreadsheet process, please contact the ICHRA team at **ichra@highmark.com**.

### ICHRA Contact Information

- General ICHRA Inquiries, eBill Onboarding Requests, Producer eBill Support: **ichra@highmark.com**
- Producer Enrollment and Billing Inquiries: **federalproducer@highmark.com**
- ACA Producer Needs: **acasalessupport@highmark.com**
- ACA Commission Inquiries: **acacompensation@highmark.com**



# Appendix

# Contact Information

| Question | Market | Region | Contact |
|---|---|---|---|
| Channel Sales Representatives | Medicare, ACA, D-SNP | Delaware | Felicia Anderson<br>Email: **felicia.anderson@highmark.com**<br>Phone: **302-416-7961** |
| | | New York | Evan Cominsky<br>Email: **evan.cominsky@highmark.com**<br>Phone: **716-658-8653** |
| | | Pennsylvania — Southwest | Tom Campedel<br>Email: **thomas.campedel@highmark.com**<br>Phone: **412-480-7778** |
| | | Pennsylvania — Northwest | Bill Glas<br>Email: **william.glas@highmark.com**<br>Phone: **412-544-0741** |
| | | Pennsylvania — Central | Nicole Sherlock<br>Email: **nicole.sherlock@highmark.com**<br>Phone: **717-348-3269** |
| | | Pennsylvania — Northeast | Morgan (Catherman) Graybill<br>Email: **morgan.catherman@highmark.com**<br>Phone: **570-259-4817** |
| | | Pennsylvania — Southeast (Philadelphia Market) | Dan Mahan<br>Email: **daniel.mahan@highmark.com**<br>Phone: **445-264-7911** |
| | | West Virginia | Stephanie Stanley<br>Email: **stephanie.stanley@highmark.com**<br>Phone: **304-424-0377** |
| Application Status, Benefits, Claims, Prescriptions, and Provider Network Questions | Medicare | PA, WV, DE | Phone: **800-652-9459** (M – F, 8 a.m. – 4 p.m.)<br>Option 1 (Senior Markets), then Option 1<br>Email: **federalproducer@highmark.com** |
| | | WNY, NENY | Phone: **844-946-6305** (M – F, 8 a.m. – 4 p.m.)<br>Option 1 (Senior Markets), then Option 1<br>Email: **albany.liaison@bsneny.com** |
| | ACA | PA, WV, DE | Phone: **800-652-9459** (M – F, 8 a.m. – 4 p.m.)<br>Option 2 (ACA), then Option 1<br>Email: **federalproducer@highmark.com** |
| | | WNY, NENY | Phone: **844-946-6305** (M – F, 8 a.m. – 4 p.m.)<br>Option 2 (ACA), then Option 1<br>Email: **federalproducer@highmark.com** |
| | D-SNP | PA | Phone: **888-871-0417**<br>Email: **hwcbrokersupport@highmark.com** |





| Question | Market | Region | Contact |
|---|---|---|---|
| Onboarding, Annual Certification, and Producer Portal Questions | Medicare | PA, WV, DE, WNY, NENY | Phone: **800-652-9459** (M – F, 8 a.m. – 4 p.m.)<br>Option 1 (Senior Markets), then Option 2<br>Email: **highmarkseniormarkets@highmark.com** |
| | ACA | PA, WV, DE, WNY, NENY | Phone: **800-652-9459** (M – F, 8 a.m. – 4 p.m.)<br>Option 2 (ACA), then Option 2<br>Email: **acasalessupport@highmark.com** |
| | D-SNP | PA | Phone: **888-871-0417**<br>Email: **hwcbrokersupport@highmark.com** |
| Additional Highmark Wholecare Resources | D-SNP | PA | Customer Service: **800-685-5209**<br>D-SNP Website: **highmarkwholecare.com/medicare**<br>**highmarkwholecare.cavulus.com** |
| Highmark Producer Portal | Medicare, ACA | PA, WV, DE, WNY, NENY | **producer.highmark.com** |
| Highmark Consumer Websites | Medicare, ACA | Western PA, Northeastern PA | **highmarkbcbs.com** |
| | | Central PA | **myhighmark.com** |
| | | WV | **myhighmark.com** |
| | | DE | **highmarkbcbsde.com** |
| | | WNY | **myhighmark.com** |
| | | NENY | **myhighmark.com** |
| | D-SNP | PA | **highmarkwholecare.com/medicare** |
| Highmark Integrity Office | Medicare, ACA, D-SNP | PA, WV, DE, WNY, NENY | Phone: **800-985-1056**<br>Email: **integrity@highmark.com** |
| PA Exchange (Pennie) | ACA | PA | Website: **pennie.com**<br>Pennie Broker Contact Center: **844-844-4440**<br>Email: **brokers@pennie.com** |
| DE/WV Exchange | ACA | WV, DE | Website: **healthcare.gov**<br>Marketplace Broker Call Center: **855-788-6275** |
| New York Exchange | ACA | WNY, NENY | Website: **nystateofhealth.ny.gov** |
| HealthSherpa | ACA | PA, WV, DE, WNY, NENY | Broker Support: **888-684-1373**<br>Email: **agent_support@healthsherpa.com** |

# Glossary

| | |
|---|---|
| **Applicable Law** | Means any local, state, and federal laws, statutes, regulations, rules, codes, ordinances, orders, decisions, licensing requirement, regulatory guidance, pronouncements, and instructions, declarations, decrees, directives, legislative enactments, other binding restrictions or requirements of or by any governmental authority, any interpretation of any of the foregoing by a governmental authority having jurisdiction or authority or any modified or supplemented version of the foregoing items, which applies to or affects the services provided or the other obligations of the parties hereunder. "Applicable Law" includes but is not limited to HIPAA, the regulations, guidance, and instructions issued by CMS (including but not limited to the MMG), the Medicare Improvement for Patients and Providers Act, the False Claims Act (31 U.S.C. §§ 3729 et seq.), the anti-kickback statute (42 U.S.C. § 1320a-7b(b), Section 1557 of the Patient Protection and Affordable Care Act, TCPA and state and federal laws applicable to telemarketing, and laws or regulations applicable to insurers, agents, and brokers. |
| **BPM** | Broad Performance Medicare Network |
| **CMS** | The Centers for Medicare and Medicaid Services. The federal agency who administers the Medicare Program. |
| **EPO** | Exclusive Provider Organization |
| **Field Agent Guide** | A confidential and proprietary document developed exclusively for Highmark Field Agents. |
| **Highmark** | All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies. |
| **HMO** | Health Maintenance Organization |





| | |
|---|---|
| **Medicare** | Health insurance provided by the U.S. government for people over 65, or for some disabled persons. |
| **MPVN** | Medicare Preferred Value Network |
| **PDP** | Prescription Drug Plan (Part D) |
| **PPO** | Preferred Provider Organization |
| **Producer Portal** | The website you will use to enroll Medicare clients online, check the status of applications, order customized enrollment kits, request CMS-approved marketing materials, view and download important documents, and view the most recent version of this Field Guide. |
| **Ready to Sell** | Trained, passed a background check, not on any exclusion lists, have an active state license, and have been appointed by Highmark to sell our products. |
| **We and Us** | Highmark |
| **You and Yours** | You, the reader |

# Enrollment/Disenrollment Member Responsibilities Quick Reference

| Disenroll FROM | Enroll INTO | Member Responsibility |
|---|---|---|
| **Medicare Advantage** | **Medicare Supplement** | • Member must have a valid election to disenroll from Medicare Advantage and must submit a disenrollment request, in writing, with a valid signature to their Medicare Advantage Plan in order to disenroll.<br>• If the member is requesting to cancel their MA Plan before the effective date, a written request can be submitted OR a verbal request can be taken on a recorded line with Member Service. Member can then be enrolled in Medigap once Proof of Prior Creditable Coverage documentation received.<br>• If their MA Plan was also with Highmark and they now want to enroll in a Highmark Medigap Plan, a proof of prior coverage letter is not required, but we cannot move forward with a Medigap enrollment without an approved request to disenroll from their MA plan. |
| **Medicare Advantage** | **Original Medicare** | • Member must have a valid election to disenroll from Medicare Advantage and member must submit a disenrollment request, in writing, with a valid signature to the Medicare Advantage Plan in order to disenroll.<br>• If attempting to cancel their MA Plan before the effective date, a written request can be submitted OR a verbal request can be taken on a recorded line with Member Service. Once disenrolled from Medicare Advantage, the member will automatically be re-enrolled into Original Medicare. |
| **Medicare Supplement** | **Medicare Advantage** | • Member must have a valid election to enroll into Medicare Advantage and application must be received by the plan PRIOR to the effective date.<br>• Member must submit a disenrollment request, in writing, with a valid signature.<br>• If attempting to cancel Med Sup before the effective date, a written request can be submitted OR a verbal request can be taken on a recorded line with Member Service. |





| Disenroll FROM | Enroll INTO | Member Responsibility |
|---|---|---|
| **Medicare Supplement** | **Original Medicare** | • Member must submit a disenrollment request, in writing, with a valid signature in order to disenroll.<br>• If the member is attempting to cancel their Med Sup before the effective date, a written request can be submitted OR a verbal request can be taken on a recorded line with Member Service; the member will then be placed back into Original Medicare. |
| **Affordable Care Act (ACA) On-Exchange** | **Medicare Advantage** | • Member must disenroll via the Exchange (either Federal or State).<br>• Enrollment changes are received via file from the Exchanges.<br>• Member must have a valid election to enroll into Medicare Advantage. Application must be received by the plan PRIOR to the effective date. |
| **Affordable Care Act (ACA) Off-Exchange** | **Medicare Advantage** | • Member must have a valid election to enroll into Medicare Advantage and application must be received by the plan PRIOR to the effective date.<br>• Member can call Member Service to disenroll from their off-exchange coverage or fill out a change form requesting the cancellation.<br>• Members will be disenrolled on the first of the following month after it is received OR the paid-to date. |
| **Affordable Care Act (ACA) On-Exchange** | **Medicare Supplement** | • Member must disenroll via the Exchange (either Federal or State)/ Enrollment changes are received via file from the Exchanges.<br>• Member can then be enrolled in Medigap once Proof of Prior Creditable Coverage documentation received from the applicant.<br>• If their Group Coverage was also with Highmark and they now want to enroll in a Highmark Medigap Plan, a letter is not required to show proof of prior coverage, but we cannot move forward with a Medigap enrollment without an end date to their group coverage appearing in Highmark's system. |
| **Group Health Care** | **ACA On-Exchange** | • Member must notify their employer as to when their group coverage should end, and the new coverage will begin.<br>• Member has to enroll VIA the Exchanges (either Federal or State). |

# Enrollment/Disenrollment Member Responsibilities Quick Reference, cont.

| Disenroll FROM | Enroll INTO | Member Responsibility |
|---|---|---|
| **Group Health Care** | **ACA Off-Exchange** | • Member must notify their employer as to when their group coverage should end, and the new coverage will begin.<br>• Member can enroll directly with Highmark.<br>• Outside of Open Enrollment Period, a valid SEP is needed, accompanied by all required documentation; effective date will be the first the following month. |
| **Group Health Care** | **Medicare Advantage** | • Member must notify their employer as to when their group coverage should end, and the new coverage will begin. |
| **Group Health Care** | **Medicare Supplement** | • Member must notify their employer as to when their group coverage should end, and the new coverage will begin. |





# Notes

# Notes



# Legal info

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association:

Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life, Highmark Wholecare or Highmark Senior Health Company.

Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Wholecare, Highmark Choice Company or Highmark Senior Health Company.

PA: Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.

Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield.

West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company. Visit https://www.highmarkbcbswv.com/content/dam/highmark/en/highmarkbcbswv/member/redesign/pdfs/mhs/NetworkAccessPlan.pdf to view the Access Plan required by the Health Benefit Plan Network Access and Adequacy Act. You may also request a copy by contacting us at the number on the back of your ID card.

Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield.

Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

BlueCard is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Healthmap Solutions (Healthmap) is a separate company that provides kidney population health management services for your health plan.

Sword Health, Inc. does not provide health care services. Sword Health, Inc. is an independent company that provides wellness services for your health plan. Sword Health Professionals provides its services through a group of independently owned professional practices consisting of Sword Health Care Providers, P.A., SWORD Health Care Providers of NJ, P.C., and SWORD Health Care Physical Therapy Providers of CA, P.C. The Sword virtual physical care program is made available with support from Sword Health.

SilverSneakers is a registered mark of Tivity Health Inc. Tivity Health Inc., is a separate company that administers the SilverSneakers program.

TruHearing is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing-aid benefit.

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