
Pre-Enrollment Checklist

Before making an enrollment decision, it's important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative.

PA, DE, or WV plans, call 1-800-550-8722 (TTY: 711),
8 a.m. – 8 p.m., seven days a week.

NY plans, call 1-800-329-2792 (TTY: 711),
October 1 – March 31, 8 a.m. – 8 p.m., seven days a week,
April 1 – September 30, 8 a.m. – 8 p.m., Monday – Friday.

Understanding the benefits



The evidence of coverage (EOC) provides a complete list of all coverage and services. It's important to review plan coverage, costs, and benefits before you enroll. To view a copy of the EOC, visit [medicare.highmark.com](https://www.medicare.highmark.com) or:

PA, DE, or WV plans, call 1-800-550-8722 (TTY: 711)

NY plans, call 1-800-329-2792 (TTY: 711)



Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they're not listed, it means you will likely have to select a new doctor.



Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions. (Applies to plans with prescription drug coverage only.)

Understanding important rules



If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.



In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.



Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2024.



For all HMO plans: Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).



For all PPO and Security Blue HMO-POS plans: Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.