

Pennsylvania Public School
Employees' Retirement System (PSERS)

Health Options Program

2021



Managed Care Plans for
Medicare-Eligible and
Non-Medicare-Eligible
Members

Outside
OF PENNSYLVANIA

Aetna's plans are available only in New Jersey, Pennsylvania and in certain counties in Florida, Maryland, and New York. Check the charts in this brochure that show monthly costs to find out if an Aetna plan is available where you live.

2021 Plan Options if You Are Eligible for Medicare

HOW MUCH YOU WILL PAY IN 2021	HIGHMARK FREEDOM BLUE PPO	
MEDICAL PLAN	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$3,400 (combined)	
Hospitalization	\$0	\$0
Doctor Visits	\$10 PCP; \$15 specialist	\$10 PCP; \$15 specialist
Preventive Care	\$0	\$0
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care Facility	\$40	\$40
Outpatient Surgery	\$0	\$0
Diagnostic Testing	\$0	\$0
Outpatient Therapy	\$15	\$15
Durable Medical Equipment	15%	20%
Outpatient Mental Health	\$15	\$15
Inpatient Mental Health	\$0	\$0
Physical Exams	\$0 (office visit copay may apply)	\$0 (office visit copay may apply)
Ob/Gyn Exams	\$0 (office visit copay may apply)	\$0 (office visit copay may apply)
Mammograms	\$0	\$0
Skilled Nursing Facility	\$0 up to 100 days per Medicare Benefit Period	\$0 up to 100 days per Medicare Benefit Period
Hearing Aids	\$0 after annual \$499 copay per aid for TruHearing Advanced; \$799 per aid for TruHearing Premium; \$500 allowance per year for other aids through TruHearing	100% after a \$500 allowance for hearing aids every three years from any other provider or TruHearing
Dental Care (subject to frequency limitations)	\$20 for exam & cleaning and \$20 for X-rays every 6 months; 50% for restorative services and dentures	50% for periodic exams, cleanings, X-rays, fillings as needed and dentures
Vision Exam/Hearing Exams	\$0 vision; \$15 hearing	\$50 vision; \$15 hearing
Prescription Lenses	Standard Davis Vision eyeglass lenses and frames or contact lenses covered in full (annually); 100% after \$150 benefit maximum per calendar year applies to non-standard frames and for specialty contact lenses	100% after a \$150 benefit maximum per calendar year for standard eyeglass frames, eyeglass lenses, or contact lenses
PRESCRIPTION DRUGS	Retail Pharmacy (31-day supply)	Mail Order (90-day supply)*
Annual Deductible	\$0	\$0
Initial Coverage Up to a Total Drug Cost of \$4,130		
Preferred generic drugs (Tier 1)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50 preferred pharmacy only
Non-preferred generic drugs (Tier 2)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50 preferred pharmacy only
Preferred brand-name drugs (Tier 3)	\$25 preferred pharmacy; \$30 standard pharmacy	\$62.50
Non-preferred brand-name drugs (Tier 4)	\$55 preferred pharmacy; \$60 standard pharmacy	\$137.50
Specialty drugs (Tier 5)	33%	33% (31-day supply)
Coverage Gap to TrOOP Maximum of \$6,550		
Generic drugs (Tiers 1 & 2)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50 preferred pharmacy only
Brand-name drugs (Tiers 3 & 4)	Preferred Pharmacy: 20% (plan pays 10% and manufacturer discounts 70%) Standard Pharmacy: 25% (plan pays 5% and manufacturer discounts 70%)	20% (plan pays 10% and manufacturer discounts 70%)
Specialty drugs (Tier 5)	25% (plan pays 5% and manufacturer discounts 70%)	25% (31-day supply)
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$3.70	
Brand-name drugs	The greater of 5% or \$9.20	

* Must obtain mail order supply using Express Scripts/ESI.

HOW MUCH YOU WILL PAY IN 2021	CAPITAL BLUECROSS BLUEJOURNEY PPO*	
MEDICAL PLAN	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$3,400 combined (excludes Part D drugs and hearing)	
Hospitalization	\$0	\$0
Doctor Visits	\$5 PCP; \$0 virtual care; \$15 specialist	\$5 PCP; \$15 specialist; virtual care N/A
Preventive Care	\$0	\$0
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care Facility	\$35 urgent care; \$0 virtual care	\$35 urgent care; virtual care N/A
Outpatient Surgery	\$0	20%
Diagnostic Testing	\$10 lab services; \$25 high-tech imaging; 15% therapeutic radiology; all other \$0	\$10 lab services; \$25 high-tech imaging; 15% therapeutic radiology, \$0 all other
Outpatient Therapy	\$15	\$15
Durable Medical Equipment	20%	20%
Outpatient Mental Health	\$15	\$15
Inpatient Mental Health	\$0	\$0
Physical Exams	\$0 (annual wellness exam)	\$0 (annual wellness exam)
Ob/Gyn Exams	\$0 preventive screenings (once every 24 months)	\$0 preventive screenings (once every 24 months)
Mammograms	\$0 preventive screenings (once every 12 months)	\$0 preventive screenings (once every 12 months)
Skilled Nursing Facility	\$0 days 1-10; \$25 days 11-100	20%
Hearing Aids (once every 36 months)	100% after \$500 allowance (in and out-of-network combined)	100% after \$500 allowance (in and out-of-network combined)
Dental Care	\$15 office visit; cleaning and X-rays covered; 50% other services; \$1,500 max per calendar year (in- and out-of-network combined)	50%; \$1,500 max per calendar year (in- and out-of-network combined)
Vision Exam/Hearing Exams (once every calendar year)	Vision: \$20 for routine vision exam Hearing: \$0 for routine hearing exam	50%
Prescription Lenses (once every 24 months)	100% after \$125 allowance for frames; \$0 for one pair of standard lenses	Lenses: 100% after dollar limit** Frames: 100% after \$125 limit
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Annual Deductible	\$0	\$0
Initial Coverage Up to a Total Drug Cost of \$4,130		
Preferred generic drugs (Tier 1)	\$4	\$12
Non-preferred generic drugs (Tier 2)	\$4	\$12
Preferred brand-name drugs (Tier 3)	\$30	\$90
Non-preferred brand-name drugs (Tier 4)	\$75	\$225
Specialty drugs (Tier 5)	33%	Not covered
Coverage Gap to TrOOP Maximum of \$6,550		
Generic drugs (Tiers 1 & 2)	25%	25%
Brand-name drugs (Tiers 3 & 4)	25% (plan pays 5% and manufacturer discounts 70%)	
Specialty drugs (Tier 5)	25% (plan pays 5% and manufacturer discounts 70%)	Not covered
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$3.70	
Brand-name drugs	The greater of 5% or \$9.20	

* Capital BlueCross BlueJourney PPO is not available in Delaware or Maryland.

** Single lenses \$36 allowance; Bifocal lenses \$48 allowance; Trifocal lenses \$58 allowance.

HOW MUCH YOU WILL PAY IN 2021	AETNA MEDICARE V02 PPO*	
MEDICAL PLAN	In-Network	Out-of-Network
Annual Deductible	\$300	\$500
Annual Out-of-Pocket Maximum	\$6,700	\$10,000
Hospitalization	\$200 copay/day for days 1–7	30%
Doctor Visits	\$15 PCP; \$40 specialist	30%
Preventive Care	\$0	30%
Emergency Room	\$90 (waived if admitted)	\$90 (waived if admitted)
Urgent Care Facility	\$50	\$50
Outpatient Surgery	\$185	30%
Diagnostic Testing	\$35; \$200 complex imaging	30%
Outpatient Therapy	\$40	30%
Durable Medical Equipment	20%	30%
Outpatient Mental Health	\$40	30%
Inpatient Mental Health	\$200 copay/day for days 1–7	30%
Physical Exams	\$0	30%
Ob/Gyn Exams	\$0	30%; no deductible
Mammograms	\$0	30%; no deductible
Skilled Nursing Facility	\$0 copay/day for days 1-20; \$172 copay/day for days 21-100	30%
Hearing Aids (once every 36 months)	100% after \$500 allowance	
Dental Care (subject to frequency limitations)	\$40 (if covered by Medicare)	30% (if covered by Medicare)
Vision Exam/Hearing Exams (once every 12 months)	\$0	30%
Prescription Lenses	100% after \$100 allowance (once every 24 months)	
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Annual Deductible	\$0	\$0
Initial Coverage Up to a Total Drug Cost of \$4,130		
Preferred generic drugs (Tier 1)	\$2 preferred pharmacy; \$15 standard pharmacy	\$4 preferred pharmacy; \$30 standard pharmacy
Non-preferred generic drugs (Tier 2)	\$10 preferred pharmacy; \$20 standard pharmacy	\$20 preferred pharmacy; \$40 standard pharmacy
Preferred brand-name drugs (Tier 3)	\$40 preferred pharmacy; \$47 standard pharmacy	\$80 preferred pharmacy; \$94 standard pharmacy
Non-preferred brand-name drugs (Tier 4)	35% preferred pharmacy; 50% standard pharmacy	
Specialty drugs (Tier 5)	33%	33% (limited one-month supply)
Coverage Gap to TrOOP Maximum of \$6,550		
Preferred generic drugs (Tier 1)	\$2 preferred pharmacy; \$15 standard pharmacy	\$4 preferred pharmacy; \$30 standard pharmacy
Non-preferred generic drugs (Tier 2)	\$10 preferred pharmacy; \$20 standard pharmacy	\$20 preferred pharmacy; \$40 standard pharmacy
Brand-name drugs (Tiers 3 & 4)	25%	25%
Specialty drugs (Tier 5)	25%	25%
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$3.70	
Brand-name drugs	The greater of 5% or \$9.20	

* Aetna is available only in Pennsylvania, New Jersey and some counties in Florida, Maryland, and New York.

2021 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE V02 PPO		CAPITAL BLUECROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Delaware						
Kent	\$342	\$684	Not available		Not available	
New Castle	\$342	\$684	Not available		Not available	
Sussex	\$342	\$684	Not available		Not available	
Florida						
Alachua	\$342	\$684	Not available		\$250	\$500
Baker	\$342	\$684	Not available		\$250	\$500
Bay	\$342	\$684	Not available		\$250	\$500
Bradford	\$342	\$684	\$135	\$270	\$250	\$500
Brevard	\$342	\$684	\$135	\$270	\$250	\$500
Broward	\$342	\$684	\$135	\$270	\$250	\$500
Calhoun	\$342	\$684	Not available		\$250	\$500
Charlotte	\$342	\$684	\$135	\$270	\$250	\$500
Citrus	\$342	\$684	\$135	\$270	\$250	\$500
Clay	\$342	\$684	\$135	\$270	\$250	\$500
Collier	\$342	\$684	\$135	\$270	\$250	\$500
Columbia	\$342	\$684	Not available		\$250	\$500
DeSoto	\$302	\$604	\$135	\$270	\$250	\$500
Dixie	\$342	\$684	Not available		\$250	\$500
Duval	\$342	\$684	\$135	\$270	\$250	\$500
Escambia	\$302	\$604	Not available		\$250	\$500
Flagler	\$302	\$604	Not available		\$250	\$500
Franklin	\$302	\$604	Not available		\$250	\$500
Gadsden	\$302	\$604	Not available		\$250	\$500
Gilchrist	\$342	\$684	Not available		\$250	\$500
Glades	\$342	\$684	Not available		\$250	\$500
Gulf	\$342	\$684	Not available		\$250	\$500
Hamilton	\$342	\$684	Not available		\$250	\$500
Hardee	\$342	\$684	Not available		\$250	\$500
Hendry	\$342	\$684	Not available		\$250	\$500
Hernando	\$342	\$684	\$135	\$270	\$250	\$500
Highlands	\$342	\$684	\$135	\$270	\$250	\$500
Hillsborough	\$342	\$684	\$135	\$270	\$250	\$500
Holmes	\$342	\$684	Not available		\$250	\$500
Indian River	\$342	\$684	\$135	\$270	\$250	\$500
Jackson	\$342	\$684	Not available		\$250	\$500
Jefferson	\$302	\$604	Not available		\$250	\$500
Lafayette	\$342	\$684	Not available		\$250	\$500
Lake	\$342	\$684	\$135	\$270	\$250	\$500
Lee	\$342	\$684	\$135	\$270	\$250	\$500
Leon	\$302	\$604	Not available		\$250	\$500
Levy	\$342	\$684	Not available		\$250	\$500
Liberty	\$342	\$684	Not available		\$250	\$500

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2021 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE V02 PPO		CAPITAL BLUECROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Florida						
Madison	\$302	\$604	\$135	\$270	\$250	\$500
Manatee	\$342	\$684	\$135	\$270	\$250	\$500
Marion	\$302	\$604	\$135	\$270	\$250	\$500
Martin	\$342	\$684	\$135	\$270	\$250	\$500
Miami-Dade	\$342	\$684	\$135	\$270	\$250	\$500
Monroe	\$342	\$684	Not available		\$250	\$500
Nassau	\$342	\$684	\$135	\$270	\$250	\$500
Okaloosa	\$342	\$684	Not available		\$250	\$500
Okeechobee	\$302	\$604	Not available		\$250	\$500
Orange	\$342	\$684	\$135	\$270	\$250	\$500
Osceola	\$302	\$604	\$135	\$270	\$250	\$500
Palm Beach	\$342	\$684	\$135	\$270	\$250	\$500
Pasco	\$342	\$684	\$135	\$270	\$250	\$500
Pinellas	\$342	\$684	\$135	\$270	\$250	\$500
Polk	\$342	\$684	\$135	\$270	\$250	\$500
Putnam	\$342	\$684	Not available		\$250	\$500
St. Johns	\$342	\$684	\$135	\$270	\$250	\$500
St. Lucie	\$302	\$604	\$135	\$270	\$250	\$500
Santa Rosa	\$302	\$604	Not available		\$250	\$500
Sarasota	\$342	\$684	\$135	\$270	\$250	\$500
Seminole	\$342	\$684	\$135	\$270	\$250	\$500
Sumter	\$342	\$684	Not available		\$250	\$500
Suwannee	\$342	\$684	Not available		\$250	\$500
Taylor	\$302	\$604	Not available		\$250	\$500
Union	\$342	\$684	Not available		\$250	\$500
Volusia	\$302	\$604	\$135	\$270	\$250	\$500
Wakulla	\$342	\$684	Not available		\$250	\$500
Walton	\$342	\$684	Not available		\$250	\$500
Washington	\$302	\$604	Not available		\$250	\$500
Maryland						
Alleghany	\$342	\$684	Not available		Not available	
Anne Arundel	\$342	\$684	\$135	\$270	Not available	
Baltimore County	\$342	\$684	\$135	\$270	Not available	
Baltimore City	\$342	\$684	\$135	\$270	Not available	
Calvert	\$342	\$684	\$135	\$270	Not available	
Caroline	\$342	\$684	\$135	\$270	Not available	
Carroll	\$342	\$684	\$135	\$270	Not available	
Cecil	\$342	\$684	\$135	\$270	Not available	

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2021 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE V02 PPO		CAPITAL BLUECROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Maryland						
Charles	\$342	\$684	\$135	\$270	Not available	
Dorchester	\$342	\$684	\$135	\$270	Not available	
Frederick	\$342	\$684	\$135	\$270	Not available	
Garrett	\$342	\$684	\$135	\$270	Not available	
Harford	\$342	\$684	\$135	\$270	Not available	
Howard	\$342	\$684	\$135	\$270	Not available	
Kent	\$342	\$684	\$135	\$270	Not available	
Montgomery	\$342	\$684	\$135	\$270	Not available	
Prince George's	\$342	\$684	\$135	\$270	Not available	
Queen Anne's	\$342	\$684	\$135	\$270	Not available	
Saint Mary's	\$342	\$684	\$135	\$270	Not available	
Somerset	\$342	\$684	Not available		Not available	
Talbot	\$342	\$684	\$135	\$270	Not available	
Washington	\$302	\$604	\$135	\$270	Not available	
Wicomico	\$342	\$684	\$135	\$270	Not available	
Worcester	\$342	\$684	\$135	\$270	Not available	
New Jersey						
Atlantic	\$342	\$684	\$191	\$382	\$250	\$500
Bergen	\$342	\$684	\$191	\$382	\$250	\$500
Burlington	\$342	\$684	\$191	\$382	\$250	\$500
Camden	\$342	\$684	\$191	\$382	\$250	\$500
Cape May	\$342	\$684	\$191	\$382	\$250	\$500
Cumberland	\$342	\$684	\$191	\$382	\$250	\$500
Essex	\$342	\$684	\$191	\$382	\$250	\$500
Gloucester	\$342	\$684	\$191	\$382	\$250	\$500
Hudson	\$342	\$684	\$191	\$382	\$250	\$500
Hunterdon	\$342	\$684	\$191	\$382	\$250	\$500
Mercer	\$342	\$684	\$191	\$382	\$250	\$500
Middlesex	\$342	\$684	\$191	\$382	\$250	\$500
Monmouth	\$342	\$684	\$191	\$382	\$250	\$500
Morris	\$342	\$684	\$191	\$382	\$250	\$500
Ocean	\$302	\$604	\$191	\$382	\$250	\$500
Passaic	\$342	\$684	\$191	\$382	\$250	\$500
Salem	\$342	\$684	\$191	\$382	\$250	\$500
Somerset	\$342	\$684	\$191	\$382	\$250	\$500
Sussex	\$342	\$684	\$191	\$382	\$250	\$500
Union	\$342	\$684	\$191	\$382	\$250	\$500
Warren	\$342	\$684	\$191	\$382	\$250	\$500

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2021 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE V02 PPO		CAPITAL BLUECROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New York						
Albany	\$302	\$604	\$135	\$270	\$250	\$500
Allegany	\$302	\$604	Not available		\$250	\$500
Bronx	\$342	\$684	\$135	\$270	\$250	\$500
Broome	\$302	\$604	\$135	\$270	\$250	\$500
Cattaraugus	\$302	\$604	Not available		\$250	\$500
Cayuga	\$302	\$604	\$135	\$270	\$250	\$500
Chautauqua	\$302	\$604	Not available		\$250	\$500
Chemung	\$302	\$604	\$135	\$270	\$250	\$500
Chenango	\$302	\$604	\$135	\$270	\$250	\$500
Clinton	\$302	\$604	Not available		\$250	\$500
Columbia	\$342	\$684	\$135	\$270	\$250	\$500
Cortland	\$302	\$604	\$135	\$270	\$250	\$500
Delaware	\$302	\$604	Not available		\$250	\$500
Dutchess	\$342	\$684	\$135	\$270	\$250	\$500
Erie	\$302	\$604	Not available		\$250	\$500
Essex	\$302	\$604	Not available		\$250	\$500
Franklin	\$302	\$604	Not available		\$250	\$500
Fulton	\$302	\$604	Not available		\$250	\$500
Genesee	\$302	\$604	Not available		\$250	\$500
Greene	\$302	\$604	\$135	\$270	\$250	\$500
Hamilton	\$302	\$604	Not available		\$250	\$500
Herkimer	\$302	\$604	Not available		\$250	\$500
Jefferson	\$302	\$604	\$135	\$270	\$250	\$500
Kings (Brooklyn)	\$342	\$684	\$135	\$270	\$250	\$500
Lewis	\$302	\$604	\$135	\$270	\$250	\$500
Livingston	\$302	\$604	\$135	\$270	\$250	\$500
Madison	\$302	\$604	Not available		\$250	\$500
Monroe	\$302	\$604	Not available		\$250	\$500
Montgomery	\$302	\$604	Not available		\$250	\$500
Nassau	\$342	\$684	\$135	\$270	\$250	\$500
New York	\$302	\$604	\$135	\$270	\$250	\$500
Niagara	\$302	\$604	Not available		\$250	\$500
Oneida	\$302	\$604	\$135	\$270	\$250	\$500
Onondaga	\$302	\$604	\$135	\$270	\$250	\$500
Ontario	\$302	\$604	\$135	\$270	\$250	\$500
Orange	\$342	\$684	\$135	\$270	\$250	\$500

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2021 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE V02 PPO		CAPITAL BLUECROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New York						
Orleans	\$302	\$604	Not available		\$250	\$500
Oswego	\$302	\$604	\$135	\$270	\$250	\$500
Otsego	\$302	\$604	Not available		\$250	\$500
Putnam	\$342	\$684	\$135	\$270	\$250	\$500
Queens	\$342	\$684	\$135	\$270	\$250	\$500
Rensselaer	\$302	\$604	\$135	\$270	\$250	\$500
Richmond	\$342	\$684	\$135	\$270	\$250	\$500
Rockland	\$342	\$684	\$135	\$270	\$250	\$500
St. Lawrence	\$302	\$604	\$135	\$270	\$250	\$500
Saratoga	\$302	\$604	\$135	\$270	\$250	\$500
Schenectady	\$302	\$604	\$135	\$270	\$250	\$500
Schoharie	\$302	\$604	Not available		\$250	\$500
Schuyler	\$302	\$604	Not available		\$250	\$500
Seneca	\$302	\$604	\$135	\$270	\$250	\$500
Steuben	\$302	\$604	Not available		\$250	\$500
Suffolk	\$342	\$684	\$135	\$270	\$250	\$500
Sullivan	\$342	\$684	\$135	\$270	\$250	\$500
Tioga	\$302	\$604	\$135	\$270	\$250	\$500
Tompkins	\$302	\$604	Not available		\$250	\$500
Ulster	\$342	\$684	\$135	\$270	\$250	\$500
Warren	\$302	\$604	Not available		\$250	\$500
Washington	\$302	\$604	\$135	\$270	\$250	\$500
Wayne	\$302	\$604	Not available		\$250	\$500
Westchester	\$342	\$684	\$135	\$270	\$250	\$500
Wyoming	\$302	\$604	\$135	\$270	\$250	\$500
Yates	\$302	\$604	Not available		\$250	\$500

2021 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE V02 PPO		CAPITAL BLUECROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
All Other						
Alabama • Alaska Arizona • Arkansas California • Colorado Connecticut • Georgia Illinois • Indiana Kansas • Kentucky Michigan • Minnesota Mississippi • Nebraska • Nevada Ohio • Oklahoma South Carolina Tennessee • Wyoming	\$342	\$684	Not available		\$250	\$500
District of Columbia Guam • Hawaii Idaho • Iowa Louisiana • Maine Massachusetts Missouri • Montana New Hampshire New Mexico North Carolina North Dakota Oregon • Puerto Rico Rhode Island South Dakota • Texas U.S. Virgin Islands Utah • Vermont Virginia • Washington West Virginia Wisconsin	\$302	\$604	Not available		\$250	\$500

2021 Plan Options if You Are NOT Eligible for Medicare

HOW MUCH YOU WILL PAY IN 2021	HIGHMARK PPOBLUE (80-70 PLAN)	
MEDICAL	In-Network	Out-of-Network
Annual Deductible	\$100/individual \$300/family	\$500/individual \$1,500/family
Annual Out-of-Pocket Maximum	\$10,000	No maximum
Hospitalization	20%	30%
Doctor Visits	\$20/visit PCP; \$40/visit specialist	30%
Preventive Care	\$20/visit	Routine physicals not covered; 30% for routine gynecological and mammograms
Emergency Room	\$100 (waived if admitted)	\$100 (waived if admitted)
Urgent Care Facility	\$40; no deductible	30%
Outpatient Surgery	20%	30%
Diagnostic Testing	20%	30%
Outpatient Therapy	\$40/visit; 60-visit maximum*; no deductible	30%; 60-visit maximum*
Durable Medical Equipment	20%	30%
Outpatient Mental Health	0%; no deductible	30%
Inpatient Mental Health	20%	30%
Physical Exams	\$20/visit PCP; \$40/visit specialist	Not covered
Ob/Gyn Exams	\$40/visit	30% routine; no deductible
Mammograms	20%	30%
Skilled Nursing Facility	20%; 100 visits per calendar year	30%; 100 visits per calendar year
Hearing Aids (once every 36 months)	Not covered	Not covered
Dental Care	Not covered	Not covered
Vision Exam/Hearing Exams	Not covered	Not covered
Prescription Lenses (once every 24 months)	Not covered	Not covered
PRESCRIPTION DRUGS		
Annual Deductible	\$0	Not covered
Annual Maximum	No maximum	Not covered
Retail Pharmacy (34-day supply)		
Generic drugs	30% (mandatory generic)	Not covered
Brand-name drugs	50%	Not covered
Mail Order (90-day supply)		
Generic drugs	30% (mandatory generic)	Not covered
Brand-name drugs	50%	Not covered

* Combined in- and out-of-network maximum

HOW MUCH YOU WILL PAY IN 2021	CAPITAL BLUECROSS PPO	
MEDICAL	In-Network	Out-of-Network
Annual Deductible	\$100/individual \$300/family	\$500/individual \$1,500/family
Annual Out-of-Pocket Maximum	\$3,000/individual \$6,000/family	No maximum
Hospitalization	20%; no deductible	30%; no deductible
Doctor Visits	\$10/PCP visit; \$25/specialist visit	30%; no deductible
Preventive Care	\$10/visit	20%
Emergency Room	\$100; no deductible (waived if admitted)	\$100; no deductible (waived if admitted)
Urgent Care Facility	\$40; no deductible	30%; no deductible
Outpatient Surgery	20%	30%
Diagnostic Testing	20%	30%
Outpatient Therapy	\$40/visit; no deductible	30%
Durable Medical Equipment	20%	30%
Outpatient Mental Health	\$40/visit; no deductible	30%; no deductible
Inpatient Mental Health	20%	30%
Physical Exams	\$10/PCP visit; \$25/specialist visit; no deductible	20%; no deductible
Ob/Gyn Exams	\$0; no deductible	30%; no deductible
Mammograms	\$0; no deductible	30%; no deductible
Skilled Nursing Facility	\$0; limit 100 days	50%; limit 100 days
Hearing Aids	Not covered	Not covered
Dental Care	Not covered	Not covered
Vision Exam/Hearing Exams	Not covered	Not covered
Prescription Lenses	Not covered	Not covered
PRESCRIPTION DRUGS		
Annual Deductible	\$300/individual \$600/family	Not covered
Annual Maximum	\$2,500 benefit period maximum on lifestyle drugs	Not covered
Retail Pharmacy		
Generic drugs	30%*	Not covered
Brand-name drugs	30%/preferred;* 50%/non-preferred	Not covered
Mail Order (90-day supply)		
Generic drugs	30%	Not covered
Brand-name drugs	30%/preferred; 50%/non-preferred	Not covered

* Specialty generic drugs and brand preferred drugs are covered at 50%, and Specialty brand non-preferred drugs are not covered.

HOW MUCH YOU WILL PAY IN 2021	AETNA PREMIER OPEN CHOICE PPO*	
MEDICAL	In-Network	Out-of-Network
Annual Deductible	\$300/individual \$600/family	\$500/individual \$1,000/family
Annual Out-of-Pocket Maximum	\$6,600/individual \$13,200/family	\$10,000/individual \$20,000/family
Hospitalization	\$200/day to \$1,000/admission maximum	30%
Doctor Visits	\$15/visit PCP; \$40/visit specialist	30%
Preventive Care	\$0; no deductible	30%
Emergency Room	\$75; no deductible (waived if admitted)	\$75; no deductible (waived if admitted)
Urgent Care Facility	\$50; no deductible	30%
Outpatient Surgery	\$150	30%
Diagnostic Testing	\$35 X-ray/lab; \$150 complex imaging	30%
Outpatient Therapy	\$40	30%
Durable Medical Equipment	20%	30%
Outpatient Mental Health	\$40; all other mental health \$0	30%
Inpatient Mental Health	\$200/day to \$1,000/admission maximum	30%
Physical Exams	0%; no deductible; routine	30%
Ob/Gyn Exams	0%; no deductible; routine	30%
Mammograms	0%; no deductible; routine	30%
Skilled Nursing Facility	\$100/day to \$500, then \$0; 100-day limit	30%
Hearing Aids (once every 36 months)	100% after \$1,000 allowance	30%
Dental Care	Not covered	Not covered
Vision Exam/Hearing Exams	Vision: \$0; 1 exam/12 months; Hearing: \$40; 1 exam/24 months	30%
Prescription Lenses (once every 24 months)	100% after \$100 allowance	100% after \$100 allowance
PRESCRIPTION DRUGS		
Annual Deductible	\$200/individual \$600/family	\$200/individual \$600/family
Annual Maximum	Combined with medical	Combined with medical
Retail Pharmacy		
Generic drugs	30%	50% after applicable copay
Brand-name drugs	30%-formulary 50%-non-formulary	50% after applicable copay
Mail Order (90-day supply)		
Generic drugs	30%	Not covered
Brand-name drugs	30%-formulary 50%-non-formulary	Not covered

* Aetna is available only in New Jersey, Pennsylvania and some counties in Florida, Maryland and New York.

2021 Monthly Costs if You Are NOT Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK PPOBLUE (80-70 PLAN)		AETNA PREMIER OPEN CHOICE PPO		CAPITAL BLUECROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Florida						
Bradford	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Brevard	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Broward	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Charlotte	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Citrus	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Clay	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Collier	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
DeSoto	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Duval	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Hernando	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Highlands	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Hillsborough	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Indian River Lake	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Lee	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Madison	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Manatee	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Marion	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Martin	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Miami-Dade	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Nassau	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Orange	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Osceola	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Palm Beach	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Pasco	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Pinellas	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Polk	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
St. Johns	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
St. Lucie	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Sarasota	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Seminole	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Volusia	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
All other counties in Florida	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Maryland						
Allegany	\$1,287	\$3,339	Not available		Not available	
Somerset	\$1,287	\$3,339	Not available		Not available	
All other counties in Maryland	\$1,287	\$3,339	\$2,113	\$4,226	Not available	
New Jersey						
Atlantic	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Bergen	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Burlington	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Camden	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Cape May	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742

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2021 Monthly Costs if You Are NOT Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK PPOBLUE (80-70 PLAN)		AETNA PREMIER OPEN CHOICE PPO		CAPITAL BLUECROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New Jersey						
Cumberland	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Essex	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Gloucester	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Hudson	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Hunterdon	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Mercer	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Middlesex	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Monmouth	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Morris	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Ocean	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Passaic	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Salem	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Somerset	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Sussex	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Union	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
Warren	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742
New York						
Allegany	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Cattaraugus	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Chautauqua	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Clinton	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Delaware	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Erie	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Essex	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Franklin	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Fulton	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Genesee	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Hamilton	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Herkimer	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Madison	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Monroe	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Montgomery	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Niagara	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Orleans	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Otsego	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Schoharie	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Schuyler	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Steuben	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Tompkins	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Warren	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Wayne	\$1,287	\$3,339	Not available		\$1,371	\$2,742
Yates	\$1,287	\$3,339	Not available		\$1,371	\$2,742
All other counties in New York	\$1,287	\$3,339	\$2,113	\$4,226	\$1,371	\$2,742

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2021 Monthly Costs if You Are NOT Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK PPOBLUE (80-70 PLAN)		AETNA PREMIER OPEN CHOICE PPO		CAPITAL BLUECROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
All Other						
Delaware	\$1,287	\$3,339			Not available	
Alabama • Alaska						
Arizona • Arkansas						
California						
Colorado						
Connecticut						
District of Columbia						
Georgia • Guam						
Hawaii • Idaho						
Illinois • Indiana						
Iowa • Kansas						
Kentucky • Louisiana						
Maine						
Massachusetts						
Michigan						
Minnesota						
Mississippi						
Missouri • Montana						
Nebraska						
Nevada	\$1,287	\$3,339	Not available		\$1,371	\$2,742
New Hampshire						
New Mexico						
North Carolina						
North Dakota						
Ohio • Oklahoma						
Oregon • Puerto Rico						
Rhode Island						
South Dakota						
South Carolina						
Tennessee						
Texas						
U.S. Virgin Islands						
Utah • Vermont						
Virginia						
Washington						
West Virginia						
Wisconsin						
Wyoming						

This brochure provides only a summary of benefits under these plans. It does not provide details about what is covered or limitations that may apply. More information is included in the Evidence of Coverage (for a Medicare Advantage plan) or the Benefit Description (for a plan for non-Medicare-eligible members). In addition, you can call the HOP Administration Unit at 1-800-773-7725 and request an information packet for any of these plans.