

Pennsylvania Public School
Employees' Retirement System (PSERS)

Health Options Program

2022



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

Outside
OF PENNSYLVANIA

HOP

HEALTH OPTIONS PROGRAM



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Aetna's plans are available only in New Jersey, Pennsylvania and in certain counties in Florida, Maryland, Delaware, 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.

2022 Plan Options if You Are Eligible for Medicare

HOW MUCH YOU WILL PAY IN 2022	HIGHMARK FREEDOM BLUE PPO	
MEDICAL PLAN	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$1,000 (combined)	
Hospitalization	\$0	\$0
Doctor Visits	\$5 PCP; \$15 specialist	\$5 PCP; \$15 specialist
Preventive Care	\$0	\$0
Emergency Room	\$40 (waived if admitted)	\$40 (waived if admitted)
Urgent Care Facility	\$25	\$25
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

HOW MUCH YOU WILL PAY IN 2022	HIGHMARK FREEDOM BLUE PPO	
MEDICAL PLAN	In-Network	Out-of-Network
Hearing Aids (once every 12 months)	Per year \$499 copay per aid for TruHearing Advanced; \$799 per aid for TruHearing Premium; \$500 allowance per year for other aids through TruHearing	\$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 (once every 12 months)	\$150 benefit maximum per calendar year for standard eyeglass frames, eyeglass lenses or contact lenses; Davis Vision Fashion Collection frames and standard lenses covered in full	\$150 benefit maximum per calendar year for standard eyeglass frames, eyeglass lenses or contact lenses; Davis Vision Fashion Collection frames and standard lenses covered in full
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 \$4,430		
Preferred generic drugs (Tier 1)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50
Non-preferred generic drugs (Tier 2)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50

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

HOW MUCH YOU WILL PAY IN 2022	HIGHMARK FREEDOM BLUE PPO	
PRESCRIPTION DRUGS	Retail Pharmacy (31-day supply)	Mail Order (90-day supply)*
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 \$7,050		
Generic drugs (Tiers 1 & 2)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50
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 \$3.95	
Brand-name drugs	The greater of 5% or \$9.85	

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

HOW MUCH YOU WILL PAY IN 2022	CAPITAL BLUE CROSS BLUEJOURNEY 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	\$5 PCP; \$15 specialist	\$5 PCP; \$15 specialist
Preventive Care	\$0	\$0
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care Facility	\$35	\$35
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	\$0 preventive screenings
Mammograms	\$0 preventive screenings (once every 12 months)	\$0 preventive screenings (once every 12 months)
Skilled Nursing Facility	\$0 days 1-20; \$25 days 21-100	20% days 1-100

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

HOW MUCH YOU WILL PAY IN 2022	CAPITAL BLUE CROSS BLUEJOURNEY PPO*	
MEDICAL PLAN	In-Network	Out-of-Network
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 twice per year; 50% other services; \$1,500 max per calendar year (in- and out-of-network combined)	50%; routine dental cleaning covered twice per year; \$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 12 months)	100% after \$125 allowance for frames or contacts; \$0 for one pair of standard lenses	Lenses: 100% after dollar limit** Frames or contacts: 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 \$4,430		
Preferred generic drugs (Tier 1)	\$4	\$12
Non-preferred generic drugs (Tier 2)	\$4	\$12

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

** The plan will pay up to the contracted allowance.

HOW MUCH YOU WILL PAY IN 2022	CAPITAL BLUE CROSS BLUEJOURNEY PPO*	
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Preferred brand-name drugs (Tier 3)	\$30	\$90
Non-preferred brand-name drugs (Tier 4)	\$75	\$225
Specialty drugs (Tier 5)	33%	33% (30-day supply)
Coverage Gap to TrOOP Maximum of \$7,050		
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%); limited to a 30-day supply	
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$3.95	
Brand-name drugs	The greater of 5% or \$9.85	

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

HOW MUCH YOU WILL PAY IN 2022	AETNA MEDICARE P01 PPO*	
MEDICAL PLAN	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$3,500	\$5,000
Hospitalization	\$0	15%
Doctor Visits	\$15	15%
Preventive Care	\$0	15%
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care Facility	\$15	\$15
Outpatient Surgery	\$0	15%
Diagnostic Testing	\$15	15%
Outpatient Therapy	\$15	15%
Durable Medical Equipment	15%	15%
Outpatient Mental Health	\$15	15%
Inpatient Mental Health	\$0	15%
Physical Exams	\$0	15%
Ob/Gyn Exams	\$0	15%
Mammograms	\$0	15%
Skilled Nursing Facility	\$0 copay per day, day(s) 1-20; \$75 per day, day(s) 21-100	15%

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

HOW MUCH YOU WILL PAY IN 2022	AETNA MEDICARE P01 PPO*	
MEDICAL PLAN	In-Network	Out-of-Network
Hearing Aids (once every 36 months)	\$500 allowance	
Dental Care	\$15 (if covered by Medicare)	15% (if covered by Medicare)
Vision Exam/Hearing Exams	\$0 (once every 12 months)	15% (once every 12 months)
Prescription Lenses (once every 24 months)	\$100 allowance	
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 \$4,430		
Generic drugs (Tier 1)	\$5	\$10
Preferred brand-name drugs (Tier 2)	\$25**	\$50**
Non-preferred brand-name drugs (Tier 3)	\$50**	\$100**
Specialty drugs (Tier 4)	33%**	33%** (limited to one-month supply)

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

** Includes some high-cost generics.

HOW MUCH YOU WILL PAY IN 2022	AETNA MEDICARE P01 PPO*	
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Coverage Gap to TrOOP Maximum of \$7,050		
Generic drugs (Tier 1)	\$5	\$10
Brand-name drugs (Tiers 2 & 3)	25%** (plan pays 5% and manufacturer discounts 70%)	
Specialty drugs (Tier 4)	25%** (limited to one-month supply; plan pays 5% and manufacturer discounts 70%)	
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$3.95	
Brand-name drugs	The greater of 5% or \$9.85	

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

** Includes some high-cost generics.

2022 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Delaware						
Kent	\$336	\$672	Not available		Not available	
New Castle	\$336	\$672	\$353	\$706	Not available	
Sussex	\$336	\$672	Not available		Not available	
Florida						
Alachua	\$336	\$672	Not available		\$250	\$500
Baker	\$336	\$672	Not available		\$250	\$500
Bay	\$336	\$672	Not available		\$250	\$500
Bradford	\$336	\$672	\$353	\$706	\$250	\$500
Brevard	\$336	\$672	\$353	\$706	\$250	\$500
Broward	\$336	\$672	\$353	\$706	\$250	\$500
Calhoun	\$336	\$672	Not available		\$250	\$500
Charlotte	\$336	\$672	\$353	\$706	\$250	\$500
Citrus	\$336	\$672	\$353	\$706	\$250	\$500
Clay	\$336	\$672	\$353	\$706	\$250	\$500
Collier	\$336	\$672	\$353	\$706	\$250	\$500
Columbia	\$336	\$672	Not available		\$250	\$500
DeSoto	\$302	\$604	\$353	\$706	\$250	\$500
Dixie	\$336	\$672	Not available		\$250	\$500
Duval	\$336	\$672	\$353	\$706	\$250	\$500
Escambia	\$302	\$604	Not available		\$250	\$500
Flagler	\$302	\$604	Not available		\$250	\$500

2022 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Florida						
Franklin	\$302	\$604	Not available		\$250	\$500
Gadsden	\$302	\$604	Not available		\$250	\$500
Gilchrist	\$336	\$672	Not available		\$250	\$500
Glades	\$336	\$672	Not available		\$250	\$500
Gulf	\$336	\$672	Not available		\$250	\$500
Hamilton	\$336	\$672	Not available		\$250	\$500
Hardee	\$336	\$672	Not available		\$250	\$500
Hendry	\$336	\$672	Not available		\$250	\$500
Hernando	\$336	\$672	\$353	\$706	\$250	\$500
Highlands	\$336	\$672	\$353	\$706	\$250	\$500
Hillsborough	\$336	\$672	\$353	\$706	\$250	\$500
Holmes	\$336	\$672	Not available		\$250	\$500
Indian River	\$336	\$672	\$353	\$706	\$250	\$500
Jackson	\$336	\$672	Not available		\$250	\$500
Jefferson	\$302	\$604	Not available		\$250	\$500
Lafayette	\$336	\$672	Not available		\$250	\$500
Lake	\$336	\$672	\$353	\$706	\$250	\$500
Lee	\$336	\$672	\$353	\$706	\$250	\$500
Leon	\$302	\$604	Not available		\$250	\$500
Levy	\$336	\$672	Not available		\$250	\$500
Liberty	\$336	\$672	Not available		\$250	\$500

2022 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Florida						
Madison	\$302	\$604	\$353	\$706	\$250	\$500
Manatee	\$336	\$672	\$353	\$706	\$250	\$500
Marion	\$302	\$604	\$353	\$706	\$250	\$500
Martin	\$336	\$672	\$353	\$706	\$250	\$500
Miami-Dade	\$336	\$672	\$353	\$706	\$250	\$500
Monroe	\$336	\$672	Not available		\$250	\$500
Nassau	\$336	\$672	\$353	\$706	\$250	\$500
Okaloosa	\$336	\$672	Not available		\$250	\$500
Okeechobee	\$302	\$604	Not available		\$250	\$500
Orange	\$336	\$672	\$353	\$706	\$250	\$500
Osceola	\$302	\$604	\$353	\$706	\$250	\$500
Palm Beach	\$336	\$672	\$353	\$706	\$250	\$500
Pasco	\$336	\$672	\$353	\$706	\$250	\$500
Pinellas	\$336	\$672	\$353	\$706	\$250	\$500
Polk	\$336	\$672	\$353	\$706	\$250	\$500
Putnam	\$336	\$672	Not available		\$250	\$500
St. Johns	\$336	\$672	\$353	\$706	\$250	\$500
St. Lucie	\$302	\$604	\$353	\$706	\$250	\$500
Santa Rosa	\$302	\$604	Not available		\$250	\$500
Sarasota	\$336	\$672	\$353	\$706	\$250	\$500
Seminole	\$336	\$672	\$353	\$706	\$250	\$500

2022 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Florida						
Sumter	\$336	\$672	Not available		\$250	\$500
Suwannee	\$336	\$672	Not available		\$250	\$500
Taylor	\$302	\$604	Not available		\$250	\$500
Union	\$336	\$672	Not available		\$250	\$500
Volusia	\$302	\$604	\$353	\$706	\$250	\$500
Wakulla	\$336	\$672	Not available		\$250	\$500
Walton	\$336	\$672	Not available		\$250	\$500
Washington	\$302	\$604	Not available		\$250	\$500
Maryland						
Alleghany	\$336	\$672	Not available		Not available	
Anne Arundel	\$336	\$672	\$353	\$706	Not available	
Baltimore County	\$336	\$672	\$353	\$706	Not available	
Baltimore City	\$336	\$672	\$353	\$706	Not available	
Calvert	\$336	\$672	\$353	\$706	Not available	
Caroline	\$336	\$672	\$353	\$706	Not available	
Carroll	\$336	\$672	\$353	\$706	Not available	
Cecil	\$336	\$672	\$353	\$706	Not available	
Charles	\$336	\$672	\$353	\$706	Not available	
Dorchester	\$336	\$672	\$353	\$706	Not available	

2022 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Maryland						
Frederick	\$336	\$672	\$353	\$706	Not available	
Garrett	\$336	\$672	\$353	\$706	Not available	
Harford	\$336	\$672	\$353	\$706	Not available	
Howard	\$336	\$672	\$353	\$706	Not available	
Kent	\$336	\$672	\$353	\$706	Not available	
Montgomery	\$336	\$672	\$353	\$706	Not available	
Prince George's	\$336	\$672	\$353	\$706	Not available	
Queen Anne's	\$336	\$672	\$353	\$706	Not available	
Saint Mary's	\$336	\$672	\$353	\$706	Not available	
Somerset	\$336	\$672	Not available		Not available	
Talbot	\$336	\$672	\$353	\$706	Not available	
Washington	\$302	\$604	\$353	\$706	Not available	
Wicomico	\$336	\$672	\$353	\$706	Not available	
Worcester	\$336	\$672	\$353	\$706	Not available	
New Jersey						
Atlantic	\$336	\$672	\$464	\$928	\$250	\$500
Bergen	\$336	\$672	\$464	\$928	\$250	\$500
Burlington	\$336	\$672	\$464	\$928	\$250	\$500
Camden	\$336	\$672	\$464	\$928	\$250	\$500
Cape May	\$336	\$672	\$464	\$928	\$250	\$500

2022 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New Jersey						
Cumberland	\$336	\$672	\$464	\$928	\$250	\$500
Essex	\$336	\$672	\$464	\$928	\$250	\$500
Gloucester	\$336	\$672	\$464	\$928	\$250	\$500
Hudson	\$336	\$672	\$464	\$928	\$250	\$500
Hunterdon	\$336	\$672	\$464	\$928	\$250	\$500
Mercer	\$336	\$672	\$464	\$928	\$250	\$500
Middlesex	\$336	\$672	\$464	\$928	\$250	\$500
Monmouth	\$336	\$672	\$464	\$928	\$250	\$500
Morris	\$336	\$672	\$464	\$928	\$250	\$500
Ocean	\$302	\$604	\$464	\$928	\$250	\$500
Passaic	\$336	\$672	\$464	\$928	\$250	\$500
Salem	\$336	\$672	\$464	\$928	\$250	\$500
Somerset	\$336	\$672	\$464	\$928	\$250	\$500
Sussex	\$336	\$672	\$464	\$928	\$250	\$500
Union	\$336	\$672	\$464	\$928	\$250	\$500
Warren	\$336	\$672	\$464	\$928	\$250	\$500
New York						
Albany	\$302	\$604	\$353	\$706	\$250	\$500
Allegany	\$302	\$604	Not available		\$250	\$500
Bronx	\$336	\$672	\$353	\$706	\$250	\$500
Broome	\$302	\$604	\$353	\$706	\$250	\$500

2022 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New York						
Cattaraugus	\$302	\$604	Not available		\$250	\$500
Cayuga	\$302	\$604	\$353	\$706	\$250	\$500
Chautauqua	\$302	\$604	Not available		\$250	\$500
Chemung	\$302	\$604	\$353	\$706	\$250	\$500
Chenango	\$302	\$604	\$353	\$706	\$250	\$500
Clinton	\$302	\$604	Not available		\$250	\$500
Columbia	\$336	\$672	\$353	\$706	\$250	\$500
Cortland	\$302	\$604	\$353	\$706	\$250	\$500
Delaware	\$302	\$604	Not available		\$250	\$500
Dutchess	\$336	\$672	\$353	\$706	\$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	\$353	\$706	\$250	\$500
Hamilton	\$302	\$604	Not available		\$250	\$500
Herkimer	\$302	\$604	Not available		\$250	\$500
Jefferson	\$302	\$604	\$353	\$706	\$250	\$500
Kings (Brooklyn)	\$336	\$672	\$353	\$706	\$250	\$500

2022 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New York						
Lewis	\$302	\$604	\$353	\$706	\$250	\$500
Livingston	\$302	\$604	\$353	\$706	\$250	\$500
Madison	\$302	\$604	Not available		\$250	\$500
Monroe	\$302	\$604	Not available		\$250	\$500
Montgomery	\$302	\$604	Not available		\$250	\$500
Nassau	\$336	\$672	\$353	\$706	\$250	\$500
New York	\$302	\$604	\$353	\$706	\$250	\$500
Niagara	\$302	\$604	Not available		\$250	\$500
Oneida	\$302	\$604	\$353	\$706	\$250	\$500
Onondaga	\$302	\$604	\$353	\$706	\$250	\$500
Ontario	\$302	\$604	\$353	\$706	\$250	\$500
Orange	\$336	\$672	\$353	\$706	\$250	\$500
Orleans	\$302	\$604	Not available		\$250	\$500
Oswego	\$302	\$604	\$353	\$706	\$250	\$500
Otsego	\$302	\$604	Not available		\$250	\$500
Putnam	\$336	\$672	\$353	\$706	\$250	\$500
Queens	\$336	\$672	\$353	\$706	\$250	\$500
Rensselaer	\$302	\$604	\$353	\$706	\$250	\$500
Richmond	\$336	\$672	\$353	\$706	\$250	\$500
Rockland	\$336	\$672	\$353	\$706	\$250	\$500
St. Lawrence	\$302	\$604	\$353	\$706	\$250	\$500

2022 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New York						
Saratoga	\$302	\$604	\$353	\$706	\$250	\$500
Schenectady	\$302	\$604	\$353	\$706	\$250	\$500
Schoharie	\$302	\$604	Not available		\$250	\$500
Schuyler	\$302	\$604	Not available		\$250	\$500
Seneca	\$302	\$604	\$353	\$706	\$250	\$500
Steuben	\$302	\$604	Not available		\$250	\$500
Suffolk	\$336	\$672	\$353	\$706	\$250	\$500
Sullivan	\$336	\$672	\$353	\$706	\$250	\$500
Tioga	\$302	\$604	\$353	\$706	\$250	\$500
Tompkins	\$302	\$604	Not available		\$250	\$500
Ulster	\$336	\$672	\$353	\$706	\$250	\$500
Warren	\$302	\$604	Not available		\$250	\$500
Washington	\$302	\$604	\$353	\$706	\$250	\$500
Wayne	\$302	\$604	Not available		\$250	\$500
Westchester	\$336	\$672	\$353	\$706	\$250	\$500
Wyoming	\$302	\$604	\$353	\$706	\$250	\$500
Yates	\$302	\$604	Not available		\$250	\$500

2022 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS 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	\$336	\$672	Not available		\$250	\$500
Michigan						
Minnesota						
Mississippi						
Nebraska						
Nevada						
Ohio						
Oklahoma						
South Carolina						
Tennessee						
Wyoming						

2022 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS BLUEJOURNEY PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
All Other						
District of Columbia						
Guam						
Hawaii						
Idaho						
Iowa						
Louisiana						
Maine						
Massachusetts						
Missouri						
Montana						
New Hampshire						
New Mexico						
North Carolina	\$302	\$604	Not available		\$250	\$500
North Dakota						
Oregon						
Puerto Rico						
Rhode Island						
South Dakota						
Texas						
U.S. Virgin Islands						
Utah						
Vermont						
Virginia						
Washington						
West Virginia						
Wisconsin						

2022 Plan Options if You Are NOT Eligible for Medicare

HOW MUCH YOU WILL PAY IN 2022	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; no deductible	30%
Preventive Care	\$20/visit; no deductible	Routine physicals not covered; 30% for routine gynecological and mammograms
Emergency Room	\$100 (waived if admitted); no deductible	\$100 (waived if admitted); no deductible
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%

* Combined in- and out-of-network maximum

HOW MUCH YOU WILL PAY IN 2022	HIGHMARK PPOBLUE (80-70 PLAN)	
MEDICAL	In-Network	Out-of-Network
Physical Exams	\$20/visit PCP; \$40/visit specialist; no deductible	Not covered
Ob/Gyn Exams	\$40/visit; no deductible	30% routine; no deductible
Mammograms	20%	30%
Skilled Nursing Facility	20%; 100 visits per calendar year	30%; 100 visits per calendar year
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	\$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

HOW MUCH YOU WILL PAY IN 2022	CAPITAL BLUE CROSS 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; no deductible	30%; no deductible
Preventive Care	\$10/visit; no deductible	20%
Emergency Room	\$100; no deductible (waived if admitted)	\$100; no deductible (waived if admitted)
Urgent Care Facility	\$40; no deductible	30%
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 120 days	50%; limit 120 days

HOW MUCH YOU WILL PAY IN 2022	CAPITAL BLUE CROSS PPO	
MEDICAL	In-Network	Out-of-Network
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 2022	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 (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; coverage is subject to change based on type of therapy received	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%

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

HOW MUCH YOU WILL PAY IN 2022	AETNA PREMIER OPEN CHOICE PPO*	
MEDICAL	In-Network	Out-of-Network
Mammograms	0%; no deductible; routine	30%
Skilled Nursing Facility	\$200/day for 5 days; 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; no deductible; 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, Delaware, Maryland and New York.

2022 Monthly Costs if You Are NOT Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK PPOBLUE (80-70 PLAN)		AETNA PREMIER OPEN CHOICE PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Florida						
Bradford	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Brevard	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Broward	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Charlotte	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Citrus	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Clay	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Collier	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
DeSoto	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Duval	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Hernando	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Highlands	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Hillsborough	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Indian River	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Lake	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Lee	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Madison	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Manatee	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Marion	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Martin	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Miami-Dade	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Nassau	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742

2022 Monthly Costs if You Are NOT Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK PPOBLUE (80-70 PLAN)		AETNA PREMIER OPEN CHOICE PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Florida						
Orange	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Osceola	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Palm Beach	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Pasco	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Pinellas	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Polk	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
St. Johns	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
St. Lucie	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Sarasota	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Seminole	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Volusia	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
All other counties in Florida	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Maryland						
Allegany	\$1,292	\$2,584	Not available		Not available	
Somerset	\$1,292	\$2,584	Not available		Not available	
All other counties in Maryland	\$1,292	\$2,584	\$2,113	\$4,226	Not available	

2022 Monthly Costs if You Are NOT Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK PPOBLUE (80-70 PLAN)		AETNA PREMIER OPEN CHOICE PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New Jersey						
Atlantic	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Bergen	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Burlington	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Camden	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Cape May	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Cumberland	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Essex	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Gloucester	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Hudson	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Hunterdon	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Mercer	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Middlesex	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Monmouth	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Morris	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Ocean	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Passaic	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Salem	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Somerset	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Sussex	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Union	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
Warren	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742

2022 Monthly Costs if You Are NOT Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK PPOBLUE (80-70 PLAN)		AETNA PREMIER OPEN CHOICE PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New York						
Allegany	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Cattaraugus	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Chautauqua	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Clinton	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Delaware	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Erie	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Essex	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Franklin	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Fulton	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Genesee	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Hamilton	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Herkimer	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Madison	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Monroe	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Montgomery	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Niagara	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Orleans	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Otsego	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Schoharie	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Schuyler	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Steuben	\$1,292	\$2,584	Not available		\$1,371	\$2,742

2022 Monthly Costs if You Are NOT Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK PPOBLUE (80-70 PLAN)		AETNA PREMIER OPEN CHOICE PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New York						
Tompkins	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Warren	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Wayne	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Yates	\$1,292	\$2,584	Not available		\$1,371	\$2,742
All other counties in New York	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
All Other						
Kent County, Delaware	\$1,292	\$2,584	\$2,113	\$4,226	\$1,371	\$2,742
All other counties, Delaware	\$1,292	\$2,584	Not available		Not available	
Alabama Alaska Arizona Arkansas California Colorado Connecticut District of Columbia Georgia Guam	\$1,292	\$2,584	Not available		\$1,371	\$2,742

2022 Monthly Costs if You Are NOT Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK PPOBLUE (80-70 PLAN)		AETNA PREMIER OPEN CHOICE PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
All Other						
Hawaii						
Idaho						
Illinois						
Indiana						
Iowa						
Kansas						
Kentucky						
Louisiana						
Maine						
Massachusetts						
Michigan						
Minnesota						
Mississippi						
Missouri	\$1,292	\$2,584	Not available		\$1,371	\$2,742
Montana						
Nebraska						
Nevada						
New Hampshire						
New Mexico						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon						

2022 Monthly Costs if You Are NOT Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK PPOBLUE (80-70 PLAN)		AETNA PREMIER OPEN CHOICE PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
All Other						
Puerto Rico						
Rhode Island						
South Dakota						
South Carolina						
Tennessee						
Texas						
U.S. Virgin Islands	\$1,292	\$2,584	Not available		\$1,371	\$2,742
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.