

Pennsylvania Public School
Employees' Retirement System (PSERS)

Health Options Program

2024



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.

2024 Plan Options if You Are Eligible for Medicare

HOW MUCH YOU WILL PAY IN 2024	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 2024	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*
Annual Deductible	\$0	\$0
Initial Coverage Up to a Total Drug Cost of \$5,030		
Preferred generic drugs (Tier 1)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50 preferred pharmacy; \$25 standard pharmacy

* Must obtain mail order supply using Express Scripts/ESI. In Initial Coverage and the Coverage Gap: 100-day supply for Tier 1 and Tier 2 drugs; 90-day supply for Tier 3 and Tier 4 drugs.

HOW MUCH YOU WILL PAY IN 2024	HIGHMARK FREEDOM BLUE PPO	
PRESCRIPTION DRUGS	Retail Pharmacy (31-day supply)	Mail Order*
Non-preferred generic drugs (Tier 2)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50 preferred pharmacy; \$25 standard pharmacy
Preferred brand-name drugs (Tier 3)	\$25 preferred pharmacy; \$30 standard pharmacy	\$62.50 preferred pharmacy; \$75 standard pharmacy
Non-preferred brand-name drugs (Tier 4)	\$55 preferred pharmacy; \$60 standard pharmacy	\$137.50 preferred pharmacy; \$150 standard pharmacy
Specialty drugs (Tier 5)	33%	33% (31-day supply)
Coverage Gap to TrOOP Maximum of \$8,000		
Generic drugs (Tiers 1 & 2)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50 preferred pharmacy; \$25 standard pharmacy
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%)	Preferred Pharmacy: 20% (plan pays 10% and manufacturer discounts 70%) Standard Pharmacy: 25% (plan pays 5% and manufacturer discounts 70%)
Specialty drugs (Tier 5)	25% (plan pays 5% and manufacturer discounts 70%)	25% (31-day supply)
Catastrophic Coverage		
Generic drugs	\$0	
Brand-name drugs	\$0	

* Must obtain mail order supply using Express Scripts/ESI. In Initial Coverage and the Coverage Gap: 100-day supply for Tier 1 and Tier 2 drugs; 90-day supply for Tier 3 and Tier 4 drugs.

HOW MUCH YOU WILL PAY IN 2024	CAPITAL BLUE CROSS 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	\$0 - \$10 lab services; \$0 - \$25 high-tech imaging; 15% therapeutic radiology; all other \$0	\$0 - \$10 lab services; \$0 - \$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	\$0 preventive screenings
Skilled Nursing Facility	\$0 days 1-20; \$25 days 21-100	20% days 1-100

HOW MUCH YOU WILL PAY IN 2024	CAPITAL BLUE CROSS PPO	
MEDICAL PLAN	In-Network	Out-of-Network
Hearing Aids (once every 12 months)	\$150 allowance for OTC hearing aids; 100% after \$500 allowance (in and out-of-network combined)	\$150 allowance for OTC hearing aids; 100% after \$500 allowance (in and out-of-network combined)
Dental Care	\$15 office visit, cleaning and X-rays covered twice per year; \$1,500 max per calendar year (in- and out-of-network combined)	50% office visit, cleaning and X-rays 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 \$150 allowance for frames and lenses or contacts	
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 \$5,030		
Preferred generic drugs (Tier 1)	\$4	\$12
Non-preferred generic drugs (Tier 2)	\$4	\$12
Preferred brand-name drugs (Tier 3)	\$30	\$90

HOW MUCH YOU WILL PAY IN 2024	CAPITAL BLUE CROSS PPO	
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Non-preferred brand-name drugs (Tier 4)	\$75	\$225
Specialty drugs (Tier 5)	33%	33% (30-day supply)
Coverage Gap to TrOOP Maximum of \$8,000		
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	\$0	
Brand-name drugs	\$0	

HOW MUCH YOU WILL PAY IN 2024	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 2024	AETNA MEDICARE P01 PPO*	
MEDICAL PLAN	In-Network	Out-of-Network
Hearing Aids	\$500 allowance once every 36 months	
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 \$5,030		
Generic drugs (Tier 1)	\$4 preferred pharmacy; \$5 standard pharmacy	\$8 preferred pharmacy; \$10 standard pharmacy
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 2024	AETNA MEDICARE P01 PPO*	
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Coverage Gap to TrOOP Maximum of \$8,000		
Generic drugs (Tier 1)	\$4 preferred pharmacy; \$5 standard pharmacy	\$8 preferred pharmacy; \$10 standard pharmacy
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	\$0	
Brand-name drugs	\$0	

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

** Includes some high-cost generics.

2024 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Delaware						
Kent	\$335	\$670	Not available		\$257	\$514
New Castle	\$335	\$670	\$381	\$762	\$257	\$514
Sussex	\$335	\$670	Not available		\$257	\$514
Florida						
Alachua	\$335	\$670	Not available		\$257	\$514
Baker	\$335	\$670	Not available		\$257	\$514
Bay	\$335	\$670	Not available		\$257	\$514
Bradford	\$335	\$670	\$381	\$762	\$257	\$514
Brevard	\$335	\$670	\$381	\$762	\$257	\$514
Broward	\$335	\$670	\$381	\$762	\$257	\$514
Calhoun	\$335	\$670	Not available		\$257	\$514
Charlotte	\$335	\$670	\$381	\$762	\$257	\$514
Citrus	\$335	\$670	\$381	\$762	\$257	\$514
Clay	\$335	\$670	\$381	\$762	\$257	\$514
Collier	\$335	\$670	\$381	\$762	\$257	\$514
Columbia	\$335	\$670	Not available		\$257	\$514
DeSoto	\$301	\$602	\$381	\$762	\$257	\$514
Dixie	\$335	\$670	Not available		\$257	\$514
Duval	\$335	\$670	\$381	\$762	\$257	\$514
Escambia	\$301	\$602	Not available		\$257	\$514
Flagler	\$301	\$602	Not available		\$257	\$514

2024 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Florida						
Franklin	\$301	\$602	Not available		\$257	\$514
Gadsden	\$301	\$602	Not available		\$257	\$514
Gilchrist	\$335	\$670	Not available		\$257	\$514
Glades	\$335	\$670	Not available		\$257	\$514
Gulf	\$335	\$670	Not available		\$257	\$514
Hamilton	\$335	\$670	Not available		\$257	\$514
Hardee	\$335	\$670	Not available		\$257	\$514
Hendry	\$335	\$670	Not available		\$257	\$514
Hernando	\$335	\$670	\$381	\$762	\$257	\$514
Highlands	\$335	\$670	\$381	\$762	\$257	\$514
Hillsborough	\$335	\$670	\$381	\$762	\$257	\$514
Holmes	\$335	\$670	Not available		\$257	\$514
Indian River	\$335	\$670	\$381	\$762	\$257	\$514
Jackson	\$335	\$670	Not available		\$257	\$514
Jefferson	\$301	\$602	Not available		\$257	\$514
Lafayette	\$335	\$670	Not available		\$257	\$514
Lake	\$335	\$670	\$381	\$762	\$257	\$514
Lee	\$335	\$670	\$381	\$762	\$257	\$514
Leon	\$301	\$602	Not available		\$257	\$514
Levy	\$335	\$670	Not available		\$257	\$514
Liberty	\$335	\$670	Not available		\$257	\$514

2024 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Florida						
Madison	\$301	\$602	\$381	\$762	\$257	\$514
Manatee	\$335	\$670	\$381	\$762	\$257	\$514
Marion	\$301	\$602	\$381	\$762	\$257	\$514
Martin	\$335	\$670	\$381	\$762	\$257	\$514
Miami-Dade	\$335	\$670	\$381	\$762	\$257	\$514
Monroe	\$335	\$670	Not available		\$257	\$514
Nassau	\$335	\$670	\$381	\$762	\$257	\$514
Okaloosa	\$335	\$670	Not available		\$257	\$514
Okeechobee	\$301	\$602	Not available		\$257	\$514
Orange	\$335	\$670	\$381	\$762	\$257	\$514
Osceola	\$301	\$602	\$381	\$762	\$257	\$514
Palm Beach	\$335	\$670	\$381	\$762	\$257	\$514
Pasco	\$335	\$670	\$381	\$762	\$257	\$514
Pinellas	\$335	\$670	\$381	\$762	\$257	\$514
Polk	\$335	\$670	\$381	\$762	\$257	\$514
Putnam	\$335	\$670	Not available		\$257	\$514
St. Johns	\$335	\$670	\$381	\$762	\$257	\$514
St. Lucie	\$301	\$602	\$381	\$762	\$257	\$514
Santa Rosa	\$301	\$602	Not available		\$257	\$514
Sarasota	\$335	\$670	\$381	\$762	\$257	\$514
Seminole	\$335	\$670	\$381	\$762	\$257	\$514

2024 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Florida						
Sumter	\$335	\$670	Not available		\$257	\$514
Suwannee	\$335	\$670	Not available		\$257	\$514
Taylor	\$301	\$602	Not available		\$257	\$514
Union	\$335	\$670	Not available		\$257	\$514
Volusia	\$301	\$602	\$381	\$762	\$257	\$514
Wakulla	\$335	\$670	Not available		\$257	\$514
Walton	\$335	\$670	Not available		\$257	\$514
Washington	\$301	\$602	Not available		\$257	\$514
Maryland						
Alleghany	\$335	\$670	Not available		\$257	\$514
Anne Arundel	\$335	\$670	\$381	\$762	\$257	\$514
Baltimore County	\$335	\$670	\$381	\$762	\$257	\$514
Baltimore City	\$335	\$670	\$381	\$762	\$257	\$514
Calvert	\$335	\$670	\$381	\$762	\$257	\$514
Caroline	\$335	\$670	\$381	\$762	\$257	\$514
Carroll	\$335	\$670	\$381	\$762	\$257	\$514
Cecil	\$335	\$670	\$381	\$762	\$257	\$514
Charles	\$335	\$670	\$381	\$762	\$257	\$514
Dorchester	\$335	\$670	\$381	\$762	\$257	\$514

2024 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Maryland						
Frederick	\$335	\$670	\$381	\$762	\$257	\$514
Garrett	\$335	\$670	\$381	\$762	\$257	\$514
Harford	\$335	\$670	\$381	\$762	\$257	\$514
Howard	\$335	\$670	\$381	\$762	\$257	\$514
Kent	\$335	\$670	\$381	\$762	\$257	\$514
Montgomery	\$335	\$670	\$381	\$762	\$257	\$514
Prince George's	\$335	\$670	\$381	\$762	\$257	\$514
Queen Anne's	\$335	\$670	\$381	\$762	\$257	\$514
Saint Mary's	\$335	\$670	\$381	\$762	\$257	\$514
Somerset	\$335	\$670	Not available		\$257	\$514
Talbot	\$335	\$670	\$381	\$762	\$257	\$514
Washington	\$301	\$602	\$381	\$762	\$257	\$514
Wicomico	\$335	\$670	\$381	\$762	\$257	\$514
Worcester	\$335	\$670	\$381	\$762	\$257	\$514
New Jersey						
Atlantic	\$335	\$670	\$498	\$996	\$257	\$514
Bergen	\$335	\$670	\$498	\$996	\$257	\$514
Burlington	\$335	\$670	\$498	\$996	\$257	\$514
Camden	\$335	\$670	\$498	\$996	\$257	\$514
Cape May	\$335	\$670	\$498	\$996	\$257	\$514

2024 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New Jersey						
Cumberland	\$335	\$670	\$498	\$996	\$257	\$514
Essex	\$335	\$670	\$498	\$996	\$257	\$514
Gloucester	\$335	\$670	\$498	\$996	\$257	\$514
Hudson	\$335	\$670	\$498	\$996	\$257	\$514
Hunterdon	\$335	\$670	\$498	\$996	\$257	\$514
Mercer	\$335	\$670	\$498	\$996	\$257	\$514
Middlesex	\$335	\$670	\$498	\$996	\$257	\$514
Monmouth	\$335	\$670	\$498	\$996	\$257	\$514
Morris	\$335	\$670	\$498	\$996	\$257	\$514
Ocean	\$301	\$602	\$498	\$996	\$257	\$514
Passaic	\$335	\$670	\$498	\$996	\$257	\$514
Salem	\$335	\$670	\$498	\$996	\$257	\$514
Somerset	\$335	\$670	\$498	\$996	\$257	\$514
Sussex	\$335	\$670	\$498	\$996	\$257	\$514
Union	\$335	\$670	\$498	\$996	\$257	\$514
Warren	\$335	\$670	\$498	\$996	\$257	\$514
New York						
Albany	\$301	\$602	\$381	\$762	\$257	\$514
Allegany	\$301	\$602	Not available		\$257	\$514
Bronx	\$335	\$670	\$381	\$762	\$257	\$514
Broome	\$301	\$602	\$381	\$762	\$257	\$514

2024 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New York						
Cattaraugus	\$301	\$602	Not available		\$257	\$514
Cayuga	\$301	\$602	\$381	\$762	\$257	\$514
Chautauqua	\$301	\$602	Not available		\$257	\$514
Chemung	\$301	\$602	\$381	\$762	\$257	\$514
Chenango	\$301	\$602	\$381	\$762	\$257	\$514
Clinton	\$301	\$602	Not available		\$257	\$514
Columbia	\$335	\$670	\$381	\$762	\$257	\$514
Cortland	\$301	\$602	\$381	\$762	\$257	\$514
Delaware	\$301	\$602	Not available		\$257	\$514
Dutchess	\$335	\$670	\$381	\$762	\$257	\$514
Erie	\$301	\$602	Not available		\$257	\$514
Essex	\$301	\$602	Not available		\$257	\$514
Franklin	\$301	\$602	Not available		\$257	\$514
Fulton	\$301	\$602	Not available		\$257	\$514
Genesee	\$301	\$602	Not available		\$257	\$514
Greene	\$301	\$602	\$381	\$762	\$257	\$514
Hamilton	\$301	\$602	Not available		\$257	\$514
Herkimer	\$301	\$602	Not available		\$257	\$514
Jefferson	\$301	\$602	\$381	\$762	\$257	\$514
Kings (Brooklyn)	\$335	\$670	\$381	\$762	\$257	\$514

2024 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New York						
Lewis	\$301	\$602	\$381	\$762	\$257	\$514
Livingston	\$301	\$602	\$381	\$762	\$257	\$514
Madison	\$301	\$602	Not available		\$257	\$514
Monroe	\$301	\$602	Not available		\$257	\$514
Montgomery	\$301	\$602	Not available		\$257	\$514
Nassau	\$335	\$670	\$381	\$762	\$257	\$514
New York	\$301	\$602	\$381	\$762	\$257	\$514
Niagara	\$301	\$602	Not available		\$257	\$514
Oneida	\$301	\$602	\$381	\$762	\$257	\$514
Onondaga	\$301	\$602	\$381	\$762	\$257	\$514
Ontario	\$301	\$602	\$381	\$762	\$257	\$514
Orange	\$335	\$670	\$381	\$762	\$257	\$514
Orleans	\$301	\$602	Not available		\$257	\$514
Oswego	\$301	\$602	\$381	\$762	\$257	\$514
Otsego	\$301	\$602	Not available		\$257	\$514
Putnam	\$335	\$670	\$381	\$762	\$257	\$514
Queens	\$335	\$670	\$381	\$762	\$257	\$514
Rensselaer	\$301	\$602	\$381	\$762	\$257	\$514
Richmond	\$335	\$670	\$381	\$762	\$257	\$514
Rockland	\$335	\$670	\$381	\$762	\$257	\$514
St. Lawrence	\$301	\$602	\$381	\$762	\$257	\$514

2024 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New York						
Saratoga	\$301	\$602	\$381	\$762	\$257	\$514
Schenectady	\$301	\$602	\$381	\$762	\$257	\$514
Schoharie	\$301	\$602	Not available		\$257	\$514
Schuyler	\$301	\$602	Not available		\$257	\$514
Seneca	\$301	\$602	\$381	\$762	\$257	\$514
Steuben	\$301	\$602	Not available		\$257	\$514
Suffolk	\$335	\$670	\$381	\$762	\$257	\$514
Sullivan	\$335	\$670	\$381	\$762	\$257	\$514
Tioga	\$301	\$602	\$381	\$762	\$257	\$514
Tompkins	\$301	\$602	Not available		\$257	\$514
Ulster	\$335	\$670	\$381	\$762	\$257	\$514
Warren	\$301	\$602	Not available		\$257	\$514
Washington	\$301	\$602	\$381	\$762	\$257	\$514
Wayne	\$301	\$602	Not available		\$257	\$514
Westchester	\$335	\$670	\$381	\$762	\$257	\$514
Wyoming	\$301	\$602	\$381	\$762	\$257	\$514
Yates	\$301	\$602	Not available		\$257	\$514

2024 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS 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	\$335	\$670	Not available		\$257	\$514
Michigan						
Minnesota						
Mississippi						
Nebraska						
Nevada						
Ohio						
Oklahoma						
South Carolina						
Tennessee						
Wyoming						

2024 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

	HIGHMARK FREEDOM BLUE PPO		AETNA MEDICARE P01 PPO		CAPITAL BLUE CROSS 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	\$301	\$602	Not available		\$257	\$514
North Dakota						
Oregon						
Puerto Rico						
Rhode Island						
South Dakota						
Texas						
U.S. Virgin Islands						
Utah						
Vermont						
Virginia						
Washington						
West Virginia						
Wisconsin						

2024 Plan Options if You Are NOT Eligible for Medicare

HOW MUCH YOU WILL PAY IN 2024	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 2024	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	\$20/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 2024	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 100 days	50%; limit 100 days

HOW MUCH YOU WILL PAY IN 2024	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	50%	Not covered
Brand-name drugs	50%	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 2024	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 for 5 days; then \$0	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; 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 for 5 days; then \$0	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 2024	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; \$1,000 maximum benefit)	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.

2024 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	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Brevard	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Broward	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Charlotte	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Citrus	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Clay	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Collier	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
DeSoto	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Duval	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Hernando	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Highlands	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Hillsborough	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Indian River	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Lake	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Lee	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Madison	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Manatee	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Marion	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Martin	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Miami-Dade	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Nassau	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394

2024 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	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Osceola	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Palm Beach	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Pasco	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Pinellas	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Polk	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
St. Johns	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
St. Lucie	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Sarasota	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Seminole	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Volusia	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
All other counties in Florida	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Maryland						
Allegany	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Somerset	\$2,017	\$4,034	Not available		\$1,697	\$3,394
All other counties in Maryland	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394

2024 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	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Bergen	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Burlington	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Camden	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Cape May	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Cumberland	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Essex	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Gloucester	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Hudson	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Hunterdon	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Mercer	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Middlesex	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Monmouth	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Morris	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Ocean	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Passaic	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Salem	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Somerset	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Sussex	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Union	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
Warren	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394

2024 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	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Cattaraugus	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Chautauqua	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Clinton	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Delaware	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Erie	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Essex	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Franklin	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Fulton	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Genesee	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Hamilton	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Herkimer	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Madison	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Monroe	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Montgomery	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Niagara	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Orleans	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Otsego	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Schoharie	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Schuyler	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Steuben	\$2,017	\$4,034	Not available		\$1,697	\$3,394

2024 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	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Warren	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Wayne	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Yates	\$2,017	\$4,034	Not available		\$1,697	\$3,394
All other counties in New York	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
All Other						
New Castle County, Delaware	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
All other counties, Delaware	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Alabama Alaska Arizona Arkansas California Colorado Connecticut District of Columbia Georgia Guam	\$2,017	\$4,034	Not available		\$1,697	\$3,394

2024 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	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Montana						
Nebraska						
Nevada						
New Hampshire						
New Mexico						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon						

2024 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	\$2,017	\$4,034	Not available		\$1,697	\$3,394
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.