

2025 Member Guide

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We're so glad  
you're here.

Follow this guide to get the most out of  
your Medicare Advantage coverage.



Because Life.™

# Welcome to your Highmark Medicare Advantage plan.

When you choose a Highmark Medicare Advantage plan, you get coverage that's simple to understand, easy to use, and easy to love.

This member guide provides useful tips and information to help you get the most out of your plan, your benefits, and all the resources available to you as a valued Highmark member.

## We're always here to help.

We have dedicated advocates available to help you find care, make appointments, and answer your health plan questions. To speak with one, call the number on the back of your member ID card (TTY users may call 711). They're available 8 a.m. – 8 p.m., seven days a week.

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### **Make sure you bring your Highmark member ID card to your doctor's appointments.**

It's a white card with the Highmark logo at the top (so it's easy to distinguish from your red, white, and blue Medicare card). You can also access your ID card digitally through the My Highmark website or mobile app.

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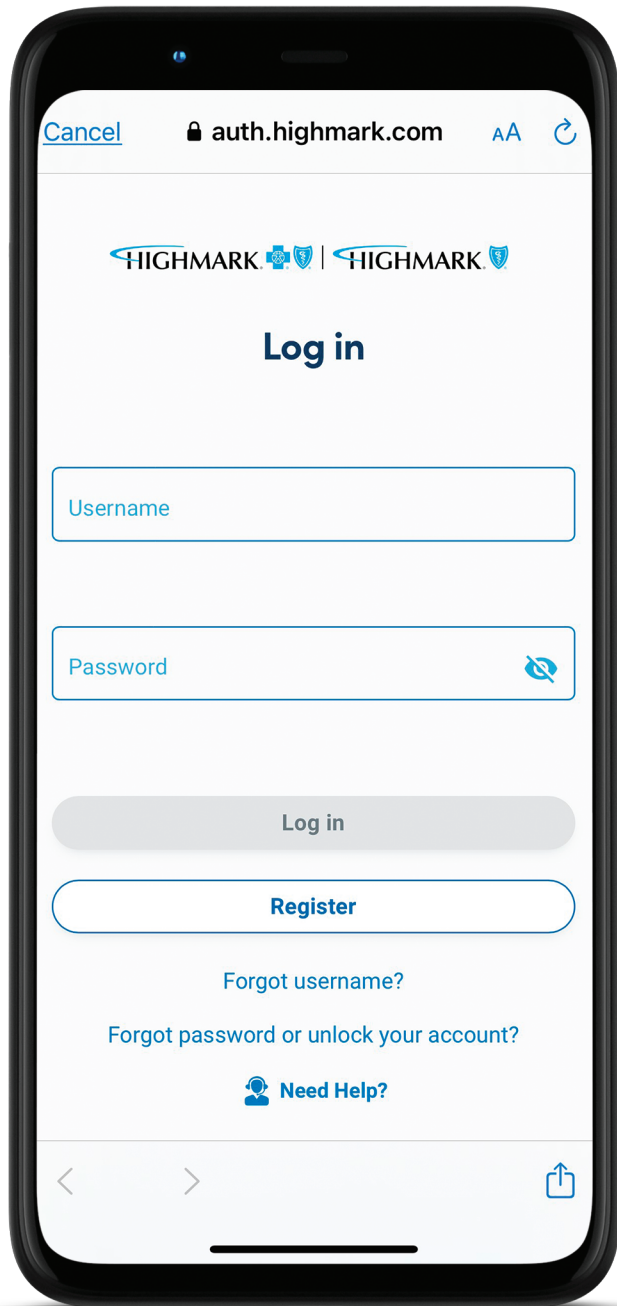
## **For all your benefit information, visit My Highmark.**

Create an account or log in to [MyHighmark.com](https://MyHighmark.com) or the My Highmark mobile app. Once you're logged in, you can access your Medical Benefit Booklet by going to Benefits, then Medical, then clicking on Medical Benefits Booklet. Your booklet will give you a helpful outline of costs and specific plan details.

You can also call the number on the back of your Highmark member ID card to request an Evidence of Coverage (EOC) be mailed to you. This is a comprehensive booklet that provides you with everything you need to know about your plan.



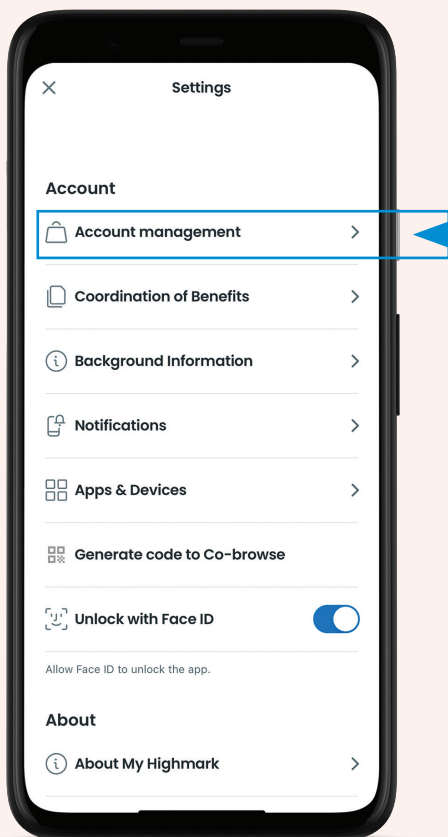
# Get connected with My Highmark.



Stay connected by creating a member account on our digital platform, My Highmark. To get started, scan the QR code, visit **MyHighmark.com**, or download the My Highmark app from your phone's app store. You'll need to have your Highmark member ID number or your Social Security number handy. Your credentials will be completely safe and protected.

When creating your account, you'll need to set up Multifactor Authentication. This keeps your account secure by adding an extra layer of protection.

Typically when you sign in to your account, you'll need to confirm your identity by entering a code that will be sent as a text message, phone call, or email. You can choose how this code gets delivered to you. You can also set up a biometric option, which allows you to use your face or fingerprint to sign in.



## Already have an online account?

You can log in using your existing Highmark username and password.

Once you're logged in, make sure your contact info and communication preferences are up to date. Here's how:

- If using a phone, click the settings icon in the right-hand corner. If using a computer, click your name in the right-hand corner. Then select **Account Management**.
- Click the link to the information you'd like to update.



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Scan the QR code to visit the My Highmark website.

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## Policy Numbers

Policy period: Jan 1, 2025 - Dec 31, 2025

Id Number: HIM123456789

Health Plan Name		
MEMBER NAME	John Doe Sample	
MEMBER ID	HIM123456789	
Hearing/Vision/Dental		
	in	out
Office Visit	\$0	\$0
Specialist Visit	\$35	\$35
Emergency Room	\$100	\$100
CRS	HS106 013	

Blue on Call: 24-hour access to nurses who provide health education and support services. To receive high-level benefits, receive care from a network provider. Receiving non-emergency care from an out-of-network provider will result in a reduced level of benefits. Medicare funding charges apply. Call Utilization Management (UM) for authorization and eligibility. Pre-certification required for non-emergent, specialist, admissions and certain outpatient services.	Member Service: 1-888-699-8020 Blue on Call: 1-888-295-3828 TTY/VO Service: Dial 711 UM: 1-800-709-6399 Prior Auth: hws@bsi.hugoboss.com
All medical claims should be submitted to the local BOSS plan.	Hugoboss Senior Solutions Company is an independent licensee of the Blue Cross and Blue Shield Association.
Customer Service At the Member Portals Call: 800-737-3111 Email: hws@bsi.com	Starkey benefit administrator

- Print Card
- Download Card
- Order new Card

### Can't find what you're looking for?

Talk with a member advocate to get help with questions about your benefits or care.

If you have a disability and require TTY accommodations, please call 711.

### Common tasks

Find a provider

View claims

### Documents

Medical forms library

Medical benefit booklet

Preventive services

## Get Care

### How can we help?

Find a healthcare provider

Health advice and support

Advanced Care Planning

Diabetes Prevention Program

### Get help now

#### Well360 Virtual Health

Get care from home or while on-the-go, at a time that works for you.



#### 24/7 Nurseline

Need help or advice? A specially-trained nurse is available to discuss acute health concerns 24 hours a day, seven days a week.



## Here's just a little of what you can do with **My Highmark**:

- **Access your member ID card virtually.** If you forget to bring your card with you, you can access your card through My Highmark anytime, anywhere.
- **Search for providers** to see who is accepting new patients, and who is in network.
- **View your claims and Explanation of Benefits (EOB).** Remember to always check your EOB before paying your bills.
- **Complete your Health Assessment** to receive personalized programs to help you meet or maintain your health goals.
- **Get advice and support** for things like weight management, mental health, managing chronic conditions, and preventive care.

# Set up or change your premium payment method.

If your plan has a \$0 premium or if your employer pays your premium, you don't need to worry about how to set up or change your premium payment method.

With Highmark, you have several ways to pay your monthly premium, including convenient automatic payment options. Check them out:

## OPTION 1:

### Enroll online in eBill

(Highmark-recommended option)

eBill allows you to set up automatic payments for your monthly premium through your bank account or with a credit card. To sign up:

- Go to **MyHighmark.com**.
- If you're already registered, select **Log In** and enter your **username** and **password**. If you haven't registered, select **Register**. Once registered, select **Log In**.
- On the Home tab, scroll down to **Pay Your Premium** and click on **eBill Payment and Invoices**.
- Once you're in eBill, click **Add Payment Method** to add an approved payment type. After the payment method has been added, click **Add Recurring Payment**.

**Just so you know:** Your payment must match your full invoice amount.

Visit [highmark.com/ebill](https://highmark.com/ebill) for more information on how to pay online with eBill.

## OPTION 2:

### Electronic funds transfer (EFT)

With this method, payments are automatically withdrawn from your bank account each month. To set up your EFT payments, you'll need to call the number on the back of your member ID card and request an EFT form. This option does not require you to register on our member website.

**Just so you know:** It may take a few weeks for an EFT to be set up. You must pay your premium by using one of our other options, like eBill or mailing a check, during this time.





### **OPTION 3:** **Social Security deduction**

If you signed up for Social Security deduction when you enrolled, it can take up to three months for the deduction to begin.

**Just so you know:** You'll need to continue to pay your premium with another method until you see it's being deducted from your Social Security check.

**If you have insurance through your employer, this option does not apply to you.**

### **OPTION 4:** **Pay online through your bank**

Typically, you'll need to access your bank account via your bank's website, then look for a Bill Pay link to create a profile for your Highmark invoice. You'll need your billing account number and Highmark address, which can be found on your invoice.

**Just so you know:** Each bank or credit union has its own rules, so contact your bank for more information.

You can also send in a check when you receive your statement from Highmark. All you have to do is mail it back to the address listed on the statement.

**If your plan has a \$0 premium or if your employer pays your premium, you don't need to worry about how to set up or change your premium payment method.**

# Stay a step ahead with preventive care.



## Keep an eye out for your Personalized Wellness Plan.

It's a simple checklist to show what preventive tests, screenings, and other healthy activities you should complete throughout the year — so you and your doctor can develop a care plan that's just right for you.

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## Don't put off these important visits.

Staying on top of your preventive care is important, even when you're healthy. Preventive care includes things like routine vaccinations, physical exams, certain cancer screenings, and an Annual Wellness Visit (AWV). Plus, when you use an in-network provider, preventive services are covered at no cost to you.

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## Low or no-cost vaccines<sup>1</sup>

It's safer, easier, and more cost-effective to prevent health issues than treat them. That's why we offer low or no-cost preventive vaccines, plus vaccines for flu, COVID-19, hepatitis B, and pneumonia at no additional cost to you.



## The differences between an Annual Wellness Visit (AWV) and a physical exam

An annual physical typically involves a hands-on exam by a doctor along with blood work or other tests.

The focus of an AWV is prevention. Your doctor will talk with you about your medical history, review your risk factors, and help you make a personalized prevention plan to keep you healthy.



## Need help finding a doctor?

Log in to **My Highmark**, click **Get Care**, and click **Go to Provider Search**.


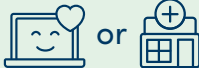
### **Don't wait.**

It's important to call sooner rather than later to schedule your annual physical, Annual Wellness Visit, and other preventive care services. Doctor's offices are busier than ever, so don't wait. Schedule these important services today so you can get the most out of your health plan.

# Get the right care, right when you need it.

We're here to help walk you through your options.

Here's where to go based on symptoms, location, and hours of operation.

Virtual Health	Doctor's Office*
 Access online for at-home treatment of common symptoms:	 Access online or in-person for routine checkups and chronic conditions:
<ul style="list-style-type: none"><li>• Cold and flu</li><li>• Earaches</li><li>• Sinus infections</li><li>• Mental health: Talk therapy and psychiatry</li></ul>	<ul style="list-style-type: none"><li>• Annual physical</li><li>• Ongoing treatment for a specific issue</li><li>• Diabetes</li></ul>

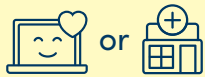
You can access Virtual Health through Well360, and it's available 24/7. This is different than virtual care through your PCP or specialist, who may also offer virtual appointments.

You can generally access this type of care during normal business hours. Wait times to get an appointment vary. Be sure to schedule your appointment early.

Outside of medical emergencies requiring you to call 911 or visit an ER, we recommend you call your doctor first to discuss symptoms and concerns and talk about what options are best for you and your situation. If you believe you are having a medical emergency and you need immediate treatment, go directly to any hospital emergency room or call 911.

\*Many doctor and urgent care offices offer virtual visits. Talk to your provider about the options they have available.

## Urgent Care\*



Access online or in-person for urgent conditions that are not life-threatening:

- Sprains and strains
- Asthma/breathing conditions
- Flu or cold with fever
- Moderate allergic reactions and rashes

## Emergency Room (ER)



Access in-person for serious or life-threatening problems:

- Difficulty breathing
- Uncontrolled bleeding
- Severe injury
- Mental health:  
Severe depression and suicidal thoughts

Urgent Care is convenient because it can be accessed outside of your doctor's normal business hours, whether it's evenings, weekends, or when you can't get into your doctor's office to be seen. Plus, Urgent Care typically has much shorter wait times than the ER.

You may or may not need an appointment. Call or visit your local urgent care's website for details before you drop in to ensure you can be seen.

This type of care is available 24/7. You do not need an appointment, but wait times can be long depending on the urgency of your issue or condition.

# Here are some additional things to keep in mind as you get to know your Highmark Medicare Advantage plan.

## Keep an eye out for our 2025 Social Health Survey.

This survey helps us identify social factors you may be struggling with — like having reliable transportation, stable housing, and access to food — so we can connect you to the programs that help you live your healthiest life. We'll email you the survey, or you can scan the QR code to take it now.



## Make sure to add us to your contact list.

That way, you'll know the message is safe. Here's how we'll pop up in your mobile messages and inbox:

**Text: 54467**

**Email: [noreply@email.highmarkbcbs.com](mailto:noreply@email.highmarkbcbs.com)**

We'll send you information on things like how to find a doctor, benefit updates, ways to stay healthy, and more.

## What to expect when we call.

When Highmark calls you, the number may vary based on where we're calling you from. Our Member Service team will let you know they're calling from Highmark, address you by your name, and ask you to confirm your date of birth.

If you're concerned it isn't us, you can always tell the team member you'd prefer to call them back. At this point, you can call the number on the back of your member ID card.

# Advance Care Planning

When you can't speak for yourself, an advance care directive tells caregivers about your choices for health care.

Completing an advance health care directive helps you think about situations that you aren't able to predict.

Visit [Highmark.com/advance-care-planning](https://www.highmark.com/advance-care-planning). Scroll down to find "Advance Care Planning" and click on the link based on where you live, and follow the instructions to find an Advance Directive form.

## What is an advance directive?

An advance directive is a legal document that helps your family members, close friends, and doctors understand your health care wishes (living will). It also names someone to make your medical decisions if you're not able to make them yourself (medical power of attorney).

An advance directive only goes into effect when you are not able to speak for yourself.

## Why do I need an advance directive?

Advance care planning and advance directives give you and your loved ones peace of mind, knowing that your wishes will be followed and respected if you are unable to speak for yourself.

## When should I fill out an advance directive?

No matter your age or health status, now is the time to talk with your family, close friends, and doctors about your personal values and preferences, and make your wishes and instructions known with formal advance care planning.

## Start the advance care planning process now

You can complete your advance directive in just three short steps.

**Step 1:** Choose someone to make your medical decisions.

Your medical power of attorney will make decisions about the care you receive if you aren't able to make them yourself.

**Step 2:** Think about and decide your future health care preferences.

Your living will empowers you to choose the future medical care and treatments you want when you're not able to speak for yourself, including end-of-life care or lifesaving measures in an emergency. Once you've decided the type of care you want, fill out your living will form.

**Step 3:** Sign the forms and keep them somewhere safe.

**Don't forget to save, print, and sign your advance directive forms.** Depending on where you live, you may need to get this notarized (we also recommend it). Make a copy for your records, give copies to your doctor and close friends or family, and make sure your medical power of attorney has a copy.

# Medicare 101

**Medicare is broken down into a few different parts.** Parts A and B make up your original plan, while parts C and D supplement that plan so you get the best coverage possible. Here's how they work:

## Original Medicare

### Part A

(Think hospital)

- Inpatient hospital care
- Skilled nursing care

### Part B

(Think doctor's office)

- Outpatient services
- Testing and lab
- Doctor visits and preventive care
- Durable medical equipment and supplies
- Ambulance

## Medicare Advantage Plans

### Part C

(This replaces Original Medicare)

- Covers everything in Parts A+B
- Usually has Rx coverage
- Some have vision, dental, and hearing
- Additional benefits on top of Parts A+B
- You get one insurance card for all your coverage

## Prescription Drug Coverage

### Part D

(So you don't pay full price for every medication)

- Original Medicare doesn't cover Rx
- Covered through an insurance company

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As a Highmark Medicare Advantage member, your plan includes parts A, B, and C. If your plan includes drug coverage, this falls under Part D. Not all Medicare Advantage plans include Part D coverage.

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# Health care lingo

When reviewing your plan, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones.

## Coinsurance

The percentage owed for some covered services. For example, if your plan pays 80%, you pay 20%.

## Evidence of coverage (EOC)

Your EOC gives you details about what your plan covers, how much you pay, and more.

## Maximum out-of-pocket

The most you'd pay for Medicare-covered care. If you hit this amount, your plan pays 100% of medical care after that.

## Plan allowance

The set amount your plan will pay for a health service, even if your provider bills for more. If you see an in-network provider, you are not responsible for paying the difference.

## Summary of benefits

A snapshot of your plan's costs, benefits, covered health care services, and more.

## Copay

The set amount you pay for a covered service. For example, it could be \$0 for a doctor visit or \$30 for a specialist.

## In-network provider

A doctor or hospital that has a contract with your health insurance plan to provide services at a discounted rate.

## Out-of-network provider

A doctor or hospital that does not have a contract with your health insurance plan, which can result in higher costs.

## Premium

The amount you pay for coverage every month, in addition to your Medicare Part B premium.

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If you want the complete glossary, check out your benefits booklet on **My Highmark**. Go to **Benefits**, click **Medical**, and click **View Medical Benefits Booklet**.

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# Perks to help you stay healthy

## Care management

Your care management teams work with you and your providers to develop a personalized care plan that meets your unique needs and makes managing your health and chronic conditions easier.

## Virtual health

Need to see a doctor but can't leave home? With My Highmark, you have options. Find a doctor and schedule a virtual visit under the **Get Care** section of your account. You'll also have access to 24/7 virtual urgent care, scheduled therapy appointments, and more through Well360 Virtual Health, exclusively available through My Highmark.

## Wellness rewards<sup>2</sup>

You'll be eligible to earn a Highmark Wellness Reward when you check off a rewardable activity from your Personalized Wellness Plan to-do list. More details about this program and how to participate will be available in your Personalized Wellness Guide.

## Highmark House Call

Once a year, a nurse practitioner will meet you at home or virtually for a checkup. They'll review your health history and medications, and, if needed, provide important health screenings. They'll also make sure your home is safe and hazard-free, so you don't have to worry about falls or accidents. Call the number on the back of your Highmark member ID card to learn more about scheduling options.

## Blue Neighbors

This program creates memorable experiences, improves the health of our communities, and offers opportunities to build a network and make lasting friendships.

You can connect with one of our trained neighborhood volunteers in person, by phone, or virtually. To request a volunteer, become a volunteer, or to learn more, visit **highmarkblueneighbors.com**, scan the QR code, or call **1-888-374-0911 (TTY: 711)** Monday – Friday, 8:30 am – 4:30 pm.

In-person connections are based on volunteer availability and may not be available in all areas.



## Fitness Benefit

Your plan includes monthly credits through FitOn to access thousands of gyms nationwide, plus digital fitness and wellness content, nutritional support, and more. Visit [Highmark.com/Fitness](https://www.highmark.com/Fitness) to learn more.

## Travel Benefits

No matter where you are in the world, you are covered for emergency and urgent care, so you can rest easy while traveling.

## 24/7 Nurse Line

Also referred to as Blues On Call<sup>SM</sup>, our 24/7 Nurse Line is available in case you need medical advice after hours. Call **1-833-380-2355 (TTY: 711)** to get support from a registered nurse or health coach whenever you need it.

## Mental Well-Being powered by Spring Health<sup>3</sup>

Spring Health gives you access to virtual or in-person (where available)\* care in an average of 3 days or less. After taking a short digital assessment, you'll receive a personalized care plan with recommendations like therapy and more. Licensed Care Navigators are also available to answer questions about your care or if you need help choosing or changing providers.

## Highmark wellness coach

Our wellness coaches can help you quit smoking, lose weight, sleep better, and so much more. Just call **1-855-575-3089 (TTY: 711)**, Monday – Friday, or visit [highmarkhealthcoachbcbs.com](https://www.highmarkhealthcoachbcbs.com).

### Need help accessing your digital benefits?

Just call the number on the back of your member ID card.

\*Based on Spring Health's average provider availability, which includes access to in-network providers.

# Nationwide partnerships for feels-like-home coverage

**Network sharing gives you access to the coverage you love, nationwide.**

When you need care, all you need to do is find an in-network or Medicare-eligible provider — and you're all set.





**We've made it easy for you to find a participating Blue Cross Blue Shield Medicare Advantage PPO network in a few simple clicks:**

- Visit **provider.bcbs.com**.
- Choose a location and plan by entering an address, city, or ZIP code. Enter the first three letters of your member ID number - **OR** - click **browse a list of plans**. From there, choose **Medicare Advantage PPO** and scroll down to choose your state of residence and Highmark plan.
- To search for care, click **Doctors by name, Specialty by name, Places by name, or Places by type**, and type in what you're looking for.
- Choose the appropriate option from the drop-down menu to see more information.

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**For your services to be considered in network outside of the service area:**

- The provider must participate with the local Medicare Advantage PPO network-sharing program in the service area.
- Both you and the provider must be located in the same service area when you receive care.

**Currently, there are 48 states and two territories participating in the network-sharing program.** In some states, the MA PPO network-sharing program is only available in a portion of the state. To get the most up-to-date listing, please visit **provider.bcbs.com** or call the number on the back of your member ID card. This list may change during the plan year.

The Visitor/Travel Program will include Blue Medicare Advantage PPO network coverage of all Part A, Part B, and Supplemental benefits offered by your plan outside your service area in 48 states and 2 territories: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and West Virginia. For some of the states listed, MA PPO networks are only available in portions of the state. (As of September 2024).

# Your prescription drug coverage

Your Medicare Advantage plan covers medications through both Part B and Part D. The difference is important. Here's how to tell.

## Medicare Part B prescriptions

In most cases, these are drugs that a doctor or other health care professional administers for you or that you receive through a local retail pharmacy or a durable medical equipment (DME) supplier.

### **Some common examples include:**

- Injections you get in a doctor's office, like a flu shot.
- Certain oral anti-cancer and anti-nausea drugs.
- Certain drugs for home dialysis.
- Drugs you take using DME, such as insulin requiring a pump.

## Medicare Part D prescriptions

These are drugs prescribed by your doctor that you purchase at a local pharmacy or have delivered to your home via Express Scripts.

### **These include most prescriptions, such as:**

- Medications to treat conditions like high blood pressure, high cholesterol, and depression.
- Medications like antibiotics and pain relievers.

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## What this means if you have diabetes

Medicare Advantage covers your diabetes medications and supplies. Some are covered by Part B, others by Part D. That means how you receive them will differ by category.

## Medicare Part B

Testing supplies like glucometers, lancets, and test strips are available through local retail pharmacies or DME suppliers.

## Medicare Part D

Insulin, syringes, and oral medications are available from retail pharmacies or via home delivery from Express Scripts.

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We also have a dedicated pharmacy team that can help you find in-network pharmacies, answer questions about medication costs, and more. To reach the pharmacy team, just call the number on the back of your member ID card and follow the prompts.

# Prescriptions and drug tiers

## What are prescription drug tiers?

The drugs in your plan are organized into categories called tiers. Drug costs vary based on which tier they are in.

- **Tier 1 – Preferred Generics:**  
Includes preferred generic drugs and is the lowest cost-sharing tier.
- **Tier 2 – Generic Drugs:**  
Non-preferred and low-cost generic drugs.
- **Tier 3 – Preferred Brand:**  
Includes preferred brand-name drugs and some higher-cost generic drugs.
- **Tier 4 – Non-Preferred Drugs:**  
Includes non-preferred brand name drugs and some non-preferred, high-cost generic drugs.
- **Tier 5 – Specialty drugs:**  
Includes high-cost specialty drugs.

## What is a formulary?

A formulary is the list of generic and brand-name prescription drugs covered by your plan. Drugs that do not appear on the formulary are not covered.

### The formulary will also tell you:

- What tier a drug is in and how this affects what you pay for your prescriptions.
- If a prior authorization is required before a pharmacy can fill your prescription. Your provider will need to submit the authorization request.
- If there is a quantity limit (QL) for a drug.

## Where can I find my formulary?

To find your formulary, log in to your online member account. Select **Benefits**, then select **Prescription**, then **View Drug Formulary**.



### Get up to a 100-day supply of medications.

You can receive up to a 100-day supply of most Tier 1 and Tier 2 medications at the pharmacy or with home delivery. Check your evidence of coverage (EOC) for copay details.

# Make life simpler with prescription home delivery.

Express Scripts® simplifies the prescription process by delivering your prescriptions directly to your home. And it helps you save money too. Here's how it works.

## There are four ways to get started with home delivery:

### 1. ePrescribe

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Ask your doctor to send your prescriptions electronically to the Express Scripts Pharmacy.

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### 2. Phone

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Call the number on the back of your member ID card (TTY call 711).

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### 3. Mail

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Complete the Express Scripts home delivery form provided and mail it to the address listed on the form.

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### 4. Online

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Visit [express-scripts.com](https://www.express-scripts.com) to register for an account.

You'll automatically receive refill reminders by email, so you'll never run out. You can also track your prescriptions and home delivery refills, and view claims, balances, and prescription history by creating an account at [express-scripts.com](https://www.express-scripts.com).

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#### For additional information and order forms:

- Visit [express-scripts.com/home/forms](https://www.express-scripts.com/home/forms).
  - Click **Home Delivery Order Form – Medicare**.
  - Download and print out a form, or request to have one mailed to you.
- 

Express Scripts is an independent company that administers the pharmacy benefit for your health plan. Other pharmacies are available in our network.





## Check out these ways to save.

- Sign up for mail-order prescriptions at Express Scripts.
- Talk to your doctor about using, or switching to, generics or lower-cost drugs.
- Use a preferred pharmacy for your prescriptions.
- The Low-Income Subsidy (LIS or “Extra Help”) Program helps people with limited income and resources pay for Medicare prescription costs. To see if you qualify, contact your local State Health Insurance Assistance Program (SHIPs) at [shiphelp.org](http://shiphelp.org) or call 1-877-839-2675.

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## Understanding Prior Authorizations

Sometimes, your doctor may need to request additional approval before you can receive certain prescription medications. This process is called a prior authorization.

Typically, your doctor will take care of it for you by sending a request to Highmark. You will receive a letter letting you know your prior authorization has been approved. If your prior authorization is denied, you and your doctor will be notified. Your doctor will review the reason for the denial to determine next steps. Common reasons for denials include missing information, a drug being prescribed for a use not approved by the FDA, or lower cost alternatives available.

# Save on your prescription meds by using preferred pharmacies.

We have relationships with many pharmacies, including large chains and independent pharmacies, that help lower your drug costs. Depending on what tier your medication is in, you may save money by using a preferred pharmacy. To see if preferred pharmacies are in your network, log in to your member account at MyHighmark.com or through the My Highmark mobile app, or call the number on the back of your Highmark member ID card.



Once you log in to your online My Highmark account, click **Benefits** at the top of the screen. From there, click **Prescription**, then **Find a Pharmacy** to search for in-network pharmacies in your area.

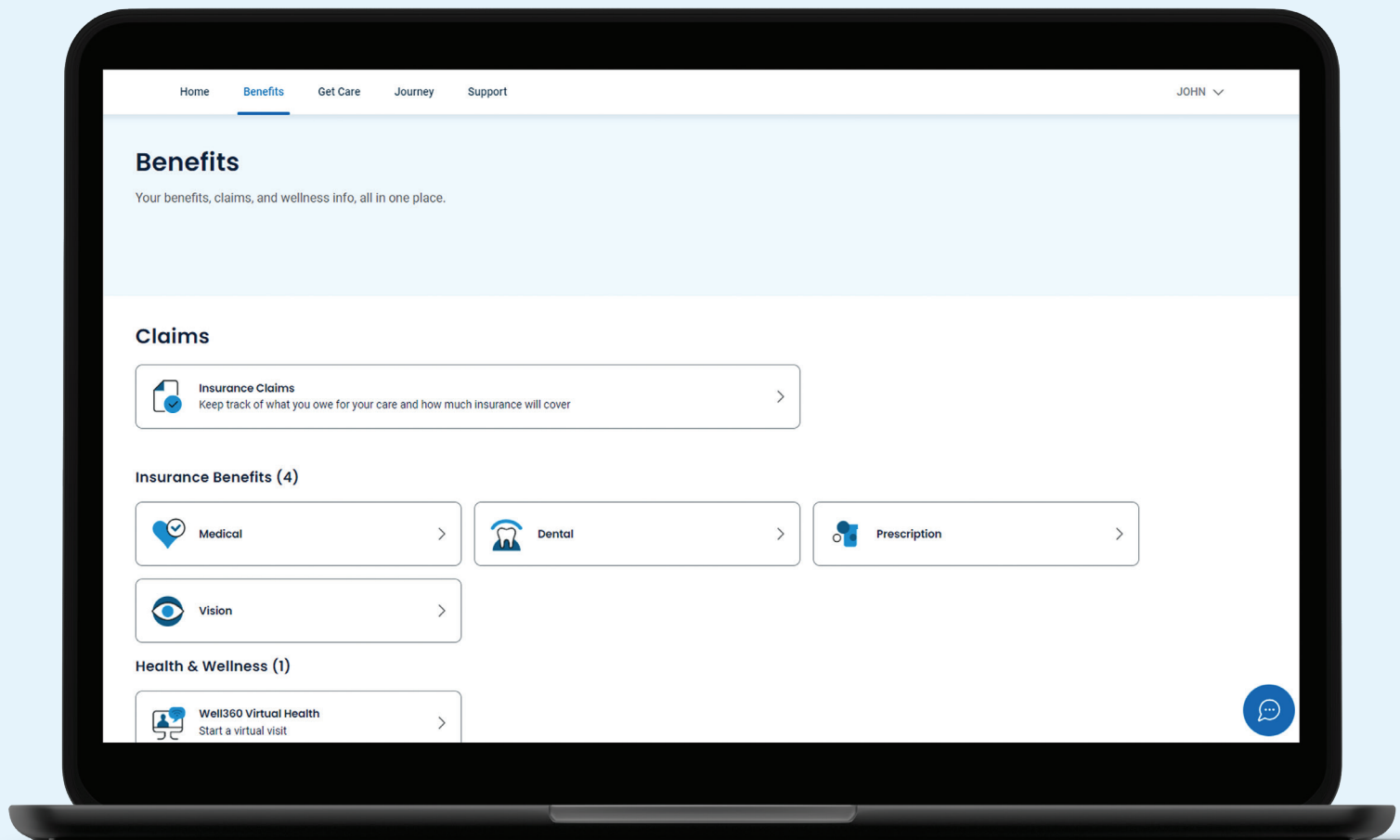
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## There are two types of pharmacies in your network:

We have relationships with many major pharmacies to help lower your drug costs. Depending on what tier your medication is in, you may save money by using a preferred pharmacy.

- **Preferred pharmacies:** These pharmacies offer the lowest out-of-pocket costs for your medications. You'll usually pay less for your copay or coinsurance at a preferred pharmacy.
- **Standard pharmacies:** These pharmacies are also in the network, but you'll typically pay more for your copay or coinsurance compared to preferred pharmacies.

To save money on your prescriptions, it's important to fill them at a preferred pharmacy.



As always, thank you for choosing Highmark. We're always here for you.

Give us a call at the number on the back of your member ID card if you have any questions.

<sup>1</sup>\$0 copay applies when using an in-network provider.

<sup>2</sup>Highmark provides rewards to members in connection with participation in activities on their Personalized Wellness Plan. The Personalized Wellness Plan and reward eligibility are designed based in part on Medicare coverage rules. Program rules and reward eligibility can change every year and are different for every individual. Details about this program and how to participate will be available in your Personalized Wellness Guide or by calling Highmark Member Services at the number on the back of your Highmark member ID card seven days a week from 8 a.m. – 8 p.m. EST (TTY users call 711). Confirmation of successful completion of eligible reward activities is identified through the Highmark claims and billing systems, unless otherwise identified by Highmark.

<sup>3</sup>Mental Well-Being is offered by your health plan and powered by Spring Health. Spring Health is an independent company that provides mental health care services through its agents. Spring Health does not provide Blue Cross and/or Blue Shield products or services. Spring Health is solely responsible for their mental health care services.

Well360 Virtual Health is offered by your health plan and powered by Amwell. Amwell is an independent company that provides telemedicine services and does not provide Blue Cross and/or Blue Shield products or services. Amwell is solely responsible for their telemedicine services.

FitOn Inc. is a separate company that administers fitness benefits.

Blues On Call is a service mark of the Blue Cross Blue Shield Association.

Other providers are available in our network.

Highmark Blue Cross Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal.

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

Western and Northeastern Pennsylvania: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, or Highmark Senior Health Company.

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

West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company.

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

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

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Tenemos servicios gratis de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan médico o de medicamentos. Para obtener un intérprete, simplemente llámenos al número que figura en la parte de atrás de su tarjeta de ID (TTY: 711). Alguien que hable español puede ayudarlo. Este servicio es gratis.

我们免费提供口译服务，为您解答有关我们健康计划或药物计划的任何疑问。如需口译服务，只需拨打您 ID 卡背面的电话号码（TTY：711）与我们联系即可。说中文的工作人员可为您提供帮助。此项服务免费。



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