

# Network Sharing

for Freedom Blue PPO and Community  
Blue Medicare PPO Members

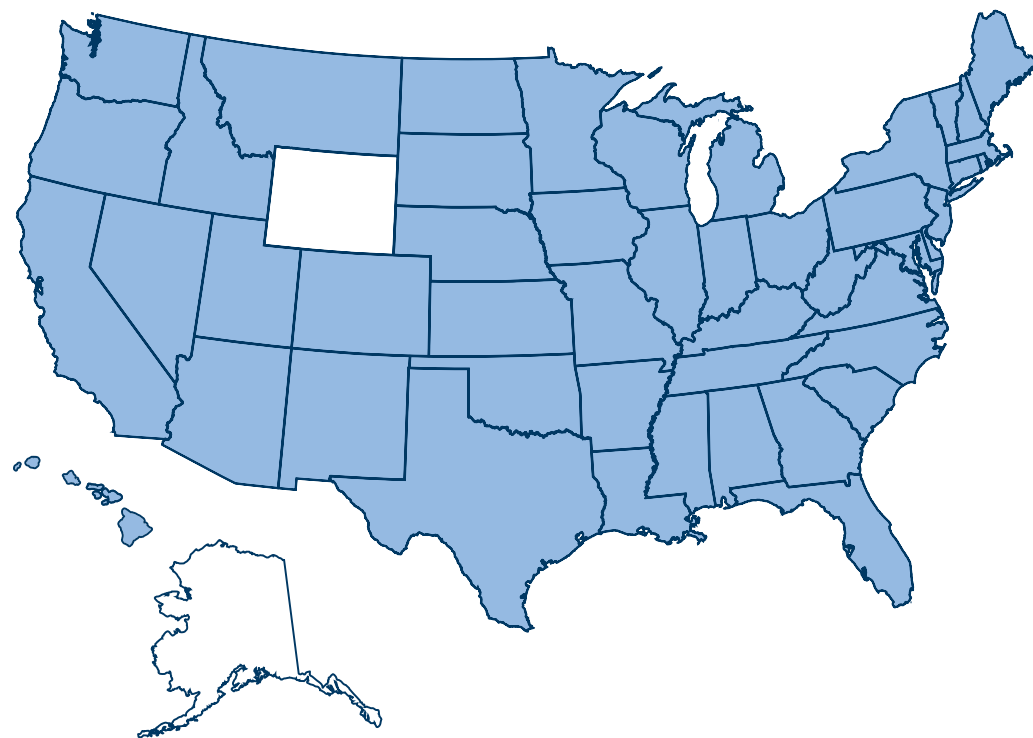


# Nationwide partnerships for feels-like-home coverage.

With Network Sharing, you have access to the coverage you love, wherever you roam, nationwide. When you need care, find an in-network doctor or location that's willing to "share your care" – or any Medicare-eligible doctor or location – and you're all set.

## Medicare Advantage PPO Network Access

- Participating network available
- No participating network available



Currently there are 48 states, plus Washington, D.C., and Puerto Rico, participating in the network sharing program.

In some states, the Medicare Advantage PPO network sharing program is only available in a portion of the state. This list may change during the play year. To get the most up-to-date listing, please contact call Member Service at the number on the back of your ID Card.

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

1. Visit [provider.bcbs.com](https://provider.bcbs.com).
2. Choose a location and plan.
  - 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 Pennsylvania, Highmark Blue Shield.
3. Choose the doctor, specialty, or facility you're looking for and click the search icon.
4. From there, click on the search results and, within Insurance Details, make sure Medicare Advantage PPO is listed. If it is, that means you found a participating network provider and you're good to go! If not, check out the next page for more details.

---

## Not into searching?

That's OK, too. Give Member Service a call and they'll gladly assist you. You can find their number on your member ID card.

---

# Search complete? Decision made?

Your search results AND your choice in provider or location will determine your coverage and, ultimately, your payment.



## Here's what's next.

### If you found a local participating network...

Great. You'll have full coverage after your usual copayment or coinsurance.

### If there were no participating networks near you...

Not to worry, you still have options. Go to any Medicare-eligible doctor or location and you'll have full coverage after your in-network copayment or coinsurance.

Please confirm that the provider is Medicare-eligible before receiving care. Highmark will not cover services if the provider has opted out of the Medicare program.

### If there was a participating network near you, but you've chosen a non-participating option...

In that case, you'll be covered at your lower, out-of-network level once you pay your annual deductible.

### If you had no time to search because it was an emergency...

No problem. Emergency and urgent care are always the exceptions to the rule. You'll be covered at the higher, in-network level, regardless of where you receive care.

---

## When you hit the road, you can count on the suitcase.

The Medicare Advantage suitcase symbol on your card grants you coverage away from home. Simply present the card, and we'll take it from there.

---



# Understanding costs is key.

## That's why we've outlined a few examples.

**EXAMPLE 1:** You're in a Network Sharing county and need care. You've searched for a participating provider nearby and — great news — you've found one.

The participating provider charges:	\$150
The negotiated plan rate covers:	\$130
Freedom Blue PPO or Community Blue Medicare PPO pays remaining amount up to negotiated local Blue Cross and/or Blue Shield Plan contracted rate	\$130

**In this example,** the plan will cover 100% of the costs, minus any standard copays, coinsurance, or deductibles.

**EXAMPLE 2:** You're in a Network Sharing county and need care, but after searching, there were no participating providers nearby.

The in-network charges:	\$150
The negotiated plan rate covers:	\$130
Freedom Blue PPO or Community Blue Medicare PPO pays remaining amount up to negotiated local Blue Cross and/or Blue Shield Plan contracted rate	\$130

**In this example,** as long as you visit a doctor who accepts Medicare, your care will be covered at the in-network rate. That means the plan will cover 100% of the costs, minus any standard copays, coinsurance, or deductibles.

**EXAMPLE 2A:** You're in a Network Sharing county and need care. While there was a participating provider available, you chose to receive care from a non-participating provider.

The in-network charges:	\$150
The negotiated plan rate covers:	\$130
Freedom Blue PPO or Community Blue Medicare PPO pays remaining amount up to negotiated local Blue Cross and/or Blue Shield Plan contracted rate	\$130

**In this example,** you'll pay any out-of-network copays, coinsurance, or deductibles — up to your out-of-network, out-of-pocket maximum.

**EXAMPLE 2B:** You're in a Network Sharing county and need care, but you receive it from a provider who does not accept Medicare.

Out-of-network provider's charge for eligible service:	\$150
Medicare-approved amount for this service:	\$130
Medicare limiting amount	\$142.03

**In this example,** this is a limiting charge because the provider doesn't accept Medicare. You'll pay any out-of-network copays, coinsurance, or deductibles — up to your out-of-network, out-of-pocket maximum.

**DON'T FORGET:** Details and costs may vary depending on your specific plan.

An out-of-network provider may not accept a Medicare-approved charge in full. If that's the case, the provider can receive a limiting charge. You may be billed for the difference between what the plan pays and the limiting charge.

For covered services that require you to pay coinsurance, the amount will be based on either:

- The Medicare allowable amount for the covered services.
- The negotiated provider rate, which may be different than the Medicare allowable amount.

## Whether you’re snowbirding to Florida or headed out west, our lawyers want you to have the following handy.

\*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

Your health benefits or health benefit administration may be provided by or through Highmark Senior Health Company. Highmark Blue Shield provides post-sale administrative communications for these companies.

Highmark Blue Shield and Highmark Senior Health Company all of which are independent licensees of the Blue Cross and Blue Shield Association.

Highmark Senior Health Company is a PPO plan with a Medicare contract. Enrollment in Highmark Senior Health Company depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Freedom Blue PPO members and/or Community Blue Medicare PPO members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

### Discrimination is Against the Law

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. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY:711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

Geb Acht: Wann du Deutsch schwetzschst, kanschst du en Dolmetscher griege, un iss die Hilf Koschdefrei. Kanschst du die Nummer an deinre ID Kard dahinner uffrufe (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d’identità (TTY: 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si vous parlez français, les services d’assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d’identité (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

ଧ୍ୟାନ ଆପଣା: જો તમે ગુજરાતી ભાષા બોલતા હો, તો ભાષા સહાયતા સેવાઓ, મફતમાં તમને ઉપલબ્ધ છે. તમારા ઓળખપત્રની પાછળની ભાગે આવેલા નંબર પર ફોન કરો (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATANSYON: Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ប្រការចងចាំ ៖ បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្ម ជំនួយផ្នែកភាសាដែលអាចផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ ។ សូម ទូរសព្ទទៅលេខដែលមាននៅលើខ្នងកាតសម្គាល់របស់លោកអ្នក ( TTY: 711 ) ។

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください（TTY：711）。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود تماس بگیرید. (TTY: 711 )

DÍÍ BAA’ÁKONÍNÍZIN: Diné bizaad bee yánilti’go, saad bee áka’anida’awo’ígíí, t’áá jíík’eh, bee ná’ahóót’i’. T’áá shoqdí ninaaltsoos nit’ízi bee nééhozinígíí bine’déé’ t’áá jíík’ehgo béesh bee hane’í biká’ígíí bee hodíilnih. (TTY: 711)



