

# Health Options Program



Enrollment Guide for  
Medicare-Eligible  
Members

2026



# Health Coverage for Eligible PSERS Retirees



Are you working past 65?

Yes

No

You can choose a Supplement plan

## Medicare Supplement plans

OR

### HOP Medical Plan

- \$50 annual deductible
- Coverage anywhere in the U.S. and abroad, while traveling
- SilverSneakers® fitness at no additional cost
- Additional coverage if you exceed maximum Medicare benefits



### Value Medical Plan

- Lower monthly premium
- Must pay the Medicare Part B annual deductible (\$257 in 2025)
- Coverage abroad while traveling, limited to services covered by Medicare
- No SilverSneakers
- No additional coverage if Medicare benefits are exhausted

Want more coverage?

MetLife dental and EyeMed vision coverage (must enroll in medical)

AND/OR

Rx coverage (with or without medical)

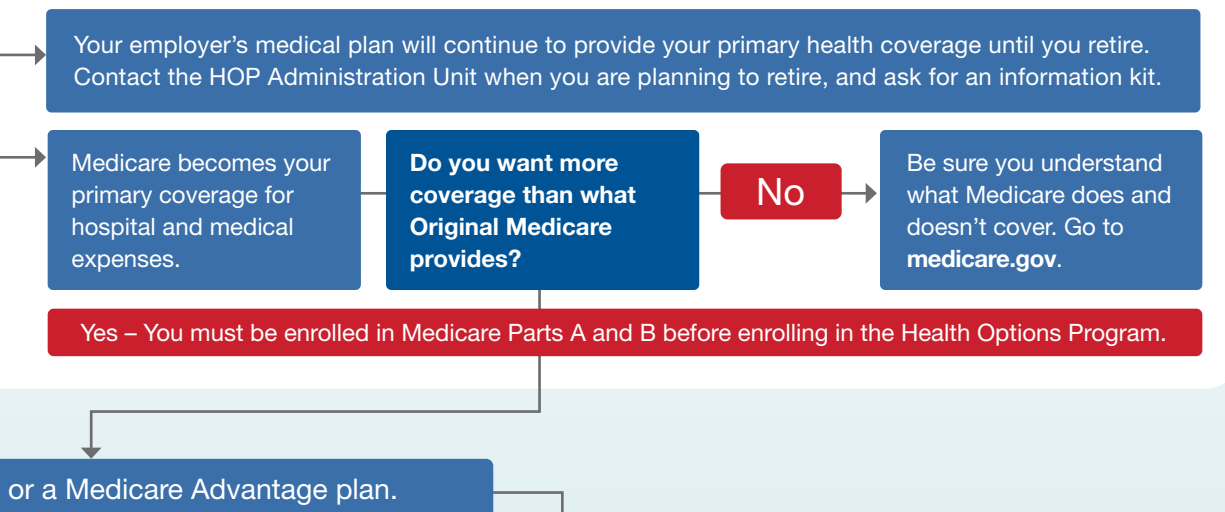
### Medicare Plus Rx Option

- Must pay the \$200 annual deductible
- Pay less for certain medications
- Covers the most medications
- Uses the Custom Formulary with a Bonus Drug List

### Medicare Standard Rx Option

- Must pay the Medicare Part D annual deductible (\$615 in 2026)
- Lower monthly premium
- Financial protection for unexpected high-cost prescription drug expenses
- Uses the Gold5 Formulary





## Medicare Advantage plans



Aetna Medicare P01 PPO  
(PA, DE, FL, MD, NJ, NY)

Capital Blue Cross PPO  
(PA, out of state)

Highmark Freedom Blue PPO  
(PA, out of state)

Independence Blue Cross Personal Choice 65 PPO  
(southeast PA)

UPMC PSERS HOP Custom PPO (PA)

Medicare Advantage plans include medical and Rx coverage; some include dental and vision.

**Note:** Not all plans are available in all counties.

## Do you need to cover your spouse under the Health Options Program?\*

- If your spouse is not a PSERS retiree and is Medicare-eligible, he or she must enroll in the same plan that you do.
  - If your spouse is not a PSERS retiree and is not Medicare-eligible, he or she must enroll in the same type of plan that you do (e.g., HOP Pre-65 Medical Plan if you enroll in the HOP Medical Plan or Value Medical Plan, or a pre-65 Medicare Advantage plan offered by the same insurance company if you choose a Medicare Advantage plan).
- Note:** If you plan to enroll your spouse, elect plan options that are good for both of you. Your next opportunity to change options will be during the Option Selection Period in October.
- If your spouse is also a PSERS retiree, he or she can enroll in any option.

\*Restrictions may apply.

## Premium Assistance—only available with the Health Options Program

Eligible members who enroll in medical coverage receive up to \$100 a month to help pay for premiums. Over the course of their lifetimes, on average, members could save \$24,000 or more.

The Public School Employees' Retirement System (PSERS) sponsors the Health Options Program for the sole benefit of PSERS retirees and survivor annuitants and the spouse, surviving spouse, and dependents of retirees and survivor annuitants. PSERS is an agency of the Commonwealth of Pennsylvania with primary responsibility to administer the retirement system for all public school employees in the Commonwealth.

The Health Options Program is a voluntary health benefits program funded by participant contributions. Each retiree and survivor annuitant and the spouse and dependent of the retiree or survivor annuitant must decide whether or not to participate. Private health care organizations, third-party administrators, and insurance carriers provide the health care coverage and services available through the Health Options Program. Neither PSERS nor the Commonwealth of Pennsylvania is an insurer.

In no event shall PSERS or the Commonwealth of Pennsylvania be responsible for any act or omission of any insurance company, third-party administrator, health care organization, or provider that has a role in this Program. If there is a discrepancy between the information presented in this document and the actual Program provisions, the legal Plan documents will govern.

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## LOOK FOR OUR LOGO



If you don't see our name, the coverage is not provided by PSERS. Most likely, you are also receiving information from AARP, your local Blue Cross Blue Shield office, and other organizations offering health coverage and Medicare prescription drug (Part D) coverage. These plans are not sponsored by PSERS, which means they do not provide the benefits and advantages described in this booklet.

# Welcome to the Health Options Program

The Health Options Program provides comprehensive medical, prescription drug, and dental and vision coverage at competitive rates.

**This booklet describes the program for Medicare-eligible participants.** For information about health insurance for non-Medicare-eligible participants enrolled in the Health Options Program, call the HOP Administration Unit at 1-800-773-7725.

Most members of the Health Options Program enroll when they turn 65 and become eligible for Medicare. At 65, unless you're still working, Medicare becomes your primary coverage for hospital and medical expenses. See page 3 for things that should be considered when enrolling for Medicare.

Many people feel that the basic level of Medicare (called Original Medicare) provided by the government is not sufficient to meet their needs. They have two options for improving their coverage:

- **Medicare Supplement plan** (sometimes called a Medigap policy) that pays all or part of the deductibles and/or coinsurance you would have to pay if you had only Original Medicare
- **Medicare Advantage plan** (also known as a Medicare Part C plan) that replaces Original Medicare entirely

Both of these options are available under the Health Options Program, and, for each, most people have a choice of plans. If you choose a Medicare Supplement plan, you can add a voluntary dental and vision plan (see page 13) and/or prescription drug coverage (see page 11). Each of these options requires an additional premium. Prescription drug coverage is also available on a stand-alone basis.

If you choose a Medicare Advantage plan, prescription drug coverage is included; dental and vision benefits are also included with some Medicare Advantage plans.

## Advantages of the Health Options Program

- If you are eligible for Premium Assistance and enroll in a Medicare Supplement or Medicare Advantage plan, you can receive up to **\$100 per month** to help you pay for your medical insurance.
- The Program offers **a choice of coverage**. You have a choice of two Medicare Supplement plans, two prescription drug plans, and dental and vision coverage. Depending on where you live, several Medicare Advantage plans may also be available.
- In most cases, your monthly premiums will be **deducted automatically** from your retirement benefit payment (as long as your pension exceeds the premium).
- You can **change your option** each year starting in October during the Option Selection Period. You can also enroll, add dependents, or change your option if you or a dependent experiences a Qualifying Event.
- You have access to **health care information** to help you make informed health care decisions and lead a healthier lifestyle. You will receive newsletters and booklets to help you make the most of your participation. Customer service representatives at the HOP Administration Unit are specially trained and dedicated to helping participants. You can reach one by calling 1-800-773-7725 (TTY users, 1-800-498-5428) weekdays from 8:00 a.m. to 8:00 p.m. ET. A website, **HOPbenefits.com**, is accessible 24 hours a day, seven days a week.



# Important Decisions When You Become Eligible for Medicare

- **You may opt out of Medicare Part B.** At age 65 or your initial eligibility for Medicare, you will be enrolled automatically in Medicare Part A and Part B—provided you begin receiving Social Security benefits at that time. You pay nothing for Part A, but Part B requires premium payments that are deducted from your Social Security benefits. If you choose to opt out of Part B when you are first eligible and want to enroll at a later date, you may have to wait for a Medicare enrollment period, and you may pay a higher premium. Keep in mind that, to participate in the Health Options Program, you must be enrolled in both Part A and Part B.
- **You may enroll in Medicare Part D,** which covers prescription drugs and requires an additional premium payment. The Health Options Program offers a choice of Part D plans—the Medicare Plus Rx Option, the Medicare Standard Rx Option, and the Part D plans that are part of the Medicare Advantage plans. If you do not enroll in a Part D plan when you first become eligible for Medicare, and you are not participating in a plan deemed to offer creditable coverage, you will pay a higher Part D premium if you decide to enroll at a later date.
- **If available, you may have an opportunity to enroll in a Medicare Supplement or Medicare Advantage plan offered by your school district or employer.** If you enroll, you will be eligible for Premium Assistance through PSERS. However, you will not be able to transfer from that plan to the Health Options Program without a Qualifying Event (unless the Health Options Program conducts an open enrollment). An increase in the cost of your school employer's plan does not count as a Qualifying Event.



The Health Options Program, sponsored by the Pennsylvania Public School Employees' Retirement System (PSERS), operates for the exclusive benefit of our retirees and their families.

# Eligibility and Enrollment

To be eligible for either a Medicare Supplement or Medicare Advantage plan, you must be enrolled in Medicare Parts A and B and pay the Part B premium.

## Comparable Coverage

If your spouse is not currently enrolled, consider when they might retire. Retirees and dependents must be enrolled in the same plan, which is determined by who enrolls first. If your spouse will become eligible within the next year but after you make your decision this Option Selection Period, you may want to consider what options will work for both of you. Otherwise, you won't have the opportunity to change coverage (for both of you) until next fall's Option Selection Period. For example, if you elect the HOP Medical Plan, when your spouse retires, he or she must also elect the HOP Medical Plan (if Medicare-eligible) or the HOP Pre-65 Medical Plan (if not eligible for Medicare). However, if you and your spouse are both PSERS annuitants, you may elect different options.

## Qualifying Events

You can enroll in the Health Options Program and/or change your benefit if you experience a Qualifying Event. However, don't wait too long. Certain time limits apply. Contact the HOP Administration Unit at 1-800-773-7725 for details.

You experience a Qualifying Event when:

- You retire or lose health care coverage under your school employer's health plan. Coverage under your school employer's health plan includes any COBRA continuation coverage you may elect under that school employer's plan;
- You involuntarily lose health care coverage under a non-school-employer's health plan, including any COBRA continuation coverage you may elect under that non-school-employer's health plan;
- You or your spouse reaches age 65 or becomes eligible for Medicare;
- There is a change in your family status, including divorce, the death of a spouse, addition of a dependent through birth, adoption, or marriage, or a dependent loses eligibility (the death of a retiree is not a Qualifying Event, unless the spouse or dependent will receive a pension from PSERS following the retiree's death);
- You become eligible for Premium Assistance due to a change in legislation; or
- Your current plan terminates, or you move out of your current plan's service area.

Qualifying Events apply to you and may apply to your spouse and your dependents.

## Eligible Dependents

Dependents who are eligible to enroll in the Health Options Program include:

- Your spouse;
- Your unmarried children under age 19, including natural children, stepchildren, legally adopted children, and children legally placed for adoption;
- Your unmarried children aged 19 to 23 who are enrolled as full-time students in an accredited college or university or in a technical or specialized school and who are not regularly employed by one or more employers on a full-time basis; and
- Your unmarried children disabled by a mental and/or physical disability before age 17 who are:
  - Incapable of self-sustaining employment, and
  - Dependent on you for support, and
  - Live with you.



# Premium Assistance—A Special Incentive

Participating in the Health Options Program may entitle you to a special financial incentive that is not available with a commercial program such as AARP or Blue Cross Blue Shield. PSERS provides Premium Assistance to help eligible retirees pay for medical coverage through the Health Options Program or a Commonwealth public school employer plan or district health plan.

If you are eligible for Premium Assistance and enroll in either a Medicare Supplement plan or a Medicare Advantage plan through the Health Options Program, PSERS will pay up to \$100 per month toward your monthly premium. Over the course of your lifetime, on average, you could save up to \$24,000 as a participant in the Health Options Program. The amount of the Premium Assistance benefit is determined by the Pennsylvania legislature and is subject to change.

You are eligible for Premium Assistance if you are a retiree who meets one of the following retirement requirements:

For Classes T-C, T-D, T-E, T-F, T-G, and T-H:

- All classes with at least 24½ eligibility points regardless of age, or
- Classes T-C and T-D: You terminate school employment at or after reaching age 62 with at least 15 eligibility points, or
- Classes T-E and T-F: You terminate school employment at or after reaching age 65 with at least 15 eligibility points, or
- Classes T-G and T-H: You terminate school employment at or after reaching age 67 with at least 15 eligibility points, or
- You are receiving a disability retirement benefit from PSERS.

For Class DC:

- You have at least 24½ eligibility points, terminate school employment, are Medicare eligible, and receive all or part of your distribution, or

- You have at least 15 eligibility points, terminate school employment on or after reaching age 67, and receive all or part of your distribution.

If you meet the eligibility requirements, you can receive Premium Assistance only if you have an out-of-pocket premium from a medical plan offered through the Health Options Program or continue to participate in your former school employer's approved plan. Premium Assistance is not payable:

- For separate dental, vision, or prescription drug plans, including stand-alone prescription drug options offered through the Health Options Program,
- For out-of-pocket premiums for a retiree's spouse or dependents, or
- If your school employer provides coverage to you at no cost or with nontaxable contributions.

Premium Assistance is nontaxable income. If you are receiving Premium Assistance for coverage in your school employer plan and that coverage terminates, **you must enroll in the Health Options Program to maintain your Premium Assistance.**



# How To Enroll

**It's easy to enroll. Just follow these steps.**

<b>Step 1:</b>	<p><b>Review available options and costs.</b></p> <p>Be sure to read all the information you receive from the Health Options Program that describes your options. You can also go online to <b>HOPbenefits.com</b>, or call the HOP Administration Unit at 1-800-773-7725 for more information. Choose the option that is best for you.</p>
<b>Step 2:</b>	<p><b>Make sure you have the correct enrollment form.</b></p> <p>The <i>PSERS Health Options Program Application</i> is to be used only to enroll in one or more of the following:</p> <ul style="list-style-type: none"> <li>• HOP Medical Plan</li> <li>• Value Medical Plan</li> <li>• Medicare Plus Rx Option</li> <li>• Medicare Standard Rx Option</li> <li>• MetLife Dental and EyeMed Vision Option</li> </ul> <p>If you want an enrollment form or information for a Medicare Advantage plan offered through the Health Options Program, call the HOP Administration Unit at 1-800-773-7725. To enroll in a Medicare Advantage plan, you must request and submit the correct enrollment form.</p>
<b>Step 3:</b>	<p><b>Complete the enrollment application.</b></p> <p>Complete and sign the enrollment application for the plan you want to enroll in within the three months prior to the desired effective date. Do not sign or submit your application more than three months prior to that date.</p>
<b>Step 4:</b>	<p><b>Return your completed application to the HOP Administration Unit, even if you are electing a Medicare Advantage plan.</b></p> <p>All enrollment forms must be returned to the HOP Administration Unit, P.O. Box 1764, Lancaster, PA 17608-1764. This ensures that you are enrolled in the right plan and that you receive Premium Assistance, if you are eligible. Do not send any completed application forms directly to a Medicare Advantage plan.</p>

## Medicare Supplement Plans

- HOP Medical Plan
  - Value Medical Plan
- 

## Medicare Prescription Drug Coverage

- Medicare Plus Rx
  - Medicare Standard Rx
- 

## Dental and Vision Coverage



# Medicare Supplement Plans

You and your spouse, if he or she is Medicare-eligible, can enroll in a Medicare Supplement plan and keep Original Medicare benefits.

The Health Options Program offers two Medicare Supplement plans—the **HOP Medical Plan** and the **Value Medical Plan**. Your monthly premium for the Value Medical Plan is lower than for the HOP Medical Plan, but your out-of-pocket payments are higher when you have medical expenses. You cannot enroll in either the HOP Medical Plan or the Value Medical Plan if you enroll in a Medicare Advantage plan.

## HOP Medical Plan

When you have Original Medicare and enroll in the HOP Medical Plan, you have **a \$50 deductible on Medicare Part B services**. After you meet the deductible, the combined coverage pays 100% of covered hospital and medical expenses except for a few copays—\$10 for a primary care physician visit, \$40 for an emergency room visit, \$25 for an MRI or a CT scan, and 10% (up to \$100 per item) for durable medical equipment. The HOP Medical Plan also provides additional coverage if you exceed your maximum Medicare benefits or if you need services when you are traveling abroad.

In addition, if you enroll in the HOP Medical Plan, you have **SilverSneakers®** fitness programs at no additional cost. SilverSneakers includes group fitness classes, social events, swimming pools, and a network of 13,000+ fitness locations, all included with your basic fitness membership. To find a location near you, go online to **[silversneakers.com](https://silversneakers.com)**.



If you enroll in the HOP Medical Plan within the three months before or after the month in which you turn 65, you will pay a discounted premium. If you remain enrolled in the HOP Medical Plan, you'll receive a discount on your premium each year until the year in which you turn 70. If you retire after age 65 and enroll in the HOP Medical Plan, you may qualify for a smaller discount.

## The Plan at a Glance

HOW MUCH YOU WILL PAY IN 2026	HOP MEDICAL PLAN
<b>MEDICAL PLAN</b>	
Annual Deductible	\$50
Annual Out-of-Pocket Maximum	Only applies to Major Medical benefits (see below)
Hospitalization	\$0
Doctor Visits	\$10 PCP; \$20 specialist
Preventive Care	\$0 (Medicare-covered services)
Emergency Room	\$40 (waived if admitted)
Urgent Care Facility	\$15
Outpatient Surgery	\$0
Diagnostic Testing	\$0 (X-ray and laboratory); \$25 (imaging, e.g., MRI and CT scans)
Outpatient Therapy	\$0
Durable Medical Equipment	10% up to \$100/item
Outpatient Mental Health	\$10/visit (office visit) or \$0 (other services)
Inpatient Mental Health	\$0
Physical Exams	Not covered (unless approved by Medicare)
Ob/Gyn Exams	\$10/exam
Mammograms	\$0
Skilled Nursing Facility	\$0/day for 1 to 100 days (Major Medical benefits for days 101+)
Hearing Aids	Not covered
Dental Care	Not covered
Vision Exam/Hearing Exams	Not covered
Prescription Lenses	Not covered
Major Medical (after Medicare benefits are exhausted)	
All covered expenses	\$250 deductible, then 20%
Annual Out-of-Pocket Maximum	\$1,000
Lifetime maximum paid by the Plan for Major Medical benefits	\$1,000,000

See the *HOP Medical Plan Summary Plan Description* for a complete list of covered services, exclusions and limitations, as applicable.



## Value Medical Plan

The Value Medical Plan is for retirees who want a low monthly premium and are willing to pay more out of pocket when obtaining services. It is designed to provide financial protection in the event of unexpected high-cost hospital and medical expenses. If you are admitted to the hospital, the Plan pays 100% of Medicare’s hospital deductible and daily copays—but **you must pay the first \$300**. When you have medical expenses, the Plan limits your share of the cost—but only after **you pay the annual deductible (\$257 in 2025)**. The annual

deductible for the PSERS **Value Medical Plan** is indexed to the Medicare Part B deductible. This means that each October, as the federal government adjusts the standard deductible for Medicare Part B, the PSERS **Value Medical Plan** adjusts its deductible accordingly.

Unlike the HOP Medical Plan, the Value Medical Plan does not provide any additional coverage if you exhaust your Medicare benefits nor does it include a SilverSneakers membership. The Value Medical Plan coverage for services provided abroad is limited to those covered by Medicare.

## The Plan at a Glance

HOW MUCH YOU WILL PAY IN 2026	VALUE MEDICAL PLAN
<b>MEDICAL PLAN</b>	
Annual Deductible	\$257 (in 2025)
Annual Out-of-Pocket Maximum	\$5,000
Hospitalization	\$300/admission
Doctor Visits	20% to a maximum of \$20/visit
Preventive Care	\$0 (Medicare-covered services)
Emergency Room	\$50 (waived if admitted)
Urgent Care Facility	20% to a maximum of \$20/visit
Outpatient Surgery	20% to a maximum of \$100/procedure
Diagnostic Testing	20% (to a maximum of \$100/procedure for MRIs and CT scans)
Outpatient Therapy	20%
Durable Medical Equipment	20%
Outpatient Mental Health	20% to a maximum of \$20/visit
Inpatient Mental Health	\$300/admission
Physical Exams	Not covered (unless approved by Medicare)
Ob/Gyn Exams	20% to a maximum of \$20/visit
Mammograms	\$0
Skilled Nursing Facility	\$0/day for 1-20 days; \$50/day for 21 – 100 days; not covered days 101+
Hearing Aids	Not covered
Dental Care	Not covered
Vision Exam/Hearing Exams	Not covered
Prescription Lenses	Not covered
Major Medical (after Medicare benefits are exhausted)	Not covered

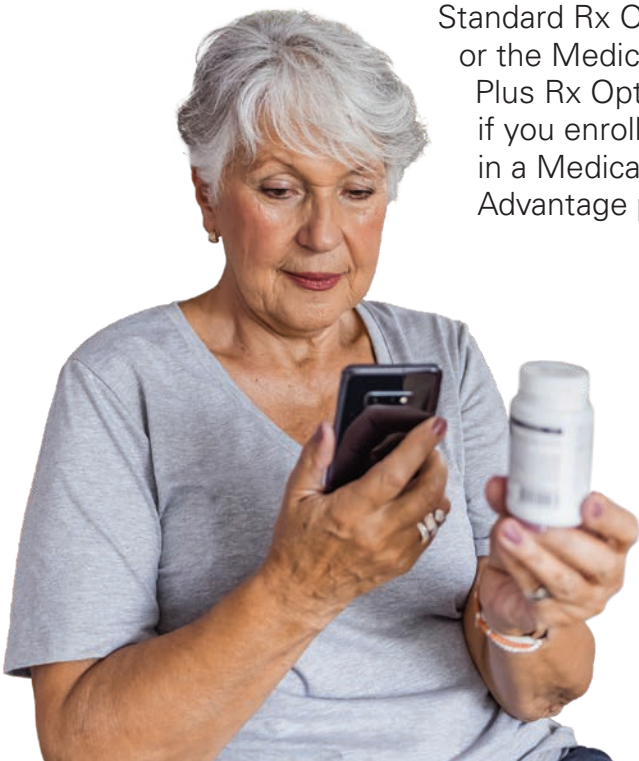
See the *Value Medical Plan Summary Plan Description* for a complete list of covered services, exclusions and limitations, as applicable.

# Medicare Prescription Drug Plan Options

You and your spouse, if he or she is Medicare-eligible, can enroll in a qualified Medicare Part D prescription drug plan—with or without a Medicare Supplement. However, if you choose a prescription drug plan on a stand-alone basis (without a Medicare Supplement), **you will not be eligible for Premium Assistance.**

The Health Options Program offers two Medicare prescription drug plans—the **Medicare Plus Rx Option and the Medicare Standard Rx Option.** Your monthly premium for the Medicare Standard Rx Option is lower than for the Medicare Plus Rx Option, but you have to satisfy the annual deductible before the Medicare Standard Rx Option pays any portion of your prescription drug expenses.

The Medicare prescription drug plans are administered for the Health Options Program by Optum Rx (1-888-239-1301). You cannot enroll in the Medicare Standard Rx Option or the Medicare Plus Rx Option if you enroll in a Medicare Advantage plan.



## Medicare Plus Rx Option

With the Medicare Plus Rx Option, you have **a \$200 deductible for preferred brand-name drugs, non-preferred drugs, or specialty drugs** (Tiers 3, 4, and 5 drugs). There is no deductible for Tier 1 and Tier 2 generic drugs. The Medicare Plus Rx Option also covers certain medications not covered at all under the Medicare Standard Rx Option or Medicare prescription drug programs offered by commercial carriers. The Medicare Plus Rx Option has a different formulary from the Medicare Standard Rx Option.

## Medicare Standard Rx Option

The Medicare Standard Rx Option is for retirees who are willing to pay the **annual \$615 (in 2026) prescription drug deductible for preferred brand-name drugs, non-preferred drugs, or specialty drugs** (Tiers 3, 4, and 5 drugs) for a lower monthly premium. There is no deductible for Tier 1 and Tier 2 generic drugs. It is designed to provide financial protection in the event of unexpected high-cost prescription drug expenses. The Medicare Standard Rx Option has a different formulary from the Medicare Plus Rx Option. The Medicare Standard Rx Option's formulary is called the Gold5 formulary.

The deductible for the PSERS **Medicare Standard Rx Option** is indexed to the Medicare Part D Standard deductible. This means that each September, as the federal government adjusts the standard deductible for Medicare Part D, the PSERS **Medicare Standard Rx Option** adjusts its deductible accordingly.

If you enroll in a prescription drug plan without medical coverage, you will not be eligible for Premium Assistance.

## The Plans at a Glance

Here's a side-by-side comparison of how much you will pay under each Medicare Rx Option for a prescription. For more details about what's covered and any benefit limitations, refer to the *Evidence of Coverage for the Medicare Plus Rx Option and the Medicare Standard Rx Option*.

	MEDICARE PLUS Rx OPTION		MEDICARE STANDARD Rx OPTION	
PRESCRIPTION DRUGS	Retail Pharmacy	Mail Order	Retail Pharmacy	Mail Order
Annual Deductible	\$200 (excludes Tier 1 and 2 generics)		\$615 (excludes Tier 1 and 2 generics)	
Initial Coverage up to an Out-of-Pocket Threshold of \$2,100*				
Preferred generic drugs (Tier 1) Not subject to the annual deductible	\$4 maximum for up to a 30-day supply; \$12 for a 31- to 90-day supply	\$12 for a 31- to 90-day supply	\$6 maximum for up to a 30-day supply; \$18 for a 31- to 90-day supply	\$18 for a 31- to 90-day supply
Non-preferred generic drugs (Tier 2) Not subject to the annual deductible	\$10 maximum for up to a 30-day supply; \$30 for a 31- to 90-day supply	\$30 for a 31- to 90-day supply	\$15 maximum for up to a 30-day supply; \$45 for a 31- to 90-day supply	\$45 for a 31- to 90-day supply
Preferred brand-name drugs (Tier 3)	20%	20%	25%	25%
Non-preferred drugs (Tier 4)	25%	25%	30%	30%
Specialty drugs (Tier 5; limited to a 30-day supply)	30%	30%	25%	25%
Catastrophic Coverage**				
Generic drugs***	\$0		\$0	
Brand-name drugs***	\$0		\$0	

\* Includes total costs for covered drugs paid by the participant

\*\* Under the Medicare Plus Rx Option, you may have cost sharing for drugs that are covered under our Bonus Drug List.

\*\*\* Including specialty drugs

**Benefit enhancements are provided under the Inflation Reduction Act. Call Optum Rx for more information.**

**Insulin:** You won't pay more than \$35 for a one-month supply of each insulin product covered by the Medicare Rx Options, no matter which cost-sharing tier it's on, even if you haven't paid your deductible.

**Vaccines:** The Medicare Rx Options cover most Part D vaccines at no cost to you, even if you haven't paid your annual deductible.

You can find a list of all covered medications in the *Comprehensive Prescription Drug Formulary for the Medicare Plus Rx Option* and the *Comprehensive Gold5 Prescription Drug Formulary*, available online at **HOPbenefits.com** or by request from the HOP Administration Unit.



# The MetLife Dental and EyeMed Vision Option

Under the MetLife Dental and EyeMed Vision Option, one election provides two types of coverage; you cannot enroll in vision and dental coverage separately.

The dental and vision coverage includes preventive care and offers discounts for certain services when you use an in-network provider. Review the sections that follow for more details on how the benefits work, how to find network providers, and any limitations or restrictions.

You must enroll in the HOP Medical Plan or the Value Medical Plan to be eligible for dental and vision coverage. It is not available on a stand-alone basis or if you enroll in a Medicare Advantage plan.

If you do not enroll in dental and vision coverage when first eligible or enroll but drop your coverage at a later date, you will not be able to re-enroll unless there is an open enrollment or you experience a Qualifying Event.

\* Savings from enrolling in the MetLife Preferred Dentist Program will depend on various factors, including how often you visit the dentist and the costs for services rendered.

## MetLife Dental Coverage

In addition to helping you maintain good oral health at a reasonable cost,\* dental coverage offers a number of other important advantages:

- You don't need to change dentists when you join. You can visit any dentist you want, but choosing one that's part of the MetLife network (an in-network dentist) saves you money.\*
- If you use an in-network dentist, there's no annual deductible, which means you start saving on dental care the first time you visit a dentist.
- You pay nothing for preventive care (exams and cleanings) from an in-network dentist and less than half the cost for all other services.
- Each year, you can receive up to \$1,400 in basic and major restorative services. Preventive services do not count toward the maximum annual benefit.
- If you use an in-network dentist after you receive the maximum annual benefit, you'll continue to pay discounted rates.



## Coverage at a Glance

Here's an overview of how much you pay for in-network and out-of-network dental care. For more information about the use of network dentists and any limitations under the plan, review the *MetLife Dental and EyeMed Vision Option flyer* posted to **HOPbenefits.com**.

	IN-NETWORK	OUT-OF-NETWORK*
<b>Preventive Services (do not count toward the annual benefit maximum)</b>		
Deductible	\$0	\$0
Oral exams; cleanings; full mouth or panoramic X-rays; bitewing X-rays; intraoral, periapical, and extraoral X-rays; fluoride treatments (for dependent child(ren) up to age 14)	0%	20% of MetLife's discounted rate plus 100% of the difference between the actual and discounted rates
<b>Basic and Major Restorative Services</b>		
Deductible	\$0	\$100
<b>Basic Services</b> (pulp vitality tests, diagnostic casts, bacteriological studies, sealants, space maintainers, palliative care, sedative fillings, fillings, periodontal maintenance, pulp capping, therapeutic pulpotomy, periodontics—non-surgical, simple extractions; surgical extractions or oral surgery)	30% of MetLife's discounted rate	50% of MetLife's discounted rate plus 100% of the difference between the actual and discounted rates
<b>Major Services</b> (recementations and repairs, rebases or relines, general anesthesia, consultations, inlays or onlays, crowns, crown build-ups, dentures, bridges, endodontics or root canal, periodontics—surgical, placement of implants)	40% of MetLife's discounted rate	50% of MetLife's discounted rate plus 100% of the difference between the actual and discounted rates

\* These out-of-network reimbursement levels do not apply in Texas, Mississippi, Louisiana, Montana, Massachusetts, or Alaska. If you live in one of these states, call the HOP Administration Unit (1-800-773-7725) for reimbursement levels.



## EyeMed Vision Coverage

Vision coverage includes preventive care and offers discounts for certain services when you use an in-network provider. Review the sections that follow for more details on how the benefits work, how to find network providers, and any limitations or restrictions.

The Vision Plan offers a number of important advantages:

- Eye examinations, frames, and prescription lenses or medically necessary contact lenses are covered once every other calendar year.
- You have the option to see a provider in the EyeMed Insight network or an out-of-network provider; however, you'll always pay less for in-network services.
- When you visit a PLUS Provider (e.g., LensCrafters or Target Optical), you are eligible for an additional \$50 frame allowance.
- Out-of-network care will be reimbursed up to the Plan limits (noted in the chart below) after you submit a claim for the full amount of the service.
- The HealthyEyes wellness program keeps the focus on your eye health with online tools, articles, and videos.

### Coverage at a Glance

Here's how much you would pay for in-network and out-of-network vision care.

COVERED SERVICES (ONCE EVERY OTHER CALENDAR YEAR)	YOUR COST IN-NETWORK	YOUR REIMBURSEMENT OUT-OF-NETWORK
Vision exam	\$0	Up to \$30
Frame	20% off balance over \$100 allowance	Up to \$50
Frame from a PLUS Provider	20% off balance over \$150 allowance	Up to \$50
Standard plastic lenses (in lieu of medically necessary contacts)		
Single-vision	\$0	Up to \$25
Bifocal	\$0	Up to \$36
Trifocal	\$0	Up to \$46
Lenticular	\$0	Up to \$46
Progressive – standard	\$55	Up to \$36
Medically necessary contact lenses (in lieu of lenses)	\$0	Up to \$210

## Medicare Advantage Plans Available Under the Health Options Program:

- Aetna Medicare P01 PPO
- Capital Blue Cross PPO
- Highmark Freedom Blue PPO
- Independence Blue Cross  
Personal Choice 65 PPO
- UMPC PSERS HOP  
Custom PPO



# Medicare Advantage Plans

You can choose a Medicare Advantage plan (also known as a Medicare Part C plan) instead of Original Medicare and the HOP Medical Plan or the Value Medical Plan. A Medicare Advantage plan combines medical and prescription drug benefits (also known as a Medicare Part D plan) in a single program. You cannot enroll for medical coverage without prescription drug coverage and vice versa. Therefore, if you choose this option, you cannot enroll in any other Medicare prescription drug plan.

Medicare Advantage plans available through the Health Options Program are offered by Aetna, Capital Blue Cross, Highmark, Independence Blue Cross, and UPMC.

These insurance companies have contracted with the federal government to provide Medicare benefits. Each insurance company sets its own benefits and member rates. In addition, since each Medicare Advantage

plan serves only certain areas, the plans available to you depend on where you live. If you enroll in a Medicare Advantage plan, you must use its network of providers to receive maximum benefits.

The following pages provide an overview of each Medicare Advantage plan, which plans are available where you live, and how much they cost.



Each insurance company sets its own benefits and premiums for the Medicare Advantage plans it offers through the Health Options Program. These benefits and premiums are likely to be different from those that are offered by the same insurance company outside of the Health Options Program.

HOW MUCH YOU WILL PAY IN 2026	AETNA MEDICARE P01 PPO*	
MEDICAL PLAN	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$4,200	\$6,200
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; \$25 pulmonary rehab	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%
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 an Out-of-Pocket Threshold of \$2,100**		
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)
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 total costs for covered drugs paid by the participant.

\*\*\* Includes some high-cost generics.

HOW MUCH YOU WILL PAY IN 2026	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	\$20	\$20
Outpatient Surgery	\$0	30%
Diagnostic Testing	\$0 lab services; \$0 - \$25 high-tech imaging; 15% therapeutic radiology; all other \$0	30%
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; \$30 days 21-100	20% days 1-100
Hearing Aids (once every 12 months)	\$499/\$699/\$999 copay per aid, per year; must use a TruHearing provider and hearing aids	
Dental Care	\$0 office visit, cleaning and up to 8 bitewing X-rays covered twice per year; \$1,500 max per calendar year (in- and out-of-network combined)	60% office visit, cleaning and up to 8 bitewing 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: \$0 for routine vision exam Hearing: \$0 for routine hearing exam with a TruHearing provider	Vision: 50% for routine vision exam Hearing: \$0 for routine hearing exam with a TruHearing provider
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 (100-day supply)
Annual Deductible	\$0	\$0
Initial Coverage Up to an Out-of-Pocket Threshold of \$2,100*		
Preferred generic drugs (Tier 1)	\$0	\$0
Non-preferred generic drugs (Tier 2)	\$4	\$12
Preferred brand-name drugs (Tier 3)	\$30	\$90
Non-preferred brand-name drugs (Tier 4)	\$55	\$165
Specialty drugs (Tier 5)	33% (30-day supply)	Not covered
Catastrophic Coverage		
Generic drugs		\$0
Brand-name drugs		\$0

\* Includes total costs for covered drugs paid by the participant.



How Much You Will Pay in 2026	Highmark Freedom Blue PPO	
Medical Plan	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$3,400 (combined)	
Hospitalization	\$0	\$0
Doctor Visits	\$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
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*	Mail Order*
Annual Deductible	\$0	\$0
Initial Coverage Up to an Out-of-Pocket Threshold of \$2,100**		
Preferred generic drugs (Tier 1)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50 preferred pharmacy; \$25 standard pharmacy
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%
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; 31-day supply for Tier 5 drugs.

\*\* Includes total costs for covered drugs paid by the participant.

HOW MUCH YOU WILL PAY IN 2026	INDEPENDENCE BLUE CROSS—PERSONAL CHOICE 65 PPO	
MEDICAL PLAN	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$3,400	\$10,000 (in- and out-of-network combined)
Hospitalization	\$50/stay (days 1–6)	30%
Doctor Visits	\$0 PCP; \$15 specialist	30%
Preventive Care	\$0	30%
Emergency Room	\$90	\$90
Urgent Care Facility	\$40	\$40
Outpatient Surgery	\$75	30%
Diagnostic Testing	\$0	30%
Outpatient Therapy	\$15; \$5 pulmonary/cardiac rehab	30%
Durable Medical Equipment	20%; \$0 diabetic supplies	30%
Outpatient Mental Health	\$15	30%
Inpatient Mental Health (190-day combined lifetime max)	\$50/stay (days 1-6); 190-day lifetime max in a Medicare-approved facility	30%
Physical Exams	\$0	30%
Ob/Gyn Exams	\$0 (routine every two years)	30%
Mammograms	\$0	30%
Skilled Nursing Facility	\$0 days 1-20; \$188 days 21-100	30%
Hearing Aids (once every 12 months)	\$0 after annual \$499 copay per aid for TruHearing Advanced; \$799 per aid for TruHearing Premium	\$0 after annual \$499 copay per aid for TruHearing Advanced; \$799 per aid for TruHearing Premium
Dental Care	Not covered	Not covered
Vision Exam/Hearing Exams	\$15	30%
Prescription Lenses (once every 24 months)	\$0 for standard lenses and frames or contacts; 100% after \$100 allowance for nonstandard frames and specialty contacts	30%
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Annual Deductible	\$0	\$0
Initial Coverage Up to an Out-of-Pocket Threshold of \$2,100*		
Preferred generic drugs (Tier 1)	\$2 preferred pharmacy; \$10 standard pharmacy	\$4 preferred pharmacy
Non-preferred generic drugs (Tier 2)	\$10 preferred pharmacy; \$20 standard pharmacy	\$20 preferred pharmacy
Preferred brand-name drugs (Tier 3)	\$30	\$60 preferred pharmacy
Non-preferred brand-name drugs (Tier 4)	\$60	\$120 preferred pharmacy
Specialty drugs (Tier 5)	33%	33% preferred pharmacy
Catastrophic Coverage		
Generic drugs	\$0	
Brand-name drugs	\$0	

\* Includes total costs for covered drugs paid by the participant.

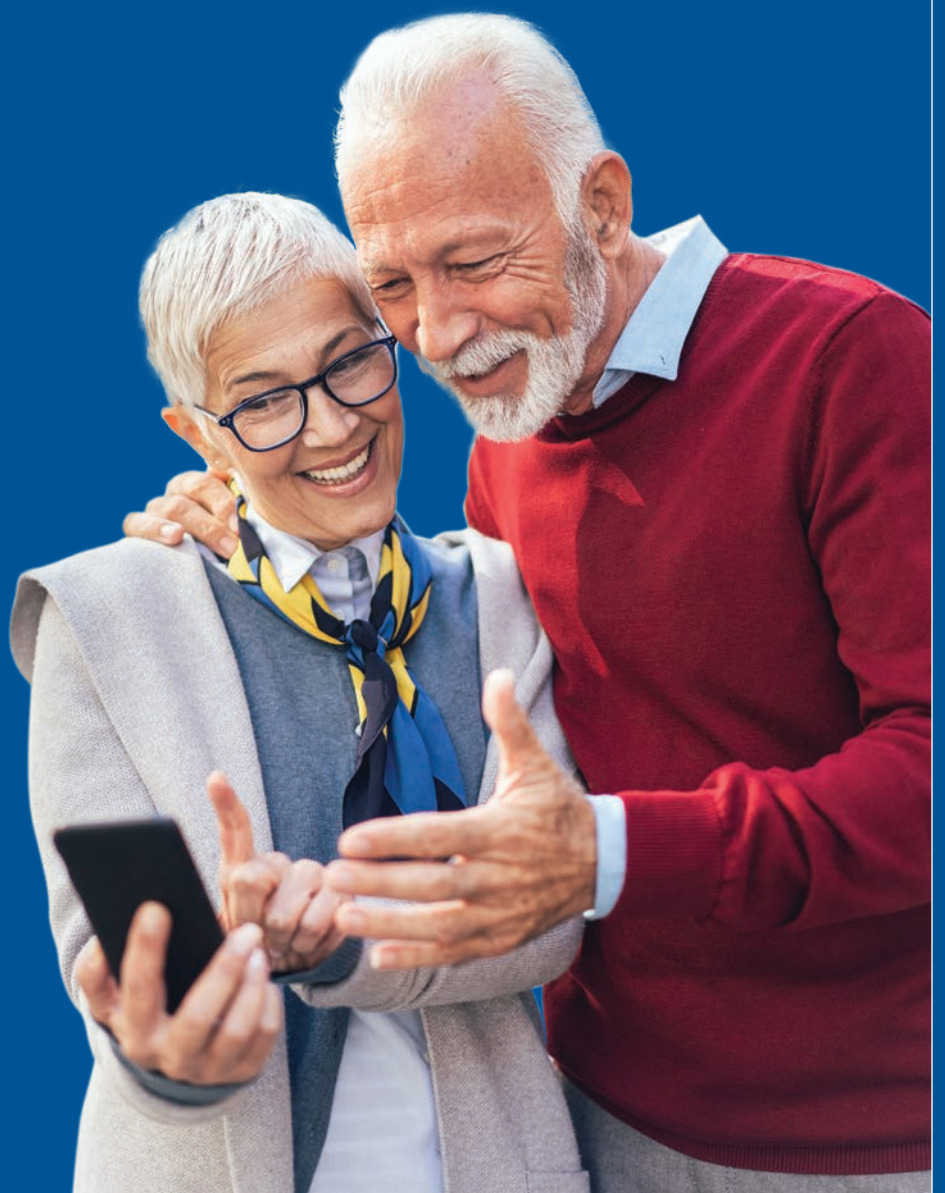
HOW MUCH YOU WILL PAY IN 2026	UPMC PSERS HOP CUSTOM PPO*	
MEDICAL PLAN	In-Network	Out-of-Network
Annual Deductible	\$0	\$500
Annual Out-of-Pocket Maximum	\$3,400	\$5,100
Hospitalization	\$0	20%
Doctor Visits	\$0 PCP; \$20 specialist	20%
Preventive Care	\$0	20%, no deductible
Emergency Room	\$120 (waived if admitted within 3 days)	\$120 (waived if admitted within 3 days), no deductible
Urgent Care Facility	\$20	\$20 copay, no deductible
Outpatient Surgery	\$0	20%
Diagnostic Testing	\$0 labs; \$10 X-rays; \$30 advanced imaging	20%
Outpatient Therapy	\$20	20%
Durable Medical Equipment	15%	50%
Outpatient Mental Health	\$20	20%
Inpatient Mental Health	\$0	20%
Physical Exams	\$0 Annual Wellness Exams; Annual physical exams - not covered	20% Annual Wellness Exams, no deductible; Annual physical exams - not covered
Ob/Gyn Exams	\$0 routine	20%, no deductible
Mammograms	\$0 routine	20%, no deductible
Skilled Nursing Facility	\$0 per day days 1-15; \$50 per day days 16-100	20%
Hearing Aids (once every 12 months)	\$690 - \$1,890	\$690 - \$1,890, no deductible
Dental Care	Dental exams: \$0 cleaning; \$20 oral exam	Dental exams: 50%, no deductible
Vision Exam/Hearing Exams (once every year)	\$0 routine vision; \$20 routine hearing	\$50 routine vision, no deductible; 50% routine hearing, no deductible
Prescription Lenses (once every 12 months)	\$175 allowance (combined in- and out-of-network)	
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)**	Retail/Mail Order (100-day supply)**
Annual Deductible	\$0	\$0
Initial Coverage Up to an Out-of-Pocket Threshold of \$2,100***		
Preferred generic drugs (Tier 1)	\$0 preferred pharmacy; \$15 standard pharmacy	\$0 preferred pharmacy; \$30 standard pharmacy
Non-preferred generic drugs (Tier 2)	\$10 preferred pharmacy; \$20 standard pharmacy	\$20 preferred pharmacy; \$40 standard pharmacy
Preferred brand-name drugs (Tier 3)	25% preferred or standard pharmacy	25% preferred or standard pharmacy
Non-preferred drugs (Tier 4)	50% preferred or standard pharmacy	50% preferred or standard pharmacy
Specialty drugs (Tier 5)	33% preferred or standard pharmacy	33% preferred or standard pharmacy (limited to a 30-day supply)
Catastrophic Coverage		
Generic drugs	\$0	
Brand-name drugs	\$0	

\*UPMC is available in all South East, South West Pennsylvania counties and some North Central Pennsylvania counties.

\*\* 60-day supply is also available.

\*\*\* Includes total costs for covered drugs paid by the participant.

# Resources and Contact Information



# Participant Resources



## HOPbenefits.com

The Health Options Program's website, **HOPbenefits.com**, includes information, tools, and videos for both current and prospective members. It describes the health care options that are available to both Medicare-eligible and non-Medicare-eligible members and covers topics such as eligibility and Premium Assistance. Easy-to-use search tools, such as Find a Plan, Find a Drug, and Find a Pharmacy, help you make the most of your benefits. A Resources section of the site houses many useful documents, such as the *Comprehensive Prescription Drug Formulary for the Medicare Plus Rx Option* and the *Comprehensive Gold5 Prescription Drug Formulary*, newsletters, and patient education materials. A secure Member Area provides additional information customized for each member, including an electronic version of his or her *Personalized Statement*. Other website functionality enables members enrolled in the HOP or Value Medical Plan to check the status of a claim or request an ID card.






## Enrollment Materials for the Option Selection Period

Each fall, the Health Options Program mails a package of information to enrolled members to help them make decisions for the following year. The package includes a *Personalized Statement* that shows current coverage, and available coverage and premium rates for the next year. As required by Medicare, members who are enrolled in the Medicare Plus or Medicare Standard Rx Option receive additional information. Note: The version you receive is for your current plan. If you want a different version to compare the benefits, you can request it from the HOP Administration Unit. The enrollment materials may include:

- An *Annual Notice of Change*, which explains the coverage and premium changes that will become effective the following year
- An *Abridged Prescription Drug Formulary*, which is a listing of the most common prescription drugs covered under the Medicare Plus and Medicare Standard Rx Options
- An *Evidence of Coverage* brochure, which provides a detailed description of the Medicare Plus and Medicare Standard Rx Options, is available online at **HOPbenefits.com**



# Participant Resources

 The image shows a 'Personalized Statement 2026' from the Health Options Program. It features a collage of four photos of diverse older adults. Text on the document includes 'Health Options Program', 'Personalized Statement 2026', and a call to action: 'Don't delay! You have limited time to enroll.'	<p><b>Mailing to Retirees Turning 65</b></p> <p>Twice a year, the Health Options Program sends a package of information to PSERS retirees about to turn age 65. The package contains a description of the medical, dental, vision, and prescription drug benefits available under the Health Options Program, plus a <i>Personalized Statement</i> that has customized coverage and premium information.</p>
 The image is the cover of the 'HOP NEWS' newsletter. It features a large photo of an older man with a white beard holding a map. The title 'HOP NEWS' is in large, bold letters. Below the title, it says 'The Right Benefits Direction for You'. There are several bullet points and a small 'HOP' logo at the bottom left.	<p><b>Newsletters</b></p> <p>The Health Options Program mails a newsletter to members and other PSERS retirees several times a year. Each newsletter contains news, tips, and updates about the Program, as well as general health and wellness information targeted to older adults. The newsletters are also available online at <b>HOPbenefits.com</b>.</p>
 The image is a survey invitation. It features a photo of a smiling couple. Text includes 'Please take a few minutes to tell us what you think!', '2026', and the 'HOP' logo. The background is a mix of green and blue.	<p><b>Surveys</b></p> <p>The Health Options Program is interested in what members think and periodically distributes surveys to find out if the Program is meeting their insurance and communications needs.</p>

## For More Information

Type of Question	Please Call	Or Go Online
HOP Medical Plan Value Medical Plan Health Options Program in general	HOP Administration Unit 1-800-PSERS25 (1-800-773-7725) TTY: 1-800-498-5428 8:00 a.m. to 8:00 p.m. ET, weekdays	HOPbenefits.com
Medicare Plus Rx Option Medicare Standard Rx Option	Optum Rx 1-888-239-1301 TTY: 1-800-498-5428 Available 24/7	HOPbenefits.com
Dental coverage	MetLife 1-855-700-7997 8:00 a.m. to 11:00 p.m. ET, weekdays	metlife.com/dental
Vision coverage	EyeMed 1-855-663-7444 Monday to Saturday: 7:30 a.m. to 11:00 p.m. ET Sunday: 11:00 a.m. to 8:00 p.m. ET	eyemed.com
Premium Assistance	Premium Assistance Office 1-866-483-5509 8:00 a.m. to 8:00 p.m. ET, weekdays	HOPbenefits.com
Medicare	Medicare 1-800-MEDICARE (1-800-633-4227) TTY: 1-877-486-2048	medicare.gov

# Monthly Premiums

- HOP Medical Plan
- Value Medical Plan
- Dental and Vision Coverage
- Medicare Prescription  
Drug Coverage



# 2026 Monthly Costs in Pennsylvania

## (Excluding Premium Assistance)

**Note:** All premiums are standard rates paid by most members. Your rates may be different, depending on the circumstances of your enrollment.

### North & Central Pennsylvania

**Here are your monthly costs if you live in North or Central Pennsylvania, which includes the following counties:**

Adams • Armstrong • Beaver • Bedford • Berks • Blair • Bradford • Butler • Cambria • Cameron • Carbon  
Centre • Clarion • Clearfield • Clinton • Columbia • Crawford • Cumberland • Dauphin • Elk • Erie • Forest  
Franklin • Fulton • Huntingdon • Jefferson • Juniata • Lackawanna • Lancaster • Lawrence • Lebanon  
Lehigh • Luzerne • Lycoming • McKean • Mercer • Mifflin • Monroe • Montour • Northampton  
Northumberland • Perry • Pike • Potter • Schuylkill • Snyder • Somerset • Sullivan • Susquehanna • Tioga  
Union • Venango • Warren • Wayne • Wyoming • York

Your Options	Your Monthly Cost per Person
HOP Medical Plan only	\$216
HOP Medical Plan + Medicare Plus Rx Option	\$358
HOP Medical Plan + Medicare Standard Rx Option	\$275
HOP Medical Plan with Dental and Vision	\$257
HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$399
HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$316
Medicare Plus Rx Option	\$142
Medicare Standard Rx Option	\$59
Value Medical Plan only	\$102
Value Medical Plan + Medicare Plus Rx Option	\$244
Value Medical Plan + Medicare Standard Rx Option	\$161
Value Medical Plan with Dental and Vision	\$143
Value Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$285
Value Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$202



# 2026 Monthly Costs in Pennsylvania

(Excluding Premium Assistance)

## Southwest Pennsylvania

**Here are your monthly costs if you live in Southwest Pennsylvania, which includes the following counties:**

Allegheny • Fayette • Greene • Indiana • Washington • Westmoreland

Your Options	Your Monthly Cost per Person
HOP Medical Plan only	\$229
HOP Medical Plan + Medicare Plus Rx Option	\$371
HOP Medical Plan + Medicare Standard Rx Option	\$288
HOP Medical Plan with Dental and Vision	\$270
HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$412
HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$329
Medicare Plus Rx Option	\$142
Medicare Standard Rx Option	\$59
Value Medical Plan only	\$115
Value Medical Plan + Medicare Plus Rx Option	\$257
Value Medical Plan + Medicare Standard Rx Option	\$174
Value Medical Plan with Dental and Vision	\$156
Value Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$298
Value Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$215

## Southeast Pennsylvania

**Here are your monthly costs if you live in Southeast Pennsylvania, which includes the following counties:**

Bucks • Chester • Delaware • Montgomery • Philadelphia

Your Options	Your Monthly Cost per Person
HOP Medical Plan only	\$239
HOP Medical Plan + Medicare Plus Rx Option	\$381
HOP Medical Plan + Medicare Standard Rx Option	\$298
HOP Medical Plan with Dental and Vision	\$280
HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$422
HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$339
Medicare Plus Rx Option	\$142
Medicare Standard Rx Option	\$59
Value Medical Plan only	\$117
Value Medical Plan + Medicare Plus Rx Option	\$259
Value Medical Plan + Medicare Standard Rx Option	\$176
Value Medical Plan with Dental and Vision	\$158
Value Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$300
Value Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$217



# 2026 Monthly Costs Outside Pennsylvania

## (Excluding Premium Assistance)

**Note:** All premiums are standard rates paid by most members. Your rates may be different, depending on the circumstances of your enrollment.

### Florida

#### Here are your monthly costs if you live in one of these counties in Florida:

Alachua • Bay • Bradford • Brevard • Broward • Calhoun • Charlotte • Citrus • Clay • Collier • Dixie • Duval  
 Gilchrist • Glades • Gulf • Hamilton • Hendry • Hernando • Highlands • Hillsborough • Indian River  
 Lafayette • Levy • Liberty • Martin • Miami-Dade • Monroe • Nassau • Okaloosa • Orange • Palm Beach  
 Pinellas • Putnam • St. Johns • Seminole • Sumter • Union • Walton

Your Options	Your Monthly Cost per Person
HOP Medical Plan only	\$239
HOP Medical Plan + Medicare Plus Rx Option	\$381
HOP Medical Plan + Medicare Standard Rx Option	\$298
HOP Medical Plan with Dental and Vision	\$280
HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$422
HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$339
Medicare Plus Rx Option	\$142
Medicare Standard Rx Option	\$59
Value Medical Plan only	\$117
Value Medical Plan + Medicare Plus Rx Option	\$259
Value Medical Plan + Medicare Standard Rx Option	\$176
Value Medical Plan with Dental and Vision	\$158
Value Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$300
Value Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$217

#### Here are your monthly costs if you live in one of these counties in Florida:

Baker • Columbia • DeSoto • Escambia • Flagler • Franklin • Gadsden • Hardee • Holmes • Jackson  
 Jefferson • Lake • Lee • Leon • Madison • Manatee • Marion • Okeechobee • Osceola • Pasco • Polk  
 Saint Lucie • Santa Rosa • Sarasota • Suwannee • Taylor • Volusia • Wakulla • Washington

Your Options	Your Monthly Cost per Person
HOP Medical Plan only	\$229
HOP Medical Plan + Medicare Plus Rx Option	\$371
HOP Medical Plan + Medicare Standard Rx Option	\$288
HOP Medical Plan with Dental and Vision	\$270
HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$412
HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$329
Medicare Plus Rx Option	\$142
Medicare Standard Rx Option	\$59
Value Medical Plan only	\$115
Value Medical Plan + Medicare Plus Rx Option	\$257
Value Medical Plan + Medicare Standard Rx Option	\$174
Value Medical Plan with Dental and Vision	\$156
Value Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$298
Value Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$215

# 2026 Monthly Costs Outside Pennsylvania

(Excluding Premium Assistance)

## New Jersey

### Here are your monthly costs if you live in one of these counties in New Jersey:

Burlington • Camden • Cumberland • Essex • Gloucester • Hunterdon • Mercer • Ocean • Salem • Warren

Your Options	Your Monthly Cost per Person
HOP Medical Plan only	\$229
HOP Medical Plan + Medicare Plus Rx Option	\$371
HOP Medical Plan + Medicare Standard Rx Option	\$288
HOP Medical Plan with Dental and Vision	\$270
HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$412
HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$329
Medicare Plus Rx Option	\$142
Medicare Standard Rx Option	\$59
Value Medical Plan only	\$115
Value Medical Plan + Medicare Plus Rx Option	\$257
Value Medical Plan + Medicare Standard Rx Option	\$174
Value Medical Plan with Dental and Vision	\$156
Value Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$298
Value Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$215

### Here are your monthly costs if you live in one of these counties in New Jersey:

Atlantic • Bergen • Cape May • Hudson • Middlesex • Monmouth • Morris • Passaic • Somerset  
Sussex • Union

Your Options	Your Monthly Cost per Person
HOP Medical Plan only	\$239
HOP Medical Plan + Medicare Plus Rx Option	\$381
HOP Medical Plan + Medicare Standard Rx Option	\$298
HOP Medical Plan with Dental and Vision	\$280
HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$422
HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$339
Medicare Plus Rx Option	\$142
Medicare Standard Rx Option	\$59
Value Medical Plan only	\$117
Value Medical Plan + Medicare Plus Rx Option	\$259
Value Medical Plan + Medicare Standard Rx Option	\$176
Value Medical Plan with Dental and Vision	\$158
Value Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$300
Value Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$217

# 2026 Monthly Costs Outside Pennsylvania

(Excluding Premium Assistance)

## New York

### Here are your monthly costs if you live in one of these counties in New York:

Kings (Brooklyn) • Nassau • Orange • Putnam • Queens • Rockland • Suffolk • Sullivan • Ulster • Westchester

Your Options	Your Monthly Cost per Person
HOP Medical Plan only	\$239
HOP Medical Plan + Medicare Plus Rx Option	\$381
HOP Medical Plan + Medicare Standard Rx Option	\$298
HOP Medical Plan with Dental and Vision	\$280
HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$422
HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$339
Medicare Plus Rx Option	\$142
Medicare Standard Rx Option	\$59
Value Medical Plan only	\$117
Value Medical Plan + Medicare Plus Rx Option	\$259
Value Medical Plan + Medicare Standard Rx Option	\$176
Value Medical Plan with Dental and Vision	\$158
Value Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$300
Value Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$217

### Here are your monthly costs if you live in any other county in New York:

Your Options	Your Monthly Cost per Person
HOP Medical Plan only	\$229
HOP Medical Plan + Medicare Plus Rx Option	\$371
HOP Medical Plan + Medicare Standard Rx Option	\$288
HOP Medical Plan with Dental and Vision	\$270
HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$412
HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$329
Medicare Plus Rx Option	\$142
Medicare Standard Rx Option	\$59
Value Medical Plan only	\$115
Value Medical Plan + Medicare Plus Rx Option	\$257
Value Medical Plan + Medicare Standard Rx Option	\$174
Value Medical Plan with Dental and Vision	\$156
Value Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$298
Value Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$215

# 2026 Monthly Costs Outside Pennsylvania

(Excluding Premium Assistance)

## Other States

### Here are your monthly costs if you live in one of these states:

Alabama • Alaska • Arizona • Arkansas • California • Colorado • Connecticut • Delaware • Georgia  
 Guam • Hawaii • Idaho • Illinois • Indiana • Iowa • Kansas • Kentucky • Louisiana • Maine • Maryland  
 Massachusetts • Michigan • Minnesota • Mississippi • Missouri • Montana • Nebraska • Nevada  
 New Hampshire • New Mexico • North Carolina • North Dakota • Ohio • Oklahoma • Oregon • Puerto Rico  
 Rhode Island • South Carolina • South Dakota • Tennessee • Texas • Utah • Vermont • Virginia • Virgin Islands  
 Washington • Washington, D.C. • West Virginia • Wisconsin • Wyoming

Your Options	Your Monthly Cost per Person
HOP Medical Plan only	\$229
HOP Medical Plan + Medicare Plus Rx Option	\$371
HOP Medical Plan + Medicare Standard Rx Option	\$288
HOP Medical Plan with Dental and Vision	\$270
HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$412
HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$329
Medicare Plus Rx Option	\$142
Medicare Standard Rx Option	\$59
Value Medical Plan only	\$115
Value Medical Plan + Medicare Plus Rx Option	\$257
Value Medical Plan + Medicare Standard Rx Option	\$174
Value Medical Plan with Dental and Vision	\$156
Value Medical Plan with Dental and Vision + Medicare Plus Rx Option	\$298
Value Medical Plan with Dental and Vision + Medicare Standard Rx Option	\$215

# Monthly Premiums for the Medicare Advantage Plans





# 2026 Monthly Costs in Pennsylvania

(Excluding Premium Assistance)

NORTH CENTRAL PENNSYLVANIA	SINGLE COVERAGE	2-PERSON COVERAGE
Highmark Freedom Blue PPO	\$263	\$526
Capital Blue Cross PPO	\$253	\$506
Aetna Medicare P01 PPO	\$429	\$858
UPMC PSERS HOP Custom PPO	\$262	\$524

SOUTHWEST PENNSYLVANIA	SINGLE COVERAGE	2-PERSON COVERAGE
Highmark Freedom Blue PPO	\$263	\$526
Capital Blue Cross PPO	\$253	\$506
Aetna Medicare P01 PPO	\$555	\$1,110
UPMC PSERS HOP Custom PPO	\$262	\$524

SOUTHEAST PENNSYLVANIA	SINGLE COVERAGE	2-PERSON COVERAGE
Highmark Freedom Blue PPO	\$365	\$730
Capital Blue Cross PPO	\$253	\$506
Aetna Medicare P01 PPO	\$605	\$1,210
UPMC PSERS HOP Custom PPO	\$262	\$524
Independence Blue Cross Personal Choice 65 PPO	\$330	\$660

# 2026 Monthly Costs Outside Pennsylvania

(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	\$365	\$730	Not available		\$253	\$506
New Castle	\$365	\$730	\$503	\$1,006	\$253	\$506
Sussex	\$365	\$730	Not available		\$253	\$506
Florida						
Alachua	\$365	\$730	Not available		\$253	\$506
Baker	\$365	\$730	Not available		\$253	\$506
Bay	\$365	\$730	Not available		\$253	\$506
Bradford	\$365	\$730	\$503	\$1,006	\$253	\$506
Brevard	\$365	\$730	\$503	\$1,006	\$253	\$506
Broward	\$365	\$730	\$503	\$1,006	\$253	\$506
Calhoun	\$365	\$730	Not available		\$253	\$506
Charlotte	\$365	\$730	\$503	\$1,006	\$253	\$506
Citrus	\$365	\$730	\$503	\$1,006	\$253	\$506
Clay	\$365	\$730	\$503	\$1,006	\$253	\$506
Collier	\$365	\$730	\$503	\$1,006	\$253	\$506
Columbia	\$365	\$730	Not available		\$253	\$506
DeSoto	\$328	\$656	\$503	\$1,006	\$253	\$506
Dixie	\$365	\$730	Not available		\$253	\$506
Duval	\$365	\$730	\$503	\$1,006	\$253	\$506
Escambia	\$328	\$656	Not available		\$253	\$506
Flagler	\$328	\$656	Not available		\$253	\$506
Franklin	\$328	\$656	Not available		\$253	\$506
Gadsden	\$328	\$656	Not available		\$253	\$506
Gilchrist	\$365	\$730	Not available		\$253	\$506
Glades	\$365	\$730	Not available		\$253	\$506
Gulf	\$365	\$730	Not available		\$253	\$506
Hamilton	\$365	\$730	Not available		\$253	\$506
Hardee	\$365	\$730	Not available		\$253	\$506
Hendry	\$365	\$730	Not available		\$253	\$506
Hernando	\$365	\$730	\$503	\$1,006	\$253	\$506
Highlands	\$365	\$730	\$503	\$1,006	\$253	\$506
Hillsborough	\$365	\$730	\$503	\$1,006	\$253	\$506
Holmes	\$365	\$730	Not available		\$253	\$506
Indian River	\$365	\$730	\$503	\$1,006	\$253	\$506
Jackson	\$365	\$730	Not available		\$253	\$506
Jefferson	\$328	\$656	Not available		\$253	\$506
Lafayette	\$365	\$730	Not available		\$253	\$506
Lake	\$365	\$730	\$503	\$1,006	\$253	\$506
Lee	\$365	\$730	\$503	\$1,006	\$253	\$506
Leon	\$328	\$656	Not available		\$253	\$506

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# 2026 Monthly Costs Outside Pennsylvania

(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						
Levy	\$365	\$730	Not available		\$253	\$506
Liberty	\$365	\$730	Not available		\$253	\$506
Madison	\$328	\$656	\$503	\$1,006	\$253	\$506
Manatee	\$365	\$730	\$503	\$1,006	\$253	\$506
Marion	\$328	\$656	\$503	\$1,006	\$253	\$506
Martin	\$365	\$730	\$503	\$1,006	\$253	\$506
Miami-Dade	\$365	\$730	\$503	\$1,006	\$253	\$506
Monroe	\$365	\$730	Not available		\$253	\$506
Nassau	\$365	\$730	\$503	\$1,006	\$253	\$506
Okaloosa	\$365	\$730	Not available		\$253	\$506
Okeechobee	\$328	\$656	Not available		\$253	\$506
Orange	\$365	\$730	\$503	\$1,006	\$253	\$506
Osceola	\$328	\$656	\$503	\$1,006	\$253	\$506
Palm Beach	\$365	\$730	\$503	\$1,006	\$253	\$506
Pasco	\$365	\$730	\$503	\$1,006	\$253	\$506
Pinellas	\$365	\$730	\$503	\$1,006	\$253	\$506
Polk	\$365	\$730	\$503	\$1,006	\$253	\$506
Putnam	\$365	\$730	Not available		\$253	\$506
St. Johns	\$365	\$730	\$503	\$1,006	\$253	\$506
St. Lucie	\$328	\$656	\$503	\$1,006	\$253	\$506
Santa Rosa	\$328	\$656	Not available		\$253	\$506
Sarasota	\$365	\$730	\$503	\$1,006	\$253	\$506
Seminole	\$365	\$730	\$503	\$1,006	\$253	\$506
Sumter	\$365	\$730	Not available		\$253	\$506
Suwannee	\$365	\$730	Not available		\$253	\$506
Taylor	\$328	\$656	Not available		\$253	\$506
Union	\$365	\$730	Not available		\$253	\$506
Volusia	\$328	\$656	\$503	\$1,006	\$253	\$506
Wakulla	\$365	\$730	Not available		\$253	\$506
Walton	\$365	\$730	Not available		\$253	\$506
Washington	\$328	\$656	Not available		\$253	\$506
Maryland						
Alleghany	\$365	\$730	Not available		\$253	\$506
Anne Arundel	\$365	\$730	\$503	\$1,006	\$253	\$506
Baltimore County	\$365	\$730	\$503	\$1,006	\$253	\$506
Baltimore City	\$365	\$730	\$503	\$1,006	\$253	\$506
Calvert	\$365	\$730	\$503	\$1,006	\$253	\$506
Caroline	\$365	\$730	\$503	\$1,006	\$253	\$506
Carroll	\$365	\$730	\$503	\$1,006	\$253	\$506
Cecil	\$365	\$730	\$503	\$1,006	\$253	\$506

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# 2026 Monthly Costs Outside Pennsylvania

(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
<b>Maryland</b>						
Charles	\$365	\$730	\$503	\$1,006	\$253	\$506
Dorchester	\$365	\$730	\$503	\$1,006	\$253	\$506
Frederick	\$365	\$730	\$503	\$1,006	\$253	\$506
Garrett	\$365	\$730	\$503	\$1,006	\$253	\$506
Harford	\$365	\$730	\$503	\$1,006	\$253	\$506
Howard	\$365	\$730	\$503	\$1,006	\$253	\$506
Kent	\$365	\$730	\$503	\$1,006	\$253	\$506
Montgomery	\$365	\$730	\$503	\$1,006	\$253	\$506
Prince George's	\$365	\$730	\$503	\$1,006	\$253	\$506
Queen Anne's	\$365	\$730	\$503	\$1,006	\$253	\$506
Saint Mary's	\$365	\$730	\$503	\$1,006	\$253	\$506
Somerset	\$365	\$730	Not available		\$253	\$506
Talbot	\$365	\$730	\$503	\$1,006	\$253	\$506
Washington	\$328	\$656	\$503	\$1,006	\$253	\$506
Wicomico	\$365	\$730	\$503	\$1,006	\$253	\$506
Worcester	\$365	\$730	\$503	\$1,006	\$253	\$506
<b>New Jersey</b>						
Atlantic	\$365	\$730	\$623	\$1,246	\$253	\$506
Bergen	\$365	\$730	\$623	\$1,246	\$253	\$506
Burlington	\$365	\$730	\$623	\$1,246	\$253	\$506
Camden	\$365	\$730	\$623	\$1,246	\$253	\$506
Cape May	\$365	\$730	\$623	\$1,246	\$253	\$506
Cumberland	\$365	\$730	\$623	\$1,246	\$253	\$506
Essex	\$365	\$730	\$623	\$1,246	\$253	\$506
Gloucester	\$365	\$730	\$623	\$1,246	\$253	\$506
Hudson	\$365	\$730	\$623	\$1,246	\$253	\$506
Hunterdon	\$365	\$730	\$623	\$1,246	\$253	\$506
Mercer	\$365	\$730	\$623	\$1,246	\$253	\$506
Middlesex	\$365	\$730	\$623	\$1,246	\$253	\$506
Monmouth	\$365	\$730	\$623	\$1,246	\$253	\$506
Morris	\$365	\$730	\$623	\$1,246	\$253	\$506
Ocean	\$328	\$656	\$623	\$1,246	\$253	\$506
Passaic	\$365	\$730	\$623	\$1,246	\$253	\$506
Salem	\$365	\$730	\$623	\$1,246	\$253	\$506
Somerset	\$365	\$730	\$623	\$1,246	\$253	\$506
Sussex	\$365	\$730	\$623	\$1,246	\$253	\$506
Union	\$365	\$730	\$623	\$1,246	\$253	\$506
Warren	\$365	\$730	\$623	\$1,246	\$253	\$506

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# 2026 Monthly Costs Outside Pennsylvania

(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
<b>New York</b>						
Albany	\$328	\$656	\$503	\$1,006	\$253	\$506
Allegany	\$328	\$656	Not available		\$253	\$506
Bronx	\$365	\$730	\$503	\$1,006	\$253	\$506
Broome	\$328	\$656	\$503	\$1,006	\$253	\$506
Cattaraugus	\$328	\$656	Not available		\$253	\$506
Cayuga	\$328	\$656	\$503	\$1,006	\$253	\$506
Chautauqua	\$328	\$656	Not available		\$253	\$506
Chemung	\$328	\$656	\$503	\$1,006	\$253	\$506
Chenango	\$328	\$656	\$503	\$1,006	\$253	\$506
Clinton	\$328	\$656	Not available		\$253	\$506
Columbia	\$365	\$730	\$503	\$1,006	\$253	\$506
Cortland	\$328	\$656	\$503	\$1,006	\$253	\$506
Delaware	\$328	\$656	Not available		\$253	\$506
Dutchess	\$365	\$730	\$503	\$1,006	\$253	\$506
Erie	\$328	\$656	Not available		\$253	\$506
Essex	\$328	\$656	Not available		\$253	\$506
Franklin	\$328	\$656	Not available		\$253	\$506
Fulton	\$328	\$656	Not available		\$253	\$506
Genesee	\$328	\$656	Not available		\$253	\$506
Greene	\$328	\$656	\$503	\$1,006	\$253	\$506
Hamilton	\$328	\$656	Not available		\$253	\$506
Herkimer	\$328	\$656	Not available		\$253	\$506
Jefferson	\$328	\$656	\$503	\$1,006	\$253	\$506
Kings (Brooklyn)	\$365	\$730	\$503	\$1,006	\$253	\$506
Lewis	\$328	\$656	\$503	\$1,006	\$253	\$506
Livingston	\$328	\$656	\$503	\$1,006	\$253	\$506
Madison	\$328	\$656	Not available		\$253	\$506
Monroe	\$328	\$656	Not available		\$253	\$506
Montgomery	\$328	\$656	Not available		\$253	\$506
Nassau	\$365	\$730	\$503	\$1,006	\$253	\$506
New York	\$328	\$656	\$503	\$1,006	\$253	\$506
Niagara	\$328	\$656	Not available		\$253	\$506
Oneida	\$328	\$656	\$503	\$1,006	\$253	\$506
Onondaga	\$328	\$656	\$503	\$1,006	\$253	\$506
Ontario	\$328	\$656	\$503	\$1,006	\$253	\$506
Orange	\$365	\$730	\$503	\$1,006	\$253	\$506

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# 2026 Monthly Costs Outside Pennsylvania

(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
<b>New York</b>						
Orleans	\$328	\$656	Not available		\$253	\$506
Oswego	\$328	\$656	\$503	\$1,006	\$253	\$506
Otsego	\$328	\$656	Not available		\$253	\$506
Putnam	\$365	\$730	\$503	\$1,006	\$253	\$506
Queens	\$365	\$730	\$503	\$1,006	\$253	\$506
Rensselaer	\$328	\$656	\$503	\$1,006	\$253	\$506
Richmond	\$365	\$730	\$503	\$1,006	\$253	\$506
Rockland	\$365	\$730	\$503	\$1,006	\$253	\$506
St. Lawrence	\$328	\$656	\$503	\$1,006	\$253	\$506
Saratoga	\$328	\$656	\$503	\$1,006	\$253	\$506
Schenectady	\$328	\$656	\$503	\$1,006	\$253	\$506
Schoharie	\$328	\$656	Not available		\$253	\$506
Schuyler	\$328	\$656	Not available		\$253	\$506
Seneca	\$328	\$656	\$503	\$1,006	\$253	\$506
Steuben	\$328	\$656	Not available		\$253	\$506
Suffolk	\$365	\$730	\$503	\$1,006	\$253	\$506
Sullivan	\$365	\$730	\$503	\$1,006	\$253	\$506
Tioga	\$328	\$656	\$503	\$1,006	\$253	\$506
Tompkins	\$328	\$656	Not available		\$253	\$506
Ulster	\$365	\$730	\$503	\$1,006	\$253	\$506
Warren	\$328	\$656	Not available		\$253	\$506
Washington	\$328	\$656	\$503	\$1,006	\$253	\$506
Wayne	\$328	\$656	Not available		\$253	\$506
Westchester	\$365	\$730	\$503	\$1,006	\$253	\$506
Wyoming	\$328	\$656	\$503	\$1,006	\$253	\$506
Yates	\$328	\$656	Not available		\$253	\$506

# 2026 Monthly Costs Outside Pennsylvania

(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 Michigan • Minnesota Mississippi • Nebraska • Nevada Ohio • Oklahoma South Carolina Tennessee • Wyoming	\$365	\$730	Not available		\$253	\$506
District of Columbia Guam • Hawaii Idaho • Iowa Louisiana • Maine Massachusetts Missouri • Montana New Hampshire New Mexico North Carolina North Dakota Oregon • Puerto Rico Rhode Island South Dakota • Texas U.S. Virgin Islands Utah • Vermont Virginia • Washington West Virginia Wisconsin	\$328	\$656	Not available		\$253	\$506



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**English:** ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-773-7725 or speak to your provider.

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**French Creole – Kreyòl Fransè:** ATANSYON: Si w pale Kreyòl Fransè, sèvis asistans lengwistik gratis yo disponib pou ou. Gen èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib ki disponib tou gratis. Rele 1-800-773-7725 oswa pale ak founisè w la.

**Polish – POLSKI:** UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-773-7725 lub porozmawiaj ze swoim dostawcą.

**Japanese – 日本語:** 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-773-7725 までお電話ください。または、ご利用の事業者にご相談ください。

**Pennsylvania Dutch – Pennsilfaanisch Deutsch:** UFFGEPASS! Wann du Pennsylvanisch-Deutsch schwetzscht, gebbt's fer dich gratis Hilf mit die Schprooch. Aagmessiche Hilfsmittel un Dienscht, die Information in zugängliche Formate gebbe kenne, sin aa gratis verfügbar. Ruf aa bei 1-800-773-7725 oder schwetz mit dei Versorger.

