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# Pre-Enrollment Checklist

Before making an enrollment decision, it's important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-844-536-1505** (TTY users may call 711).

## Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for services for which you routinely see a doctor. Visit [medicare.highmark.com](https://www.medicare.highmark.com) or call **1-844-536-1505** (TTY users may call 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they're not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2024.
- For Senior Blue Basic (HMO), Senior Blue 601 (HMO), Blue Saver (HMO), Senior Blue Select (HMO), and Senior Blue 651 (HMO):} Except in urgent or emergency situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- For Freedom Valor (PPO), Freedom Nation (PPO), Forever Blue Value (PPO), and Forever Blue 751 (PPO): Our plans allow you to see providers out of your network (non-contracted providers). However, while we will agree to pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in urgent or emergency situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.