

2027

Medicare Advantage Checklist

Use this checklist when reviewing plan documents and other materials you receive during the Annual Enrollment Period (AEP), which runs from October 15 through December 7. It can help you make informed decisions and feel confident about choosing the Highmark coverage that's right for you in the new year.

☐ Understand your costs

Costs include monthly premiums, deductible, copays, or coinsurance.

Starting October 1, 2026, you can visit [Highmark.com/2027MAplans](https://www.highmark.com/2027MAplans) for plan costs and benefit details. We'll also be sending you information in the mail in early October.

My Cost Summary

COST CATEGORY	CURRENT 2026 PLAN	2027 PLAN OPTION
Monthly premium		
Medical deductible		
Primary care copay		
Specialist copay		
Inpatient hospital stay copay		
Emergency room copay		
Urgent care copay		
Maximum out-of-pocket amount		



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☐ **Check your prescription drug coverage***

The list of drugs an insurance plan covers is called a formulary. Check the formulary of any plan you're considering to make sure the drugs you take are covered and which tier they're on. Each drug is assigned a tier. Drugs can change tiers, which means you may even see lower out-of-pocket costs in some cases.

☐ **Check to see if your providers are in network**

Make sure your providers are in network on any plans you may be considering. Keep in mind that Highmark's provider networks vary by plan.

You can use our provider search tool by visiting **Highmark.com/Find-Care**. If a provider is going out of network, it will say, "Out of network as of 1/1/2027."

If a provider you see is out of network, call Member Service at the number on the back of your ID card. Our team can help you find an in-network provider and walk you through options.

☐ **Review additional benefits that come with your plan**

Check your Evidence of Coverage (EOC) for these additional resources that can help improve your health and save you money. You can access your EOC by visiting **Highmark.com/MA-EOC**.

Benefits included in my plan:

- | | |
|----------------------------------|--|
| ☐ Dental | ☐ Fitness program |
| ☐ Vision | ☐ Mental health resources |
| ☐ Hearing | |

We're here for you. If you have questions, call our Licensed Medicare Advisors at **888-471-4648**. We're available

- **Oct. 1 – Nov. 16**, 8 a.m. to 8 p.m., seven days a week
- **Nov. 17 – Dec. 6**, 8 a.m. to 9 p.m., seven days a week
- **Dec. 7**, 8 a.m. to midnight
- **Dec. 8 – Dec. 31**, 8 a.m. to 8 p.m., seven days a week



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Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

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 PA: 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 NY: 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, including sex stereotypes and gender identity.

ATTENTION: If you speak English, free language translation and interpretation services are available to you. Appropriate auxiliary aids and services (such as large print, audio, and Braille) to provide information in accessible formats are also available free of charge. Call the number on the back of your ID card (TTY: 711) for help.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de traducción e interpretación de idiomas. También hay disponibles ayudas y servicios auxiliares adecuados (como letra grande, audio y Braille) para proporcionar información en formatos accesibles sin cargo. Llame al número que figura al dorso de su tarjeta de identificación (TTY: 711) si necesita ayuda.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Übersetzungs- und Dolmetscherdienste zur Verfügung. Außerdem sind kostenlos entsprechende Hilfsmittel und Dienstleistungen (wie Großdruck, Audio und Blindenschrift) zur Bereitstellung von Informationen in barrierefreien Formaten erhältlich. Wählen Sie hierfür bitte die Nummer auf der Rückseite Ihrer Ausweiskarte (TTY: 711).