2025 Benefit Summary

Group Name: Pennsylvania State System of Higher Education

Group Number: 0198418	**Freedom Blue PPO**	
Medical Benefits	**In-Network**	**Out-of-Network**
Deductible	Medicare Part B Deductible	
Coinsurance (see specific benefits for cost sharing)	0%	0%
Combined In and Out-of-Network Member Out-of-Pocket Maximum Amount (This is the most the member will pay out-of-pocket for their Medicare-covered services, not including Part D drugs)	Medicare Part B Deductible	
Physician and other Health Professional Services	**In-Network**	**Out-of-Network**
Office Visits - Primary Doctor	$0	$0
Office Visits - Specialist	$0	$0
Radiation Therapy	$0	$0
Emergency Room (waived if admitted within 3 days)	$0	
Urgent Care	$0	
Ambulance (Emergent)	0%	
Ambulance (Non-Emergent)	0%	0%
Routine Transportation Combined 24 one-way trips. Transportation related to continued acute care after discharge does not apply towards the trip limit.	$0	50%
More than 20 Preventive Services	**In-Network**	**Out-of-Network**
Includes screenings and vaccines such as Flu, Pneumonia, Covid 19, Hepatitis, etc	Covered in Full	Covered in Full
Hospital, Home Health Care, and Skilled Services	**In-Network**	**Out-of-Network**
Hospital (Inpatient)	0%	0%
Oberservation Room/Outpatient Surgery (Hospital)	0%	0%
Outpatient Surgery (Ambulatory Center)	0%	0%
Home Health Care	0%	0%
Skilled Nursing Facility (100 days per benefit period)	0%	0%
Dialysis	$0	$0
Mental Health/Chemical Dependence Services	**In-Network**	**Out-of-Network**
Mental Health (Inpatient, 190-day lifetime limit)	0%	0%
Mental Health (Outpatient)	$0	$0
Mental Health (Outpatient with Psychiatrist)	$0	$0
Alcohol Substance Abuse (Inpatient)	0%	0%
Alcohol Substance Abuse (Outpatient)	$0	$0
Laboratory and X-ray Services	**In-Network**	**Out-of-Network**
Laboratory Testing (Physician Office/Free Standing Lab)	0%	0%
Laboratory Testing (Outpatient Facility)	0%	0%
X-rays	0%	0%
Advanced Radiology (MRI, MRA, PET, and CT)	0%	0%
Rehabilitation Services	**In-Network**	**Out-of-Network**
Physical, Occupational, and Speech Therapy	$0	$0
Chiropractor Medicare Covered	$0	$0
Cardiac Rehab	$0	$0

Vision	In-Network	Out-of-Network
Medical Vision Exam	$0	$0
Routine Vision Exam (Offered through Davis Vision)	$0	$50
Allowance (lenses and frames) Offered through Davis Vision	$0 for Davis VisionFashionCollection frames and standard lenses or $150 benefit maximum for all others	$150 benefit maximum towards the purchase of frames and lenses.
Hearing	**In-Network**	**Out-of-Network**
Diagnostic Hearing Exam	$0	$0
Routine Hearing Exam (TruHearing)	$0	$0
Hearing Aid Benefit (TruHearing)	TruHearing: You pay a $499 copay for the Advanced or a $799 copay for the Premium hearing aid. Up to 2 hearings aids per year. There is a $500 allowance every 3 years for any other hearing aids through TruHearing.	OON: $500 allowance for hearing aids every 3 years from any other provider
Dental	**In-Network**	**Out-of-Network**
Routine Dental	Not Covered	
Supplies, Equipment, and Devices	**In-Network**	**Out-of-Network**
Durable Medical Equipment	0%	0%
Prosthetics	0%	0%
Oxygen	0%	0%
Diabetic Supplies (Part B)	0%	0%
Fitness Program	**In-Network**	**Out-of-Network**
Fitness and Wellness Program	Covered	
Part B Drugs	**In-Network**	**Out-of-Network**
Immunosuppressive Drugs	0%	0%
Oral Chemotherapy Drugs	0%	0%
Physician Administered Injectibles	0%	0%
Nebulizer Inhalation	0%	0%
Part B drugs (other)	0%	0%
Value Added Rider	**In-Network**	**Out-of-Network**
Routine Chiropratic and Podiatry - These are routine/not medically necessary services that are not covered by Original Medicare. Chiropractic visits are limited to 8 per calendar year. Podiatry visits are limited to 10 visits per calendar year.	$0	$0
Meal Plan - 2 meals per day up to 14 days upon discharge from an Inpatient Hospital, Inpatient Phsyc or SNF Stay.	Covered in Full	Not Applicable
Over the Counter Drug Allowance	$25 Allowance per Quarter	Not Applicable

Prescription Drugs - Part D		
Prescription Deductible	Not Applicable	
Prescription Out of Pocket	Not Applicable	
True Out of Pocket (TrOOP) Costs Threshold	$2,000	
Excluded Part D Rider	Covered	
Formulary	Incentive	
Retail Prescription Drugs (for up to a 31 day supply)	**Preferred**	**Standard**
Tier 1 (Preferred Generic)	$0	$5
Tier 2 (Non-Preferred Generic)	$0	$5
Tier 3 (Preferred Brand & Generic)	$10	$15
Tier 4 (Non-Preferred)	$10	$15
Tier 5 (Specialty)	$30	$30
Mail Order Prescription Drugs	**Express Scripts**	**All other Mail Order Pharmacies**
Tier 1 (Preferred Generic)	$0	$10
Tier 2 (Non-Preferred Generic)	$0	$10
Tier 3 (Preferred Brand & Generic)	$20	$30
Tier 4 (Non-Preferred)	$20	$30
Tier 5 (Specialty)	$30	$30
Retail and Mail Order Days Supply Limit	- Retail or Mail Order -Tier 1 & 2 - Up to a 100 day supply - Retail or Mail Order - Tier 3 & 4 - Up to a 90 day supply - Specialty Drugs are limited to a 31-day supply	
Catastrophic Phase	After reaching the True Out of Pocket (TrOOP) costs, there is $0 member cost sharing for covered Part D drugs in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations.	

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You must continue to pay your Medicare Part B premium. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. The Formulary, pharmacy network and provider network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat Freedom Blue PPO members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

Questions on Freedom Blue PPO benefits? Call 1-866-456-7739 Monday-Friday from 8 a.m. to 4:30 p.m. (TTY users call 711).

Reference Code (Please have this number ready when you call): 25FB0198418

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