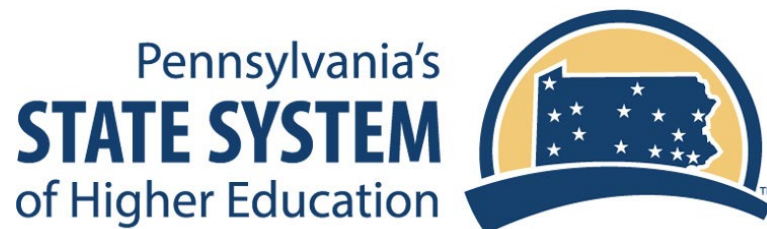


# Medicare Advantage Benefit Overview





## 2025 Benefit Summary

Group Name: Pennsylvania State System of Higher Education

Group Number: 0198418	Freedom Blue PPO	
	In-Network	Out-of-Network
<b>Medical Benefits</b>		
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	
<b>Physician and other Health Professional Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
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%
<b>More than 20 Preventive Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Includes screenings and vaccines such as Flu, Pneumonia, Covid 19, Hepatitis, etc	Covered in Full	Covered in Full
<b>Hospital, Home Health Care, and Skilled Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Hospital (Inpatient)	0%	0%
Observation 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
<b>Mental Health/Chemical Dependence Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
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
<b>Laboratory and X-ray Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
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%
<b>Rehabilitation Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Physical, Occupational, and Speech Therapy	\$0	\$0
Chiropractor Medicare Covered	\$0	\$0
Cardiac Rehab	\$0	\$0

<b>Vision</b>	<b>In-Network</b>	<b>Out-of-Network</b>
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 Vision FashionCollection frames and standard lenses or \$150 benefit maximum for all others	\$150 benefit maximum towards the purchase of frames and lenses.
<b>Hearing</b>	<b>In-Network</b>	<b>Out-of-Network</b>
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
<b>Dental</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Routine Dental	Not Covered	
<b>Supplies, Equipment, and Devices</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Durable Medical Equipment	0%	0%
Prosthetics	0%	0%
Oxygen	0%	0%
Diabetic Supplies (Part B)	0%	0%
<b>Fitness Program</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Fitness and Wellness Program	Covered	
<b>Part B Drugs</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Immunosuppressive Drugs	0%	0%
Oral Chemotherapy Drugs	0%	0%
Physician Administered Injectibles	0%	0%
Nebulizer Inhalation	0%	0%
Part B drugs (other)	0%	0%
<b>Value Added Rider</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Routine Chiropractic and Podiatry</b> - 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
<b>Meal Plan</b> - 2 meals per day up to 14 days upon discharge from an Inpatient Hospital, Inpatient Phsync or SNF Stay.	Covered in Full	Not Applicable
Over the Counter Drug Allowance	\$25 Allowance per Quarter	Not Applicable

<b>Prescription Drugs - Part D</b>		
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	
<b>Retail Prescription Drugs (for up to a 31 day supply)</b>	<b>Preferred</b>	<b>Standard</b>
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
<b>Mail Order Prescription Drugs</b>	<b>Express Scripts</b>	<b>All other Mail Order Pharmacies</b>
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	<ul style="list-style-type: none"> <li>- Retail or Mail Order -Tier 1 &amp; 2 - Up to a 100 day supply</li> <li>- Retail or Mail Order - Tier 3 &amp; 4 - Up to a 90 day supply</li> <li>- Specialty Drugs are limited to a 31-day supply</li> </ul>	
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.	

Highmark 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: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. 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.

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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# Extra perks to get care, get answers, and stay healthier.

## BLUES ON CALL<sup>SM</sup>

### Answers from a health pro, 24/7.

Medical concerns during off hours? Just call **1-888-BLUE-428** (TTY users call 711) to get support from a registered nurse or a health coach any time and put your worries to bed.

## TRAVEL BENEFITS (PPO)

### Coverage that travels with you.

With shared access to many Blue Plans' Medicare Advantage networks across the country, you don't have to worry about finding in-network coverage away from home. Happy trails.

## FITNESS

### Free exercise and wellness membership.

Your plan provides a membership to a fitness and health platform that gives access to a nationwide network of gyms, local fitness studios, and community centers.

## NO REFERRALS

### No referrals, no red tape.

Lose the time-wasting of going to an appointment just to get another appointment. See the in-network doctors you want to see. No hoops, no hoopla.

## REWARDS

### Get rewarded for taking care of yourself.

Earn rewards for completing wellness initiatives and preventive services like mammograms and colorectal screenings.

## VIRTUAL VISITS

### Face-to-face with a doctor, 24/7.

Need to see a doctor but can't leave home? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. Just call **1-866-883-7358** (TTY users call 711).

## HIGHMARK HOUSE CALL

### Once-a-year, in-home health review.

Get a general wellness exam, suggestions for screenings or other tests, and a medicine review. Call us at **1-888-399-0833** (TTY users call 711) to schedule a house call or visit [medicare.highmark.com](https://www.medicare.highmark.com). Click **Learn**, enter your ZIP code, then click **Plan Perks and Services** and then **Highmark House Call**.

# Over-the-Counter (OTC) Benefit

By enrolling in one of Highmark's Medicare Advantage plans with an Over-the-Counter (OTC) benefit, you receive a quarterly allowance to spend on OTC products.



## Here's what you need to know:

- Members will receive a \$25 allowance to spend on OTC products that are available from our catalog.
- Your OTC allowance can be used to purchase items such as cold and cough medicines, vitamins, dental care, and much more!
- OTC allowances can be used anytime during a calendar quarter. To check the balance of your quarterly allowance or for general questions, call **1-800-560-9712 (TTY 711)**, Monday – Friday, 8 a.m. – 8 p.m. ET.
- To order OTC products from the catalog by phone, call **1-800-560-9712 (TTY 711)** or you can order online at **ShopHighmarkOTC.com**. Products ordered from the catalog will be shipped directly to your home.

# Get help with the ins and outs of your Freedom Blue PPO.

Whether you need Medicare questions answered, your preventive care services explained, or help finding an in-network provider, Highmark Customer Service can do it all.

Just call **1-888-431-2831** (TTY/TTD call 711), Monday – Friday, 8 a.m. – 4:30 p.m.

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If you need to find an in-network provider or facility, you can always use our searchable online directory:

1. Visit [medicare.highmark.com/home](https://www.medicare.highmark.com/home). Click **Find a Provider** at the bottom of the page.
2. Click the type of provider you're looking for (Medical, Vision, Dental, or Pharmacy).
3. Select **Network - Freedom Blue PPO** and enter your city and state or your ZIP code.
4. Type the provider or facility you're looking for and hit **Enter**.



**As a Freedom Blue PPO member, you're covered for urgent and emergency care worldwide.**

# Pennsylvania State System of Higher Education

## Signature 65 vs. Freedom Blue PPO (Medicare Advantage) Benefit Comparison

	Current Signature 65 Plan	Freedom Blue PPO (In-Network)
<b>Benefit and Member Costs</b>	<b>Medical Deductible Amounts</b>	Medicare Part B Deductible: \$240 (2024) Major Medical Deductible: \$100, \$250 or \$500 depending on retirement date
	<b>Coinsurance</b>	20% up to out-of-pocket (OOP) max of \$350 or \$380, dependent on retirement date
	<b>Member Out of Pocket Maximum Amount (MOOP)/ (In-Network/Combined)</b> <i>This is the <u>most</u> the member will pay out-of-pocket</i>	Coinsurance max + Part B Deductible + Major Medical Deductible = \$690 to \$1,120 depending on retirement date
<b>Physician Services</b>	<b>Office Visits - PCP</b>	Member pays 20% after Medicare Part B Deductible up to OOP max
	<b>Office Visits- Specialist</b>	Member pays 20% after Medicare Part B Deductible up to OOP max
	<b>Therapies (PT/OT/Speech/Respiratory)</b>	Member pays 20% after Medicare Part B Deductible up to OOP max
<b>Facility Services</b>	<b>Inpatient Hospital Stays</b> <i>Includes acute, inpatient rehab, and other types of inpatient hospital services.</i>	Covered – No member cost
	<b>Skilled Nursing Facility</b> <i>100 days in a benefit period. A benefit period starts the day a member is admitted to a SNF and ends once the member has not been inpatient for 60 consecutive days. There is no limit to the amount of benefit periods a member can have.</i>	Covered – No member cost
	<b>Home Health</b>	Covered – No member cost after Medicare Part B Deductible
	<b>Emergency Room</b> <i>Cost sharing for necessary emergency services is at the In Network level of benefits, regardless of network status. Emergency care is covered worldwide.</i>	Covered – No member cost after Medicare Part B Deductible
	<b>Urgent Care Clinic</b> <i>Cost sharing for necessary urgently needed services is at the In Network level of benefits, regardless of network status. Urgent Care is covered worldwide.</i>	Covered – No member cost after Medicare Part B Deductible
	<b>Outpatient Surgery</b>	Member pays 20% after Medicare Part B Deductible up to OOP max
	<b>Standard Imaging (Example: X-Ray)</b> <b>Advanced Imaging (Examples: CT scans, MRI)</b>	Member pays 20% after Medicare Part B Deductible up to OOP max
	<b>Diagnostic Testing</b> <i>Physician Office/Free Standing Lab/Outpatient Facility</i>	Member pays 20% after Medicare Part B Deductible up to OOP max
	<b>Ambulance</b> <i>Cost sharing for necessary emergent ambulance is at the In Network level of benefits, regardless of network status, per one way trip.</i>	Member pays 20% after Medicare Part B Deductible up to OOP max
<b>Lifetime Maximums</b>	<b>Major Medical – Lifetime Maximums</b>	Ranges from \$500,000 to \$1,075,000 lifetime maximum dependent on retirement date



		Current Signature 65 Plan	Freedom Blue PPO (In-Network)
Part D Prescription Drug Benefits	Prescription Drug Coverage	Covered	Covered
	Formulary	Open	Incentive
	Member Process	Member pays full cost of drugs at point of purchase, collects receipts, completes Major Medical claim form, and submits to Highmark for reimbursement	Member pays applicable drug co-pay at point of purchase
Prescription Drug Member Costs	Retail – up to 30-day supply	Member pays 20% after Deductible up to OOP max	Co-pays range from \$0 to \$30, depending upon medication prescribed
	Mail Order – up to 90-day supply	Member pays 20% after Deductible up to OOP max	Co-pays range from \$0 to \$30, depending upon medication prescribed
Value Added Benefits	Fitness and Wellness program	Not Covered	Covered – There is no charge for the Fitness program and classes.
	Routine Vision Exam <i>(Offered through Davis Vision)</i>	Not Covered	Covered – No member cost <i>(Note: The out-of-network benefit is \$50)</i>
	Routine Vision Eyewear <i>(Offered through Davis Vision)</i>	Not Covered	Covered – \$0 for Davis Vision Fashion Collection frames and standard lenses, or \$150 benefit for other frames/lenses
	Hearing Exam	Covered – No member cost after Medicare Part B Deductible	Covered – No member cost
	Hearing Aids	Not Covered	Covered – Members pay a \$499 copay for the Advanced or a \$799 copay for the Premium hearing aid. Up to 2 hearing aids per year. There is \$500 allowance every 3 years for any other hearing aids through TruHearing®.
	Over the Counter Drug Allowance	Not Covered	\$25 Allowance per Quarter
	Meals After Inpatient Hospital Discharge (28 Meals up to 14 days upon Discharge from an Inpatient Hospital Stay)	Not Covered	Covered – No member cost
	Routine Chiropractic and Podiatry Rider These are routine/not medically necessary services that are not covered by Original Medicare.	Routine Podiatry is not covered.  Routine Chiropractic covered under Part B and Major Medical, subject to deductible and coinsurance, more recent retirees limited to 30 visits per calendar year.	Covered – Routine Podiatry visits are limited to 10 visits per calendar year.  Routine Chiropractic visits are limited to 8 per calendar year.  No member cost.

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# Questions about your plan?

## We have answers.

### **How are my State System retiree medical benefits changing in 2025?**

Effective January 1, 2025, you will transition to the new Freedom Blue PPO, a customized Medicare Advantage (MA) Plan provided by Highmark Blue Shield.

### **Why is this change being made?**

Many employers that provide retiree healthcare coverage have been transitioning to Medicare Advantage coverage to provide simplified plan designs, concierge service teams for member support, and benefits that are not easily available to add to Medicare Supplement Plans such as Signature 65.

### **What if I want to stay enrolled in the Signature 65 plan?**

All retirees and dependents enrolled in the Signature 65 plan which requires Medicare Part A and B enrollment and who reside within the United States and its territories will be transitioned to the Freedom Blue PPO plan effective January 1, 2025. There is not an option to remain in the Signature 65 coverage.

### **How do I enroll with the Freedom Blue PPO plan?**

Your coverage will transition automatically to be effective January 1, 2025. There is no action required by the member.

### **Will I receive a new Identification Card?**

In late December, you will receive one new identification card that will be for both medical and prescription coverage. This card will be used beginning January 1, 2025.

### **Do I need to remain enrolled in both Medicare A & B?**

Yes, you will need continue enrollment in both Medicare Part A & Part B.

### **Will my monthly premium change?**

For the vast majority of retirees, your monthly premiums will not change. For those retirees which typically have premium changes every year, you will be notified later in the year of your new monthly premium.

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## **Will I need to change providers?**

In most cases you will not need to change providers, you will continue to have access to medical providers and facilities throughout the United States that accept Medicare. If you would like to verify if your provider is participating please contact us at 1-888-431-2831 (TTY 711), Monday – Friday, from 8 a.m. – 4:30 p.m.

## **Do I still need to save and submit my prescription expenses to Highmark Blue Shield with a major medical claim form?**

No, at the pharmacy you will be charged a copay amount. Many medications will be available at no cost to you (\$0 copay).

## **Will vaccines for shingles or RSV be covered?**

Yes, the shingles and RSV vaccines are covered under the Freedom Blue PPO Plan.

## **What additional benefits are being offered?**

Wellness and fitness programs, hearing aid coverage, vision services, and delivered meals following discharge from hospitalization, just to name a few. More information about these added benefits will be shared in future communications.

## **Will I be able to use my Freedom Blue PPO plan if I reside outside of Pennsylvania, but within the United States?**

Yes, members will have nationwide access to medical providers and facilities that accept Medicare and the Highmark Medicare Advantage Plan throughout the United States.

## **Will I be able to use Freedom Blue PPO plan when I travel outside of the United States?**

When you travel, you will have coverage for emergency medical needs. Medicare Advantage plans do not provide coverage for routine or other non-emergent medical services outside the United States. Those types of medical services should be sought prior to you leaving for international travel, or after your return.

## **Who should I contact if I have questions about the new customized Freedom Blue PPO plan?**

You may contact Highmark Blue Shield's dedicated Medicare Advantage concierge call center at 1-888-431-2831 (TTY 711), Monday – Friday, from 8 a.m. – 4:30 p.m. Information can also be found at the Pennsylvania State System of Higher Education's Annuitant Health Care website, [www.passhe.edu/ahcp](http://www.passhe.edu/ahcp), regarding the transition to the Freedom Blue PPO plan. Additional mailings will be sent throughout 2024 with information on recorded webinars, onsite university presentations, and online virtual presentations.

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## There's a whole lot of legalese around these Medicare plans. We put it all in one place for you.

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For more complete information about what is and is not covered by Freedom Blue PPO, please refer to the enclosed benefits chart or the Evidence of Coverage that will be available once you are a member of the plan. The benefits described in this brochure are in effect for this calendar year only. Freedom Blue PPO may change benefits with the approval of the Centers for Medicare and Medicaid Services (CMS) at the beginning of each calendar year. Members are mailed written notice in advance of such changes. Highmark 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: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. 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 Blue Shield(c) and Shield Symbol are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans. Highmark Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. TruHearing is a registered trademark of TruHearing, Inc. Davis Vision is an independent company that provides the network and administers vision benefits for Highmark members. Other Pharmacies/Physicians/Providers are available in our network. Every year, Medicare evaluates plans based on a 5-star rating system. Deductibles, coinsurance and limitations apply to out-of-network services except for urgent and emergency care. Contact Freedom Blue PPO representatives for details. With the exception of emergency or urgent care, it may cost more to get care from non-plan or nonpreferred providers. Eligible Medicare beneficiaries may enroll in Medicare-approved plans only during specific times of the year known as enrollment periods. For more information, please contact Highmark Blue Shield Customer Service at 1-866-456-7739 (TTY/TDD users may call 711), Monday – Friday, 8 a.m. – 4:30 p.m. This document may be available in alternate formats or languages. To receive assistance in other languages or formats, please contact 1-866-456-7739 (TTY/TDD users may call 711), 8 a.m. - 8 p.m., seven days a week. Freedom Blue PPO members may visit any participating Blue Cross and/or Blue Shield Medicare Advantage PPO provider in the United States and pay network cost sharing. 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. You will receive a full list of benefits with your Welcome Kit once you are enrolled. You can request an Evidence of Coverage by calling Member Service at 1-866-456-7739 (TTY users may call 711).

### **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.

### **Pennsylvania, Delaware, West Virginia, and New York: 1-844-679-6930 (TTY:711)**

Tenemos servicios gratis de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan médico o de medicamentos. Para obtener un intérprete, simplemente llame al número correspondiente a su estado de residencia. Alguien que hable español puede ayudarlo. Este servicio es gratis.

我们免费提供口译服务，为您解答有关我们健康计划或药物计划的任何疑问。如需口译服务，只需拨打您所在州相应的电话号码即可。说中文的工作人员可为您提供帮助。此项服务免费。