

California Chester (LP Lock Haven Chester (LP

Presentation Format

- We believe that most of your questions will be answered during the presentation ~ 45 minutes to 55 minutes.
- Please hold your questions for the end of the presentation ~ 20 to 30 minutes.
- At the end of the presentation, the presenters will be available to assist with any personal or specific questions.

Agenda

Medicare Advantage Plans

General Background

Star Rating

New Customized Freedom Blue PPO Medicare Advantage Plan

Medical Benefits

Prescription Drug Benefits

Additional Benefits

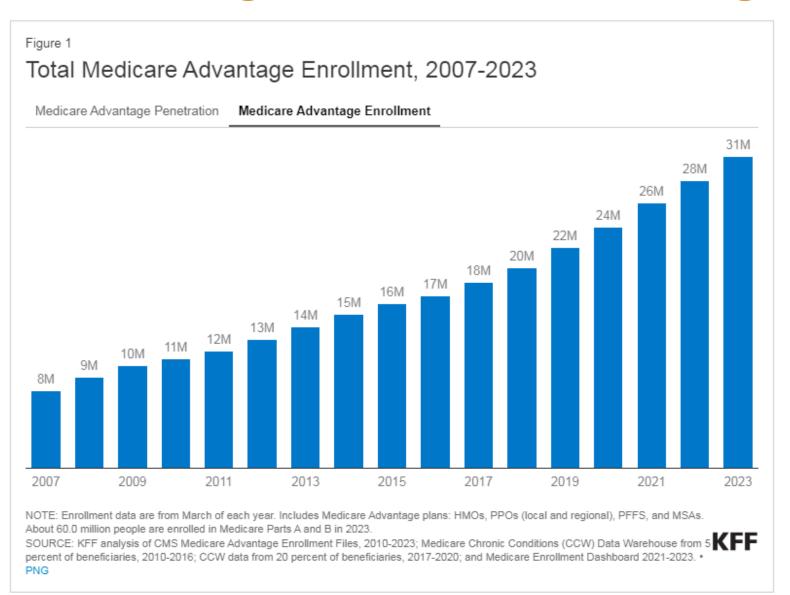
Agenda (continued)

- Signature 65 vs. Freedom Blue PPO Benefit Comparison
- Transition to Freedom Blue PPO Plan
- Summary
- Questions

Medicare Advantage Plans - General Background

- Sometimes called "Medicare Part C" or "MA" Plans
- Offered by Medicare-approved private companies that must follow rules set by Medicare
- Required to cover the same benefits that are offered through original Medicare Parts A & B; members required to remain enrolled in Medicare Parts A & B
- May or may not be bundled with a prescription drug plan (Medicare Part D)
- Plan designs can vary (deductibles, copays, coinsurance, networks, etc.)

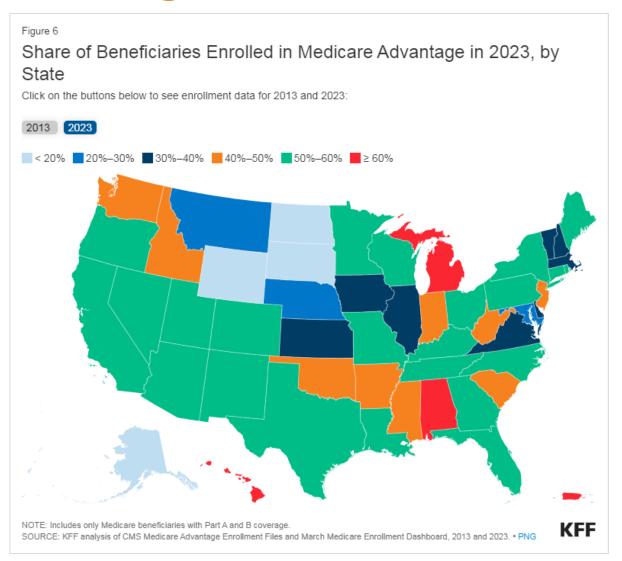
Medicare Advantage Plans - General Background



Medicare Advantage Plans - Background

In many parts of the country, there are more individuals enrolled in a Medicare Advantage plan, than there are members enrolled in Original Medicare

Within the public sector, the majority of states provide
Medicare Advantage plans to their state retirees — and in 12 states (including PA) a
Medicare Advantage plan is the only plan available for Medicare-eligible retirees.



Medicare Advantage Plans - Star Rating

- Medicare Advantage Star Rating Scale from 1 to 5
 - Created by Centers for Medicare & Medicaid Services (CMS) to enable Medicare beneficiaries a way to measure the quality of health and/or prescription drug services of an insurance provider
 - Stars are determined by several factors, including:
 - Helping members stay healthy
 - Managing chronic health conditions
 - Ensuring positive member experiences
 - Achieving member satisfaction
 - Providing superior customer services

Medicare Advantage Plans - Star Rating

- Important to insurance providers as there are financial incentives for plans that receive a star rating of 4 or higher
- Plans are required by law to spend any incentives received on extra benefits for members, such as hearing or vision coverage
- Most recent star rating for Highmark's Freedom Blue PPO Plan was 4 ½ stars

- Highmark's Freedom Blue PPO Medicare Advantage product was <u>customized</u> by the State System to provide equivalent or better value to the Signature 65 Medicare Complement with Major Medical coverage
- This plan is <u>only available</u> to PA State System of Higher Education members (retirees, dependents, and survivor spouses)
- Do not need to select a Primary Care Physician (PCP), but it is highly encouraged
- No referrals to see a specialist or other providers

- Created as a "passive" PPO plan same member benefits and cost regardless of provider's network status (in-network or out-ofnetwork) for medical services
- Members may continue to use any provider that accepts Medicare
- Providers not accepting the Freedom Blue PPO Medicare
 Advantage plan will be reimbursed for services at the same reimbursement level as under the Signature 65 plan*

^{*}Currently aware of <u>one</u> provider, Mayo Clinic of Jacksonville, Florida, that has indicated they will not accept any Medicare Advantage plan regardless of the reimbursement level of the plan

Benefit Design

Plan Wide Cost Sharing	Freedom Blue PPO Member Pays (In-Network and Out-of-Network)
Deductible	Medicare Part B (currently \$240)
Member Out of Pocket Maximum This is the member will pay out of pocket	Medicare Part B deductible + Rx Copays (more information in Rx section)

Medical Benefits	Freedom Blue PPO Member Pays (In-Network and Out-of-Network)
PCP Office Visit	\$0
Specialist Office Visit	\$0
Therapies (Speech, Physical, Occupational)	\$0
Inpatient Hospital	\$0 *
Skilled Nursing Facility (up to 100 days per benefit period)	\$0 *

^{*}After Medicare Part B deductible

Medical Benefits	Freedom Blue PPO Member Pays (In-Network and Out-of-Network)
Outpatient Surgery	\$0 *
Emergency Room	\$0
Urgent Care	\$0
Ambulance	\$0 *
Diagnostic Services (Lab and Images)	\$0 *
Durable Medical Equipment	\$0 *
Part B Rx	\$0 *

^{*}After Medicare Part B deductible

Prior Authorizations

May apply for medical services depending upon the specific care requested

Accident-related dental services

Ambulance Services (non-emergency)

Chiropractic Care (Medicare-covered

services)

Diabetic Services & Supplies

Diagnostic Tests, Lab, Radiology

Services

Durable Medical Equipment

Home Health Care

Inpatient Hospital Care

Medicare Part B Drugs

Mental Health Care

Outpatient Hospital /Ambulatory

Services

Outpatient Rehabilitation

Physical Therapy

Skilled Nursing Facility

Transportation (Routine)

New Custom Freedom Blue Medicare Advantage PPO Plan Prior Authorizations (continued)

 Same approval process in place for State System active employees and pre-Medicare retirees

• In 2023, 93% approval rate for first time prior authorizations requests

 Your provider would submit the prior authorization request to Highmark Blue Shield on your behalf

New Custom Freedom Blue Medicare Advantage PPO Plan Prior Authorizations (continued)

Decision Timelines*

Standard requests (when received complete information) – 14 calendar days

Expedited requests (when standard deadline could cause harm to a member's health or hurt their ability to function) – 72 hours

For calendar year 2022, Highmark's turnaround time for expedited cases was 1.57 days and standard cases was 4.05 days

*Effective January 2026, CMS is revising the timeline for standard requests to 7 days while expedited requests remain at 72 hours

Prescription Drugs

Flat dollar copays instead of a pharmacy discount plan

No longer necessary to save receipts, complete a major medical claim form, and then wait four to six weeks for reimbursement

At most, a specialty medications will cost \$30 for a 30 day-supply

- Open formulary similar to Signature 65
- Over 60,000 pharmacies in the network, pay less when you choose a preferred pharmacy
- 90 day-supply available at retail pharmacies for 3x copay

Prescription Benefits	Freedom Blue PPO Member Pays	
Retail Prescription (< = 30-day supply)	Preferred Pharmacy	Standard Pharmacy
- Tier 1: (Preferred Generic)	\$0	\$5
- Tier 2: (Non-Preferred Generic)	\$0	\$5
- Tier 3: (Preferred Brand & Certain Generics)	\$10	\$15
- Tier 4: (Non-Preferred)	\$10	\$15
- Tier 5: (Specialty)	\$30	\$30
Retail Prescription (> 30-day supply)	3х сорау	
Mail Order (> 30-day supply)		
- Express Scripts	2x copay for up	to a 90-day supply
- Other Mail Order Pharmacies	3x copay for up to 90-day supply	
- Specialty drugs limited to 30-day supply		
2025 Out of Pocket Maximum (pertains to the insurers' costs, not necessarily the members cost)	\$2,000	

\$2,000 Annual Out of Pocket Spending Cap Examples

Example A Accumulation/Calculation Of the \$2,000 Member out of pocket costs	
CMS Drug Cost	\$1,000
CMS Defined Standard Benefit Copay	\$250
Member Actual Copay	\$30
Out of Pocket Accumulation	\$250

Example B Accumulation/Calculation Of the \$2,000 Member out of pocket costs	
CMS Drug Cost	\$5,000
CMS Defined Standard Benefit Copay	\$1,250
Member Actual Copay	\$30
Out of Pocket Accumulation	\$1,250

New Custom Freedom Blue Medicare Advantage PPO Plan Prescription Drug (continued)

Open Formulary - Highmark's branded "Incentive Drug Formulary"

To determine the tier (1 - 5) of your prescription medication, there are three options:

Option 1: Call the Medicare Advantage concierge team at 1-888-431-2831

Option 2: Post January 2025, you may request a hard copy formulary via mail by contacting Highmark Blue Shield at 1-800-550-8722.

Prescription Drug (Continued)

Option 3: Lookup medication on the formulary

- Visit https://medicare.highmark.com/
- Scroll to the bottom of the page and click
 Find a Prescription Drug
- Scroll down the page and click Incentive Formulary
- You will be asked if you would like to continue and leave the website, click Yes
- You will be presented with a screen similar to the image to the right. Enter your prescription drug name and click Search Button
- Find the appropriate dose/strength and refer to the status column for the tier level.



Medicare-Approved 2024 Incentive Formulary: 24011

5 Tier Incentive Formulary

Download the latest comprehensive copy of the Medicare Part-D formulary with prior authorization here

For detailed instructions on how to use this site, please click here

All drugs returned upon search are covered on the formulary. The formulary status (e.g., tier) and any applicable coverage restrictions (e.g., prior authorization, quantity limit) are denoted by symbols. A "Definition of Symbols" is displayed immediately following the search results.

Alphabetical Search

Drug Search

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Brand & Generic Name Search

Search Button

Therapeutic Class Search

ANALGESICS
ANESTHETICS
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS
ANTIBACTERIALS
ANTICONNULS SANTS

Prescription Drug (Continued)

Preferred Pharmacies

Highmark Blue Shield has relationships with many major pharmacies to help lower your drug costs. If you get your medications at one of these pharmacies, you'll save money.

CVS/Target, Costco, Giant Eagle, Giant Foods, Rite Aid, Sam's Club, Tops Pharmacy, Walmart, Weis, Albertsons, Express Scripts Mail Order, and many independent pharmacies

Nationally, there are over 30,000 preferred pharmacies.

You could also use one of the 30,000 standard pharmacies and pay a little more for your medication.

To determine if your pharmacy is a standard or preferred pharmacy, contact the Medicare Advantage concierge team at 1-888-431-2831.

Prescription Drug (continued)

Medicare Part D Excluded Medications Included in Coverage

These medications are included via the special rider added to our prescription drug plan.

Most drugs on this list do not require prior authorization. The exception are drugs that may be used in certain circumstances or need a higher dosage (e.g. greater than Cialis 2.5 mg.)

The generic medications are categorized as Tier 2 and brand medications are categorized as Tier 4.



Important Information about Certain Medicare Excluded Prescription Drugs

The following is a list of Medicare Part D excluded drugs covered under your plan. The cost sharing for these drugs is Generic-Tier 2 and Brand-Tier 4 listed in your plan documents.

Drug Name	Requirements/Limits
Caverject Vial (ea) 20 mcg and 40 mcg	QL (0.2 EA per 1 day), *, +
Caverject Kit 10 mcg and 20 mcg	QL (0.2 EA per 1 day), *, +
Cialis Tablet 2.5 mg	QL (2 EA per 1 day), *, +
Cialis Tablet 5 mg	QL (1 EA per 1 day), *, +
Cialis Tablet 10 mg and 20 mg	QL (0.2 EA per 1 day), *, +
Drisdol 1.25 MG (50,000 Unit)	*,+
Edex Kit 10 mcg, 20 mcg and 40 mcg	QL (0.2 EA per 1 day), *, +
Ergocal Ciferol 1.25 mg	*,+
Folic Acid Tablet 1 mg	*,+
IFE-BIMIX 30/1 150-5 MG/5 ML	QL (0.2 EA per 1 day), *, +
IFE-PG20 100 MCG/5 ML VIAL	QL (0.2 EA per 1 day), *, +
Levitra Tablet 2.5 mg, 5 mg, 10 mg and 20 mg	QL (0.2 EA per 1 day), *, +
Muse Suppository, Urethral 125 mcg	QL (0.2 EA per 1 day), *, +
Muse Suppository, Urethral 250 mcg	QL (0.2 EA per 1 day), *, +
Muse Suppository, Urethral 500 mcg	QL (0.2 EA per 1 day), *, +
Muse Suppository, Urethral 1000 mcg	QL (0.2 EA per 1 day), *, +
PAPAVRN 30 MG-PHENTO 1 MG/ML	QL (0.2 EA per 1 day), *, +
PPVRN 12MG-PHNT 1MG-ALPR 10MCG	QL (0.2 EA per 1 day), *, +
PPVRN 30MG-PHNT 1MG-ALPR 20MCG	QL (0.2 EA per 1 day), *, +
Promethazine HCL/Codeine Syrup 6.25-10/5	*,+
Promethazine DM Syrup 6.25-15/5	*,+
Sildenafil 25 MG, 50MG and 100 MG TABLET	QL (0.2 EA per 1 day), *, +
Staxyn Tablet, Disintegrating 10 mg	QL (0.2 EA per 1 day), *, +
Stendra Tablet 50 mg, 100 mg and 200 mg	*,+
Tadalafil 2.5 MG TABLET	QL (2 EA per 1 day), *, +
Tadalafil 5 MG TABLET	QL (1 EA per 1 day), *, +
Tadalafil 10 MG and 20 MG TABLET	QL (0.2 EA per 1 day), *, +
TRI-MIX 150 MG-5 MG-50 MCG VL	QL (0.2 EA per 1 day), *, +
Viagra Tablet 25 mg, 50 mg and 100 mg	QL (0.2 EA per 1 day), *, +
Vitamin D2 1.25MG(50,000 UNIT)	*,+
Vitamin D2 50 MCG (2,000 UNIT)	*,+
+ This prescription data is not normally covered	in a Madicara Prescription Data

⁺⁻ This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you quality for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of the formulary.

New Custom Freedom Blue Medicare Advantage PPO Plan Prescription Drug (continued)

Immunizations

The following immunizations are currently covered under the Signature 65 plan and will continue to be covered under the Freedom Blue Medicare Advantage PPO Plan:

COVID - 19

Pneumococcal (pneumonia)

Influenza (flu)

Additional immunizations that will now be covered:

Hepatitis A

Shingles

Hepatitis B

Tetanus, Diptheria & Pertussis (Tdap)

Respiratory Syncytial Virus (RSV)

Tetanus & Diphtheria (Td)

For more information on which immunizations may be recommended for you, please consult your provider.

Additional Benefits

Vision

- Offered through Davis Vision
- Routine eye exam (Network \$0 member cost; Out of Network \$50 copay applies)
- Routine eyewear

\$0 member cost for Davis Vision Fashion Collection frames/standard lenses and contacts lenses

\$150 benefit maximum for other frames/lenses and specialty contact lenses

Additional Benefits (continued)

Hearing Exam

No member cost

Hearing Aids

- Offered through TruHearing
- \$499 copay for the Advanced hearing aid or \$799 copay for the Premium hearing aid
- Up to two hearing aids per year
- \$500 allowance every 3 years for any other hearing aid

Additional Benefits (continued)

Over-the-Counter (OTC) Product Allowance

- \$25 allowance per calendar quarter (not a cumulative benefit)
 Four quarters a calendar year (Jan Mar, Apr Jun, Jul Sep, Oct Dec) = \$100 annual benefit
- Select from over 400 products listed in Highmark Blue Shield's OTC Product Catalog which include cough and cold medicines, pain relievers, vitamins, dental care, first aid, and more
- Members order their OTC products via a specific website or by telephone
- Free shipping and handling is provided for one OTC order per quarter

Additional Benefits (continued)

Personalized Wellness Plan

 Receive a personalized list of wellness "to-dos" - complete activities for a Wellness Award - \$20 gift card in 2024

May include the following:

Annual Wellness Visit

Bone Mineral Density Test

Breast Cancer Screening

Colorectal Cancer Screening

Medication Management for Diabetes

Medication Management for High Blood Pressure

Medication Management for High Cholesterol

Comprehensive Diabetes Care (HbA1c, Nephropathy Test, Retinal Eye Exam)

Comprehensive Medication Review

Statin Therapy for Heart Disease

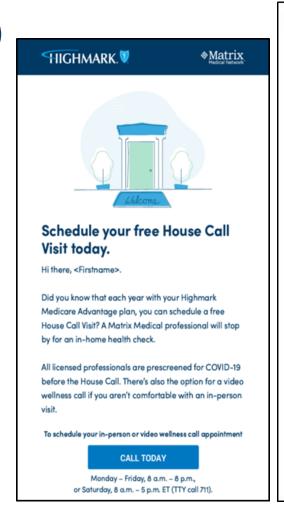
Statin Therapy for Diabetes

House Call Assessment

Additional Benefits (continued)

House Call

- Voluntary free annual service that provides 1:1 time with a licensed medical professional in the comfort of your home
- Provides a third-party perspective on your health, as well as tips on how to remove potential safety hazards that may lead to falls
- Scheduling the service earns you a Wellness Reward (\$20 gift card in 2024)





With a Highmark House Call, telehealth is an option too.

your home, you can also complete the visit virtually by using a phone, tablet,

If you don't feel comfortable having the doctor or nurse practitioner in

or computer with audio and video capabilities.

Additional Benefits (continued)

Post-Discharge Meals

- Make your return from the hospital easier by having premade, frozen meals delivered directly to your home – at no cost to you
- Annual benefit Two meals per day for up to 14 days
- Meals available to meet a variety of dietary needs diabetic, vegetarian, gluten-free, kosher, etc.



Additional Benefits (continued)

Health Matters Newsletter

- Mailed to your home
- Article topics may include -

How to manage chronic conditions

Member Spotlight

New member benefits

Ways to improve mental health

Learn where to go for the type of care you need

Freedom Blue PPO plan STARs scores and how they impact members



Additional Benefits (continued)

Caregiver Support

Tools and resources to help provide better support and avoid burnout

Blue Neighbors

Helping seniors stay connected and building community, one neighbor at a time

Transportation Benefit

- Rides for non-emergency, routine care 24 one-way trips
 - Transportation related to continued acute care after discharge does not apply towards the trip limit.

Additional Benefits (continued)

Medicare Insiders Advisory Board

- Join our advisory board and become a Highmark insider
- Provide insight and feedback to how we can do better
- From surveys to idea sessions, you can share your thoughts and be heard

New Custom Freedom Blue Medicare Advantage PPO Plan Additional Benefits (continued)

Health and Fitness

- A Health & Fitness program providing whole-health solutions including fitness facility memberships, extensive digital library of fitness and wellness classes, nutrition and meal planning courses and much more
- There are over 13,000 gyms, studios and community centers in the preferred network with the ability to go out of the network
- Nutritional programs including 500+ exclusive recipes
- This benefit is provided at no cost to you



Signature 65 vs. Freedom Blue PPO Benefit Comparison

		Current Signature 65 Plan	Freedom Blue PPO
ber Costs	Medical Deductible Amounts	Medicare Part B Deductible: \$240 (2024) Major Medical Deductible: \$100, \$250 or \$500 depending on retirement date	Medicare Part B Deductible: \$240 (2024)
Mem	Coinsurance	20% up to out-of-pocket (OOP) max of \$350 or \$380, dependent on retirement date	0% – No coinsurance
Benefit and Member	Member Out of Pocket Maximum Amount (MOOP)/ (In-Network/Combined) This is the <u>most</u> the member will pay out-of-pocket	Coinsurance max + Part B Deductible + Major Medical Deductible = \$690 to \$1,120 depending on retirement date	\$240 + RX Copays (if applicable)
L 8	Office Visits - PCP	Covered – No member cost after Medicare Part B Deductible	Covered – No member cost
Physician Services	Office Visits- Specialist	Covered – No member cost after Medicare Part B Deductible	Covered – No member cost
<u> </u>	Therapies (PT/OT/Speech/Respiratory)	Covered – No member cost after Medicare Part B Deductible	Covered – No member cost

		Current Signature 65 Plan	Freedom Blue PPO
Facility Services	Inpatient Hospital Stays Includes acute, inpatient rehab, and other types of inpatient hospital services.	Covered – No member cost	Covered – No member cost after Medicare Part B Deductible
	Skilled Nursing Facility 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.	Covered – No member cost	Covered – No member cost after Medicare Part B Deductible
	Home Health	Covered – No member cost after Medicare Part B Deductible	Covered – No member cost after Medicare Part B Deductible
	Emergency Room Cost sharing for necessary emergency services is at the In Network level of benefits, regardless of network status. Emergency care is covered worldwide.	Covered – No member cost after Medicare Part B Deductible	Covered – No member cost
	Urgent Care Clinic Cost sharing for necessary urgently needed services is at the In Network level of benefits, regardless of network status. Urgent Care is covered worldwide.	Covered – No member cost after Medicare Part B Deductible	Covered – No member cost

		Current Signature 65 Plan	Freedom Blue PPO
Services	Outpatient Surgery	Covered – No member cost after Medicare Part B Deductible	Covered – No member cost after Medicare Part B Deductible
	Standard Imaging (Example: X-Ray) Advanced Imaging (Examples: CT scans, MRI)	Covered – No member cost after Medicare Part B Deductible	Covered – No member cost after Medicare Part B Deductible
Facility Se	Diagnostic Testing Physician Office/Free Standing Lab/Outpatient Facility	Covered – No member cost after Medicare Part B Deductible	Covered – No member cost after Medicare Part B Deductible
Fac	Ambulance Cost sharing for necessary emergent ambulance is at the In Network level of benefits, regardless of network status, per one way trip.	Covered – No member cost after Medicare Part B Deductible	Covered – No member cost after Medicare Part B Deductible
Lifetime Maximums	Major Medical – Lifetime Maximums	Ranges from \$500,000 to \$1,075,000 lifetime maximum dependent on retirement date	Not applicable – No lifetime maximums

		Current Signature 65 Plan	Freedom Blue PPO (In-Network)
tion Drug ts	Prescription Drug Coverage	Covered	Covered
rip	Formulary	Open	Open (Incentive)
Part D Prescription Drug Benefits	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
Vember	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 and pharmacy
Prescription Drug Member Costs	Retail – over 30-day supply	N/A	Co-pays range from \$0 to \$45, depending upon medication prescribed and pharmacy
Prescrip Costs	Mail Order – up to 90-day supply	Member pays 20% after Deductible, up to OOP max	Co-pays range from \$0 to \$45, depending upon medication prescribed and mail order pharmacy

		Current Signature 65 Plan	Freedom Blue Medicare Advantage PPO (In-Network)
Value Added Benefits	Fitness program - Eligible members receive a fitness membership with access to all basic amenities plus fitness classes.	Not Covered	Covered – There is no charge for the Fitness program and classes.
	Routine Vision Exam (Offered through Davis Vision)	Not Covered	Covered – No member cost (Note: The out-of-network benefit is \$50)
	Routine Vision Eyewear (Offered through Davis Vision)	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 hearings aids per year. There is \$500 allowance every 3 years for any other hearing aids through TruHearing®.

		Current Signature 65 Plan	Freedom Blue Medicare Advantage PPO (In-Network)
Value Added Benefits	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 Podiatry is not covered.	Covered – Routine Podiatry visits are limited to 10 visits per calendar year.
	Routine Chiropractic and Podiatry Rider These are routine/not medically necessary services that are not covered by Original Medicare.	Routine Chiropractic covered under Part B and Major Medical, subject to deductible and coinsurance, more recent retirees limited to 30	Routine Chiropractic visits are limited to 8 per calendar year.
		visits per calendar year.	No member cost.

In-Person Presentations

 In-person presentations are scheduled at university locations for current retirees

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6/24/2024 – Indiana
7/11/2024 – Kutztown
6/25/2024 – PennWest Clarion
7/15/2024 – Commonwealth Lock Haven
7/16/2024 – Commonwealth Mansfield
7/17/2024 – Commonwealth Bloomsburg
7/17/2024 – Commonwealth Bloomsburg
7/17/2024 – Commonwealth Bloomsburg
7/17/2024 – East Stroudsburg
7/09/2024 – Shippensburg
8/01/2024 – West Chester
7/10/2024 – Millersville
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Register at <u>www.passhe.edu/ahcp</u>

Virtual Online Presentations

- Sessions held June 20 and 21
- Presentations will be scheduled for August 2024
- Additional virtual presentations will be scheduled for September 2024 through December 2024, as needed
- Check <u>www.passhe.edu/ahcp</u> for scheduled presentations and to register in advance

Freedom Blue PPO Anticipated Communication Schedule

- You will continue to receive communications throughout 2024 about your transition of coverage
- Check <u>www.passhe.edu/ahcp</u> for a history of communications sent in addition to regularly updated FAQs
- October 2024 November 2024
 - Pre-enrollment kits mailed to homes that include a benefits summary, checklist, required CMS notifications, and more

Freedom Blue PPO Anticipated Communication Schedule (cont.)

- December 2024 Welcome kit and new ID cards mailed to members (separate mailings)
- December 2024 January 2025

Welcome call by the concierge team to welcome new members; explain what to expect next as a Medicare Advantage members; answer questions and provide assistance

January 2025 – March 2025

Materials sent to new members to educate them on how to use their plan and benefits; personalized wellness plan for 2025 provided; initial House Call outreach is completed

Freedom Blue PPO Anticipated Communication Schedule (cont.)

April 2025 – June 2025

Ongoing education communications are sent, and outbound calls made to new members who are using their plan for the first time

July 2025 – August 2025

Outbound call to members who have not used their plan yet

Summary

Medical

- Customized plan designed for only State System retirees
- Passive PPO (same member benefit & cost for all providers who accept Medicare)
- Coverage available throughout the United States
- Prior authorizations may apply for certain types of services (not emergency care) like inpatient care, home health care, and home infusion therapy
- No referrals needed to see a specialist or other providers

Summary

Prescription Drug

- Flat member copays ranging from \$0 \$30 at retail pharmacies
- Specialty medication available for a \$30 member copay
- 60,000 network pharmacies, members pay less at 30,000 preferred pharmacies
- 90-day supply medication available at retail pharmacies for 3x copay
- Open formulary similar to Signature 65 plan
- More immunizations (including RSV and Shingles) will now be covered

Summary of Frequent Questions from Presentations

Question - How do I find

- if my pharmacy is preferred or standard?
- my medication tier so I know my member copay?

Answer – Contact Highmark's Medicare Advantage concierge team at 1-888-431-2831

Summary of Frequent Questions from Presentations

Question – Does Freedom Blue Medicare PPO plan work overseas? **Answer** – Yes, but only for emergency care.

Question – Will my spouse be offered coverage after my death?

Answer - If your spouse was enrolled on your coverage at the time of your death, then yes, they would be offered the ability to enroll in survivor spouse coverage.

Question – What will the monthly premium be for survivor spouse coverage in the Freedom Blue PPO plan?

Answer – Highmark has not yet released the premiums for the Freedom Blue PPO for January 2025. This information will be available later in the year.

Summary of Frequent Questions from Presentations

Question — Will this plan change the premiums that I pay to the State System for my retiree health coverage?

Answer – There are essentially four categories of members with respect to monthly premiums:

- Members who retired prior to July 1, 2005. These retirees do not pay any premiums to the State System, and they will continue to pay no premiums for the new Freedom Blue PPO.
- Members who retired between July 1, 2005 and June 30, 2008. These members pay a percentage of the cost of the retiree plan, and their premiums change every year. For these members, their State System premiums will change in January 2025.
- Members retired after June 30, 2008. The premiums these members pay are fixed, and only change when the premium cost-sharing changes for active employees. These members will not have a premium change in January 2025.
- Survivor spouses pay the full premium cost. Their premiums will change in January 2025.

Questions

- Highmark Blue Shield is available to lookup pharmacies, medication, or to address specific personal questions.
- Questions may also be directed to Highmark 1-888-431-2831, Monday Friday from 8:00 am – 4:30 pm
- www.passhe.edu/ahcp for a history of communications sent and other information



PENNSYLVANIA'S STATE SYSTEM of HIGHER EDUCATION

Jinsburg Mansfield Clarion Millersville East Strougsburg IUP Look Haven West Chester Chevney Look Haven Mansfield Clarion Millersville East Strougsburg IUP Look Haven West Chester Chevney Look Haven West Ch

Stoonspira Manageld Clarion Willersville East Strongspira Inb. 104 Family Famour Chevney Chevney Wast Chester Chevney California Slippery Rock Rutztown West Chester Chevney Famour Chevney California Slippery Rock Rutztown West Chester Chevney Che