

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)
Benefit and Member 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)
	Coinsurance	20% up to out-of-pocket (OOP) max of \$350 or \$380, dependent on retirement date	0% – No coinsurance
	Member Out of Pocket Maximum Amount (MOOP)/ (In-Network/Combined) <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	\$240 + RX Copays (if applicable)
Physician Services	Office Visits - PCP	Covered – No member cost after Medicare Part B Deductible	Covered – No member cost
	Office Visits- Specialist	Covered – No member cost after Medicare Part B Deductible	Covered – No member cost
	Therapies (PT/OT/Speech/Respiratory)	Covered – No member cost after Medicare Part B Deductible	Covered – No member cost
Facility Services	Inpatient Hospital Stays <i>Includes acute, inpatient rehab, and other types of inpatient hospital services.</i>	Covered – No member cost	Covered – No member cost after Medicare Part B Deductible
	Skilled Nursing Facility <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	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 <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	Covered – No member cost
	Urgent Care Clinic <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	Covered – No member cost
	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
	Diagnostic Testing <i>Physician Office/Free Standing Lab/Outpatient Facility</i>	Covered – No member cost after Medicare Part B Deductible	Covered – No member cost after Medicare Part B Deductible
	Ambulance <i>Cost sharing for necessary emergent ambulance is at the In Network level of benefits, regardless of network status, per one way trip.</i>	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)
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	SilverSneakers® Fitness program - <i>The nation's leading wellness program designed exclusively for Medicare beneficiaries. Eligible members receive a fitness membership with access to all basic amenities plus fitness classes.</i>	Not Covered	Covered – There is no charge for the SilverSneakers® 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 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.

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. "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. SilverSneakers is a registered mark of Tivity Health Inc. Tivity Health Inc., is a separate company that administers the SilverSneakers program. 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.

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.

Tenemos servicios gratis de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan médico o de medicamentos. Para obtener un intérprete, simplemente llámenos al número que figura en la parte de atrás de su tarjeta de ID (TTY: 711). 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 ID 卡背面的电话号码（TTY：711）与我们联系即可。说中文的工作人员可为您提供帮助。此项服务免费。