

**IMPORTANT INFORMATION ABOUT MEDICARE ADVANTAGE AND
MEDICARE ADVANTAGE PRESCRIPTION DRUG PLAN (MAPD) COVERAGE
FOR MEDICARE ELIGIBLE PARTICIPANTS**

Effective January 1, 2025, the current coverage offered by Pennsylvania's State System of Higher Education will change to the Freedom Blue PPO Medicare Advantage Prescription Drug plan.

Because the Freedom Blue PPO plan is approved and governed by the Centers for Medicare and Medicaid Services ("CMS"), Highmark is required to send certain informational materials to you explaining how Medicare Advantage Prescription Drug (MAPD) plans operate. Enclosed you will find the Summary of Benefits and your rights and options governing enrollment or disenrollment.

If you elect to remain enrolled in the sponsored plan from Pennsylvania's State System of Higher Education, we will automatically enroll you in the Freedom Blue PPO plan effective January 1, 2025, and you will receive new identification cards in December 2024.

However, as a Medicare eligible beneficiary, you have the option to enroll in any other approved MAPD Plan.

NOTE: You may not elect to enroll in both the Freedom Blue PPO and another Medicare sponsored MAPD plan at the same time. Enrollment in only one plan is allowed.

If you elect to enroll in another non-sponsored Medicare MAPD or Prescription Drug Plan (PDP), your coverage sponsored by Pennsylvania's State System of Higher Education could be terminated.

Before you make any decision to enroll in another MAPD plan, you should carefully compare the plan's benefits and costs, including monthly premiums, to your coverage options sponsored by Pennsylvania's State System of Higher Education. **If you need assistance or additional information, please call the telephone number listed in this booklet.**

Freedom Blue PPO is a Medicare Advantage plan and has a contract with the Federal government. You will need to keep your Medicare Part A and Part B. You can be in only one Medicare Advantage plan at a time, and you understand that your enrollment in this plan will automatically end your enrollment in another Medicare health plan or prescription drug plan. It is your responsibility to inform Pennsylvania's State System of Higher Education of any prescription drug coverage that you have or may get in the future. You understand that if you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

Once you are a member of Freedom Blue PPO, you have the right to appeal plan decisions about payment or services if you disagree. You will receive the Evidence of Coverage from Freedom Blue PPO which outlines the rules you must follow to continue coverage with this Medicare Advantage Plan. You understand that Freedom Blue PPO marketing materials, such as the Summary of Benefits, present only highlights of plans and options, not details.

Freedom Blue PPO members can reside anywhere in the United States. If you move outside of the United States, you need to notify the plan immediately. You understand that people with Medicare aren't usually covered under Medicare while outside the United States except for limited coverage near the United States border.

You understand that beginning on the date that your Freedom Blue PPO coverage begins, you have the same member cost for services in-network and out-of-network. Out-of-network/non-contracted providers are under no obligation to treat Freedom Blue PPO members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

If medically necessary, Freedom Blue PPO provides reimbursements for all covered benefits, excluding member cost sharing. Services authorized by Freedom Blue PPO and other services contained in the Freedom Blue PPO Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR FREEDOM BLUE PPO WILL PAY FOR THE SERVICES.**

Highmark Senior Health Company is a PPO plan with a Medicare contract. Enrollment in Highmark Senior Health Company depends on contract renewal with Medicare.

If you have any questions regarding the plan information that you receive from Highmark, please contact Highmark at 1-888-431-2831 (TTY users call 711), Monday – Friday from 8:00 a.m. – 4:30 p.m. ET. You can also contact Medicare for information on other Medicare Health Plan options that might be available by calling 1-800-MEDICARE (TTY users call 1-877-486-2048) 24 hours a day/7days a week.

NO ACTION IS REQUIRED TO ENROLL IN THE FREEDOM BLUE PPO PLAN

- **YOU WILL BE AUTOMATICALLY ENROLLED IN THE HIGHMARK FREEDOM BLUE PPO; AND**
- **RECEIVE NEW FREEDOM BLUE PPO IDENTIFICATION CARDS IN DECEMBER 2024**

Release of Information: By joining this Medicare health plan, you acknowledge that Freedom Blue PPO will release your information to Medicare and other plans as is necessary for treatment, payment, and healthcare operations. You also acknowledge that Freedom Blue PPO will release your information including prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. You understand that if you intentionally provide false information, you will be disenrolled from the plan.

State System Retiree & Survivor Spouse Freedom Blue PPO Opt-Out Process

Definitions:

State System Retiree – a former employee of the PA State System of Higher Education that met eligibility criteria to enroll in the Annuitant Health Care Program coverage upon their retirement

Survivor Spouse – the spouse of a State System Retiree that has since passed away

Note: If the State System Retiree opts-out, all spouse/dependent coverage opts-out as well.

- Check the “END COVERAGE” box below;
- Review the disclaimers;
- Print the State System Retiree/Survivor Spouse’s name, sign, and date;
- Return this form via any of the contact methods listed

Pennsylvania’s State System of Higher Education
Attn: AHCP Benefits
2300 Vartan Way, Suite 207
Harrisburg PA 17110

Fax #:717-720-4162

Email: retireebenefithelp@passhe.edu

END COVERAGE

Mark this box only if you want to opt out of enrollment in the Highmark Freedom Blue PPO effective January 1, 2025.

By choosing to opt out of the Freedom Blue PPO enrollment, your health care coverage sponsored by the Pennsylvania’s State System of Higher Education will cease effective January 1, 2025, and you waive all future rights to sponsored health care coverage, and release Pennsylvania’s State System of Higher Education from all future obligation to provide health care coverage to you and any dependents.

You understand that your signature (or the signature of the person authorized to act on your behalf under the laws of the State where you live) on this notice means that you have read and understand the contents of this notice. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by Freedom Blue PPO or by Medicare.

State System Retiree/Survivor Spouse Name _____

Signature _____ Date: _____

If you are the authorized representative, please provide the retiree/survivor spouse’s name above, sign your name above, and provide your information below:

Authorized Representative’s Printed Name: _____

Address: _____

Phone Number: (____) ____ - ____ Relationship to Enrollee _____

Spouse/Dependent Freedom Blue PPO Opt-Out Process

Definitions:

Spouse – the spouse of a State System Retiree that is currently enrolled in the Annuitant Health Care Program coverage

Dependent – a non-spouse dependent of a State System Retiree that is currently enrolled in the Annuitant Health Care Program coverage

Note: The following process should be used for Medicare-eligible spouses/dependents that opt-out of enrolling in the Freedom Blue PPO plan effective January 1, 2025, but the State System retiree will enroll in the Freedom Blue PPO plan.

- The State System retiree needs to complete the Annuitant Health Care Change Form, which can be found on our website:
<https://www.passhe.edu/hr/benefits/retirees/documents/ahcp-change.pdf>
- The form needs to have the State System Retiree’s name, indicate the spouse/dependent to be removed from coverage and the effective date of the enrollment change.
- This form needs signed by the State System Retiree and returned using any of the methods below.

Pennsylvania’s State System of Higher Education
Attn: AHCP Benefits
2300 Vartan Way, Suite 207
Harrisburg PA 17110

Fax #:717-720-4162

Email: retireebenefithelp@passhe.edu

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.

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。

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