Answers to Frequently Asked Questions

1. **Will I be transitioned to the Freedom Blue PPO plan if I reside outside of the United States?**
   If you reside outside of the United States, you will remain in the Signature 65 coverage.

2. **What happens if I reside within the United States, but later plan to reside outside of the United States?**
   If moving residency outside of the United States, you will be transitioned from the Freedom Blue PPO plan to the Signature 65 plan. If you move residency back to the United States, you will be transitioned to the Freedom Blue PPO plan.

3. **Do I need referrals to see a specialist?**
   No, members do not need a referral to visit a specialist.

4. **Do I need to obtain prior authorizations?**
   A provider may need to obtain approval for prior authorizations for certain types of services (not emergent care) like inpatient care, home health care, and home infusion therapy. The process will be similar to what you experienced with active employee coverage or pre-Medicare retiree coverage at the State System. Your providers will manage the prior authorization process on your behalf. In calendar year 2023, the Freedom Blue PPO prior authorization approval rate was 93% for first time authorizations submitted.

5. **Are there timelines for prior authorizations to be completed?**
   Yes, the Centers for Medicare and Medicaid Services (CMS) define the timelines for prior authorization requests. Standard requests (when received with complete information) must be completed in no more than 14 calendar days or 72 hours for Medicare Part B drugs.

   Expedited coverage decisions (when the standard deadline could cause harm to a member's health or hurt their ability to function) must be completed in no more than 72 hours or 27 hours for Medicare Part B drugs.

   In calendar year 2022, the turnaround time for expedited cases was 1.57 days and standard cases was 4.05 days.

6. **Will my current prescription drug authorizations transfer over to the new Freedom Blue PPO plan?**
   No, your provider will be required to submit a new authorization for your prescriptions that require an authorization. Additional information will be provided as the transition date of January 1, 2025, approaches.

7. **Can Medicare Advantage plans deny care that would otherwise have been approved by original Medicare?**
   Medicare Advantage plans are required to cover the same services that are covered by original Medicare Parts A & B. In addition to covering the same services, the Freedom Blue PPO plan offers additional services such as vision exams/frames, hearing aids, immunizations, meals after discharge from an inpatient hospital stay, a quarterly over-the-counter medication allowance, wellness and fitness benefits and personalized house call visits.

8. **Is there any routine dental coverage provided with the Freedom Blue PPO plan?**
   There is no routine dental coverage provided by the plan. Medicare covers accidental dental services only.

9. **In general, what are the CMS rules about joining, switching, or dropping a Medicare Advantage Plan?**
   If you are considering dropping your State System retiree medical benefits, please be advised that if you cancel your State System's Freedom Blue PPO Medicare Advantage plan coverage, you will not be able to re-enroll in any State System Annuitant Health Care Program coverage in the future.

   Below are some guidelines regarding the CMS rules concerning switching between Medicare plans. This is a general overview only, and any questions you have should be directed to Medicare at 1-800-MEDICARE (1-800-633-4227) or visit Medicare.gov.

   Generally, you can only join, switch, or drop a Medicare Advantage Plan during specified enrollment periods, which include annual Open Enrollment Periods, the Initial Enrollment Period (when first becoming eligible for Medicare) or during a Special Enrollment Period, which relates to a specific event, most commonly losing other insurance coverage.

   Again, you are encouraged to contact Medicare with any questions you may have about switching your coverage from the State System Annuitant Health Care Program to a different plan.

10. **Will the Freedom Blue PPO plan still have Major Medical?**
    Under the Freedom Blue PPO plan, Major Medical is not needed. Coverage for prescription medications, the predominant member benefit covered by Major Medical, will instead be provided by a prescription drug copay plan.

11. **Will the current Major Medical annual member deductible and coinsurance costs continue in the Freedom Blue PPO plan?**
    The new customized Freedom Blue PPO Plan will not have an annual deductible, other than the Medicare Part B deductible which members are currently responsible for in the Signature 65 Plan. The Freedom Blue PPO Plan will also not have member coinsurance. Most medical services, including physician services and hospitalization, will not have any member costs associated with them.

12. **I understand that my Signature 65 coverage will change to the Freedom Blue PPO Medicare Advantage plan effective January 2025. What happens to the rest of my family's coverage since they are not Medicare eligible?**
    Your family will continue with the same pre-Medicare plan coverage that they have today. If any of your enrolled family members later become Medicare eligible, they will be required to enroll in Medicare Parts A and B and then will be enrolled in the Freedom Blue PPO plan.

13. **Can my spouse be opted in to the eye doctor benefits only?**
    In order to utilize the vision benefits under the Freedom Blue PPO plan, your spouse must be enrolled in the Freedom Blue PPO plan.

14. **Are Medicare Parts A and B still our primary insurance?**
    Retirees are required to be enrolled in Medicare Parts A and B and continue to pay any associated premiums. A Medicare Advantage plan bundles all the coverages together (Medicare Parts A, B, and Part D, which provides the prescription drug benefits) to provide seamless comprehensive coverage. Retirees will

only have to provide one card, the Freedom Blue PPO card, when obtaining services and will receive one Explanation of Benefits (EOB) from Highmark Blue Shield.

15. **How does coverage for specialty medications work under the Freedom Blue PPO plan?**
    All specialty medications have a $30 member copay for up to a 30-day supply.

16. **How can I ensure my continued access to brand name medications?**
    If it is important to ensure continued use of a specific brand name medication, check with your provider to determine if a new prescription stating that the medication may not be substituted with an equivalent generic medication is required. Without this distinction on the prescription, many states permit pharmacies to automatically dispense an equivalent generic medication without receiving the patient's consent. Be advised that a brand medication may have a higher member copay than an equivalent generic medication does.

17. **Is use of a mail-order pharmacy mandatory under the Freedom Blue PPO Plan?**
    There is no requirement to obtain medication from a mail order pharmacy. However, you will generally save money by using Express Scripts mail-order for maintenance medications, as you will only be charged twice the retail copay amount for three months of medication. Plus, many members like the convenience of receiving their maintenance medications delivered directly to their homes, instead of going to the pharmacy.

18. **What is the monthly premium for survivor spouse coverage in the Freedom Blue PPO plan?**
    The monthly premium for survivor spouse coverage effective for January 2025 has not yet been released by Highmark Blue Shield. Once the monthly premium is known, survivor spouses will be provided with this information.

19. **How can I determine the medication tier (and associated member copay) for my prescription drug under the Freedom Blue PPO plan?**
    You may contact the Medicare Advantage concierge unit at Highmark Blue Shield by calling 1-888-431-2831 (TTY: 711), Monday – Friday, from 8:00 a.m. to 4:30 p.m.

    You may also check the formulary online by following these steps:
    - Visit https://medicare.Highmark.com
    - Scroll to the bottom of the page and click the **Find a Prescription Drug** option
    - 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 where you will enter your prescription drug name and click **Search Button**
    - Find the appropriate dose/strength and refer to the status column for the tier level.

    Another option starting in January 2025 would be to request a hard copy formulary via mail by contacting Highmark Blue Shield at the same number listed above.

20. **Can I retain my current medical provider?**
    Yes, if your current provider accepts Medicare.

21. **I assume that the transition to the Freedom Blue PPO Medicare Advantage plan will save the State System money, why are my monthly premiums for coverage not decreasing?**
The monthly premiums that most retirees pay for their health care coverage have no direct correlation to the actual cost of the health care coverage in which they are enrolled as retirees. Monthly premiums for the majority of retirees are based upon the premiums they paid as active employees. Generally, these retiree premiums only change when the percentage of costs that active employees pay for their coverage changes.

The monthly premiums for survivor spouses are based upon the full cost of the current health care coverage in which they are enrolled. The rates for survivor spouse coverage for January 2025 have not been determined by Highmark Blue Shield at this time.

22. **Regarding the new Over-the-Counter (OTC) Benefit Allowance, if I do not spend the entire $25 OTC allowance in a calendar quarter, does the remaining amount carry over to the next calendar quarter?**
No, unused calendar quarter OTC allowances do not carry forward to the next calendar quarter.

23. **What immunizations are covered under the Freedom Blue PPO plan?**
The following immunizations are currently covered under the Signature 65 plan and will continue to be covered under the Freedom Blue PPO plan:

COVID-19	Pneumococcal
Influenza (flu)	

Additional immunizations that will now be covered under the Freedom Blue PPO Plan are:

Hepatitis A	Shingles
Hepatitis B	Tetanus, Diphtheria & Pertussis (Tdap)
Respiratory Syncytial Virus (RSV)	Tetanus & Diphtheria (Td)

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

24. **What happens if I need medical attention from an out-of-network provider?**
The Freedom Blue PPO plan was designed to provide members with the same level of benefit coverage at the same member cost for services rendered at both in-network and out-of-network providers. The difference is how providers are paid by the plan. In-network providers have agreed to certain reimbursement amounts while out-of-network providers are paid at 100% of Medicare's allowance (which is the same amount that Signature 65 pays providers).

There are certain providers that have stated that Medicare Advantage plans are not accepted. The vast majority of these providers will accept the out-of-network reimbursement level paid by the Freedom Blue PPO Plan as it is 100% of Medicare's allowance. To-date, we have become aware of only one provider, Mayo Clinic of Jacksonville Florida, that they will not accept the Freedom Blue PPO plan.

25. **How many physical therapy appointments are allowed per year? What is the cost per visit?**
There are no visit limits on Physical Therapy however some services may require a prior authorization. The cost is covered with a $0 copay.

26. **How does the Freedom Blue PPO plan work if I am admitted into a long-term care facility?**
Freedom Blue PPO pays for all services covered by Original Medicare which does not cover long-term care facilities (the primary type of care provided is custodial care). Therefore, Freedom Blue PPO would not cover custodial care in a long-term care facility.

Custodial care is personal care provided in a nursing home, hospice, or other facility setting when you do not need skilled medical care or skilled nursing care. Custodial care, provided by people who do not have professional skills or training, includes help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around, and using the bathroom. It may also include the kind of health-related care that most people do themselves, like using eye drops. Medicare doesn't pay for custodial care.

If a member is admitted to a skilled nursing facility and has exhausted their 100 days or no longer needs skilled services, Freedom Blue PPO will cover any services not related to the skilled nursing stay. For example, if the member has to see a physician for a cold, flu or other medical condition

27. **Is telemedicine included in the Freedom Blue PPO plan?**
Telemedicine is covered if offered through the physicians office. We do offer additional virtual benefits for the following services; Urgent care, Behavioral health, Women's Health and Dermatology.

28. **How do I confirm if my Durable Medical Equipment (DME) provider participates with this coverage? What is the cost for DME?**
You can check to see if your DME provider particpates with this coverage by callling our Medicare Advantage concierge unit at Highmark Blue Shield by calling 1-888-431-2831 (TTY: 711), Monday – Friday, from 8:00 a.m. to 4:30 p.m. or you may visit our website and click on find a provider. The Freedom Blue PPO plan was designed to provide members with the same level of benefit coverage at the same member cost for services rendered at both in-network and out-of-network providers. The cost for the DME benefit is a $0 copay after the Part B deductible has been met.

29. **I have read that Medicare Advantage plans change coverage and costs frequently, especially for drug plans. Will our customized plan give us protection from frequent coverage changes?**
The Freedom Blue PPO plan has been customized for State System retirees to provide a specific level of benefits. There may be modifications from time to time on additional benefits, provider status, or formulary, but the core plan design (copays, benefits coverage and member cost regardless of the network status) will remain the same.

30. **Are retirees' current health issues grandfathered? Will current treatments be subjected to pre-authorization?**
This plan will accept all preexisting conditions and we will provide continuation of care support. Some services may be subject to prior authorization.

31. **I understand that emergency services will be covered during international travel. Must research be done prior to travel to determine which providers will be covered for emergency services?**
Emergency Services are covered anywhere in the world. Members are not required to find out in advance is a provider in participating in a an emergency situation.

32. **Please provide details of chiropractic care.**
    - Medicare covered - the manual manipulation of the spine to correct a subluxation. (when the spinal joints fail to move properly, but the contact between the joints remains intact)

    - Routine covered - limited to spinal manipulation. These are services that are not covered by original Medicare.

33. **Is Acupuncture Covered.**

Medicare-covered Acupuncture visits up to 12 visits in 90 days for chronic low back pain. You must get acupuncture from a doctor, or another health care provider (like a nurse practitioner or physician assistant) who has both of these:

- A master's or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine
- A current, full, active, and unrestricted license to practice acupuncture in the state where you're getting care

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.
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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。