



Freedom Blue PPO

Summary of Benefits

January 1, 2023, to December 31, 2023

Thank you for your interest in Freedom Blue PPO. Our plan is offered by Highmark Senior Health Company, a Medicare Advantage Preferred-Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or every limitation or every exclusion. 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).

You have choices in your health care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare plan. Another option is a Medicare Advantage health plan, like Freedom Blue PPO. You may have other options, too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call Freedom Blue PPO at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, seven days a week.

How can I compare my options?

You can compare Freedom Blue PPO and the Original Medicare plan using this Summary of Benefits and visiting [medicare.gov](https://www.medicare.gov). For each benefit, you can compare what our plan covers and what the Original Medicare plan covers.

Our members receive all of the benefits that the Original Medicare plan offers. We also offer more benefits, which may change from year to year.

Where is Freedom Blue PPO available?

The service area for this plan varies. Please contact Freedom Blue PPO for more information.

Who is eligible to join Freedom Blue PPO?

You can join Freedom Blue PPO if you are entitled to Medicare Part A and enrolled in Medicare Part B.

More about Original Medicare

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Can I choose my doctors?

Freedom Blue PPO has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers within our network can change at any time. Also, the doctors and hospitals available to you may vary, depending on where you reside. You can ask for a current Provider Directory or, for an up-to-date list, visit us at highmarkblueshield.com/find-a-doctor. Our Customer Service number is listed at the end of this introduction.

What happens if I go to a doctor who’s not in our network?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network.

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. For a full list of cost sharing that applies to out-of-network services, please see the Summary of Benefits included in this document. For more information, please call the Customer Service number at the end of this introduction.

Does my plan cover Medicare Part B or Part D drugs?

Freedom Blue PPO does cover Medicare Part B Prescription Drugs. Freedom Blue PPO also covers Medicare Part D Prescription Drugs.

Where can I get my prescriptions if I join this plan?

Freedom Blue PPO has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy except in certain cases. The pharmacies in our network can change at any time. You can ask for a current pharmacy directory, or visit us at highmarkblueshield.com/find-a-doctor. Our Customer Service number is listed at the end of this introduction.

What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare Supplement) policy, you must contact your Medigap issuer to let them know that you have joined a Medicare plan. Call your Medigap issuer for details.

What is a Prescription Drug Formulary?

Freedom Blue PPO uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug.

If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our website at medicare.highmark.com/resources/aep-formularies. If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How can I get extra help with prescription drug plan costs?

You may be able to get extra help for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- **1-800-MEDICARE** (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day, seven days a week.
- **The Social Security Administration** at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday – Friday. TTY/TDD users should call 1-800-325-0778.
- **Your state Medicaid office.**

What are Prescription Drug Care Management Programs?

With your plan, certain clinical programs help ensure that your medications are prescribed and dispensed the right way. They balance positive benefits to you and monitor certain prescription drugs that could need special permissions or have quantity level limits. Overall, these programs are designed to help keep you safe.

What are my protections in the plan?

All Medicare Advantage plans agree to stay in the Medicare program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Freedom Blue PPO, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision.

Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state.

As a member of Freedom Blue PPO, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug.

If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision.

Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs.

You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact Freedom Blue PPO for more details.

What type of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Freedom Blue PPO for more details.

- **Some antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin alpha or Epogen®):** By injection if you have end stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia clotting factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable drugs:** Most injectable drugs administered during a physician's visit.
- **Immunosuppressive drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some oral cancer drugs:** If the same drug is available in injectable form.
- **Oral anti-nausea drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and infusion drugs** provided through durable medical equipment (DME).

Questions about drug coverage?

Call 1-866-456-7739, 8 a.m. to 8 p.m., seven days a week (TTY call 711).

2023 Freedom Blue PPO Summary of Benefits

Freedom Blue PPO (PA) In-Network

Freedom Blue PPO (PA) Out-of-Network

Important Information

Premium and Other Important Information

You may pay a premium each month to your retiree/employer group/trust fund. In addition, you keep paying your Medicare Part B premium.

Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income, visit www.medicare.gov/part-d/costs/premiums/drug-plan-premiums.html or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Plan Deductible

\$800

In Network Out-of-Pocket Maximum
(does not include Part D Drugs)

\$1,600

Combined In and Out-of-Network Out-of-Pocket Maximum
(does not include Part D Drugs)

\$3,400

Covered Medical and Hospital Benefits

Note:

Services with a 1 may require prior authorization.

Inpatient Hospital Care¹

(includes Substance Abuse and Rehabilitation Services)

Our plan covers an unlimited number of days for an inpatient hospital stay.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

You pay: 15% Coinsurance for each stay.

You pay: 30% Coinsurance for each stay.

Outpatient Hospital/Ambulatory Surgery Center¹

You pay: 15% Coinsurance

You pay: 30% Coinsurance

Services with a 1 may require prior authorization

<p>Doctor Office Visits</p> <p>Office visit copays do not apply to the annual deductible if applicable</p>	<p>You pay: \$15 Copay Primary Care Physician visit</p> <p>You pay: \$25 Copay Specialist visit</p>	<p>You pay: 30% Coinsurance Primary Care Physician visit</p> <p>You pay: 30% Coinsurance Specialist visit</p>
<p>Preventive Services</p>	<p>You pay: \$0 copay</p> <p>Our plan covers many preventive services, including: Abdominal Aortic Aneurysm Screening, Alcohol misuse counseling, Bone Mass Measurement, Breast cancer screening (mammogram), Cardiovascular disease (behavioral therapy), Cardiovascular screenings, Cervical and Vaginal Cancer Screening, Colorectal Cancer Screening (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy), Depression screening, Diabetes Screening, HIV screening, Medical nutrition therapy services, Obesity screening and counseling, Prostate cancer screenings (PSA), Sexually transmitted infections screening and counseling, Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease), Vaccine, including Flu shots, Hepatitis B shots, Pneumococcal shots, "Welcome to Medicare" preventive visit (one-time), Yearly "Wellness" visit</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. If the doctor provides you additional services, separate doctor office visit cost sharing may apply.</p>	
<p>Emergency Care</p> <p>You may go to any emergency room if you reasonably believe you need emergency care.</p>	<p>You pay \$75 Copay for each emergency room visit.</p> <p>Worldwide coverage for emergency and urgently needed care.</p> <p>If you are admitted to the hospital within 3-day(s) for the same condition, your copay is waived for the emergency room visit.</p>	
<p>Urgent Care</p> <p>This is not emergency care</p>	<p>You pay: \$40 Copay</p>	

Services with a 1 may require prior authorization

<p>Diagnostic Tests, Lab, Radiology Services¹ Such as MRIs and CT Scans and X-rays</p>	<p>You pay: 15% Coinsurance for lab/diagnostic services in a physicians office or independent lab.</p> <p>You pay: 15% Coinsurance for lab/diagnostic services in an outpatient facility.</p> <p>You pay: 15% Coinsurance for standard imaging services.</p> <p>You pay: 15% Coinsurance for advanced imaging services.</p> <p>You pay: \$0 Copay for therapeutic radiology services.</p>	<p>You pay: 30% Coinsurance for lab/diagnostic services in a physicians office or independent lab.</p> <p>You pay: 30% Coinsurance for lab/diagnostic services in an outpatient facility.</p> <p>You pay: 30% Coinsurance for standard imaging services</p> <p>You pay: 30% Coinsurance for advanced imaging services.</p> <p>You pay: 30% Coinsurance for therapeutic radiology services.</p>
<p>Hearing Services Medicare covered Exam to diagnose and treat hearing and balance issues</p>	<p>You pay: \$25 Copay</p>	<p>You pay: 30% Coinsurance</p>
<p>Hearing Services Routine Exam up to 1 every year. Cost sharing is not applied to the Combined In and Out-of-Network Out-of-Pocket Maximum.</p>	<p>You pay: \$25 Copay</p> <p>\$499 copay per aid per year for TruHearing Advanced. \$799 copay per aid per year for TruHearing Premium.</p>	<p>You pay: 30% Coinsurance</p> <p>\$500 allowance for hearing aids every 3 years from any other provider.</p>
<p>Dental Services¹ Preventive dental services (such as cleaning) not covered Authorization rules may apply for Medicare-covered accidental dental services.</p>	<p>Medicare covered dental benefits you pay: \$25 Copay.</p>	<p>Medicare covered dental benefits you pay: 30% Coinsurance.</p>
<p>Vision Medicare covered Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</p>	<p>You pay: \$25 Copay</p> <p>\$200 benefit maximum applies to upgrades to post cataract surgery eyewear that are not medically necessary. Benefit maximum is available following cataract surgery once per operated eye.</p>	<p>You pay: 30% Coinsurance</p> <p>\$200 benefit maximum applies to upgrades to post cataract surgery eyewear that are not medically necessary. Benefit maximum is available following cataract surgery once per operated eye.</p>

Services with a 1 may require prior authorization

<p>Routine Vision</p>	<p>Routine eye exam (for up to 1 every year) you pay: \$0 Copay</p> <p>Eye Wear Limited to one pair of eyeglass frames with eyeglass lenses or contact lenses every calendar year. Davis Vision Fashion Collection eyeglass frames, standard eyeglass lenses and standard contact lenses are covered in full.</p> <p>A \$150 benefit maximum is available towards the purchase of non-Davis Vision Collection eyeglass frames, eyeglass lenses, or towards the purchase of Non-Collection Contact Lenses.</p>	<p>You pay: \$50 Copay for routine eye exams.</p> <p>A \$150 benefit maximum is available towards the purchase of non-Davis Vision Collection eyeglass frames, eyeglass lenses, or towards the purchase of Non-Collection Contact Lenses.</p>
<p>Mental Health Care¹</p> <p>Office visit copays do not apply to the annual deductible.</p>	<p>Inpatient visit: Covered services include mental health care services that require a hospital stay. There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital .</p> <p>Inpatient stay you pay: 15% Coinsurance</p> <p>Outpatient group therapy visit you pay: \$25 Copay</p> <p>Outpatient individual therapy visit you pay: \$25 Copay</p>	<p>Inpatient stay you pay: 30% Coinsurance</p> <p>Outpatient group therapy visit you pay: 30% Coinsurance</p> <p>Outpatient individual therapy visit you pay: 30% Coinsurance</p>
<p>Skilled Nursing Facility (SNF)¹</p> <p>Medicare-certified skilled nursing facility</p>	<p>You pay: 15% Coinsurance per admission for days 1-100.</p> <p>No prior hospital stay is required.</p>	<p>You pay: 30% Coinsurance per admission for days 1-100.</p> <p>No prior hospital stay is required.</p>
<p>Physical Therapy¹</p>	<p>You pay: \$25 Copay for Medicare-covered Physical Therapy visits.</p>	<p>You pay: 30% Coinsurance for Medicare-covered Physical Therapy visits.</p>

Services with a 1 may require prior authorization

<p>Ambulance Services¹ Medically necessary ambulance services</p>	<p>You pay: 15% Coinsurance</p>	<p>Emergency - You pay: 15% Coinsurance</p> <p>Non-Emergency - You pay: 30% Coinsurance</p>
<p>Transportation (Routine)¹ Combined 24 one way trips. Transportation related to continued acute care after discharge does not apply towards the trip limit.</p>	<p>You pay: \$10 Copay per trip.</p>	<p>You pay: 50% Coinsurance for out-of-network transportation services.</p>
<p>Part B Drugs¹ Drugs covered under Medicare Part B. See Section 1 for more Information on Medicare Part B Drugs.</p> <p>In-network Part B covered chemotherapy drugs and other in-network Part B covered Drugs</p>	<p>You pay: 15% Coinsurance</p>	<p>You pay: 30% Coinsurance</p>
<p>Acupuncture Medicare-covered Acupuncture visits up to 12 visits in 90 days for chronic low back pain</p>	<p>You pay: \$25 Copay for Medicare-covered Acupuncture visits.</p>	<p>You pay: 30% Coinsurance for Medicare-covered Acupuncture visits.</p>
<p>Chiropractic Care¹ Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part)</p>	<p>You pay: \$20 Copay</p>	<p>You pay: 30% Coinsurance</p>
<p>Diabetes Supplies and Services¹ includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes</p>	<p>You pay: 15% Coinsurance</p> <p>Diabetes self-management training you pay: \$0 Copay.</p> <p>If the doctor provides you additional services, separate doctor office visit cost sharing may apply.</p>	<p>You pay: 30% Coinsurance</p>

Services with a 1 may require prior authorization

<p>Durable Medical Equipment¹ Includes wheelchairs, prosthetics, oxygen, etc.</p>	<p>You pay: 15% Coinsurance for durable medical equipment.</p> <p>You pay: 15% Coinsurance for oxygen and oxygen supplies.</p>	<p>You pay: 30% Coinsurance for durable medical equipment.</p> <p>You pay: 30% Coinsurance for oxygen and oxygen supplies.</p>
<p>Foot Care (<i>podiatry services</i>) Medicare covered exam -Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p>	<p>You pay: \$25 Copay</p>	<p>You pay: 30% Coinsurance</p>
<p>Home Health Care¹</p>	<p>You pay: 15% Coinsurance</p>	<p>You pay: 30% Coinsurance</p>
<p>Outpatient Rehabilitation¹ Cardiac Rehabilitation (maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks), Occupational Therapy, Physical Therapy, Speech and Language Therapy</p>	<p>You pay: \$0 Copay for Cardiac (heart) Rehabilitation services.</p> <p>You pay: \$25 Copay for Medicare-covered Occupational, Physical, Speech and Language Therapy visits.</p>	<p>You pay: 30% Coinsurance for Cardiac (heart) Rehabilitation services.</p> <p>You pay: 30% Coinsurance for Medicare-covered Occupational, Physical, Speech and Language Therapy visits.</p>
<p>Over the Counter Drug Allowance</p>	<p>Not Covered</p>	
<p>Renal Dialysis Services to Treat Kidney Disease</p>	<p>You pay: \$0 Copay</p>	<p>You pay: 30% Coinsurance</p>
<p>Wellness/Education and Other Supplemental Benefits & Services</p>	<p>The plan covers the following supplemental education/wellness programs: SilverSneakers Membership/Fitness Classes</p>	<p>You pay: 50% of the cost for out-of-network health/wellness services after a \$500 deductible.</p>
<p>Hospice</p>	<p>You pay: \$0 copay for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</p>	
<p>OnDuo (Diabetic)</p>	<p>Covered</p>	

Services with a 1 may require prior authorization

Part D Prescription Drug Benefits

After you pay your yearly deductible of \$250, you pay the following until total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug cost paid by both you and a part D plan.

DRUG

Initial Coverage

Preferred Retail Pharmacy	Tier	31 Day Supply	90 Day Supply
	Tier 1 (Preferred Generic Drugs)	\$10 Copay	\$30 Copay
	Tier 2 (Generic Drugs)	\$10 Copay	\$30 Copay
	Tier 3 (Preferred Brand Drugs and Generics)	\$25 Copay	\$75 Copay
	Tier 4 (Non-Preferred Drugs)	\$55 Copay	\$165 Copay
	Tier 5 (Specialty drugs consist of both Generic and Brand)	\$60 Copay	Not Available
Network Retail Pharmacy	Tier	31 Day Supply	90 Day Supply
	Tier 1 (Preferred Generic Drugs)	\$15 Copay	\$45 Copay
	Tier 2 (Generic Drugs)	\$15 Copay	\$45 Copay
	Tier 3 (Preferred Brand Drugs and Generics)	\$30 Copay	\$90 Copay
	Tier 4 (Non-Preferred Drugs)	\$60 Copay	\$180 Copay
	Tier 5 (Specialty drugs consist of both Generic and Brand)	\$60 Copay	Not Available
Mail Order (Express Scripts)	Tier	Up to 90 Day Supply	
	Tier 1 (Preferred Generic Drugs)	\$25 Copay	
	Tier 2 (Generic Drugs)	\$25 Copay	
	Tier 3 (Preferred Brand Drugs and Generics)	\$62.50 Copay	
	Tier 4 (Non-Preferred Drugs)	\$137.50 Copay	
	Tier 5 (Specialty drugs consist of both Generic and Brand)	\$60 Copay for a 31 day limit supply	
Mail Order (All other Mail Order Pharmacies)	Tier	Up to 90 Day Supply	
	Tier 1 (Preferred Generic Drugs)	\$37.50 Copay	
	Tier 2 (Generic Drugs)	\$37.50 Copay	
	Tier 3 (Preferred Brand Drugs and Generics)	\$75 Copay	
	Tier 4 (Non-Preferred Drugs)	\$150 Copay	
	Tier 5 (Specialty drugs consist of both Generic and Brand)	\$60 Copay for a 31 day limit supply	

Coverage Gap

Preferred Retail Pharmacy	Tier	31 Day Supply	90 Day Supply
	Tier 1 (Preferred Generic Drugs)	\$10 Copay	\$30 Copay
	Tier 2 (Generic Drugs)	\$10 Copay	\$30 Copay
	Tier 3 (Preferred Brand Drugs and Generics)	\$25 Copay	\$75 Copay
	Tier 4 (Non-Preferred Drugs)	\$55 Copay	\$165 Copay
	Tier 5 (Specialty drugs consist of both Generic and Brand)	\$60 Copay	Not Available
Network Retail Pharmacy	Tier	31 Day Supply	90 Day Supply
	Tier 1 (Preferred Generic Drugs)	\$15 Copay	\$45 Copay
	Tier 2 (Generic Drugs)	\$15 Copay	\$45 Copay
	Tier 3 (Preferred Brand Drugs and Generics)	\$30 Copay	\$90 Copay
	Tier 4 (Non-Preferred Drugs)	\$60 Copay	\$180 Copay
	Tier 5 (Specialty drugs consist of both Generic and Brand)	\$60 Copay	Not Available
Mail Order (Express Scripts)	Tier	Up to 90 Day Supply	
	Tier 1 (Preferred Generic Drugs)	\$25 Copay	
	Tier 2 (Generic Drugs)	\$25 Copay	
	Tier 3 (Preferred Brand Drugs and Generics)	\$62.50 Copay	
	Tier 4 (Non-Preferred Drugs)	\$137.50 Copay	
	Tier 5 (Specialty drugs consist of both Generic and Brand)	\$60 Copay for a 31 day limit supply	

DRUG	Coverage Gap	Mail Order (All other Mail Order Pharmacies)	Tier	Up to 90 Day Supply
			Tier 1 (Preferred Generic Drugs))	\$37.50 Copay
			Tier 2 (Generic Drugs)	\$37.50 Copay
			Tier 3 (Preferred Brand Drugs and Generics)	\$75 Copay
			Tier 4 (Non-Preferred Drugs)	\$150 Copay
			Tier 5 (Specialty drugs consist of both Generic and Brand)	\$60 Copay for a 31 day limit supply
The coverage gap begins after the yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660. You will remain in the coverage gap until your costs (includes the 70% manufacturer discount) total \$7,400. Not everyone will enter the coverage gap.				
Catastrophic Coverage		After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of: 5% of the cost or \$4.15 copayment for a generic \$10.35 copayment for all other drugs.		
Formulary		Incentive		
Important Message If you have prescription cost sharing more than \$35/month - What You Pay for Insulin – The maximum copayment for a one-month supply of covered insulin products is \$35, no matter what cost-sharing tier it is on or if you have not met your Rx deductible (if applicable).				

For questions about this plan's benefits or costs, please contact Freedom Blue PPO (PA). Call 1-866-456-7739, (TTY users call 711), seven days a week, between 8 a.m. and 8 p.m. EST. Please have Reference Code 23FB0178322 ready when you call.

Where can I find information on plan ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients, and customer service). If you have access to the web, you may use the web tools on [medicare.gov](https://www.medicare.gov) and select **Health and Drug Plans** or **Compare Drug and Health Plans** to compare the plan ratings of Medicare plans in your area. You can also call us directly at 1-800-550-8722 to obtain a copy of the plan ratings for this plan. TTY users call 711.

Please call Highmark Senior Health Company for more information about this plan.

Customer Service Hours: Seven days a week, 8 a.m. to 8 p.m. ET.

Current members should call 1-800-550-8722 for questions related to the Medicare Advantage program or Medicare Part D Prescription Drug program (TTY/TDD 711).

Prospective members should call 1-866-456-7739 for questions related to the Medicare Advantage or Medicare Part D Prescription Drug program (TTY/TDD: 800-227-8210).

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, seven days a week. Or, visit [medicare.gov](https://www.medicare.gov).

This document may be available in other formats such as Braille, large print, or other alternate formats. This document may be available in a non-English language. For additional information, call Customer Service at the phone number listed above.

This information is not a complete description of benefits. Call 1-866-456-7739 (TTY users may call 711) for more information. Highmark Senior Health Company is a PPO plan with a Medicare contract. Enrollment in Highmark Senior Health Company depends on contract renewal. Highmark Blue Shield and Highmark Senior Health Company are independent licensees of the Blue Cross Blue Shield Association. 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, including the cost sharing that applies to out-of-network services. TruHearing is a registered trademark of TruHearing, Inc. SilverSneakers is a registered mark of Tivity Health Inc. Tivity Health Inc., is a separate company that administers the SilverSneakers program.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-550-8722 (TTY users may call 711).

Understanding the benefits

Review the Summary of Benefits listed in this document. 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).

Review the provider directory at [medicare.highmark.com](https://www.medicare.highmark.com) (click **Find a Provider**, then enter your ZIP code) to find an in-network provider inside Highmark's regional service area.

There may be other providers outside of Highmark's regional service area. Search [provider.bcbs.com](https://www.provider.bcbs.com) to use the National Doctor and Hospital Finder from the Blue Cross Blue Shield Association. If they are not listed, it means you will likely have to select a new doctor.

Review the pharmacy directory at [highmarkblueshield.com](https://www.highmarkblueshield.com) (click **Find a Doctor or Pharmacy**, then click **Find a Pharmacy**, **Locate a Medicare Preferred Network Pharmacy**, and enter your ZIP code) to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules

In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2024.

For Community Blue Medicare HMO, except in emergency or urgent situations, we do not cover services provided by out-of-network providers (doctors who are not listed in the provider directory).

For Community Blue Medicare PPO, Freedom Blue PPO, and Security Blue HMO-POS plans: Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.

Health benefits or health benefit administration may be provided by or through Highmark Choice Company, Highmark Senior Health Company, Highmark Senior Solutions Company or Highmark Health Insurance Company d/b/a Highmark Health Insurance Company, all of which are independent licensees of the Blue Cross Blue Shield Association.

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.