



VALUE ADDED BENEFITS

If you would like to add any of these benefits, at an additional cost, contact your client manager:

- Routine Chiro
- Routine Podiatry
- Dental Benefits
- Over-the-Counter Allowance
- Meals After Discharge

2024 UPDATES FOR MEMBERS WITH A HIGHMARK PART D PRESCRIPTION DRUG PLAN:

- **The Initial Coverage Limit** will increase from \$4,660 to \$5,030. Members will reach the Coverage Gap when the total Medicare Part D drug costs (combined member and plan costs) reach \$5,030.01. This will not affect those groups that provide a benefit for prescriptions through the Coverage Gap.
- **Out-of-Pocket Cost** threshold to reach Catastrophic Coverage will increase from \$7,400 to \$8,000. The \$8,000 includes the member's cost sharing and the brand drug discounts from the Medicare Coverage Gap Discount Drug Program.
- **Catastrophic Coverage Cost Sharing** will have \$0 member cost sharing for covered Part D drugs in the catastrophic coverage phase, including covered insulin products.
- **Part D – Day Supply Limit** is changing for Preferred Generic (Tier 1) and Non-Preferred Generic (Tier 2) from a 90-day supply to a 100-day supply for retail and mail order.



PROVIDER NETWORK UPDATE

The Blue Cross Blue Shield Association (BCBSA) Medicare Advantage PPO national network is growing.

The Blue Cross Blue Shield Association (BCBSA) Medicare Advantage PPO national network gives your Freedom Blue PPO members in-network access to doctors and hospitals across the country. There is network coverage in 48 states, Washington, D.C. and Puerto Rico, and new counties are being added every year.



FREEDOM BLUE PPO RENEWAL

CLIENT NAME: City of Hazleton
 GROUP NAME: City of Hazleton
 CURRENT MEMBERSHIP: 28

EFFECTIVE DATE: 1/1/2024
 CLIENT NUMBER: 261844
 GROUP NUMBER: 1988595
 INVOICING: Direct Employer Billed

Medical Benefits	2023 Benefits (Current Plan)	2024 Benefits Current
	In Network (INN) , Out-of-Network (OON)	In Network (INN) , Out-of-Network (OON)
Deductible Amount	\$0	\$0
Coinsurance (see specific benefits for cost sharing)	INN: 0% OON: 20%	INN: 0% OON: 20%
Member Out of Pocket Maximum Amount	INN: \$500 Combined: \$3400	INN: \$500 Combined: \$3400
Office Visits - PCP	INN: \$0 OON: 20%	INN: \$0 OON: 20%
Office Visits- Specialist	INN: \$0 OON: 20%	INN: \$0 OON: 20%
Therapies (PT/OT/Speech)	INN: \$0 OON: 20%	INN: \$0 OON: 20%
Inpatient Hospital Stays <i>(Includes acute, inpatient rehab, and other types of inpatient hospital services)</i>	INN: 0% OON: 20%	INN: 0% OON: 20%
Skilled Nursing Facility <i>(100 days per Medicare Benefit Period)</i>	INN: 0% OON: 20%	INN: 0% OON: 20%
Home Health	INN: 0% OON: 20%	INN: 0% OON: 20%
Emergency Room	\$0	\$0
Urgent Care Clinic	\$0	\$0
Outpatient Surgery	INN: 0% OON: 20%	INN: 0% OON: 20%
Standard Imaging (Example: X-Ray)	INN: 0% OON: 20%	INN: 0% OON: 20%
Advanced Imaging (Examples: CT Scans, MRI)	INN: 0% OON: 20%	INN: 0% OON: 20%
Diagnostic Testing (Office/Lab)	INN: 0% OON: 20%	INN: 0% OON: 20%
Diagnostic Testing (Facility)	INN: 0% OON: 20%	INN: 0% OON: 20%
Ambulance (Emergent)	0%	0%
Ambulance (Non-Emergent)	INN: 0% OON: 20%	INN: 0% OON: 20%
Routine Transportation <i>Combined 24 one-way trips. Transportation related to continued acute care after discharge does not apply towards the trip limit.</i>	INN: 0% OON: 50%	INN: 0% OON: 50%
Durable Medical Equipment <i>(Example: Diabetic Testing Supplies)</i>	INN: 0% OON: 20%	INN: 0% OON: 20%
Oxygen and Oxygen Supplies	INN: 0% OON: 20%	INN: 0% OON: 20%
Renal Dialysis	INN: \$0 OON: 20%	INN: \$0 OON: 20%
Part B Rx	INN: 0% OON: 20%	INN: 0% OON: 20%
Routine Vision Exam <i>(Offered through Davis Vision)</i>	INN: \$0 OON: \$50	INN: \$0 OON: \$50
Routine Vision Eyewear <i>(Offered through Davis Vision)</i>	INN: \$0 for Davis Vision Fashion Collection frames and standard lenses or \$150 benefit maximum for all others. OON: \$150 benefit maximum towards the purchase of frames and lenses.	INN: \$0 for Davis Vision Fashion Collection frames and standard lenses or \$150 benefit maximum for all others. OON: \$150 benefit maximum towards the purchase of frames and lenses.
Hearing Exam	INN: \$0 OON: 20%	INN: \$0 OON: 20%
Hearing Aids	TruHearing: You 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 a \$500 allowance every 3 years for any other hearing aids through TruHearing®. OON: \$500 allowance for hearing aids every 3 years from any other provider (\$500 combined INN and OON)	TruHearing: You 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 a \$500 allowance every 3 years for any other hearing aids through TruHearing®. OON: \$500 allowance for hearing aids every 3 years from any other provider (\$500 combined INN and OON)
OnDuo	Covered	Covered



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<u>Part D Prescription Drug Benefits</u>		
Part D Prescription Drug Coverage Formulary	Covered	Covered
	Incentive	Incentive
Part D Rx Deductible Stage	\$50	\$50
Initial Coverage Stage*		
Retail— For a 1-31 day supply - Preferred Pharmacy	15% / 15% / 15% / 15% / 20%	15% / 15% / 15% / 15% / 20%
Retail— For a 1-31 day supply - Standard Pharmacy	20% / 20% / 20% / 20% / 20%	20% / 20% / 20% / 20% / 20%
Mail Order - Express Scripts	\$25 / \$25 / \$55 / \$55 / NA	\$25 / \$25 / \$55 / \$55 / NA
Mail Order - All other Mail Order Pharmacies	\$30 / \$30 / \$60 / \$60 / NA	\$30 / \$30 / \$60 / \$60 / NA
	- Retail or Mail Order -Tier 1 & 2 - Up to a 90 day supply - Retail or Mail Order - Tier 3 & 4 - Up to a 90 day supply - Specialty Drugs are limited to a 31-day supply	- Retail or Mail Order -Tier 1 & 2 - Up to a 100 day supply - Retail or Mail Order - Tier 3 & 4 - Up to a 90 day supply - Specialty Drugs are limited to a 31-day supply
Coverage Gap Stage*+		
After calendar year drug costs reach \$5,030		
Retail— For a 1-31 day supply - Preferred Pharmacy	15% / 15% / 15% / 15% / 20%	15% / 15% / 15% / 15% / 20%
Retail— For a 1-31 day supply - Standard Pharmacy	20% / 20% / 20% / 20% / 20%	20% / 20% / 20% / 20% / 20%
Mail Order - Express Scripts	\$25 / \$25 / \$55 / \$55 / NA	\$25 / \$25 / \$55 / \$55 / NA
Mail Order - All other Mail Order Pharmacies	\$30 / \$30 / \$60 / \$60 / NA	\$30 / \$30 / \$60 / \$60 / NA
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Catastrophic Coverage Stage - After member's calendar year out-of-pocket costs have reached \$8,000	\$10/\$10 Copay	There is \$0 member cost sharing for covered Part D drugs in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations.
* Rx Tiers - Tier 1 (Preferred Generic) / Tier 2 (Non-Preferred)		
+ Member cost sharing amount for Part D drugs with discount included.		
<u>Value Add Riders</u>		
Routine Chiropractic and Podiatry Rider (Non-Medicare covered)	Not Covered	Not Covered
Routine Dental Services Rider	Not Covered	Not Covered
Medicare Excluded Part D Prescription Drug Rider	Not Covered	Not Covered
Part D Rx Out-of-Pocket Maximum	Not Applicable	Not Applicable
Total Premium Per Member, Per Month	\$354	\$354

This is a summary of the most commonly used benefits. It does not include a full list of benefits.

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 and Blue Shield Association. Your health benefits or health benefit administration may be provided by or through Highmark Senior Health Company. Highmark Blue Shield provides post-sale administrative communications for these companies. Highmark Blue Shield and Highmark Senior Health Company all of which are independent licensees of the Blue Cross and Blue Shield Association.