

Milton Hershey School Post 65 Retirees

Welcome To FreedomBlue!



Effective January 1, 2012

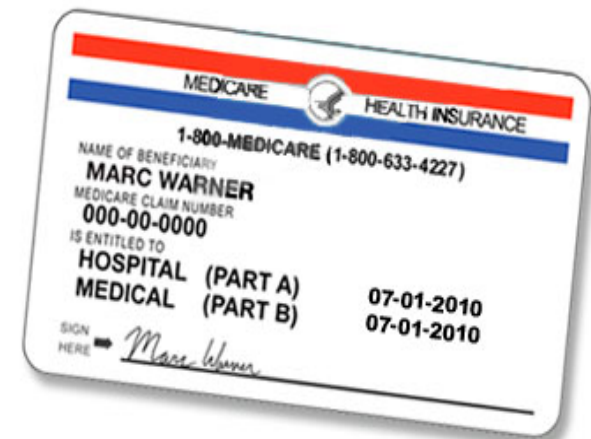


Introduction to Medicare

“Original Medicare”

- Part A – Hospital Insurance
 - Inpatient hospitalization, skilled nursing care, hospice and limited home health care

- Part B – Medical Coverage
 - Covers doctors, outpatient procedures, diagnostic testing, medical supplies, vaccines



What is Medicare Advantage?

- Only way to combine Parts A, B and D and additional coverage in one simple plan
- When you go to the doctor, your new FreedomBlue card is all you need

FreedomBlueSM PPO



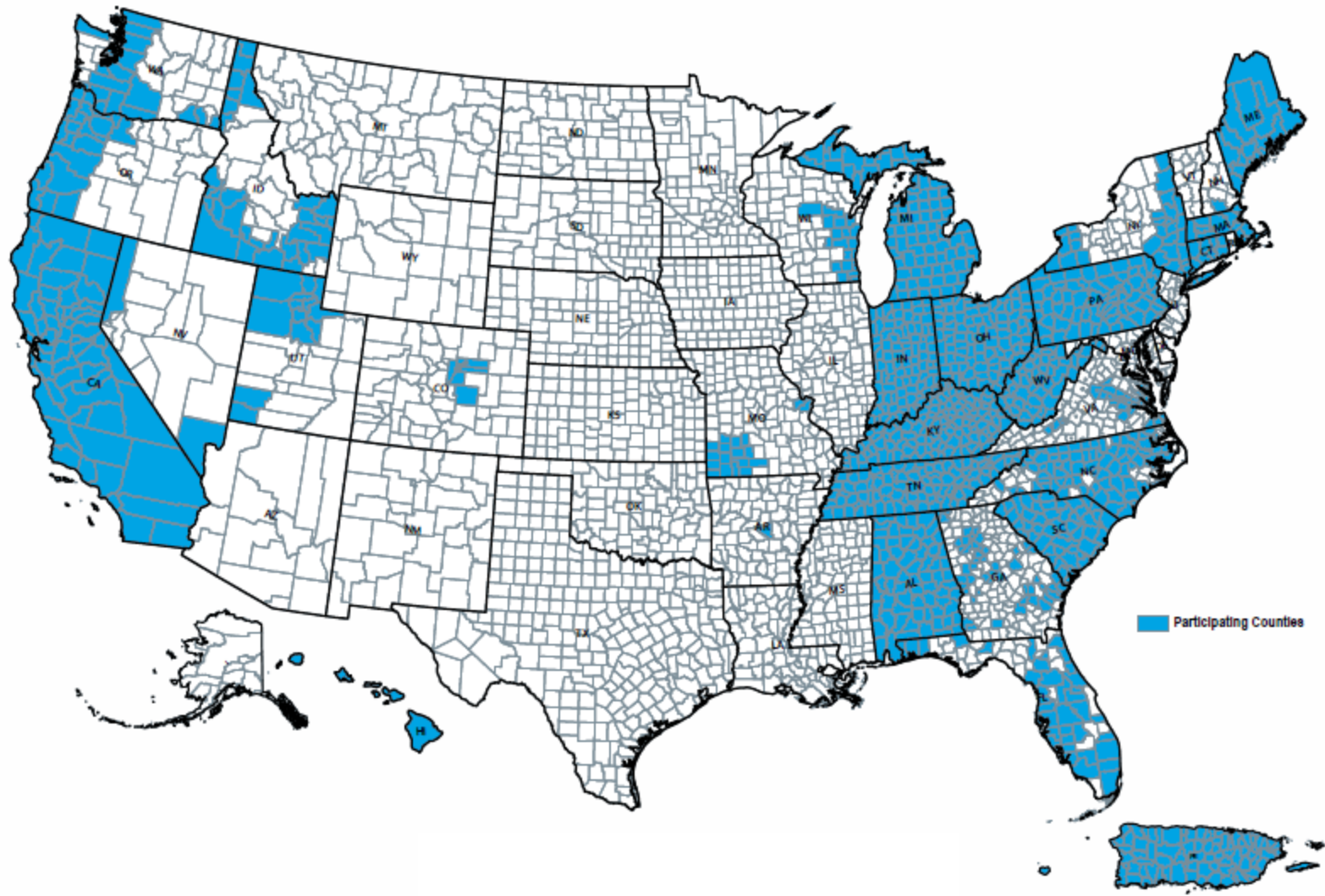
Who Can Enroll in FreedomBlue PPO?

- Available to Milton Hershey School Post 65 retirees, who reside in the United States
 - Must have Medicare Parts A & B
 - Must continue to pay the Medicare Part B premium, if not otherwise paid for under Medicare or by another third party
 - If diagnosed with End Stage Renal Disease at initial time of enrollment an exception will be made allowing coverage
 - If coverage declined at initial offering, ESRD patients will not be eligible to enroll at a later date

Highmark FreedomBlue PPO

- A Preferred Provider Organization (PPO) uses a network of providers, but also provides coverage for providers outside of the network
- In-Network providers – You receive a high level of coverage (100% with copays). There is less cost to the member for services received
- Non-network provider - You receive a lower level of coverage (deductible with coinsurance). There is more cost to the member for services received
- Waiver area – High level of coverage (100% with copays) when there is no network of providers available

2012 BCBSA Medicare Advantage PPO Network Sharing Service Area



Network Coverage Benefits

- FreedomBlue PPO members may visit any participating Blue Cross and/or BlueShield Medicare Advantage PPO doctor or hospital, and eligible services will be covered at the higher, network level of benefits
- In counties where participating Blue Cross and/or Blue Shield Medicare Advantage PPO providers are not available, FreedomBlue PPO Medicare Advantage members may visit any Medicare-eligible provider and eligible services will be covered at the higher, in-network level of benefits



Out-of-Network Benefit Coverage

- FreedomBlue PPO Medicare Advantage members will receive the lower level of benefits (deductible and coinsurance) if they choose to go to a non-participating provider when a participating Blue Cross and/or Blue Shield Medicare Advantage PPO provider is available in the location where eligible services are received
- Limiting charge
- Provider files claim
- Out of country claims

How to Locate a Participating Provider

- A provider directory is included in Section 4 of your enrollment packet
- You may contact your member service department at 1-800-550-8722
- Visit www.highmarkblueshield.com or
- Utilize the “Doctor and Hospital Finder” at www.bcbs.com
 - You will want to enter the alpha prefix of FER

FreedomBlue PPO Covered Services

BENEFIT	IN-NETWORK & WAIVER AREA	OUT-OF-NETWORK
Deductible <i>(Calendar Year)</i>	\$0	\$250
Coinsurance <i>(Member responsibility)</i>	0%	20%
Network Out of Pocket Maximum	Not Applicable	
Total In and Out -of-Pocket Maximum <i>Also called “catastrophic” – this amount includes cost sharing paid for all Medicare covered services</i>	\$3,400	

FreedomBlue PPO Covered Services

BENEFIT	IN-NETWORK & WAIVER AREA	OUT-OF-NETWORK
Lifetime Maximum	Unlimited	
Physician Office Visit	Primary Care - \$10 Copay Specialist - \$15 Copay	Covered at 80%; you pay 20%
Emergency Room World Wide Coverage	\$50 Emergency Room Copay Waived if admitted inpatient within 3 days for the same condition	
Urgently Needed Care	\$50 Emergency Room Copay \$40 Urgent Care Clinic	

FreedomBlue PPO Covered Services

BENEFIT	IN-NETWORK & WAIVER AREA	OUT-OF-NETWORK
Inpatient Hospital/Long Term Acute Care/	Covered at 100%	Covered at 80%; you pay 20%
Skilled Nursing Facility <i>allows for 100 days per *benefit period</i>	Covered at 100%	Covered at 80%; you pay 20%

**A benefit period is from the time the member goes inpatient to the time a member is released. Once a member is released and a certain period of time elapses, the benefit period would start over.*

FreedomBlue PPO Covered Services

BENEFIT	IN-NETWORK & WAIVER AREA	OUT-OF-NETWORK
Ambulance (<i>emergent</i>)	\$0 Copay per trip	
Ambulance (<i>non-emergent</i>)	\$0 Copay per trip	Covered at 80%; you pay 20%
Transportation (<i>wheel chair van</i>)	\$0 Copay per trip	Covered at 50%; you pay 50%
Physical, Speech, and Occupational Therapy, (<i>per visit/per provider</i>)	\$15 Copay	Covered at 80%; you pay 20%

FreedomBlue PPO Covered Services

BENEFIT	IN-NETWORK & WAIVER AREA	OUT-OF-NETWORK
DME <ul style="list-style-type: none"> • Prosthetics/Orthotics • Diabetic Testing Supplies • Oxygen/oxygen supplies 	Covered at 100%	Covered at 50%

FreedomBlue PPO Covered Services

BENEFIT	IN-NETWORK & WAIVER AREA	OUT-OF-NETWORK
Annual Routine Hearing Exam <i>Limited to one per year</i>	\$15 Copay	Covered at 80%; you pay 20%
Hearing Aid	Covered up to \$500 for one or more hearing aids every three years	
Medicare Part B Drugs	Covered at 100%	Covered at 80%; you pay 20% coinsurance of the lesser of the Out-of-Network charge or network allowed amount

FreedomBlue PPO Covered Services

BENEFIT	IN-NETWORK & WAIVER AREA	OUT-OF-NETWORK
Annual Routine Vision Exam <i>(Includes refraction)</i>	\$15 Copay	Covered at 80%; you pay 20%
Routine Vision Eye Wear Benefit <i>(limited to one pair of eyeglasses or contact lenses every two years)</i>	Standard eyeglass lenses and frames or contact lenses are covered in full every two years A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses	

FreedomBlue PPO Covered Services

BENEFIT	IN-NETWORK & WAIVER AREA	OUT-OF-NETWORK
Inpatient Psychiatric Hospital Care <i>(Limited to 190 days per lifetime)</i>	Covered at 100%	Covered at 80%; you pay 20%
Outpatient Mental Health/Psychiatric Services <i>(per individual or group session)</i>	\$15 Copay	Covered at 80%; you pay 20%
Outpatient Chemical Dependency Substance Abuse Treatment <i>(per individual or group session)</i>	\$15 Copay	Covered at 80%; you pay 20%

FreedomBlue PPO Covered Services

- Annual Physical Exam
 - Immunizations
 - ✓ Pneumococcal
 - ✓ Influenza
 - ✓ Hepatitis B
- ~Not covered for purpose of travel~

FreedomBlue PPO Covered Services

- Mammogram Preventive Screening Exam
- PAP/Pelvic Preventive Screening Exam
- Colorectal Preventive Screening Exam
- Prostate Preventive Screening Exam
- Bone Mass Measurement
- Diabetic Monitoring, Education and Training
- Medical Nutrition Therapy Services

FreedomBlue PPO Prescription Drug Benefit

- Highmark FreedomBlue PPO includes a Medicare Prescription Drug (Part D) plan
- Includes all drugs allowed by Medicare
- Large nationwide network of pharmacies

FreedomBlue PPO Prescription Drug Formulary

- The prescription drug formulary is included in Section 5 of your enrollment packet
- You may also refer to the website at www.highmarkblueshield.com and select the Medicare formulary
- Available at retail or mail order (MEDCO)
- The 90-day supply copay is 2 times the 34-day supply copay

Prescription Drugs (Part D)

BENEFIT	NETWORK	OUT-OF-NETWORK
<p><u>Initial Coverage Period:</u> Up to \$2,930 in total drug costs-combined plan and member total drug expenses</p>	<p>For up to a 34-day retail supply: \$8 generic \$20 preferred brand \$50 non-preferred brand \$50 Specialty Drug</p> <p>For up to a 90-day mail order supply: \$16 generic \$40 preferred brand \$100 non-preferred brand \$100 specialty drug</p>	<p>Member responsible for paying the difference between Out-of-Network retail price and the network allowed amount as well as network copayment. Member will pay 100% at point of sale.</p>

Prescription Drugs (Part D)

BENEFIT	NETWORK	OUT-OF-NETWORK
<p>Coverage Gap Period: From \$2,931 total drug costs to \$4,700 (total member out-of-pocket drug expenses)</p> <p>*Brand Coverage offered through Brand Prescription Drug Coverage Gap Complement</p>	<p>For up to a 34-day retail supply: \$8 generic \$20 preferred brand \$50 non-preferred brand \$50 Specialty Drug</p> <p>For up to a 90-day mail order supply: \$16 generic \$40 preferred brand \$100 non-preferred brand \$100 specialty drug</p>	<p>Member responsible for paying the difference between Out-of-Network retail price and the network allowed amount as well as network copayment. Member will pay 100% at point of sale.</p>

Prescription Drugs (Part D)

BENEFIT	NETWORK	OUT-OF-NETWORK
<p><u>Catastrophic Coverage Period:</u> After \$4,700 (total member out-of-pocket expenses)</p>	<p>Member pays the greater of the following:</p> <ul style="list-style-type: none"> •5% member coinsurance •\$2.60 generic •\$6.50 all other drugs 	<p>Member pays the greater of the following:</p> <ul style="list-style-type: none"> •5% member coinsurance •\$2.60 generic •\$6.50 all other drugs

Brand Prescription Drug Coverage Gap Complement

- Your brand name drugs, while in the coverage gap only, will now be covered by the Brand Prescription Drug Coverage Gap Complement
- This complement works with your current FreedomBlue PPO coverage by allowing you to get your brand drugs at the same copay as the initial coverage period
- This arrangement allows for movement through the coverage gap more quickly as the 50% manufacturer drug discount is applied to member out-of-pocket (TrOOP)
- Member handbook for the Brand Prescription Drug Coverage Gap Complement will be sent separately in December 2011 (requirement)

SilverSneakers® Fitness Center Membership

- SilverSneakers Fitness Center Membership
 - Receive a standard membership at a participating Fitness Center
 - Participate in classes specifically designed for people with Medicare
- It's easy to enroll at any participating fitness center – just show your Highmark ID card
- Locate a participating fitness center at <http://www.silversneakers.com>

Member Web Site



An Independent Licensee of the Blue Cross and Blue Shield Association

TEXT SIZE ▲ ▲ ▲

- MEMBERS
- MEDICARE
- EMPLOYERS
- PRODUCERS
- PROVIDERS

▶ How do I manage my health care spending?

HAVE A GREATER HAND IN YOUR HEALTH

At Highmark, we're committed to helping you live a healthier life. Use the wealth of information and tools on our site to manage your coverage and - more importantly - your health.



FIND INSURANCE

Looking for insurance for yourself or your employees? Highmark has a plan for you.

- ▶ [Individuals & Families](#)
- ▶ [Medicare Eligible](#)
- ▶ [Groups & Companies](#)



FIND PROVIDERS

Now you have more ways than ever to find a health care provider that's right for you.

- ▶ Find a doctor, hospital or other medical provider
- ▶ Find a pharmacy
- ▶ Find a network vision provider (New Focus & Advantage Products)



MANAGE YOUR PLAN

View your benefits, check the status of a claim, research health topics and more.

- ▶ [Log in](#)
- ▶ [Learn more](#)

Highmark Blue Shield Walk-In Centers

All Milton Hershey School Post 65 retirees have access to Highmark Blue Shield's walk-in centers located across Pennsylvania

Highmark's walk-in centers are open
Monday through Friday 8:00 AM – 4:30 PM

- ❖ Camp Hill 1800 Center Street, Building 1
- ❖ Pittsburgh 120 Fifth Avenue
- ❖ Erie 717 State Street
- ❖ Johnstown Vine Street at Franklin Street
- ❖ State College 2040 Sandy Drive
- ❖ Allentown 7248 Tilghman Street

2011-2012 Timeline

<p>Identification Cards</p>	<p>Early – Mid December</p>	<p>New FreedomBlue Identification cards to be used starting January 1, 2012</p>
<p>FreedomBlue PPO CMS Approval Letter and Evidence of Coverage</p>	<p>Mid-December</p>	<p>Letter announcing Medicare rules along with the 2012 Evidence of Coverage</p>
<p>Brand Prescription Drug Coverage Gap Complement Member Booklet</p>	<p>Mid-December</p>	<p>Booklet outlining the prescription coverage in the coverage gap</p>