



FREEDOM BLUE PPO RENEWAL

CLIENT NAME: City of Hazleton
 GROUP NAME: City of Hazleton
 CURRENT MEMBERSHIP: 27

EFFECTIVE DATE: 1/1/2025
 CLIENT NUMBER: 261844
 GROUP NUMBER: 1988595
 INVOICING: Direct Employer Billed

Medical Benefits	2024 Benefits (Current Plan)	2025 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 (Includes acute, inpatient rehab, and other types of inpatient hospital services)	INN: 0% OON: 20%	INN: 0% OON: 20%
Skilled Nursing Facility (100 days per Medicare Benefit Period)	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 Combined 24 one-way trips. Transportation related to continued acute care after discharge does not apply towards the trip limit.	INN: \$0 OON: 50%	INN: \$0 OON: 50%
Durable Medical Equipment (Example: Diabetic Testing Supplies)	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 (Offered through Davis Vision)	INN: \$0 OON: \$50	INN: \$0 OON: \$50
Routine Vision Eyewear (Offered through Davis Vision)	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 hearing 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 hearing 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)
Highmark Fitness Program	Silver Sneakers	Nationwide Fitness Network
Part D Prescription Drug Coverage	Part D Prescription Drug Benefits Covered	Covered



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Formulary

True Out of Pocket (TrOOP) Costs Threshold

Part D Rx Deductible Stage

Initial Coverage Stage*

Retail— For a 1-31 day supply - Preferred Pharmacy

Retail— For a 1-31 day supply - Standard Pharmacy

Mail Order - Express Scripts

Mail Order - All other Mail Order Pharmacies

Incentive

Not Applicable

\$50

15% / 15% / 15% / 15% / 20%

20% / 20% / 20% / 20% / 20%

\$25 / \$25 / \$55 / \$55 / NA

\$30 / \$30 / \$60 / \$60 / NA

- 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

After calendar year drug costs reach \$5,030

15% / 15% / 15% / 15% / 20%

20% / 20% / 20% / 20% / 20%

\$25 / \$25 / \$55 / \$55 / NA

\$30 / \$30 / \$60 / \$60 / NA

- 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

Retail— For a 1-31 day supply - Preferred Pharmacy

Retail— For a 1-31 day supply - Standard Pharmacy

Mail Order - Express Scripts

Mail Order - All other Mail Order Pharmacies

Incentive

\$2,000

\$50

15% / 15% / 15% / 15% / 20%

20% / 20% / 20% / 20% / 20%

\$25 / \$25 / \$55 / \$55 / NA

\$30 / \$30 / \$60 / \$60 / NA

- 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

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Catastrophic Coverage Stage

After reaching Out of Pocket costs of \$8,000, 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.

After reaching the True Out of Pocket (TrOOP) costs of \$2,000, 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.

Routine Chiropractic and Podiatry Rider (Non-Medicare covered)

Value Add Riders

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

\$395

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

Please return to your Senior Markets Client Manager or fax to 1-833-641-8072

Signature

Date

9/24/2024

Printed Name

Jeffrey L. Cusat

Title

Mayor

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,

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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.

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TruHearing is a registered trademark of TruHearing, Inc., a separate company. Davis Vision is an independent company that provides the network and administers vision benefits for Highmark members. Express Scripts® is a separate company. 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.

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.

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