



FREEDOM BLUE PPO RENEWAL

CLIENT NAME: International Assoc. of Machinists & Aerospace Workers Local 1976  
 GROUP NAME: IAMAW Local 1976  
 CURRENT MEMBERSHIP: 42

EFFECTIVE DATE: 1/1/2024  
 CLIENT NUMBER: 089912  
 GROUP NUMBER: 1783005  
 INVOICING: Direct Pay Individual 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	\$150	\$150
Coinsurance (see specific benefits for cost sharing)	INN: 10% OON: 10%	INN: 10% OON: 10%
Member Out of Pocket Maximum Amount	INN: \$750  Combined: \$3400	INN: \$750  Combined: \$3400
Office Visits - PCP	INN: \$15 OON: \$15	INN: \$15 OON: \$15
Office Visits- Specialist	INN: \$25 OON: \$25	INN: \$25 OON: \$25
Therapies (PT/OT/Speech)	INN: \$25 OON: \$25	INN: \$25 OON: \$25
Inpatient Hospital Stays <i>(Includes acute, inpatient rehab, and other types of inpatient hospital services)</i>	INN: 10% OON: 10%	INN: 10% OON: 10%
Skilled Nursing Facility	INN: 10% OON: 10%	INN: \$20 days 1-20 / 10% days 21-100 OON: \$20 days 1-20 / 10% days 21-100
Home Health	INN: 10% OON: 10%	INN: 10% OON: 10%
Emergency Room	\$50	\$50
Urgent Care Clinic	\$40	\$40
Outpatient Surgery	INN: 10% OON: 10%	INN: 10% OON: 10%
Standard Imaging (Example: X-Ray)	INN: 10% OON: 10%	INN: 10% OON: 10%
Advanced Imaging (Examples: CT Scans, MRI)	INN: 10% OON: 10%	INN: 10% OON: 10%
Diagnostic Testing (Office/Lab)	INN: 10% OON: 10%	INN: 10% OON: 10%
Diagnostic Testing (Facility)	INN: 10% OON: 10%	INN: 10% OON: 10%
Ambulance (Emergent)	10%	10%
Ambulance (Non-Emergent)	INN: 10% OON: 20%	INN: 10% 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: \$10 OON: 50%	INN: \$10 OON: 50%
Durable Medical Equipment (Example: Diabetic Testing Supplies)	INN: 10% OON: 20%	INN: 10% OON: 20%
Oxygen and Oxygen Supplies	INN: 10% OON: 20%	INN: 10% OON: 20%
Renal Dialysis	INN: \$0 OON: 20%	INN: \$0 OON: 20%
Part B Rx	INN: 10% OON: 10%	INN: 10% OON: 10%
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: \$25 OON: \$25	INN: \$25 OON: \$25
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 Incentive	Covered Incentive
<b>Part D Rx Deductible Stage</b>		
<b>Initial Coverage Stage*</b>		
Retail— For a 1-31 day supply - Preferred Pharmacy	\$10 / \$10 / \$25 / \$55 / 33%	\$10 / \$10 / \$25 / \$55 / 33%
Retail— For a 1-31 day supply - Standard Pharmacy	\$15 / \$15 / \$30 / \$60 / 33%	\$15 / \$15 / \$30 / \$60 / 33%
Mail Order - Express Scripts	\$25 / \$25 / \$62.50 / \$137.50 / NA	\$25 / \$25 / \$62.50 / \$137.50 / NA
Mail Order - All other Mail Order Pharmacies	\$37.50 / \$37.50 / \$75 / \$150 / NA	\$37.50 / \$37.50 / \$75 / \$150 / 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
<b>Coverage Gap Stage*+</b>		
<b>After calendar year drug costs reach \$5,030</b>		
Retail— For a 1-31 day supply - Preferred Pharmacy	\$10 / \$10 / 20% / 20% / 25%	\$10 / \$10 / 20% / 20% / 25%
Retail— For a 1-31 day supply - Standard Pharmacy	\$15 / \$15 / 25% / 25% / 25%	\$15 / \$15 / 25% / 25% / 25%
Mail Order - Express Scripts	\$25 / \$25 / 20% / 20% / NA	\$25 / \$25 / 20% / 20% / NA
Mail Order - All other Mail Order Pharmacies	\$37.50 / \$37.50 / 25% / 25% / NA	\$37.50 / \$37.50 / 25% / 25% / 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
<b>Catastrophic Coverage Stage -</b>		
<b>After member's calendar year out-of-pocket costs have reached \$8,000</b>	Greater of 5% or \$4.15 for Generics and \$10.35 for all other drugs	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)	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

<b>Total Premium Per Member, Per Month</b>	<b>\$201</b>	<b>\$201</b>
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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 1-833-841-8072

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Highmark Senior Health Company is a PPO plan with a Medicare contract. Enrollment in Highmark Senior Health Company depends on contract renewal. Highmark Blue Cross 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 Cross Blue Shield provides post-sale administrative communications for these companies. Highmark Blue Cross Blue Shield and Highmark Senior Health Company all of which are independent licensees of the Blue Cross and Blue Shield Association.