



October 2023

Dear Retiree and/or Eligible Dependents:

For 2024, **Highmark Blue Shield** will continue as your medical and prescription plan carrier. Highmark Blue Shield will issue one updated ID card to plan members in late December to use for both medical and prescription services. The only plan design change for 2024 is an enhanced cost share strategy for Well360 Virtual Health Telemedicine visits, as outlined for each plan below.

For 2024, all retirees, covered spouses, and dependents who are NOT Medicare eligible, have the option of enrolling in either the Retiree Lion Traditional Plan or the Retiree Lion Advantage. ***NO ACTION IS NEEDED IF YOU WANT TO REMAIN IN YOUR CURRENT NON-MEDICARE PLAN DESIGN.***

If you want to **change health care plans**, for you, your eligible spouse, and/or dependents, please complete the enclosed *2024 Non-Medicare Retiree Plan Change Form* and return it to Penn State Employee Benefits via mail or fax by **Monday, November 20, 2023**.

As a reminder, retiree dependent coverage can be added only if the eligible dependent experiences an IRS qualifying life event change. Changes must be requested within 31 days of the event by contacting Penn State HR Services at 814-865-1473 and requesting a *Retiree Request for Change Form*.

Members of your family who are already enrolled in the Highmark Freedom Blue plan will remain so for 2024.

Overview of the two Non-Medicare plan options:

2024 Retiree Lion Traditional Plan

❖ **Copayments:**

- Primary Care Office Visit copay: \$20
- ***NEW for 2024*** Well360 Virtual Health Telemedicine Visit copay: \$0
- Specialist Office Visit & Urgent Care copay: \$30
- Emergency Room copay: \$100

❖ **2024 Annual Deductible:**

- Individual: \$375
- Family (Individual + 1 or more): \$750
- Medical services subject to deductible: lab work, x-rays, surgery, inpatient admissions, durable medical equipment

After Deductible is met:❖ **Coinsurance:**

- 10% paid by retiree
- 90% paid by Penn State

❖ **Coinsurance Out-of-Pocket Maximum:**

- \$1,250 Individual (Potential financial exposure \$1,625 = deductible + coinsurance)
- \$2,500 Family (Potential financial exposure \$3,250 = deductible + coinsurance)

If coinsurance out-of-pocket maximum is met, deductible defined expenses (lab work, x-rays, surgery, inpatient admissions, durable medical equipment) are paid at 100% for the rest of the calendar year.

Preventive Prescription Drug List: Lower Coinsurance

- Generic: 10%
- Preferred Brand: 20%
- Non-Preferred Brand 40%

Retail 31-day Prescription Coinsurance

- Generic: 50%
- Preferred Brand: 50%
- Non-Preferred Brand: 70%

Mail Order Coinsurance (University Health Services and/or Express Scripts)

- Generic: 20%
- Formulary Brand: 20%
- Non-Formulary Brand: 70%

Specialty Prescription Coinsurance:

- Formulary: 50% coinsurance; \$50 maximum
- Non-Formulary: 70% coinsurance; \$100 maximum

Prescription Out-of-Pocket Maximum: \$2,000 per person, \$8,000 family maximum

Prescription out-of-pocket maximum is separate from medical deductible, coinsurance, and copayments.

The Retiree Lion Traditional 2024 contribution rates will be as follows:

2024 Premium Contributions: Retiree Lion Traditional	
Coverage Tier	Monthly Contribution
Individual	\$232.32
Two-Person	\$464.63
Parent/Child/Children	\$348.48
Family	\$580.79

2024 Retiree Lion Advantage Plan

❖ **2024 Annual Deductible:**

- Individual: \$1,600
- Family (Individual + 1 or more): \$3,200
- *ALL* services subject to deductible: office and specialist visits, emergency room services, lab work, x-rays, surgery, inpatient admissions, durable medical equipment, and prescriptions

After Deductible is met:

❖ **Medical Coinsurance:**

- ***NEW for 2024*** Well360 Virtual Health Telemedicine Visit: \$0 cost share after deductible has been met
- All other services:
 - 10% paid by retiree
 - 90% paid by Penn State

Preventive Prescription Drug List: NO DEDUCTIBLE, Coinsurance Only

- Generic: 10%
- Preferred Brand: 20%
- Non-Preferred Brand: 40%

Prescription Retail & Mail Order Coinsurance (mail order - University Health Services and/or Express Scripts):

- Generic: 10%
- Formulary Brand: 20%
- Non-Formulary Brand: 40%

Specialty Prescription Coinsurance:

- Formulary: 20% coinsurance; \$65 minimum
- Non-Formulary: 40% coinsurance; \$100 minimum

Medical & Prescription Coinsurance Out-of-Pocket Maximum:

- **\$1,975 Individual** Coverage (Potential financial exposure = \$3,575 deductible + coinsurance)
- **\$3,950 Family** Coverage (Potential financial exposure = \$7,150 deductible + coinsurance)

If medical and prescription coinsurance out-of-pocket maximum is met, medical and prescription drug claims are paid at 100% for the rest of the calendar year.

Health Savings Account with HealthEquity

❖ **2024 ANNUAL HSA Maximum contributions:**

- **\$4,150 for Individual**
- **\$8,300 for Family**
- All contributions are made via the HealthEquity website or by mail to HealthEquity for existing Health Savings Accounts
- Log on to the HealthEquity member portal at www.myhealthequity.com.

- Catch-up contribution of \$1,000 for age 55 and older
- **If you are moving to the Lion Advantage Plan, former PPO Savings, for the first time, you will NOT be automatically set up with a Health Savings Account with HealthEquity.** You can establish a Health Savings Account by logging onto www.healthequity.com or you can establish an account with any bank that offers Health Savings Accounts.
- Please consult your tax advisor to determine how your HSA contributions should be reported for tax purposes

Upon becoming Medicare-eligible, you will move to the Medicare plan offered by the University at that time; you will no longer be able to contribute to the HSA but will be able to use the balance in the HSA for future medical and prescription drug expenses.

All questions regarding using your HSA should be directed to HealthEquity at 866-346-5800.

The Retiree Lion Advantage 2024 contribution rates will be as follows:

2024 Premium Contributions: Retiree Lion Advantage	
Coverage Tier	Monthly Contribution
Individual	\$167.19
Two-Person	\$334.39
Parent/Child/Children	\$250.80
Family	\$418.00

Both Retiree Lion Traditional and Retiree Lion Advantage Plans

After you satisfy the deductible there are three levels of coinsurance for Laboratory Services regardless of which plan you are enrolled in, the Retiree Lion Traditional Plan or the Retiree Lion Advantage Plan:

Find locations at: QuestDiagnostics.com/MyQuest or at 1-888-277-8772
LabCorp.com or at 1-888-LAB-Corp

- 1. Laboratory services performed at Quest Diagnostics, LabCorp, in an emergency room, or through in-network inpatient hospital services**
 - ❖ **Coinsurance:**
 - 10% paid by retiree
 - 90% paid by Penn State
- 2. Laboratory services at any other in-network laboratory**
 - ❖ **Coinsurance:**
 - 30% paid by retiree
 - 70% paid by Penn State
- 3. Laboratory services at out-of-network laboratory**
 - ❖ **Coinsurance:**
 - 50% paid by retiree
 - 50% paid by Penn State

Helpful Contacts:***Retiree Billing***

Lifetime Benefit Solutions (LBS) will continue to bill you on a quarterly basis in 2024. Information about your coverage, premium due dates and copies of letters can be securely accessed through the LBS Member Portal.

If you have any questions regarding registration or your premium, please contact Lifetime Benefit Solutions Customer Service Department at 1-855-798-0683, Monday through Thursday from 8:00 AM to 5:00 PM and Friday from 9:00 AM to 5:00 PM EST.

Benefits and Claims

All questions regarding 2023 benefits and claims should be directed to Highmark at 1-844-945-5509.

Information regarding rates and plan designs can be found on the website at hr.psu.edu/retirees.

Sincerely,

Penn State Employee Benefits
benefits@psu.edu

The **Penn State University Retirees Association** provides social, service, and educational opportunities for the mutual benefit of its members and the University. Membership is open to all retirees and their spouses or partners. You can access more details regarding the Association at <http://www.psur.org>.

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2024 Non-Medicare Retiree Health Care Change Form

DO NOT complete this form UNLESS you are changing health plans for 2024

NO ACTION IS NEEDED TO REMAIN IN YOUR CURRENT HEALTH PLAN

Retiree Name – Please Print _____

PSU ID # _____

/ /
Date of Birth _____

Home Phone _____

Home Address _____

My choice for non-Medicare retiree medical coverage is:

- Retiree Lion Advantage Plan
 - Please note that Penn State DOES NOT contribute toward retiree HSAs
 - Any contributions you choose to make to the HSA will be made directly with the HSA vendor
 - New enrollees will not automatically have an HSA opened and will need to contact the HSA vendor if you wish to open an account
- Retiree Lion Traditional Plan
- NO COVERAGE: ***CAUTION – If you refuse the retiree healthcare coverage for yourself, you will not be permitted to enroll in the retiree healthcare plan through Penn State at a future date**

Note: Retiree dependent coverage can be added only if the eligible dependent experiences an IRS qualifying life event change. Changes must be requested within 31 days of the event by contacting Penn State HR Services at 1-814-865-1473 and requesting a Retiree Request for Change Form. The following are examples of and IRS-defined life event change:

- Employee’s legal marital status changes due to marriage, divorce, or death of a spouse
- Change in employment status of a spouse, which includes end of their employment, new or different working hours, or retirement
- Adoption or legal guardianship changes of dependents you are responsible for

Retiree Certification and Signature

I hereby accept the forms of insurance coverage contracted for by the University in the amounts for which I am or may become eligible or elect under the retiree healthcare coverage. I understand that I will be billed for my enrollment in the retiree healthcare coverage and that I am responsible for timely payment.

Retiree Signature _____

/ /
Date Signed _____

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PennState Monthly Retiree Health Care Contributions | 2024

MEDICARE PLANS - HIGHMARK

FREEDOM BLUE PLAN	
Rate per Enrolled	\$80.00

Retired AND 70 Before 2007 Freedom Blue Rate	
Rate per Enrolled	\$49.00

NON-MEDICARE PLANS - HIGHMARK

LION Traditional	
Individual	\$232.32
Two-Person	\$464.63
Parent/Child(ren)	\$348.48
Family	\$580.79

LION Advantage	
Individual	\$167.19
Two-Person	\$334.39
Parent/Child(ren)	\$250.80
Family	\$418.00

Below are the common combinations:

Retiree	+	Spouse	+	Children	=	Monthly Rate
Freedom Blue		Freedom Blue				\$80.00 + \$80.00 = \$160.00
Freedom Blue		LION Traditional				\$80.00 + \$232.32 = \$312.32
Freedom Blue		LION Traditional		LION Traditional		\$80.00 + \$348.48 = \$428.48
Freedom Blue				Freedom Blue (1Child)		\$80.00 + \$80.00 = \$160.00
Freedom Blue				LION Traditional (1 Child)		\$80.00 + \$232.32 = \$312.32
Freedom Blue		LION Advantage				\$80.00 + \$167.19 = \$247.19
LION Traditional		Freedom Blue				\$232.32 + \$80.00 = \$312.32
LION Traditional		Freedom Blue		LION Traditional		\$348.48 + \$80.00 = \$428.48

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