

Get help with the ins and outs of your Freedom Blue PPO.

Whether you need Medicare questions answered, your preventative care services explained, help finding an in-network provider, or want an appointment booked for you, Highmark Customer Service can do it all.

Just call 1-866-456-7739, 7 days a week from 8 a.m. to 8 p.m. (TTY/TTD call 711.)
Please have reference code 20FB178428 ready when you call.

If you need to find an in-network provider or facility, you can always use our searchable online directory:

1. Visit highmarkblueshield.com/find-a-doctor.
2. Click **select a plan**.

Enter the first three letters of your member ID number.

- OR -

Click **select by plan name**, choose **Freedom Blue PPO**

3. Type in the geographic area where you want to find a provider.
4. Enter the provider or facility you're looking for and click search.



As a Freedom Blue PPO member, you're covered for urgent and emergency care worldwide.



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. Out-of-network/non-contracted providers are under no obligation to treat Freedom Blue PPO members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

REFERENCE

**FAQs, helpful definitions,
and all the fine print.**

Questions about your plan?

We have answers.

Is my plan a Medicare supplement?

No. Your plan is a Medicare Advantage PPO, not a Medicare supplement. This means you have all of the benefits of Medicare, plus extra perks.

What's included in my plan?

All Medicare benefits are covered, such as annual checkups, immunizations, and screenings. With your PPO plan, you can choose your doctors and hospitals, either in or out of network. And, you don't need referrals.

Take a look at your benefits chart for more details on limitations, copayments, and coinsurance.

Will I receive high-quality care?

Absolutely. We carefully screen our health care providers before they join our network.

Each provider is evaluated by our medical review committee and must meet strict criteria. We take these steps regularly to ensure we continue offering high-quality care.

Am I still covered by the original Medicare Parts A and B?

Yes. You still have Medicare coverage, but now it's through your plan. You don't pay original Medicare deductibles and coinsurance, and you have extra benefits and services. You'll continue to pay your Medicare Part B premium, and you'll pay a copayment and coinsurance for certain network services and out-of-network care.

Am I affected by IRMAA?

Fewer than five percent of Medicare members are affected by IRMAA, Medicare's income-related monthly adjustment amount. In 2019, if a member's total modified adjusted gross income (MAGI) was higher than \$85,000 per year, IRMAA took effect, and the member had to pay a higher premium. (MAGI figures for 2020 have not yet been released.)

Health care lingo, translated.

When you're reviewing your plan, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones.

PREMIUM

The monthly amount you pay to have coverage, in addition to your Medicare Part B premium.

COINSURANCE

The percentage owed for some covered services. For example, if your plan pays 80%, you pay 20%.

IN-NETWORK PROVIDER

A doctor or hospital that charges no more than your plan allowance amount for their services.

OUT-OF-NETWORK PROVIDER

A doctor or hospital that almost definitely charges more than your plan allowance for the same services.

PLAN ALLOWANCE

The set amount your plan will pay for a health service, even if your provider bills for more.

MAXIMUM OUT-OF-POCKET

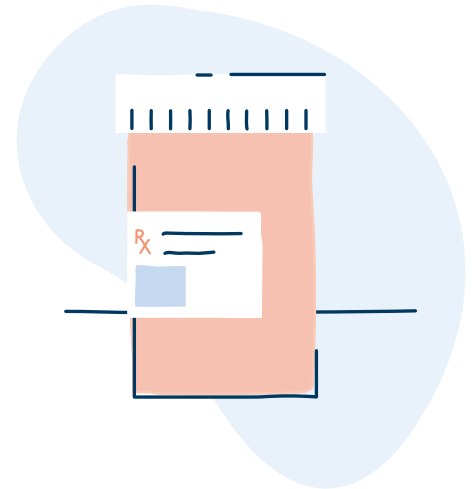
The most you'd pay for covered care. If you hit this amount, your plan pays 100% after that.

COPAY

The set amount you pay for a covered service, could be \$20 for a doctor visit or \$30 for a specialist.



Drug coverage questions and answers.



What's a prescription drug formulary?

A formulary is a long list of FDA-approved prescription drugs and selected over-the-counter medications that your plan covers. You can view your complete plan formulary any time at [medicare.highmark.com/resources/aep-formularies](https://www.medicare.highmark.com/resources/aep-formularies).

What about medications that are not listed on the formulary?

If your doctor prescribes you a drug that isn't on the formulary, there's a process to request coverage for the medication. If this happens, your doctor will know the steps you need to take.

What are Prescription Drug Care Management Programs?

With your plan, certain clinical programs help ensure that your medications are prescribed and dispensed the right way. They balance positive benefits to you and monitor certain prescription drugs that could need special permissions or have quantity level limits. Overall, these programs are designed to help keep you safe.

Questions about drug coverage?

Call [1-866-456-7739](tel:1-866-456-7739), 8:00 a.m. and 8:00 p.m., seven days a week (TTY call 711).

Save money by using preferred pharmacies.

Highmark Blue Shield has relationships with a lot of major pharmacies to help lower your drug costs. If you get your medications at the ones listed here, you'll save money. Please view the pharmacy section of your provider and/or pharmacy directory for a complete listing in your area. Make sure your plan qualifies for preferred cost-sharing.



CVS, Costco, Giant Eagle, Giant Foods, KMart, Krogers, Rite Aid, Sam's Club, Supervalu/Sav-On/Osco, Shoprite, Tops Pharmacy, Walmart, Wegmans

Pharmacy network is subject to change.

If you need help finding a preferred cost-sharing pharmacy, call **1-844-536-1499** between 8 a.m. – 8 p.m., seven days a week. (TTY users call 711)



Highmark Choice Company and Highmark Senior Health Company are Medicare Advantage plans with a Medicare contract. HM Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in Highmark Choice Company, Highmark Senior Health Company, and HM Health Insurance Company depends on contract renewal. Highmark Blue Shield, Highmark Choice Company, Highmark Senior Health Company, and HM Health Insurance Company are independent licensees of the Blue Cross and Blue Shield Association.

The pharmacy network may change at any time. You will receive notice when necessary. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

HC406695 06/19 Y0037_19_4407_C

PrefPharm_19_CPA

HEALTH AND WELLNESS

How to find care, get care, and stay healthier.



Extra perks to get care, get answers, and stay healthier.

BLUES ON CALLSM

Answers from a health pro, 24/7.

Medical concerns during off hours? Just call 1-888-BLUE-428 (TTY users call 711) to get support from a registered nurse or a health coach any time and put your worries to bed.

TRAVEL BENEFITS (PPO)

Coverage that travels with you.

With shared access to many Blue Plans' Medicare Advantage networks across the country, you don't have to worry about finding in-network coverage away from home. Happy trails.

SILVERSNEAKERS^{®*}

Free exercise and wellness membership.

Stay active with access to over 13,000 nationwide locations. If you can't get to a gym, at-home kits bring the fitness to you. Visit [medicare.highmark.com/learn/Silver-Sneakers](https://www.medicare.highmark.com/learn/Silver-Sneakers).

NO REFERRALS

No referrals, no red tape.

Lose the time-wasting of going to an appointment just to get another appointment. See the in-network doctors you want to see. No hoops, no hoopla.

REWARDS

Get rewarded for taking care of yourself.

To learn about preventive-care-based Reward and Wellness Card programs available to all Highmark Medicare Advantage members, visit [HighmarkPassport.com](https://www.HighmarkPassport.com).

VIRTUAL VISITS

Face-to-face with a doctor, 24/7.

Need to see a doctor but can't leave home? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. Just call 844-459-6452 (TTY users call 711).

HIGHMARK HOUSE CALL

Once a year in-home health review.

Get a general wellness exam, suggestions for screenings or other tests, and a medicine review. Call Member Service at 1-800-550-8722 (TTY users call 711) to schedule a house call.