

HIGHMARK[®] 
Freedom Blue PPO

January 2013

Dear Penn State Retiree:

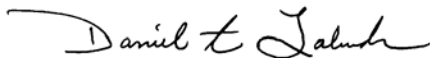
As you may be aware, Geisinger Medical Center and *most* Geisinger physicians *do not* participate in the Freedom Blue PPO plan network. *There are a small number of Geisinger physicians who have been participating in the network.* **We would like to inform you that as of March 1, 2013, all Geisinger physicians will no longer participate in the Freedom Blue PPO network.**

Your Freedom Blue PPO plan offers both in and out-of-network coverage. When seeking care with out-of-network providers, you are responsible for 10% coinsurance up to a maximum yearly out-of-pocket limit of \$500. **Therefore, as of March 1, 2013, you may continue to seek care from Geisinger physicians, but you will be responsible for the 10% out-of-network coinsurance up to the \$500 yearly maximum.**

For your information, the reverse side of this letter outlines your 2013 medical benefits. Please remember that urgent or emergency care received from out-of-network providers is always covered at the highest level of benefits.

If you would like assistance in finding a Freedom Blue PPO participating provider or have questions regarding this letter, please call Freedom Blue PPO Member Service at 1-866-918-5285. TTY users call 711. Representatives are available seven days a week from 8:00 a.m. to 8:00 p.m.

Sincerely,



Daniel A. Labuda
Director, Senior Markets Member Service

Highmark Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Highmark Inc. is a health plan with a Medicare contract.
EGHP_13_0001

	In-Network	Out-of-Network
Plan Deductible	\$0	
Plan Coinsurance (Member Cost Sharing)	No Plan level coinsurance applied	10%
In Network Out-of-Pocket Max	\$500	
Total In and Out of Network Out-of-Pocket	\$500	

Outpatient Services

Doctor Office Visit	\$10 PCP, \$20 Specialist cost sharing	10% coinsurance
Preventive Testing/Screenings	Covered in Full	Covered in Full
Diagnostic Testing including Lab, X-Rays and Advanced Imaging	\$0 cost sharing	10% coinsurance
Outpatient Surgery	\$0 cost sharing	10% coinsurance

Emergent and Urgent Services

Ambulance	\$100 cost sharing	10% coinsurance
Emergency Room	\$50 cost sharing	\$50 cost sharing
Inpatient Hospital Stay	\$0 per stay	10% coinsurance
Skilled Nursing Facility (days 1-100 per benefit period)	\$0 per day	10% coinsurance

Supplies and Additional Services

Durable Medical Equipment	0% coinsurance	50% coinsurance
Hearing Aids (covered every three calendar years)	\$500 coverage	