HIGHMARK

Southeastern Pennsylvania

Freedom Blue PPO

Summary of Benefits

January 1, 2025 to December 31, 2025

To enroll in the following plan(s), you need to be entitled to Medicare Part A, enrolled in Medicare Part B, and live in one of these counties:

Bucks, Chester, Philadelphia, Montgomery

This summary of benefits doesn't list every service, limitation, or special circumstance.

Visit us at **medicare.highmark.com** to get more benefit information including:

- **Evidence of Coverage** *(full list of benefits)*
- **Provider and Pharmacy Directories**
- **Formulary** *(full Part D prescription drug list)*

If you need printed copies, call us at **1-800-550-8722** (TTY 711). We're available 8 a.m. to 8 p.m., 7 days a week.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **medicare.gov** or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY 1-877-486-2048.

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.

Freedom Blue PPO has a network of pharmacies. The out-of-network (OON) benefit provides "out-of-network" coverage. You may see out-of-network providers as long as the services are covered benefits and medically necessary. You may pay more for services than you would if you used a "network provider."

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	Freedom Blue PPO Valor
Premium	$0.00
Part B Premium Reduction	$60.00
Deductible	$0
Max Out-Of-Pocket	$6,000 IN; $8,950 combined IN and OON
Inpatient Hospital Stay	$300 copay per admit IN*; $395 copay per admit OON
Outpatient Hospital Coverage	ASC[1]: $200 copay IN*; $325 copay OON Facility: $250 copay IN*; $375 copay OON
Doctor Office Visit	PCP: $0 copay IN; $0 copay OON Specialist: $10 copay IN; $10 copay OON
Preventive/Screening	Covered in Full (Office visit copays may apply) IN/OON
Emergency Room	$125 copay IN/OON
Urgently Needed Services	$40 copay IN/OON
Lab & Diagnostic Tests	Office /Lab: $0 copay IN*; $35 copay OON; Outpatient: $0 copay IN*; $35 copay OON
X-Rays/ Advanced Imaging	X-ray: $20 copay IN*; $35 copay OON Advanced Imaging: $225 copay IN*; $325 copay OON
Hearing Services	Medicare Covered: $10 copay IN; $10 copay OON. Routine: $0 copay IN; $0 copay OON (1 Per Year). TruHearing Advanced: $699 copay; TruHearing Premium: $999 copay (2 Aids Every Year); $500 allowance IN/OON (per year)
Dental Services	Medicare Covered: $10 copay IN; $10 copay OON. Routine Office Visit: $0 copay IN; 30% coinsurance OON (1 per six months). Routine X-rays: $0 copay IN; 30% coinsurance OON (1 per year). Comprehensive: 0% coinsurance IN; 50% coinsurance OON; with a maximum $3,000 allowance (preventive and comprehensive combined) IN/OON (Per Year). See the EOC for full benefits.
Vision Services	Medicare Covered: $10 copay IN; $10 copay OON. Routine: $0 copay IN; $50 copay OON (1 Per Year). Standard eyeglass lenses and frames or contact lenses are covered in full. IN/OON: A $200 benefit max applies to non-standard frames or a $200 benefit max for specialty contact lenses per year; $200 benefit max for post cataract eyewear (once per operated eye).
Mental Health Services	Inpatient: Days 1 - 3: $325 copay per day per admit & Days 4 - 90: $0 copay per admit IN*; Days 1 - 3: $475 copay per day per admit & Days 4 - 90: $0 copay per day per admit OON; Outpatient: $5 copay IN; $35 copay OON
Skilled Nursing Facility	$0 copay/day (days 1-20), $214 copay/day (days 21-100) IN*; 30% coinsurance OON
Physical Therapy	$15 copay IN*; $35 copay OON
Ambulance (per one-way trip)	Emergent/Non-Emergent: $250 copay IN**; Non-Emergent: 30% coinsurance OON
Transportation (up-to 24 one-way trips)	$0 copay IN*; 30% coinsurance OON
Medicare Part B Drugs†	20% coinsurance IN*; 30% coinsurance OON
OTC	$100 allowance once per quarter IN/OON
Flex Card	Not Covered
Durable Medical Equipment	20% coinsurance IN*; 30% coinsurance OON
Formulary	Not Covered

*Indicates a service that requires prior authorization.

**Indicates a service that requires prior authorization for non-emergent trips. ASC[1]=Ambulatory Surgery Center

†Certain rebatable drugs may be subject to a lower coinsurance. Insulin cost sharing is subject to a coinsurance cap of $35 for a one-month's supply of insulin.

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Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, or Highmark Senior Health Company, which are independent licensees of the Blue Cross Blue Shield Association. The Blue Shield© and Shield Symbol are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.

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.

Out-of-network/non-contracted providers are under no obligation to treat Freedom Blue PPO members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

This information is not a complete description of benefits. Call 1-866-682-7972 (TTY users may call 711), October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week; April 1 – September 30, 8 a.m. to 8 p.m., Monday – Friday for more information.

TruHearing is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing-aid benefit.