FREQUENTLY ASKED QUESTIONS (FAQ) DIRECTORY

Background / Transition Information

1. **How are my State System retiree medical benefits changing in 2025?**
   Effective January 1, 2025, Medicare-eligible members with Medicare Parts A and B who are currently enrolled in Signature 65 will transition to the new Freedom Blue PPO, a customized Medicare Advantage (MA) Plan provided by Highmark Blue Shield.

2. **Why is this change being made?**
   Many employers that provide retiree healthcare coverage have been transitioning to Medicare Advantage coverage to provide simplified plan designs, concierge service teams for member support, and benefits that are not easily available to add to Medicare Complement Plans such as Signature 65.

   In addition to the above, the cost of providing healthcare to our retirees and to our current employees has continued to rise steadily, and it became important for the State System to explore alternate ways of providing this comprehensive healthcare coverage. This new customized Medicare Advantage PPO plan will allow the State System to continue providing an equivalent level of benefits to retirees, along with a number of additional new benefits, and to do so in a way that will allow the State System to better manage its costs, now and into the future.

3. **What if I want to stay enrolled in the Signature 65 plan?**
   All retirees and dependents enrolled in a Signature 65 plan which requires Medicare Part A and B enrollment and who reside within the United States and its territories will be transitioned to the Freedom Blue PPO Plan, effective January 1, 2025. There is not an option to remain in the Signature 65 coverage.

4. **Will I be transitioned to the Freedom Blue PPO plan if I reside outside of the United States?**
   If you reside outside of the United States, you will remain in the Signature 65 coverage. The Freedom Blue PPO plan, which is a Medicare Advantage plan, cannot provide coverage to non-US residents.

5. **What happens if I reside within the United States, but later plan to reside outside of the United States?**
   If moving residency outside of the United States, you will need to inform the State System's Annuitant Healthcare office. Effective with your change in residency, you will be transitioned from the Freedom Blue PPO plan to the Signature 65 plan. If you move residency back to the United States, you will be transitioned to the Freedom Blue PPO plan.

6. **How do I enroll with the Freedom Blue PPO plan?**
   Your coverage will transition automatically to be effective January 1, 2025. There is no action required by the member.

7. **Will I receive a new medical identification card?**
   In late December, you will receive one new identification card that will be for both medical and prescription coverage. This card will be used beginning January 1, 2025.

8. **Do I still need to be enrolled in both Medicare Part A and B?**
   Yes, you will need to continue enrollment in Medicare Part A and B. Medicare Advantage plans require Medicare Part A and B enrollment.

9. **I understand that my Signature 65 coverage will change to the Freedom Blue PPO Medicare Advantage plan effective January 2025. What happens to the rest of my family's coverage since they are not Medicare eligible?**
   Your family will continue with the same pre-Medicare plan coverage that they have today. If any of your enrolled family members later become Medicare eligible, they will be required to enroll in Medicare Parts A and B and then will be enrolled in the Freedom Blue PPO plan.

10. **Will my monthly premium change?**
    For the vast majority of retirees, your monthly premiums will not change. For those retirees who typically have premium changes every year, notifications have been sent specifying the new monthly premium.

11. **Will I need to change providers?**
    You will continue to have access to medical providers and facilities throughout the United States that accept Medicare and will accept patients enrolled in the Freedom Blue PPO plan. The Freedom Blue PPO plan has been custom designed to permit members to see any providers/facilities that accept Medicare; however, we have become aware of a small number of providers/facilities that have announced they will not treat patients with Medicare Advantage coverage. The State System customized the Freedom Blue PPO plan to provide members with the same benefits both in and out-of-network. The new Freedom Blue PPO plan reimburses providers/facilities at the 100% Medicare allowance rate, which is the same as the current Signature 65 plan.

12. **Who should I contact if I have questions about the new customized Freedom Blue PPO Plan?**
    You may contact Highmark Blue Shield's dedicated Medicare Advantage concierge call center at 1-888-399-0833 (TTY: 711), Monday – Friday, from 8 a.m. – 4:30 p.m. Information can also be found at the Pennsylvania State System of Higher Education's Annuitant Health Care website, **www.passhe.edu/ahcp**, regarding the transition to the Freedom Blue PPO plan.

13. **Is this plan still considered Original Medicare?**
    No. Medicare Advantage plans are considered to be private health plans that have contracted with CMS (Centers for Medicare and Medicaid Services) to provide Medicare-covered benefits to beneficiaries in place of Original Medicare.

14. Why were Medicare Advantage plans created?

Medicare Advantage plans were created in 1997, with the goals to enhance quality, improve choice, and reduce cost. These plans are required to cover all the services provided by Medicare Parts A and B, plus additional benefits.

Freedom Blue PPO Medical Coverage

15. Do I need referrals to see a specialist?

No, members do not need a referral to visit a specialist.

16. Will the current Major Medical annual member deductible and coinsurance costs continue in the Freedom Blue PPO plan?

The new customized Freedom Blue PPO Plan will not have an annual deductible, other than the Medicare Part B deductible which members are currently responsible for in the Signature 65 Plan. The Freedom Blue PPO Plan will also not have member coinsurance. Most medical services, including physician services and hospitalization, will not have any member costs associated with them.

17. Can I retain my current medical provider?

You will continue to have access to medical providers and facilities throughout the United States that accept Medicare and will accept patients enrolled in the Freedom Blue PPO plan. The Freedom Blue PPO plan has been custom designed to permit members to see any providers/facilities that accept Medicare; however, we have become aware of a small number of providers/facilities that have announced they will not treat patients with Medicare Advantage coverage. The State System customized the Freedom Blue PPO plan to provide members with the same benefits both in and out-of-network. The new Freedom Blue PPO plan reimburses providers/facilities at the 100% Medicare allowance rate, which is the same as the current Signature 65 plan.

18. What happens if I need medical attention from an out-of-network provider?

The Freedom Blue PPO plan was designed to provide members with the same level of benefit coverage at the same member cost for services rendered at both in-network and out-of-network providers. The difference is how providers are paid by the plan. In-network providers have agreed to certain reimbursement amounts while out-of-network providers are paid at 100% of Medicare's allowance (which is the same amount that Signature 65 pays providers).

There are certain providers that have stated that Medicare Advantage plans will not be accepted. However, the majority of these providers will accept the out-of-network reimbursement level paid by the Freedom Blue PPO Plan as it is 100% of Medicare's allowance.

19. How many physical therapy appointments are allowed per year? What is the cost per visit?

There are no visit limits on Physical Therapy, however, some services may require a prior authorization. Physical Therapy services are covered with no member copay.

20. How does the Freedom Blue PPO plan work if I am admitted into a long-term care facility?

Freedom Blue PPO pays for all services covered by Original Medicare. Original Medicare does not cover long-term care facilities (where the primary type of care provided is custodial care). Therefore, Freedom Blue PPO would not cover custodial care in a long-term care facility.

Custodial care is personal care provided in a nursing home, hospice, or other facility setting when you do not need skilled medical care or skilled nursing care. Custodial care, provided by people who do not have professional skills or training, includes help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around, and using the bathroom. It may also include the kind of health-related care that most people do themselves, like using eye drops. Medicare doesn't pay for custodial care.

If a member is admitted to a skilled nursing facility and has exhausted their 100 days or no longer needs skilled services, Freedom Blue PPO will cover services not related to the skilled nursing stay. For example, if the member has to see a physician for a cold, flu or other medical condition, those services would be covered under the Freedom Blue PPO benefits.

21. Is telemedicine included in the Freedom Blue PPO plan?

Telemedicine is covered if offered through the physicians office. The plan offers additional virtual benefits for the following services; Urgent care, Behavioral health, Women's Health and Dermatology.

22. How do I confirm if my Durable Medical Equipment (DME) provider participates with this coverage? What is the cost for DME?

You can check to see if your DME provider participates with this coverage by callling the Medicare Advantage concierge unit at Highmark Blue Shield by calling 1-888-431-2831 (TTY: 711), Monday – Friday, from 8:00 a.m. to 4:30 p.m. The Freedom Blue PPO plan was designed to provide members with the same level of benefit coverage at the same member cost for services rendered at both in-network and out-of-network providers. The cost for DME is a $0 copay after the Part B deductible has been met.

23. I have read that Medicare Advantage plans change coverage and costs frequently, especially for drug plans. Will our customized plan give us protection from frequent coverage changes?

The Freedom Blue PPO plan has been customized for State System retirees to provide a specific level of benefits. There may be modifications from time to time on additional benefits, provider status, or

formulary, but the core plan design (copays, benefits coverage and member cost regardless of the network status) will remain the same.

24. Please provide details of chiropractic care.

Chiropractic care falls into two categories:

- Medicare covered medically necessary services, defined as the manual manipulation of the spine to correct a subluxation. (when the spinal joints fail to move properly, but the contact between the joints remains intact). These services are covered, with no limits.
- Routine chiropractic services (not medically necessary) are not covered by original Medicare. Routine chiropractic visits are covered by the Freedom Blue PPO plan and are limited to 8 per calendar year.

25. Is acupuncture covered?

Medicare-covered Acupuncture visits up to 12 visits in 90 days for chronic low back pain are covered. You must get acupuncture from a doctor, or another health care provider (like a nurse practitioner or physician assistant) who has both of these:

- A master's or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine
- A current, full, active, and unrestricted license to practice acupuncture in the state where you're getting care

Prior Authorization

26. Do I need to obtain prior authorizations?

A provider may need to obtain approval for prior authorizations for certain types of services (not emergent care) like inpatient care, home health care, and home infusion therapy. The process will be similar to what you experienced with active employee coverage or pre-Medicare retiree coverage at the State System. Your providers will manage the prior authorization process on your behalf.

In calendar year 2023, the Freedom Blue PPO prior authorization approval rate was 93% for first time authorizations submitted.

27. Are there timelines for prior authorizations to be completed?

Yes, the Centers for Medicare and Medicaid Services (CMS) define the timelines for prior authorization requests. Standard requests (when received with complete information) must be completed in no more than 14 calendar days or 72 hours for Medicare Part B drugs.

Expedited coverage decisions (when the standard deadline could cause harm to a member's health or hurt their ability to function) must be completed in no more than 72 hours or 27 hours for Medicare Part B drugs.

In calendar year 2022, the turnaround time for expedited cases was 1.57 days and standard

cases was 4.05 days.

28. Will my current prescription drug authorizations transfer over to the new Freedom Blue PPO plan?

No, your provider will be required to submit a new authorization for your prescriptions that require an authorization. The Medicare Advantage concierge team will work with members to have their current prescriptions transferred to the Freedom Blue PPO plan. Members who have prescriptions that require prior authorizations will be contacted directly to assist them with the transition.

29. Can Medicare Advantage plans deny care that would otherwise have been approved by original Medicare?

Medicare Advantage plans are required to cover the same services that are covered by original Medicare Parts A & B. In addition to covering the same services, the Freedom Blue PPO plan offers additional services such as vision exams/frames, hearing aids, immunizations, meals after discharge from an inpatient hospital stay, a quarterly over-the-counter medication allowance, wellness and fitness benefits and personalized house call visits.

30. Are retirees' current health issues grandfathered? Will current treatments be subjected to pre-authorization?

This plan will accept all preexisting conditions and will provide continuation of care support. Some services may be subject to prior authorization.

Freedom Blue PPO Prescription Drug Coverage

31. Will the Freedom Blue PPO plan still have Major Medical?

No, Major Medical is not needed under the Freedom Blue PPO plan. Coverage for prescription medications, the predominant member benefit covered by Major Medical, will instead be provided by a prescription drug copay plan (a Medicare Part D plan).

32. How does coverage for specialty medications work under the Freedom Blue PPO plan?

All specialty medications have a $30-member copay for up to a 30-day supply.

33. What is the process if I need more than a 90-day supply of medication (i.e. due to traveling)? If traveling within the United States, there would be no need for more than a 90-day supply, since a member can obtain prescriptions at nationwide preferred or standard pharmacies. If traveling out of the country, the member will be able to submit a "refill too soon" request. This will work similar to the current process for prescription overrides when traveling. The member will need to call the number on their ID card and indicate that they need an override. A Highmark representative will request the following details: member name, Highmark ID number (from the ID card), name of the medication (including strength and dosage), the name of the pharmacy, the date they are leaving, and the date they are returning.

34. Can I get a 90-day supply of my specialty medication?

For specialty medications, it may be possible to obtain a supply of greater than 31 days (dependent on the specific medication) on an exception basis, when members are traveling outside of the country. Refer to the above question for addition details.

35. How can I ensure my continued access to brand name medications?

If it is important to ensure continued use of a specific brand name medication, check with your provider to determine if a new prescription stating that the medication may not be substituted with an equivalent generic medication is required. Without this distinction on the prescription, many states permit pharmacies to automatically dispense an equivalent generic medication without receiving the patient's consent. Be advised that a brand medication may have a higher member copay than an equivalent generic medication does.

Some medications may require prior authorization. When a provider submits for an authorization with Highmark, they would indicate if someone has already used a generic medication.

36. Is use of a mail-order pharmacy mandatory under the Freedom Blue PPO Plan?

There is no requirement to obtain medication from a mail order pharmacy. However, you will generally save money by using Express Scripts mail-order for maintenance medications, as you will only be charged twice the retail copay amount for three months of medication. Plus, many members like the convenience of receiving their maintenance medications delivered directly to their homes, instead of going to the pharmacy.

37. How can I determine the medication tier (and associated member copay) for my prescription drug under the Freedom Blue PPO plan?

You may contact the Medicare Advantage concierge unit at Highmark Blue Shield by calling 1-888-431-2831 (TTY: 711), Monday – Friday, from 8:00 a.m. to 4:30 p.m.

You may also check the formulary online by following these steps:

- Visit **https://medicare.highmark.com**
- Scroll to the bottom of the page and click the **Find a Prescription Drug** option
- Scroll down the page and click **Incentive Formulary**
- You will be asked if you would like to continue and leave the website, click **Yes**
- You will be presented with a screen where you will enter your prescription drug name and click **Search Button**
- Find the appropriate dose/strength and refer to the status column for the tier level.

Another option starting in January 2025 would be to request a hard copy formulary via mail by contacting Highmark Blue Shield at the same number listed above.

38. What immunizations are covered under the Freedom Blue PPO plan?

The following immunizations are currently covered under the Signature 65 plan and will continue to be covered under the Freedom Blue PPO plan:

- COVID-19
- Influenza (flu)
- Pneumococcal

Additional immunizations that will now be covered under the Freedom Blue PPO Plan are:

- Hepatitis A
- Hepatitis B
- Respiratory Syncytial Virus (RSV)
- Shingles
- Tetanus, Diphtheria & Pertussis (Tdap)
- Tetanus & Diphtheria (Td)

For more information on which immunizations may be recommended for you, please consult your provider.

39. Do I still need to save and submit my prescription expenses to Highmark Blue Shield with a major medical claim form?

No, at the pharmacy you will be charged a copay amount. Many medications will be available at no cost to you ($0 copay).

40. Will my current prescription drug authorizations transfer over to the new Freedom Blue PPO plan?

No, your provider will be required to submit a new authorization for your prescriptions that require an authorization. The Medicare Advantage concierge team will work with members to have their current prescriptions transferred to the Freedom Blue PPO plan. Members who have prescriptions that require prior authorizations will be contacted directly to assist them with the transition.

41. What happens if I go to a pharmacy that is not a preferred or standard pharmacy (out of network)? The pharmacy may require the member to pay the full cost of the medication. The member would then submit a pharmacy reimbursement claim to Highmark, and Highmark would reimburse the member for the cost of the medication, minus the applicable standard pharmacy copay amount.

Additional Value-Added Benefits

42. Is there any routine dental coverage provided with the Freedom Blue PPO plan?

There is no routine dental coverage provided by the plan. Medicare covers accidental dental services only.

43. Can my spouse be opted in to the eye doctor benefits only?

In order to utilize the vision benefits under the Freedom Blue PPO plan, your spouse must be enrolled in the Freedom Blue PPO plan.

44. Regarding the new Over-the-Counter (OTC) Benefit Allowance, if I do not spend the entire $25 OTC allowance in a calendar quarter, does the remaining amount carry over to the next calendar quarter?

No, unused calendar quarter OTC allowances do not carry forward to the next calendar quarter.

45. Are there limitations/restrictions to where the hearing exam is completed for out-of-network providers?

The audiologist needs to accept Medicare. The hearing aid benefit is administered through Tru Hearing.

46. What about coverage for cochlear implants?

If the member meets Medicare's criteria (outlined at the link below) as reviewed during the prior authorization process, this would be covered under the medical portion of the Freedom Blue PPO plan.

https://www.cms.gov/medicare/coverage/evidence/cochlear

47. For the transportation benefit, is this only for the member's use?

The benefit is for members who are enrolled in the Freedom Blue PPO plan. A caregiver or family member may accompany the member.

48. How do I use the transportation benefit?

A member would contact Highmark customer service in advance to schedule transportation with the vendor. The member will not be required to provide their ID card when scheduled ride arrives.

49. For the post discharge meals, are there limits/restrictions to how I order my meals?

Eligible members can receive 28 meals for up to 14 days (2 meals per day). Pre-made frozen meals are delivered directly to the member's home at no additional cost. This is a benefit that can only be used once per year and the member is required to have been discharged within 30 days of requesting meals.

50. Can I order two dinners (one for me and another for my spouse)?

This benefit is only available to the member that was discharged within 30 days of requesting meals.

Medicare Related

51. In general, what are the CMS rules about joining, switching, or dropping a Medicare Advantage Plan?

If you are considering dropping your State System retiree medical benefits, please be advised that if you cancel your State System's Freedom Blue PPO Medicare Advantage plan coverage, you will not be able to re-enroll in any State System Annuitant Health Care

Program coverage in the future.

Below are some guidelines regarding the CMS rules concerning switching between Medicare plans. This is a general overview only, and any questions you have should be directed to Medicare at 1-800-MEDICARE (1-800-633-4227) or visit Medicare.gov.

Generally, you can only join, switch, or drop a Medicare Advantage Plan during specified enrollment periods, which include annual Open Enrollment Periods, the Initial Enrollment Period (when first becoming eligible for Medicare) or during a Special Enrollment Period, which relates to a specific event, most commonly losing other insurance coverage.

Again, you are encouraged to contact Medicare with any questions you may have about switching your coverage from the State System Annuitant Health Care Program to a different plan.

For members who reside in Pennsylvania, questions regarding switching Medicare plans and guaranteed issue rights specific to plans available in the commercial market can be directed to the Pennsylvania Insurance Department Consumer Services division. The phone number is: 1-877-881-6388.

52. Are Medicare Parts A and B still our primary insurance?

Retirees are required to be enrolled in Medicare Parts A and B and continue to pay any associated premiums. A Medicare Advantage plan bundles all the coverages together (Medicare Parts A, B, and Part D, which provides the prescription drug benefits) to provide seamless comprehensive coverage. Retirees will only have to provide one card, the Freedom Blue PPO card, when obtaining services and will receive one Explanation of Benefits (EOB) from Highmark Blue Shield.

53. What is the Income Related Monthly Adjustment Amount (IRMAA) and does it impact me?

IRMAA is an additional monthly surcharge that may be assessed to high-income retirees associated with their enrollment in Medicare. It impacts roughly 8% of members enrolled in Medicare. The Social Security Administration (SSA) sets four income brackets that determine your (or you and your spouse's) IRMAA. In 2025, those income brackets begin for members filing an individual tax return with an annual gross income greater than $106,000, or members filing a joint tax return with an annual gross income greater than $212,000.

Of note, the adjusted gross income levels triggering IRMAA surcharges are based upon tax returns filed two years prior. Accordingly, there may be a higher likelihood that recent retirees are impacted by IRMAA in the first couple of years of their retirement, as that two tax year lookback would include the final years of employment earnings, along with any sick and/or annual leave payouts. If you are impacted by IRMAA, you may wish to consult with your tax or financial advisor regarding any potential tax planning strategies. In addition, the IRMAA can be appealed by filing Form SSA-44 with the Social Security Administration.

Monthly Premiums

54. I assume that the transition to the Freedom Blue PPO Medicare Advantage plan will save the State System money, why are my monthly premiums for coverage not decreasing?

The monthly premiums that most retirees pay for their health care coverage have no direct correlation to the actual cost of the health care coverage in which they are enrolled as retirees. Monthly premiums for the majority of retirees are based upon the premiums they paid as active employees. Generally, these retiree premiums only change when the percentage of costs that active employees pay for their coverage changes.

55. Will my monthly premium change?

For the vast majority of retirees, your monthly premiums will not change. For those retirees who typically have premium changes every year, notifications have been sent specifying the new monthly premium.

Travel Coverage (Within United States and Abroad)

56. Will I be able to use Freedom Blue PPO Plan when I travel outside of the United States?

When you travel, you will have coverage for emergency medical needs. Medicare Advantage plans do not provide coverage for routine or other non-emergent medical services outside the United States. Those types of medical services should be sought prior to you leaving for international travel, or after your return.

57. I understand that emergency services will be covered during international travel. Must research be done prior to travel to determine which providers will be covered for emergency services?

Emergency Services are covered anywhere in the world. It is not necessary for members to utilize any specific providers if they have a medical emergency while traveling outside the United States.

58. Can I get more than a 90-day supply of my specialty medication if I will be out of the country? For specialty medications, it may be possible to obtain a supply of greater than 31 days (depending upon the specific medication) on an exception basis, when members are traveling outside of the country.

59. Will I be able to use my Freedom Blue PPO Plan if I reside outside of Pennsylvania, but within the United States?

Yes, members will have nationwide access to medical providers and facilities that accept Medicare and the Freedom Blue PPO plan throughout the United States.