



FREEDOM BLUE PPO RENEWAL

EFFECTIVE DATE: 1/1/2021
 CLIENT NUMBER: 015758
 GROUP NUMBER: 1784535
 INVOICING: Direct Employer Billed

CLIENT NAME: University of Pittsburgh
 GROUP NAME: University of Pittsburgh
 CURRENT MEMBERSHIP: 316

Medical Benefits	2020 Benefits (Current Plan)	2021 Benefits Current
	In Network (INN) , Out-of-Network (OON)	In Network (INN) , Out-of-Network (OON)
Deductible Amount	\$0	\$0
Coinsurance (see specific benefits for cost sharing)	INN: 0% OON: 0%	INN: 0% OON: 0%
Member Out of Pocket Maximum Amount	INN: \$3400 Combined: \$3400	INN: \$3400 Combined: \$3400
Office Visits - PCP	INN: \$15 OON: \$15	INN: \$15 OON: \$15
Office Visits- Specialist	INN: \$20 OON: \$20	INN: \$20 OON: \$20
Therapies (PT/OT/Speech/Respiratory)	INN: \$20 OON: \$20	INN: \$20 OON: \$20
Inpatient Hospital Stays <i>(Includes acute, inpatient rehab, and other types of inpatient hospital services)</i>	INN: \$50 OON: \$50	INN: \$50 OON: \$50
Skilled Nursing Facility	INN: \$25 days 16-55 OON: \$25 days 16-55	INN: \$25 days 16-55 OON: \$25 days 16-55
Home Health	INN: 0% OON: 0%	INN: 0% OON: 0%
Emergency Room	\$50	\$50
Urgent Care Clinic	\$40	\$40
Outpatient Surgery	INN: \$50 OON: \$50	INN: \$50 OON: \$50
Standard Imaging (Example: X-Ray)	INN: 0% OON: 0%	INN: 0% OON: 0%
Advanced Imaging (Examples: CT Scans, MRI)	INN: 0% OON: 0%	INN: 0% OON: 0%
Diagnostic Testing (Office/Lab)	INN: 0% OON: 0%	INN: 0% OON: 0%
Diagnostic Testing (Facility)	INN: 0% OON: 0%	INN: 0% OON: 0%
Ambulance (Emergent)	\$25	\$25
Ambulance (Non-Emergent)	INN: \$25 OON: 20%	INN: \$25 OON: 20%
Routine Transportation <i>Combined 24 one-way trips. Transportation related to continued acute care after discharge does not apply towards the trip limit.</i>	INN: \$10 OON: 50%	INN: \$10 OON: 50%
Durable Medical Equipment <i>(Example: Diabetic Testing Supplies)</i>	INN: 15% OON: 20%	INN: 15% OON: 20%
Oxygen and Oxygen Supplies	INN: 15% OON: 20%	INN: 15% OON: 20%
Renal Dialysis	INN: \$0 OON: 20%	INN: \$0 OON: 20%
Part B Rx	INN: 10%/\$300 Qrtly Max OON: 10%/\$300 Qrtly Max	INN: 10%/\$300 Qrtly Max OON: 10%/\$300 Qrtly Max
Routine Vision Exam <i>(Offered through Davis Vision)</i>	INN: \$0 OON: \$50	INN: \$0 OON: \$50
Routine Vision Eyewear <i>(Offered through Davis Vision)</i>	INN: \$0 for Davis Vision Fashion Collection frames and standard lenses or \$100 benefit maximum for all others. OON: \$100 benefit maximum towards the purchase of frames and lenses.	INN: \$0 for Davis Vision Fashion Collection frames and standard lenses or \$150 benefit maximum for all others. OON: \$150 benefit maximum towards the purchase of frames and lenses.
Hearing Exam	INN: \$20 OON: \$20	INN: \$20 OON: \$20
Hearing Aids	TruHearing: You pay a \$499 copay for the Advanced or a \$799 copay for the Premium hearing aid. Up to 2 hearings aids per year. There is a \$500 allowance every 3 years for any other hearing aids through TruHearing®.	TruHearing: You pay a \$499 copay for the Advanced or a \$799 copay for the Premium hearing aid. Up to 2 hearings aids per year. There is a \$500 allowance every 3 years for any other hearing aids through TruHearing®.



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Table with 3 columns: Description, Covered Incentive, and Covered Incentive. Rows include OON allowance, Part D Prescription Drug Benefits, and Catastrophic Coverage Stage.

* Rx Tiers - Tier 1 (Preferred Generic) / Tier 2 (Non-Preferred Generic) / Tier 3 (Preferred Brand & Generic) / Tier 4 (Non-Preferred Drug) / Tier 5 (Specialty)

+ Member cost sharing amount for Part D drugs with discount included.

Table with 3 columns: Description, Not Covered, and Not Applicable. Rows include Value Add Riders (Routine Chiropractic, Routine Dental, Medicare Excluded) and Total Premium Per Member, Per Month (\$284).

This is a summary of the most commonly used benefits. It does not include a full list of benefits. The detailed benefits are included in the Evidence of Coverage (EOC).

Please return to your Senior Markets Client Manager or fax to 412-544-1007.

Signature _____ Date _____

Printed Name _____ Title _____

Highmark Senior Health Company is a PPO plan with a Medicare contract. Enrollment in Highmark Senior Health Company depends on contract renewal. Highmark Blue Cross Blue Shield and Highmark Senior Health Company are independent licensees of the Blue Cross and Blue Shield Association.