



**Medicare Advantage  
2026 Benefit Summary**

**Effective Date: 1/1/2026**

**Client Name: University of Pittsburgh**

**Group Number: 0178453**

**Plan: Custom**

	<b>Freedom Blue PPO (PA)</b>	
<b>Medical Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Deductible	\$0	
Coinsurance (see specific benefits for cost sharing)	0%	0%
In-Network Member Out-of-Pocket Maximum Amount (This is the most the member will pay out-of-pocket for their Medicare-covered services, not including Part D drugs)	\$3,400	Not Applicable
Combined In and Out-of-Network Member Out-of-Pocket Maximum Amount (This is the most the member will pay out-of-pocket for their Medicare-covered services, not including Part D drugs)	\$3,400	
<b>Physician and other Health Professional Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Office Visits - Primary Doctor	\$15	\$15
Office Visits - Specialist	\$20	\$20
Radiation Therapy	\$0	\$0
Emergency Room (waived if admitted within 3 days)	\$50	
Urgent Care	\$40	
Ambulance (Emergent)	\$25	
Ambulance (Non-Emergent)	\$25	20%
Routine Transportation Combined 24 one-way trips. Transportation related to continued acute care after discharge does not apply towards the trip limit.	\$10	50%
<b>More than 20 Preventive Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Includes screenings and vaccines such as Flu, Pneumonia, Covid 19, Hepatitis, etc	Covered in Full	Covered in Full
<b>Hospital, Home Health Care, and Skilled Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Hospital (Inpatient)	\$50	\$50
Observation Room/Outpatient Surgery (Hospital)	\$50	\$50
Outpatient Surgery (Ambulatory Center)	\$50	\$50
Home Health Care	0%	0%
Skilled Nursing Facility (100 days per benefit period)	0% days 1-20/ \$25 days 21-60/ 0% days 61-100	0% days 1-20/ \$25 days 21-60/ 0% days 61-100
Dialysis	\$0	20%
<b>Mental Health/Chemical Dependence Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Mental Health (Inpatient, 190-day lifetime limit)	\$50	\$50
Mental Health (Outpatient)	\$20	\$20
Mental Health (Outpatient with Psychiatrist)	\$20	\$20
Alcohol Substance Abuse (Inpatient)	\$50	\$50
Alcohol Substance Abuse (Outpatient)	\$20	\$20

<b>Laboratory and X-ray Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Laboratory Testing (Physician Office/Free Standing Lab)	0%	0%
Laboratory Testing (Outpatient Facility)	0%	0%
X-rays	0%	0%
Advanced Radiology (MRI, MRA, PET, and CT)	0%	0%
<b>Rehabilitation Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Physical, Occupational, and Speech Therapy	\$20	\$20
Chiropractor Medicare Covered	\$20	\$20
Cardiac Rehab	0%	0%
<b>Vision</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Medical Vision Exam	\$20	\$20
Routine Vision Exam (Offered through Davis Vision)	\$0	\$50
Annual allowance (lenses and frames) Offered through Davis Vision	\$0 for Davis Vision Fashion Collection frames and standard lenses or \$150 benefit maximum for all others.	
<b>Hearing</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Diagnostic Hearing Exam	\$20	\$20
Routine Hearing Exam (TruHearing)	\$20	\$20
Hearing Aid Benefit (TruHearing)	TruHearing: You pay a \$499 copay for the Advanced or a \$799 copay for the Premium hearing aid. Up to 2 hearing aids per year. There is a \$500 allowance every 3 years for any other hearing aids through TruHearing®.	\$500 allowance for hearing aids every 3 years from any other provider (\$500 combined INN and OON)
<b>Dental</b>	Not Covered	
Routine Dental	Not Covered	
<b>Supplies, Equipment, and Devices</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Durable Medical Equipment	15%	20%
Prosthetics	15%	20%
Oxygen	15%	20%
Diabetic Supplies	15%	20%
<b>Fitness Program</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Highmark Fitness Program	Nationwide Fitness Network	
<b>Part B Drugs</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Immunosuppressive Drugs	10%/\$300 Qrtly Max	10%/\$300 Qrtly Max
Oral Chemotherapy Drugs	10%/\$300 Qrtly Max	10%/\$300 Qrtly Max
Physician Administered Injectables	10%/\$300 Qrtly Max	10%/\$300 Qrtly Max
Nebulizer Inhalation	10%/\$300 Qrtly Max	10%/\$300 Qrtly Max
Part B drugs (other)	10%/\$300 Qrtly Max	10%/\$300 Qrtly Max

<b>Value Added Rider</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Routine Chiropractic - These are routine/not medically necessary services that are not covered by Original Medicare. Chiropractic visits are limited to 8 visits per calendar year.	Not Covered	Not Covered
Routine Podiatry - These are routine/not medically necessary services that are not covered by Original Medicare. Podiatry visits are limited to 10 visits per calendar year.	Not Covered	Not Covered
Meal Plan - 2 meals per day up to 14 days upon discharge from an Inpatient Hospital or SNF stay	Not Covered	Not Applicable
<b>Prescription Drugs - Part D</b>		
True Out of Pocket (TrOOP) Costs Threshold	\$2,100	
Formulary	Incentive	
Medicare Excluded Part D Prescription Drug Rider	Not Covered	
Prescription Deductible	Not Applicable	
<b>Retail Prescription Drugs (31 day supply)</b>	<b>Preferred</b>	<b>Standard</b>
Tier 1 (Preferred Generic)	\$10.00	\$15.00
Tier 2 (Non-Preferred Generic)	\$10.00	\$15.00
Tier 3 (Preferred Brand & Generic)	\$30.00	\$35.00
Tier 4 (Non-Preferred)	\$65.00	\$70.00
Tier 5 (Specialty)	\$70.00	\$70.00
<b>Mail Order Prescription Drugs</b>	<b>Express Scripts</b>	<b>Pharmacies</b>
Tier 1 (Preferred Generic)	\$20.00	\$30.00
Tier 2 (Non-Preferred Generic)	\$20.00	\$30.00
Tier 3 (Preferred Brand & Generic)	\$60.00	\$70.00
Tier 4 (Non-Preferred)	\$130.00	\$140.00
Tier 5 (Specialty)	\$70.00	\$70.00

Retail and Mail Order Days Supply Limit	<ul style="list-style-type: none"> <li>- Retail or Mail Order -Tier 1 &amp; 2 - Up to a 100 day supply</li> <li>- Retail or Mail Order - Tier 3 &amp; 4 - Up to a 90 day supply</li> <li>- Specialty Drugs are limited to a 31-day supply</li> </ul>
Catastrophic Phase	After reaching the True Out of Pocket (TrOOP) costs of \$2,100, there is \$0 member cost sharing for covered Part D drugs in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations.

For questions about this plan's benefits or costs, please call 1-866-456-7739 (TTY 711), Monday -Friday 8 am - 4:30 pm.

Please have this number ready when you call **26B0178453**

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The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Pennsylvania, Delaware, West Virginia, and New York: 1-844-679-6930 (TTY:711)

Tenemos servicios gratis de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan médico o de medicamentos. Para obtener un intérprete, simplemente llame al número correspondiente a su estado de residencia. Alguien que hable español puede ayudarlo. Este servicio es gratis.

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