



KEY BENEFIT CHANGES

Standard Centers for Medicare and Medicaid Services (CMS) changes to the medical benefits for 2019 include:

- **For Freedom Blue PPO and Community Blue PPO Members:**
 - Members will have the option to purchase hearing aids from TruHearing in-network providers for a \$499 copayment per aid for TruHearing Advanced and \$799 copayment per aid for TruHearing Premium, up to two TruHearing aids per year. Additionally, in 2019, members will retain the current \$500 allowance for hearing aids purchased from any other provider, every three years.

- **For Freedom Blue PPO and Community Blue PPO Members:**
 - The member coinsurance for durable medical equipment and oxygen/oxygen supplies will be reduced for as reflected on your Renewal Addendum.

For Freedom Blue PPO, Security Blue HMO, Community Blue PPO, Community Blue HMO and Blue Rx Members with a Highmark Part D Prescription Drug Plan:

- **The Initial Coverage Limit** will increase from \$3,750 to \$3,820. Members will reach the Coverage Gap when the total Medicare Part D drug costs (combined member and plan costs) reach \$3,821. This will not affect those groups that provide a benefit for prescriptions through the Coverage Gap.

 - For groups that do not fill the **Coverage Gap Period**, drug coverage in the Coverage Gap will change. Generic drug member cost sharing will change from 44% to 37%. Brand name drugs cost sharing will change from 35% to 25%.

 - **Out-of-Pocket Cost** threshold to reach Catastrophic Coverage will increase from \$5,000 to \$5,100. The \$5,100 includes the member's cost sharing and the brand drug discounts from the Medicare Coverage Gap Discount Drug Program.

 - **Catastrophic Coverage Cost Sharing** will increase to the greater of 5% or \$3.40 for generic or multi-source drugs and the greater of 5% or \$8.50 for all other drugs. The 2018 benefit was the greater of 5% or \$3.35 for generic or multi-source drugs and the greater of 5% or \$8.35 for all other drugs.
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PROVIDER NETWORK UPDATE

Highmark is Connecting Care & Coverage by providing the best quality health care in the regions we serve.

In July 2018, the Pennsylvania Supreme Court ruled that Highmark's Medicare Advantage Security Blue HMO-POS and Freedom Blue PPO members' in-network access to UPMC hospitals in Pittsburgh and Erie will end at the end of 2018. Highmark's Medicare Advantage Security Blue HMO-POS and Freedom Blue PPO members will continue to have in-network access to all UPMC hospitals including those in Pittsburgh and Erie through December 31, 2018. There is no change for Highmark's Community Blue Medicare HMO and PPO or Blue Rx members with this ruling.

Together with Allegheny Health Network (AHN), Highmark is Connecting Care & Coverage by providing the best quality health care in the regions we serve as the second largest integrated delivery network (IDN) in the country. Our collaboration with Johns Hopkins Sidney Kimmel Cancer Center creates opportunity for better expertise in cancer research, education, and clinical trials.

Premium savings available through Community Blue Medicare HMO and new Community Blue Medicare PPO:

Looking for some premium savings? You may want to consider a retiree offering of Community Blue Medicare HMO or Community Blue Medicare PPO. Both Community Blue Medicare Advantage Plans offer in-network access to a quality network of Allegheny Health Network and community hospitals and more than 17,000 physicians in most regions of Pennsylvania. For more information about Community Blue Medicare HMO or Community Blue Medicare PPO, please contact your Senior Markets Client Manager.

The Blue Cross Blue Shield Association (BCBSA) Medicare Advantage PPO national network is growing.

The Blue Cross Blue Shield Association (BCBSA) Medicare Advantage PPO national network gives your Freedom Blue PPO members in-network access to doctors and hospitals across the country. There is network coverage in 35 states and Puerto Rico, and new counties are being added every year.



REMINDERS

Formulary and Drug Tiering: Highmark's Medicare Advantage prescription drug formulary and drug tiering are subject to change.

- **Tier 1** – preferred generic drugs
- **Tier 2** – generic drugs
- **Tier 3** – preferred brand name drugs
- **Tier 4** – non-preferred drugs
- **Tier 5** – specialty drugs

IRMAA: Medicare beneficiaries who have higher incomes may be required to pay a little more (known as income-related monthly adjustment amount or IRMAA) in addition to their standard premiums. Fewer than five percent of people with Medicare are affected, so most people will not pay a higher premium. To find out if a beneficiary will pay higher premiums, Social Security uses their most recent federal tax return. For 2018, beneficiaries who were required to pay a higher premium were those with a total modified adjusted gross income (MAGI) higher than \$85,000. Figures for 2019 will be made available at a later date by the Social Security Administration.