2022 UPDATES FOR MEMBERS WITH A HIGHMARK PART D PRESCRIPTION DRUG PLAN:

- **The Initial Coverage Limit** will increase from $4,130 to $4,430. Members will reach the Coverage Gap when the total Medicare Part D drug costs (combined member and plan costs) reach $4,431. This will not affect those groups that provide a benefit for prescriptions through the Coverage Gap.

- **Out-of-Pocket Cost** threshold to reach Catastrophic Coverage will increase from $6,550 to $7,050. The $7,050 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 $3.95 for generic or multi-source drugs and the greater of 5% or $9.85 for all other drugs. The 2021 benefit was the greater of 5% or $3.70 for generic or multi-source drugs and the greater of 5% or $9.20 for all other drugs.

VALUE ADDED BENEFITS

If you would like to add any of these benefits, at an additional cost, contact your Client Manager:

- Routine Chiro
- Routine Podiatry
- Dental Benefits
- Over-the-Counter Allowance
- Meals After Discharge

PROVIDER NETWORK UPDATE

Highmark is committed to creating the highest-performing, highest-quality network through strategic alliances in the regions we serve.
Highmark and Penn State Health continue to work together to deliver high-quality care that's always close to home. This includes investing in research to find new cures and treatments and making care more accessible. The addition of Penn State Health Hampden Medical Center and Penn State Health Lancaster Medical Center have all been made possible because of our collaboration.

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 41 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 5% 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 more information about Part B premiums based on income, visit www.medicare.gov/part-d/costs/premiums/drug-plan-premiums.html or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Highmark Senior Health Company is a PPO plan with a Medicare contract. Enrollment in Highmark Senior Health Company depends on contract renewal. Health benefits or health benefit administration may be provided by or through Highmark Senior Health Company. Highmark Blue Shield provides certain administrative communications for this company. Highmark Blue Shield and Highmark Senior Health Company are independent licensees of the Blue Cross Blue Shield Association. 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.