

WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS WELFARE FUND

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www.wpawelfarefund.com

November, 2018

Dear Medicare-Eligible Retiree/Spouse:

During this health insurance annual Open Enrollment period, the trustees of the Western Pennsylvania Teamsters and Employers Welfare Fund would like to remind you that we offer Highmark Blue Cross Blue Shield Medicare Advantage plans at group rates not available in the direct pay/individual market. These Highmark group-sponsored plans include Part D prescription drug benefits and offer comprehensive drug formulary coverage. And, with a national network of providers, these plans are available to Medicare-eligible retirees/spouses who live anywhere within the United States.

Through our partnership with Highmark, we are pleased to offer you a choice of four (4) Medicare Advantage Plans in 2019. Each Medicare-eligible applicant has the opportunity to enroll in the plan that best meets their budget and health plan coverage needs.

What's New in 2019?

- In response to your feedback, we are pleased to announce the availability of a new Community Blue Medicare PPO option at a 2019 premium of \$81.00 per member per month. Through the Fund, as an alternative to Community Blue Medicare PPO, you will continue to have the option to enroll in the High, Mid or Low Option Freedom Blue PPO plans.
- Freedom Blue PPO Members:

As a result of the termination of the Consent Decree between Highmark Blue Cross Blue Shield and University of Pittsburgh (UPMC) for Highmark Medicare Advantage members, UPMC hospitals in Pittsburgh and Erie, Pennsylvania will be out-of-network as of July 1, 2019. Please refer to the enclosed western Pennsylvania list of participating, in-network Freedom Blue PPO hospitals in 2019.

In 2019, member cost sharing will be the same for most services whether using an in-network or out-of-network provider. For example, if the in-network copayment for a specialist office visit is \$25, the out-of-network copayment will be \$25. If the in-network coinsurance is 10% for a diagnostic test, the out-of-network coinsurance will be 10%. However, if you go to an out-of-network UPMC provider or facility located in Erie or the Pittsburgh area in a non-emergency, UPMC has indicated that they may require you to pay in advance and request reimbursement from Highmark.

What hospitals participate with Highmark in 2019?

Freedom Blue PPO and Community Blue Medicare PPO members have access to eight Allegheny Health Network (AHN) hospitals, six surgery centers and four AHN Health and Wellness Pavilions. Additionally, members have in-network access to more than 50 community hospitals in Pennsylvania. Please take a look at the AHN Fast Facts insert.

Highmark Freedom Blue PPO and Community Blue Medicare PPO members who live or travel within the United States have access to a national network of participating providers. That's because Blue Plans across the country share their Medicare Advantage PPO networks.

Need help finding a participating network doctor?

Let a Highmark Access Specialist assist you to find an in-network doctor, make an appointment or transfer medical records. **Call 1-844-576-1245**, Monday through Friday. If you get voicemail during this busy time of year, please leave a message and Highmark will call you back, typically within 24 hours.

How do I enroll?

Call Highmark at **1-866-456-7739** to request that an enrollment kit be mailed to you. The representative will ask you for the Highmark Reference Code listed on the last page of the enclosed Benefit Summary.

For a proposed coverage effective date of January 1, 2019, completed enrollment applications must be received by Highmark no later than **December 20, 2018**. Highmark will invoice you directly, not the Fund.

The trustees of the Western Pennsylvania Teamsters and Employers Welfare Fund are pleased to be able to offer you the opportunity to enroll in a Highmark Medicare Advantage plan in 2019.



2019 Benefit Summary

Western PA Teamsters and Employers Welfare Fund		178473	178475	178474	885977
		Freedom Blue PPO High Option	Freedom Blue PPO Mid Option	Freedom Blue PPO Low Option	<i>New for 2019</i> Community Blue Medicare PPO
EALTH	Per Person Per Month Premium	\$331	\$263	\$153	\$81
	Deductible	\$0	\$150	\$1,000	\$2,000
		In Network/Out of Network	In Network/Out of Network	In Network/Out of Network	In Network/Out of Network
	Coinsurance	0% / 0%	10% / 10%	10% / 10%	10% / 20%
	Out-of-Pocket Maximum	\$3,400	\$1,000 / \$3,400	\$2,400 / \$3,400	\$3,400
	Annual Physical Exam	Covered in Full	Covered in Full	Covered in Full	Covered in Full
	Screenings & Exams (Preventative PAP/Pelvic, Mammograms, Colorectal, Prostate & Bone Mass Measurement)	Covered in Full	Covered in Full	Covered in Full	Covered in Full
	Doctor Office Visit	\$15 / \$15	\$20 / \$20	\$25 / \$25	\$20 / 20%
	Specialist Office Visit	\$30 / \$30	\$25 / \$25	\$30 / \$30	\$25 / 20%
	X-ray or Radiology	0% / 0%	10% / 10%	10% / 10%	10% / 20%

**Western PA Teamsters
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		Freedom Blue PPO High Option	Freedom Blue PPO Mid Option	Freedom Blue PPO Low Option	<i>New for 2019</i> Community Blue Medicare PPO
	Diagnostic Testing	0% / 0%	10% / 10%	10% / 10%	10% / 20%
	Outpatient Surgery	\$25 / \$25	10% / 10%	10% / 10%	10% / 20%
	Emergency Room Services (Worldwide Coverage)	\$50	\$50	\$50	\$50
	Urgently Needed Care (this is NOT emergency care)	\$40	\$40	\$40	\$40
	Inpatient Hospital Stay	\$50 / \$50 per stay	10% / 10% per stay	10% / 10% per stay	10% / 20% per stay
	Skilled Nursing Facility Care (100 days per Medicare benefit period)	\$0 / \$0	10% / 10% per day	10% / 10% per day	10% / 20% per day
	Annual Routine Vision Exam (Includes refraction)	\$0 / \$50 copay for eye exam	\$0 / \$50 copay for eye exam	\$0 / \$50 copay for eye exam	\$0 / \$50 for eye exam
	Eyeglasses or Contact Lenses (Covered every year)	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. / \$100 benefit maximum	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses./ \$100 benefit maximum	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses./ \$100 benefit maximum	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. / \$100 benefit maximum

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	178473	178475	178474	885977
	Freedom Blue PPO High Option	Freedom Blue PPO Mid Option	Freedom Blue PPO Low Option	<i>New for 2019</i> Community Blue Medicare PPO
Annual Routine Hearing Exam	\$30 / \$30	\$25 / \$25	\$30 / \$30	\$25 / \$25
Hearing Aids	Every 3 years - \$500 allowance / \$500 allowance	Every 3 years - \$500 allowance / \$500 allowance	Every 3 years - \$500 allowance / \$500 allowance	You pay a \$499 copayment for Flyte 700 or a \$799 copayment for Flyte 900. Members are covered for up to two Flyte Hearing Aids every calendar year. Hearing aid brand limited to TruHearing / \$500 allowance for hearing aids every 3 years from any other provider
Home Health	\$0 / \$0	10% / 10%	10% / 10%	10% / 20%
Physical, Speech and Occupational Therapy (per visit/per day/per provider)	\$30 / \$30	\$25 / \$25	\$30 / \$30	\$25 / 20%
Part B Drugs	10% up to \$300 Qtr max / 10% up to \$300 Qtr max	10% / 10%	10% / 10%	10% / 20%
Ambulance (<u>Emergent</u> Services per one way trip)	\$75	10%	10%	10% / 10%

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		Freedom Blue PPO High Option	Freedom Blue PPO Mid Option	Freedom Blue PPO Low Option	<i>New for 2019</i> Community Blue Medicare PPO
	Ambulance (Non-Emergent) Services per one way trip	\$75 / 20%	10% / 20%	10% / 20%	10% / 20%
	Durable Medical Equipment (Prosthetics/Orthotics, Diabetic Testing Supplies, Oxygen/Oxygen Supplies)	15% / 20%	10% / 20%	10% / 20%	10% / 20%
	Inpatient Psychiatric Hospital Care (Limited to 190 days per lifetime)	\$50 / \$50 per stay	10% / 10% per stay	10% / 10% per stay	10% / 20%
	Outpatient Mental Health/Psychiatric Services or Chemical Dependency Substance Abuse Treatment (per individual or group session)	\$30 / \$30	\$25 / \$25	\$30 / \$30	\$25 / 20%

DRUGS	PART D DRUGS UP TO 31 DAY RETAIL SUPPLY	Initial Coverage Period (up to \$3,820 in total drug costs)	\$15 Pref. Generic \$15 Generic \$30 Preferred Brand \$60 Non-Pref. Brand 33% Specialty	\$15 Pref. Generic \$15 Generic \$30 Preferred Brand \$60 Non-Pref. Brand 33% Specialty	\$15 Pref. Generic \$15 Generic \$40 Preferred Brand \$90 Non-Pref. Brand 33% Specialty	\$15 Pref. Generic \$15 Generic \$30 Preferred Brand \$60 Non-Pref. Brand 33% Specialty
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Coverage Gap Period (from \$3,820.01 in total drug costs to \$5,100 in yearly out-of-pocket drug costs)	\$15 Pref. Generic \$15 Generic 25% Brand / Specialty	\$15 Pref. Generic \$15 Generic 25% Brand / Specialty	\$15 Pref. Generic \$15 Generic 25% Brand / Specialty	37% Generic 25% Brand
Catastrophic Coverage Period (after \$5,100.01 in total out-of-pocket drug costs)	The greater of 5% or \$3.40 for generic or multi-source drugs or \$8.50 for all other drugs	The greater of 5% or \$3.40 for generic or multi-source drugs or \$8.50 for all other drugs	The greater of 5% or \$3.40 for generic or multi-source drugs or \$8.50 for all other drugs	The greater of 5% or \$3.40 for generic or multi-source drugs or \$8.50 for all other drugs
Mail Order (up to 90-day supply, Specialty Drug up to 31-day supply)	2.5 times retail copay	2.5 times retail copay	2.5 times retail copay	2.5 times retail copay

- Diagnostic or outpatient surgery cost sharing may apply for non-screening preventive services.
- Physician office visit cost sharing may apply if a separately billable physician service is rendered.
- Certain categories of Medicare Part B drugs have been excluded from member cost sharing. They include certain vaccines and toxoids, certain miscellaneous drugs and solutions, certain miscellaneous pathology and laboratory drugs, and certain contrast materials. Prior authorization is necessary for coverage of certain medications. Medicare Part B drugs are not available via retail pharmacy network.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium. Highmark Senior Health Company is a PPO plan with a Medicare contract. Enrollment in Highmark Senior Health Company depends on contract renewal. Highmark is a registered mark of Highmark Inc. Highmark Senior Health Company is an independent licensee of the Blue Cross and Blue Shield Association. Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association.

Questions on Freedom Blue PPO benefits? Call 1-866-456-7739 (TTY users call 711)

Reference Code (Please have this number ready when you call): **19FB8473** – High Option, **19FB8475** – Mid Option, **19FB8474** – Low Option and **19CB5977** – Community Blue PPO