

2015 Benefit Summary

Goodyear Retiree Healthcare Trust

Freedom Blue PPO

In Network

Out Of Network

HEALTH	BASIC PLAN COSTS	Member Pays		
		Deductible	\$150	
		Coinsurance	5%	10%
		Out-of-Pocket Maximum	\$1,500	\$4,500 catastrophic max
	PREVENTIVE CARE (OFFICE VISIT COST SHARING MAY APPLY)	Annual Physical Exam	\$0	0%
		Screenings & Exams (Preventative PAP/Pelvic, Mammograms, Colorectal, Prostate & Bone Mass Measurement)	\$0	0%
	PHYSICIAN SERVICES	Doctor Office Visit	\$25	10%
		Specialist Office Visit	\$35	10%
		X-ray or Radiology	5%	10%
		Diagnostic Testing	5%	10%
FACILITY SERVICES	Outpatient Surgery	5%	10%	
	Emergency Room Services (Worldwide Coverage)	\$65	\$65	
	Urgently Needed Care (this is NOT emergency care)	\$35	\$35	
	Inpatient Hospital Stay	5%	10%	



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ADDITIONAL BENEFITS	Member Pays		
	Skilled Nursing Facility Care (100 days per Medicare benefit period)	5%	10%
	Annual Routine Vision Exam (Includes refraction)	\$0	10%
	Eyeglasses or Contact Lenses (Covered every year)	Standard Lenses/Frames or Contact Lenses Covered in Full. \$100 allowance toward non-standard frames/lenses or contact lenses.	\$100 benefit maximum for lenses/frames or contact lenses.
	Annual Routine Hearing Exam	\$35	10%
	Hearing Aids (covered every three years)	\$500 allowance	
	Chiropractic Office Visits	\$20 – Medicare covered visits only	10% – Medicare covered visits only
	Home Health	5%	10%
	Physical, Speech and Occupational Therapy (per visit/per day/per provider)	\$25	10%
	Part B Drugs	5%	10%
	Ambulance (Emergent Services per one way trip)	Covered in Full	Covered in Full
	Durable Medical Equipment (Prosthetics/Orthotics, Diabetic Testing Supplies, Oxygen/Oxygen Supplies)	5%	10%



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		Member Pays	
MENTAL HEALTH SERVICES	Inpatient Psychiatric Hospital Care (Limited to 190 days per lifetime)	5%	10%
	Outpatient Mental Health/Psychiatric Services or Chemical Dependency Substance Abuse Treatment (per individual or group session)	\$35	10%

- Diagnostic or outpatient surgery cost sharing may apply for non-screening preventive services.
- Deductible does not apply to In Network PCP and specialist office visits, or to Medicare covered preventative care, screening tests, immunizations and certain other services. Refer to your Evidence of Coverage for additional details.
- Copayments do not apply to the Deductible, but are applied to the Out-of-Pocket maximums, and copayments for Medicare covered services will cease after the Catastrophic OOP is reached.
- 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.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Highmark Inc., Keystone Health Plan West, Inc. and Highmark Health Insurance Company are Medicare Advantage plans with a Medicare contract. HM Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in Highmark Inc., Keystone Health Plan West, Inc., Highmark Health Insurance Company and HM Health Insurance Company depends on contract renewal.

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): 15FB3064