



2016 Benefit Summary

Goodyear Retiree Health Care Trust Catastrophic Options

		Freedom Blue PPO Catastrophic Plan		Freedom Blue PPO Main Retiree Plan			
		In Network	Out Of Network	In Network	Out Of Network		
HEALTH	BASIC PLAN COSTS	Your Monthly Plan Premium				Please reference your Open Enrollment Letter for premium information as it is dependent on the number of points you have	
		Deductible	\$500		\$150		
		Coinsurance	5%	10%	5%	10%	
		Out-of-Pocket Maximum	\$3,000	\$6,000 Catastrophic	\$1,500	\$3,000 Catastrophic	
	PREVENTIVE CARE (OFFICE VISIT COST SHARING MAY APPLY)	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	
	PHYSICIAN SERVICES	Doctor Office Visit	\$25	10%	\$25	10%	
		Specialist Office Visit	\$35	10%	\$35	10%	
		X-ray or Radiology	5%	10%	5%	10%	

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FACILITY SERVICES	Diagnostic Testing	5%	10%	5%	10%
	Outpatient Surgery	5%	10%	5%	10%
	Emergency Room Services (Worldwide Coverage)	\$65	\$65	\$65	\$65
	Urgently Needed Care (this is NOT emergency care)	\$35	\$35	\$35	\$35
	Inpatient Hospital Stay	5%	10%	5%	10%
	Skilled Nursing Facility Care (100 days per Medicare benefit period)	5%	10%	5%	10%
	Annual Routine Vision Exam (Includes refraction)	\$0	10%	\$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.	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%	\$35	10%
	Hearing Aids (covered every three years)	\$500 allowance	\$500 allowance	\$500 allowance	\$500 allowance
Chiropractic Office Visits	\$20 – Medicare covered visits only	10% – Medicare covered visits only	\$20 – Medicare covered visits only	10% – Medicare covered visits only	

ADDITIONAL BENEFITS

Goodyear Retiree Health Care Trust Catastrophic Options

		Freedom Blue PPO Catastrophic Plan		Freedom Blue PPO Main Retiree Plan	
		In Network	Out Of Network	In Network	Out Of Network
	Home Health	5%	10%	5%	10%
	Physical, Speech and Occupational Therapy (per visit/per day/per provider)	\$25	10%	\$25	10%
	Part B Drugs	5%	10%	5%	10%
	Ambulance (Emergent Services per one way trip)	Covered in Full	Covered in Full	Covered in Full	Covered in Full
	Durable Medical Equipment (Prosthetics/Orthotics, Diabetic Testing Supplies, Oxygen/Oxygen Supplies)	5%	10%	5%	10%
MENTAL HEALTH SERVICES	Inpatient Psychiatric Hospital Care (Limited to 190 days per lifetime)	5%	10%	5%	10%
	Outpatient Mental Health/Psychiatric Services or Chemical Dependency Substance Abuse Treatment (per individual or group session)	\$35	10%	\$35	10%

- 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): 16FB9715