

2016 Benefit Summary

Goodyear Retiree Healthcare Trust

Freedom Blue PPO

In Network

Out Of Network

HEALTH	BASIC PLAN COSTS	Member Pays	
		In Network	Out Of Network
	Deductible	\$150	
	Coinsurance	5%	10%
	Out-of-Pocket Maximum	\$1,500	\$3,000 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	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	\$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
AL HEALTH SERVICES	Durable Medical Equipment (Prosthetics/Orthotics, Diabetic Testing Supplies, Oxygen/Oxygen Supplies)	5%	10%
	Inpatient Psychiatric Hospital Care (Limited to 190 days per lifetime)	5%	10%



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		In Network	Out Of Network
		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.
- 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, premium and/or co-payments/co-insurance may change on January 1 of each year. The 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.