This is only a summary of your plan's benefits. See your Evidence of Coverage for more detailed information.

2019 Benefit Summary

Retirees of the Goodyear Tire & Rubber Company Catastrophic Plan

	Freedom Blue PPO	
	In Network	Out Of Network
Deductible	$500	
In Network Member Out-of-Pocket Maximum (for Medicare-covered services, not including Part D drugs)	$3,000	N/A
Combined In and Out-of-Network Member Out-of-Pocket Maximum (for Medicare-covered services, not including Part D drugs)	$6,000	
Annual Physical Exam	Covered in Full	Covered in Full
Screenings & Exams (Preventative PAP/Pelvic, Mammograms, Colorectal, Prostate & Bone Mass Measurement)	Covered in Full	Covered in Full
Doctor Office Visit	$25 cost sharing	10% coinsurance
Specialist Office Visit	$35 cost sharing	10% coinsurance
Advanced Imaging (Examples: CT Scans, MRI)	5% coinsurance	10% coinsurance
Standard Imaging (Examples: X-Ray, Mammogram)	5% coinsurance	10% coinsurance
Diagnostic Testing (Example: Blood Work)	5% coinsurance	10% coinsurance
Outpatient Surgery	5% coinsurance	10% coinsurance
Emergency Room Services (Worldwide Coverage)	$65 cost sharing	$65 cost sharing
Urgently Needed Care	$35 cost sharing	$35 cost sharing
Inpatient Hospital or Long-Term Acute Care Facility Stay	5% coinsurance	10% coinsurance
Skilled Nursing Facility Care (100 days per Medicare benefit period)	5% coinsurance	10% coinsurance

[1] You must continue to pay your Medicare Part B premium.

	Retirees of the Goodyear Tire & Rubber Company Catastrophic Plan	Freedom Blue PPO	
		In Network	Out Of Network
	Annual Routine Vision Exam (includes refraction)	$0 cost sharing	10% coinsurance
HEALTH	Eyeglasses or Contact Lenses (Covered every year)	Standard eyeglass lenses and frames or contact lenses are covered in full. $100 benefit maximum applies to non-standard frames and $100 benefit maximum for specialty contact lenses.	$100 benefit maximum
	Annual Routine Hearing Exam	$35 cost sharing	10% coinsurance
	Hearing Aids (In-network covered every year)	• **$499 copay per aid for TruHearing Advanced** • **$799 copay per aid for TruHearing Premium** **$500 allowance for any other hearing aids through TruHearing**	$500 allowance for hearing aids every 3 years from any other provider
	Home Health	5% cost sharing for Medicare-covered home health services	10% cost sharing for Medicare-covered home health services
	Physical, Speech and Occupational Therapy (per visit/per day/per provider)	$25 cost sharing	10% coinsurance
	Part B Drugs	5% coinsurance	10% coinsurance
	Ambulance (Emergent Services per one way trip)	$0 cost sharing	
	Ambulance (Non-Emergent Services per one way trip)	$0 cost sharing	10% coinsurance
	Durable Medical Equipment (Prosthetics/Orthotics, Diabetic Testing Supplies)	5% coinsurance	10% coinsurance
	Oxygen/Oxygen Supplies	5% coinsurance	10% coinsurance
	Inpatient Psychiatric Hospital Care (Limited to 190 days per lifetime)	5% coinsurance per admission	10% coinsurance per admission

Retirees of the Goodyear Tire & Rubber Company Catastrophic Plan	Freedom Blue PPO	
	In Network	Out Of Network
Outpatient Mental Health/Psychiatric Services or Chemical Dependency Substance Abuse Treatment (per individual or group session)	$35 cost sharing	10% coinsurance

Highmark Senior Health Company and Highmark Senior Solutions Company are PPO plans with a Medicare contract. Enrollment in Highmark Senior Health Company and Highmark Senior Solutions Company depends on contract renewal.

Highmark Blue Cross Blue Shield, Highmark Senior Health Company, and Highmark Senior Solutions Company are independent licensees of the Blue Cross and Blue Shield Association.

You must continue to pay your Medicare Part B premium. 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 provider network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat Freedom Blue PPO members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

Highmark Blue Cross Blue Shield complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

Questions on Freedom Blue PPO benefits? Call 1-866-456-7739 seven days a week, from 8 a.m. to 8 p.m. (TTY users call 711).

Reference Code (Please have this number ready when you call): 19FB97155

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