

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



2020 Benefit Summary

Retirees of Goodyear Tire & Rubber Company – Standard Option

Freedom Blue PPO

In Network

Out Of Network

	In Network	Out Of Network
Deductible	\$150	
In Network Member Out-of-Pocket Maximum (for Medicare-covered services, not including Part D drugs)	\$1,500	N/A
Combined In and Out-of-Network Member Out-of-Pocket Maximum (for Medicare-covered services, not including Part D drugs)	\$3,000	
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 copay	10% coinsurance
Specialist Office Visit	\$35 copay	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 copay	\$65 copay
Urgently Needed Care	\$35 copay	\$35 copay
Inpatient Hospital or Long-Term Acute Care Facility Stay	5% coinsurance, per admission	10% coinsurance, per admission
Skilled Nursing Facility Care (100 days per Medicare benefit period)	5% coinsurance, per admission	10% coinsurance, per admission

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

Retirees of Goodyear Tire & Rubber Company – Standard Option		Freedom Blue PPO	
		In Network	Out Of Network
HEALTH	Annual Routine Vision Exam (includes refraction)	\$0 copay	10% coinsurance
	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 copay	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% copay for Medicare-covered home health services	10% copay for Medicare-covered home health services
	Physical, Speech and Occupational Therapy (per visit/per day/per provider)	\$25 copay	10% coinsurance
	Renal Dialysis	0% coinsurance	10% coinsurance
	Part B Drugs	5% coinsurance	10% coinsurance
	Ambulance (Emergent Services per one way trip)	\$0 copay	\$0 copay
	Ambulance (Non-Emergent Services per one way trip)	\$0 copay	10% coinsurance
	Durable Medical Equipment (Prosthetics/Orthotics, Diabetic Testing Supplies)	5% coinsurance	10% coinsurance

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	In Network	Out Of Network
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
Outpatient Mental Health/Psychiatric Services or Chemical Dependency Substance Abuse Treatment (per individual or group session)	\$35 copay	\$35 copay

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 depend on contract renewal.

Highmark Blue Cross Blue Shield Highmark Senior Health Company, and Highmark Senior Solutions 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. Call the phone number on the back of your member ID card (TTY users may call 711) for more information. 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. TruHearing is a registered trademark of TruHearing, Inc.

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): **20FB178289**

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