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

HIGHMARK

2021 Benefit Summary

178289
Retirees of the Goodyear Tire & Rubber Company

	Freedom Blue PPO no RX	
	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**	
Urgently Needed Care	**$35 Copay**	
Inpatient Hospital or Long-Term Acute Care Facility Stay	**5% Coinsurance**	**10% Coinsurance**

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

HEALTH	**Skilled Nursing Facility Care (100 days per Medicare benefit period)**	**5% Coinsurance**	**10% Coinsurance**
	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. $150 benefit maximum applies to non-standard frames and $150 benefit maximum for specialty contact lenses.**	**$150 benefit maximum**
	Annual Routine Hearing Exam	**$35 Copay**	**10% Coinsurance**
	Hearing Aids (In-network covered every year)	**$499 copay per aid per year for TruHearing Advanced $799 copay per aid per year for TruHearing Premium.** **$500 allowance for any other hearing aids through TruHearing every 3 years**	**$500 allowance for hearing aids every 3 years from any other provider. (Combined In and out of network)**
	Annual Routine Dental Care	**Not Covered**	**Not Covered**
	Routine Podiatry Care (10 visits per calendar year)	**Not covered**	**Not covered**
	Routine Chiropractic Office Visits (8 visits per year)	**Not covered**	**Not covered**
	Home Health	**5% Coinsurance**	**10% Coinsurance**
	Physical, Speech and Occupational Therapy (per visit/per day/per provider)	**$25 Copay**	**10% Coinsurance**
	Renal Dialysis	**$0 Copay**	**10% Coinsurance**

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	Part B Drugs	**5% Coinsurance**	**10% Coinsurance**
	Ambulance (Emergent Services per one way trip)	**$0 Copay**	
	Ambulance (Non-Emergent per one way trip)	**$0 Copay**	**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**	**10% Coinsurance**
	Outpatient Mental Health/Psychiatric Services or Chemical Dependency Substance Abuse Treatment (per individual or group session)	**$35 Copay**	**10% Coinsurance**

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

PART D DRUGS - Not Covered

Highmark Senior Health Companyis a PPO plan with a Medicare contract. Enrollment in Highmark Senior Health Company depends on contract renewal.

Your health benefits or health benefit administration may be provided by or through Highmark Senior Health Company. Highmark Blue Cross Blue Shield provides post-sale administrative communications for these companies.
Highmark Blue Cross Blue Shield and Highmark Senior Health Company all of which 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): 21FB178289

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