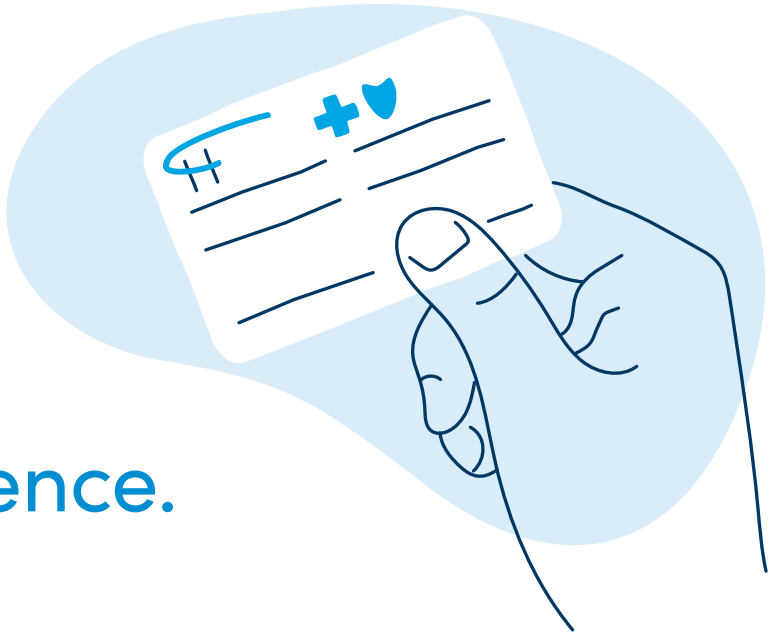
HIGHMARK DELAWARE



Because you deserve the best Medicare experience.

Starting January 1, 2023, you'll have a new Medicare Advantage plan from Highmark Blue Cross Blue Shield Delaware. The **Freedom Blue PPO plan** gives you the same benefits you currently have, plus so much more.

You'll have new perks — like a **SilverSneakers® fitness membership**, and **meals delivered to your home** after hospital stays. You'll have the freedom to keep your doctors, too, as long as they accept Medicare.* And, you won't pay more for your care.

We're sure you have questions. To help you get to know your Medicare Advantage plan, we'll send more information over the summer. We'll also host events in August where you can ask questions and learn more about your new coverage.

You can call us at **1-888-328-2960** (TTY call 711), seven days a week, 8 a.m. – 8 p.m.

Flip the page to take a look at how Freedom Blue PPO compares to your current plan.

Your new plan includes:

A SilverSneakers fitness membership at no additional cost

Meals delivered to your home after a hospital stay

Getting to know your Medicare Advantage plan as a State of Delaware pensioner

Plan comparison

	Original Medicare	Current plan: Medicfill 2022		New plan: Freedom Blue PPO 2023	
Medical Benefits	**Original Medicare Pays**	**Medicfill Pays**	**Member Pays**	**In-Network Member Pays**	**Out-of-Network Member Pays**
Deductible	Part A and Part B deductible	Not applicable	Not applicable	$0	$0
PCP and specialist office visits	80% after deductible	Part B deductible, then 20%	$0	$0	$0
Inpatient hospital	100% after deductible	Part A deductible	$0	$0	$0
Skilled nursing facility (up to 100 days per benefit period)	Days 1–20: Medicare pays 100% Days 21–100: Medicare pays all but coinsurance per day	Days 1–20: Plan pays nothing Days 21–100: Plan pays coinsurance per day	$0	$0	$0
Emergency room and urgent care	80% after deductible	Part B deductible, then 20%	$0	$0	$0
Inpatient coverage outside the U.S.	Medicare pays nothing	Plan pays Part A deductible and remaining coinsurance	$0 for services covered by Medicare or for admission not covered by Medicare	$0 if urgent or emergency care, or if admission is coverable under Medicare policy in the U.S.	
Outpatient facility coverage outside the U.S.	Medicare pays nothing	Plan pays Part B deductible and 20%	$0 for services covered by Medicare or for services not covered by Medicare	$0 if urgent or emergency care, or if services are coverable under Medicare policy in the U.S.	
Outpatient professional services outside the U.S.	Medicare pays nothing	Plan pays Part B deductible and 20% Plan pays 20% of the allowable amount	$0 for services covered by Medicare, 80% for services not covered by Medicare	$0 if urgent or emergency care, 80% if services are coverable under Medicare policy in the U.S.	
New Benefits					
SilverSneakers® Fitness Program	Not covered	Not covered		$0	50% coinsurance after $500 deductible
Post-Discharge Meal Service Benefit	Not covered	Not covered		$0 for 28 meals up to 14 days upon discharge from an inpatient hospital stay	Not covered

*Out-of-network/non-contracted providers are under no obligation to treat Freedom Blue PPO members, except in emergency situations. This information is not a complete description of benefits. For more information, please call HMK BCBS DE Customer Service at 1-888-328-2960 (TTY/TDD users may call 711), 8 a.m.-8 p.m., seven days a week. SilverSneakers is a registered mark of Tivity Health, Inc. Tivity Health, Inc., is a separate company that administers the SilverSneakers program. Highmark BCBSD Inc. is a PPO plan with a Medicare contract. Enrollment in Highmark BCBSD Inc. depends on contract renewal. Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield Delaware (HMK BCBS DE) is an independent licensee of the Blue Cross Blue Shield Association. All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration.

The Plan 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）。

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