

WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS WELFARE FUND

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www.wpawelfarefund.com

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Dear Medicare-Eligible Retiree/Spouse:

During this health insurance annual Open Enrollment period, the Trustees of the Western Pennsylvania Teamsters and Employers Welfare Fund would like to remind you that we offer Highmark Blue Cross Blue Shield Medicare Advantage plans at group rates not available in the direct pay/individual market. These Highmark group-sponsored plans include Part D prescription drug benefits and offer comprehensive drug formulary coverage. And, with a national network of providers, these plans are available to Medicare-eligible retirees/spouses who live anywhere within the United States.

Through our partnership with Highmark, we are pleased to offer you a choice of four (4) Medicare Advantage Plans in 2020. Each Medicare-eligible applicant has the opportunity to enroll in the plan that best meets their budget and health plan coverage needs.

What's New in 2020?

- **25% Lower Premiums** – Due to favorable medical and drug trends, 2020 Medicare Advantage Plan premiums will drop by an average of 25%. The Community Blue Medicare PPO option will be priced at just \$61 per member per month in 2020. In addition to Community Blue Medicare PPO, the Fund offers three (3) Highmark Medicare Advantage Freedom Blue PPO Plans. Please see the enclosed *2020 benefit plan summary*.
- **Lower Drug Costs** – You can save money by using Preferred Pharmacies. Highmark has relationships with many major pharmacies to help lower your drug costs. Preferred pharmacies include: CVS, Costco, Giant Eagle, Giant Foods, K-Mart, Kroger's, Rite Aid, Sam's Club, Supervalu/Sav-On/Osco, Shoprite, Tops Pharmacy, Walmart, Wegmans and many independent pharmacies.

What hospitals are in-network with Community Blue Medicare HMO and Freedom Blue PPO?

A list of participating in-network hospitals is included for your reference.

Community Blue Medicare PPO members have in-network access to eight Allegheny Health Network (AHN) hospitals, six surgery centers and four AHN Health and Wellness Pavilions. Additionally, members have in-network access to more than 50 community hospitals in Pennsylvania.

Freedom Blue PPO members have in-network access to Allegheny Health Network (AHN) hospitals and facilities, UPMC hospitals and more than 50 community hospitals in Pennsylvania.

Highmark Freedom Blue PPO and Community Blue Medicare PPO members who live or travel within the United States have access to a national network of participating providers. That's because Blue Plans across the country share their Medicare Advantage PPO networks.

How do I enroll?

Call Highmark at 1-866-456-7739 to request that a Western Pennsylvania Teamsters enrollment kit be mailed to you. The representative will ask you for the Highmark Reference Code listed on the last page of the enclosed 2020 benefit plan summary.

For a proposed coverage effective date of January 1, 2020, completed enrollment applications must be received by Highmark **no later than December 20, 2019**. Highmark will invoice you directly, not the Fund.

The Trustees of the Western Pennsylvania Teamsters and Employers Welfare Fund are pleased to be able to offer you the opportunity to enroll in a Highmark Medicare Advantage plan in 2020.



2020 Benefit Summary

Western PA Teamsters and Employers Welfare Fund

		178473	178475	178474	885977
		Freedom Blue PPO (Full Network) High Option	Freedom Blue PPO (Full Network) Mid Option	Freedom Blue PPO (Full Network) Low Option	Community Blue Medicare (High Value Network) PPO
EALTH	Per Person Per Month Premium	\$249	\$198	\$115	\$61
	Deductible	\$0	\$150	\$1,000	\$2,000
		In Network/Out of Network	In Network/Out of Network	In Network/Out of Network	In Network/Out of Network
	Coinsurance	0% / 0%	10% / 10%	10% / 10%	10% / 20%
	Member Out-of-Pocket Maximum	\$3,400	\$1,000 / \$3,400	\$2,400 / \$3,400	\$3,400
	Annual Physical Exam	Covered in Full	Covered in Full	Covered in Full	Covered in Full
	Screenings & Exams (Preventative PAP/Pelvic, Mammograms, Colorectal, Prostate & Bone Mass Measurement)	Covered in Full	Covered in Full	Covered in Full	Covered in Full
	Doctor Office Visit	\$15 / \$15	\$20 / \$20	\$25 / \$25	\$20 / 20%
	Specialist Office Visit	\$30 / \$30	\$25 / \$25	\$30 / \$30	\$25 / 20%
	X-ray or Radiology	0% / 0%	10% / 10%	10% / 10%	10% / 20%

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		Freedom Blue PPO (Full Network) High Option	Freedom Blue PPO (Full Network) Mid Option	Freedom Blue PPO (Full Network) Low Option	Community Blue Medicare (High Value Network) PPO
	Diagnostic Testing	0% / 0%	10% / 10%	10% / 10%	10% / 20%
	Outpatient Surgery	\$25 / \$25	10% / 10%	10% / 10%	10% / 20%
	Emergency Room Services (Worldwide Coverage)	\$50	\$50	\$50	\$50
	Urgently Needed Care (this is NOT emergency care)	\$40	\$40	\$40	\$40
	Inpatient Hospital Stay	\$50 / \$50 per stay	10% / 10% per stay	10% / 10% per stay	10% / 20% per stay
	Skilled Nursing Facility Care (100 days per Medicare benefit period)	\$0 / \$0	10% / 10% per day	10% / 10% per day	10% / 20% per day
	Annual Routine Vision Exam (Includes refraction)	\$0 / \$50 copay for eye exam	\$0 / \$50 copay for eye exam	\$0 / \$50 copay for eye exam	\$0 / \$50 for eye exam
	Eyeglasses or Contact Lenses (Covered every year)	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. / \$100 benefit maximum	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses./ \$100 benefit maximum	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses./ \$100 benefit maximum	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses. / \$100 benefit maximum

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		Freedom Blue PPO (Full Network) High Option	Freedom Blue PPO (Full Network) Mid Option	Freedom Blue PPO (Full Network) Low Option	Community Blue Medicare (High Value Network) PPO
	Annual Routine Hearing Exam	\$30 / \$30	\$25 / \$25	\$30 / \$30	\$25 / 20%
	Hearing Aids	<ul style="list-style-type: none"> • \$499 copay per aid for TruHearing Advanced • \$799 copay per aid for TruHearing Premium <p>\$500 allowance for any other hearing aids through TruHearing</p>	<ul style="list-style-type: none"> • \$499 copay per aid for TruHearing Advanced • \$799 copay per aid for TruHearing Premium <p>\$500 allowance for any other hearing aids through TruHearing</p>	<ul style="list-style-type: none"> • \$499 copay per aid for TruHearing Advanced • \$799 copay per aid for TruHearing Premium <p>\$500 allowance for any other hearing aids through TruHearing</p>	<ul style="list-style-type: none"> • \$499 copay per aid for TruHearing Advanced • \$799 copay per aid for TruHearing Premium <p>\$500 allowance for any other hearing aids through TruHearing</p>
	Home Health	\$0 / \$0	10% / 10%	10% / 10%	10% / 20%
	Physical, Speech and Occupational Therapy (per visit/per day/per provider)	\$30 / \$30	\$25 / \$25	\$30 / \$30	\$25 / 20%
	Part B Drugs	10% per quarter \$300 per quarter member out of pocket maximum / 10% per quarter \$300 per quarter member out of pocket maximum	10% / 10%	10% / 10%	10% / 20%
	Ambulance (<u>Emergent</u> Services per one way trip)	\$75	10%	10%	10%

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	Ambulance (Non-Emergent) Services per one way trip	\$75 / 20%	10% / 20%	10% / 20%	10% / 20%
	Durable Medical Equipment (Prosthetics/Orthotics, Diabetic Testing Supplies, Oxygen/Oxygen Supplies)	15% / 20%	10% / 20%	10% / 20%	10% / 20%
	Inpatient Psychiatric Hospital Care (Limited to 190 days per lifetime)	\$50 / \$50 per stay	10% / 10% per stay	10% / 10% per stay	10% / 20%
	Outpatient Mental Health/Psychiatric Services or Chemical Dependency Substance Abuse Treatment (per individual or group session)	\$30 / \$30	\$25 / \$25	\$30 / \$30	\$25 / 20%

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		Freedom Blue PPO High Option	Freedom Blue PPO Mid Option	Freedom Blue PPO Low Option	Community Blue Medicare PPO
MEDICARE PART D	PART D DRUGS UP TO 31 DAY RETAIL SUPPLY	<p>Preferred Pharmacy: \$10 Tier 1 \$10 Tier 2 \$25 Tier 3 \$55 Tier 4 33% Tier 5</p> <p>Standard Pharmacy: \$15 Tier 1 \$15 Tier 2 \$30 Tier 3 \$60 Tier 4 33% Tier 5</p> <p>Mail Order: \$25 Tier 1 \$25 Tier 2 \$62.50 Tier 3 \$137.50 Tier 4 N/A Tier 5</p>	<p>Preferred Pharmacy: \$10 Tier 1 \$10 Tier 2 \$25 Tier 3 \$55 Tier 4 33% Tier 5</p> <p>Standard Pharmacy: \$15 Tier 1 \$15 Tier 2 \$30 Tier 3 \$60 Tier 4 33% Tier 5</p> <p>Mail Order: \$25 Tier 1 \$25 Tier 2 \$62.50 Tier 3 \$137.50 Tier 4 N/A Tier 5</p>	<p>Preferred Pharmacy: \$10 Tier 1 \$10 Tier 2 \$35 Tier 3 \$85 Tier 4 33% Tier 5</p> <p>Standard Pharmacy: \$15 Tier 1 \$15 Tier 2 \$40 Tier 3 \$90 Tier 4 33% Tier 5</p> <p>Mail Order: \$25 Tier 1 \$25 Tier 2 \$87.50 Tier 3 \$212.50 Tier 4 N/A Tier 5</p>	<p>Preferred Pharmacy: \$10 Tier 1 \$10 Tier 2 \$25 Tier 3 \$55 Tier 4 33% Tier 5</p> <p>Standard Pharmacy: \$15 Tier 1 \$15 Tier 2 \$30 Tier 3 \$60 Tier 4 33% Tier 5</p> <p>Mail Order: \$25 Tier 1 \$25 Tier 2 \$62.50 Tier 3 \$137.50 Tier 4 N/A Tier 5</p>
		<p>Tier 1 Pref. Generic Tier 2 Non-Pref. Generic Tier 3 Pref. Brand & Generic Tier 4 Non-Pref. Drug Tier 5 Specialty</p> <p>Initial Coverage Period (up to \$4,020 in total drug costs)</p>			

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		Freedom Blue PPO High Option	Freedom Blue PPO Mid Option	Freedom Blue PPO Low Option	Community Blue Medicare PPO
	Coverage Gap Period (from \$4,020.01 in total drug costs to \$6,350 in yearly out-of-pocket drug costs)	<p>Preferred Pharmacy: \$10 Tier 1 \$10 Tier 2 20% Tier 3 20% Tier 4 25% Tier 5</p> <p>Standard Pharmacy: \$15 Tier 1 \$15 Tier 2 25% Tier 3 25% Tier 4 25% Tier 5</p> <p>Mail Order: \$25 Tier 1 \$25 Tier 2 20% Tier 3 20% Tier 4 N/A Tier 5</p>	<p>Preferred Pharmacy: \$10 Tier 1 \$10 Tier 2 20% Tier 3 20% Tier 4 25% Tier 5</p> <p>Standard Pharmacy: \$15 Tier 1 \$15 Tier 2 25% Tier 3 25% Tier 4 25% Tier 5</p> <p>Mail Order: \$25 Tier 1 \$25 Tier 2 20% Tier 3 20% Tier 4 N/A Tier 5</p>	<p>Preferred Pharmacy: \$10 Tier 1 \$10 Tier 2 20% Tier 3 20% Tier 4 25% Tier 5</p> <p>Standard Pharmacy: \$15 Tier 1 \$15 Tier 2 25% Tier 3 25% Tier 4 25% Tier 5</p> <p>Mail Order: \$25 Tier 1 \$25 Tier 2 20% Tier 3 20% Tier 4 N/A Tier 5</p>	<p>Preferred Pharmacy: 20% Tier 1 20% Tier 2 20% Tier 3 20% Tier 4 25% Tier 5</p> <p>Standard Pharmacy: 25% Tier 1 25% Tier 2 25% Tier 3 25% Tier 4 25% Tier 5</p> <p>Mail Order: 20% Tier 1 20% Tier 2 20% Tier 3 20% Tier 4 N/A Tier 5</p>
	Catastrophic Coverage Period (after \$6,350.01 in total out-of-pocket drug costs)	The greater of 5% or \$3.60 for generic or multi-source drugs or \$8.95 for all other drugs	The greater of 5% or \$3.60 for generic or multi-source drugs or \$8.95 for all other drugs	The greater of 5% or \$3.60 for generic or multi-source drugs or \$8.95 for all other drugs	The greater of 5% or \$3.60 for generic or multi-source drugs or \$8.95 for all other drugs

- 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.

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/or 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. Highmark is a registered mark of Highmark Inc. Highmark Senior Health Company is an independent licensee of the Blue Cross and Blue Shield Association. Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association.

Questions on Freedom Blue PPO benefits? Call 1-866-456-7739 (TTY users call 711)

Reference Code (Please have this number ready when you call): **20FB178473** – High Option, **20FB178475** – Mid Option, **20FB178474** – Low Option and **20CB885977** – Community Blue PPO

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