

The Freedom Blue Medicare Advantage PPO, or Preferred Provider Organization, offers two levels of benefits. If you receive services from a provider who is in the network, you'll receive the highest level of benefits. If you receive services from a provider who is not in the network, you'll receive the lower level of benefits. In either case, you coordinate your own care. There is no requirement to select a Primary Care Physician (PCP) to coordinate your care. Below are specific benefit levels.

If you live or travel in a location where there are no participating Blue Cross and/or Blue Shield Medicare Advantage PPO providers, you can go to any Medicare-eligible provider and receive covered services at the higher, in-network level of reimbursement. You should confirm that the provider is Medicare-eligible before receiving services. Emergency and urgently needed care is always reimbursed at the higher, in-network level, regardless of where the care is received.

Summary of Freedom Blue PPO Benefits* (Plan #196USS)

Effective 1/1/2013

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Plan Deductible	\$0	
Plan Coinsurance	20%	30%
Maximum Annual Out of Pocket	\$1,500	
Lifetime Maximum	Unlimited	
PREVENTIVE CARE	IN-NETWORK	OUT-OF-NETWORK
Annual Physical Exam	Covered at 100% Office visit cost sharing may apply	Covered at 70%; member pays 30%
Preventative Services • Abdominal Aortic Aneurysm Screening • Bone Mass Measurement • Cardiovascular Screening • Pap Tests • Colorectal Cancer Screening • Diabetes Screening • Influenza Vaccine • Hepatitis B Vaccine	Covered at 100% Office visit cost sharing may apply	Covered at 100% Member pays 30% of office visit
Annual Mammogram	Covered at 100%	Covered at 100%
Annual Routine Eye Exam	\$25 per visit	Covered at 70%; member pays 30%
Routine Vision Eyewear (Benefit limited to one pair of eyeglass frames and lenses OR one pair of contact lenses every two years)	100% coverage for standard eyeglass frames, lenses, or contact lenses \$100/\$100 allowance for specialty frames and contact lenses	\$100 benefit maximum for eyewear
Annual Routine Hearing Exam Limited to one per year	\$25 per visit	Covered at 70%; member pays 30%
Hearing Aid	Covered up to \$1,500 per ear every five calendar years	
OUTPATIENT SERVICES	IN-NETWORK	OUT-OF-NETWORK
PCP/Specialist Office Visit	\$25 per visit	Covered at 70%; member pays 30%
Emergency Room Services	\$40 per visit	\$40 per visit
Urgently Needed Care (Not emergency care; usually out of the service area)	\$40 per visit	\$40 per visit
Authorized Outpatient Surgery and Invasive Procedures	Covered at 80%; member pays 20%	Covered at 70%; member pays 30%
Diagnostic Lab and X-Ray	Covered at 80%; member pays 20%	Covered at 70%; member pays 30%
Durable Medical Equipment (Oxygen/Supplies covered 100%)	Covered at 80%; member pays 20%	Covered at 50%; member pays 50%

*This is not intended as a contract of benefits. It is designed purely as a reference of the many benefits available under your program.

Diabetic Testing Supplies (Glucose monitors, test strips and lancets)	Covered at 80%; member pays 20%	Covered at 50%; member pays 50%
Home Health Care	Covered at 80%; member pays 20%	Covered at 70%; member pays 30%
Physical, Speech and Occupational Therapy	\$25 per visit	Covered at 70%; member pays 30%
Ambulance	Covered at 80%; member pays 20%	Covered at 70%; member pays 30%
Medicare Part B Drugs	Covered at 80%; member pays 20%	Covered at 70%; member pays 30%
INPATIENT SERVICES	IN-NETWORK	OUT-OF-NETWORK
Inpatient Hospital Care	Covered at 80%; member pay 20%	Covered at 70%; member pays 30%
Skilled Nursing Facility Care (100 days per Medicare Benefit period)	Covered at 80%; member pays 20% (Days 21-100)	Covered at 70%; member pays 30% (Days 1-100)
MENTAL HEALTH CARE	IN-NETWORK	OUT-OF-NETWORK
Inpatient Care at Medicare Participating Psychiatric Facility (Limited to 190 days per lifetime.)	Covered at 80%; member pays 20%	Covered at 70%; member pays 30%
Outpatient Mental Health/Psychiatric Services	\$25 per visit	Covered at 70%; member pays 30%
Outpatient Chemical Dependency Substance Abuse Treatment	\$25 per visit	Covered at 70%; member pays 30%

- The U. S. Steel Freedom Blue PPO Plan includes the following benefit enhancements not previously covered under the 2008 Retiree Health Program: No Lifetime Maximum, Routine Hearing Exam, Routine Eye Exam, Eyeglasses/Contacts, Nicotine Cessation Programs, Dental Accident, TMJ, Cleft Palate, Obesity, and SilverSneakers.
- The U. S. Steel Freedom Blue PPO Plan does not cover private duty nurses and maternity and well baby related services.

The plan utilizes the Blue Cross Blue Shield Association (BCBSA) Medicare Advantage PPO shared network, which operates currently in 31 states, and services in areas without a shared network are subject to in-network cost sharing at all Medicare participating providers.

Description of Prescription Drug Benefits (administered by Express Scripts, Inc.)¹

Whenever you require a prescription drug, you have the following options, with noted copayments and coinsurance, for getting your prescription filled:

SUMMARY OF PARTICIPANT OPTIONS - PRESCRIPTION DRUG BENEFIT		
	Participating Pharmacy	Non-Participating Pharmacy
Retail Prescription Costs (per Rx)		
Formulary Generic	25% - (max \$25 per 30 day supply)	60%
Formulary Brand-Name	40% - (max \$50 per 30 day supply)	60%
Non-Formulary Generic or Brand-Name	50% - (max \$100 per 30 day supply)	60%
Mail Order Prescription Costs (per Rx)		
Formulary Generic	\$20.00	Not Applicable
Formulary Brand-Name	\$40.00	Not Applicable
Non-Formulary Generic or Brand-Name	\$60.00	Not Applicable
Mail Order, Maximum Supply	30 to 90 days	Not Applicable
Specialty Prescription Costs (per Rx)		
Retail Pharmacy	40% (max \$100)	60%
Accredo Generic ²	\$0.00	Not Applicable
Accredo Brand ²	\$20.00	Not Applicable
Specialty, Maximum Supply	30 days	Not Applicable

¹Pharmacy management strategies are incorporated into the prescription drug program. These strategies include, among others, "Quantity Limits", "Prior Authorization", and "Generic Substitution Provisions".

²Effective January 1, 2014, Curascript, the ESI specialty pharmacy, changed its name to Accredo. There is no change in the specialty drug benefits.

This Program is not subject to certain health care provisions of the Patient Protection and Affordable Care Act.

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