Welcome to your new Medicare Advantage plan from Highmark.
The State of Delaware is offering a new Medicare Advantage plan, which starts January 1, 2023. It’s called Freedom Blue PPO from Highmark Blue Cross Blue Shield Delaware.

This guide provides an overview of your coverage and the highlights of Freedom Blue PPO. You’ll see that this plan gives you all the benefits currently offered through Medicare and the 2022 Special Medifill Medicare Supplement plan.

With Freedom Blue PPO, you’ll also get exceptional member service and new perks, like SilverSneakers® wellness program and an at-home meal delivery service after a hospital stay. We’ve included a chart so you can see how the plans compare.

In the next few months, you’ll receive more information to help you understand your new plan. There will also be in-person educational sessions with Medicare experts so you can get your questions answered.

Be sure to check out the timeline on page 9 of this guide. It tells you when you can expect these mailings and the dates of the events.

And if you need a refresher on the basic parts of Medicare, turn to page 11 for an overview.

We look forward to serving you.

Nick Moriello
President, Highmark Blue Cross Blue Shield Delaware

Have questions about Medicare or how your new Freedom Blue PPO Medicare Advantage plan works?

Call 1-888-328-2960, 8 a.m. to 8 p.m., seven days a week (TTY call 711).

You can also see information and updates at DelawarePensions.com.
Introducing Freedom Blue PPO.

A new plan with more benefits.
The State of Delaware’s Medicare Advantage plan for 2023 includes all the benefits offered with Original Medicare and the 2022 Special Medicfill plan, plus extra perks.

With Freedom Blue PPO, you get:

$0 copays and a $0 deductible*
Like the 2022 Special Medicfill plan, coinsurance applies on some services.**

SILVERSNEAKERS®
$0 exercise and wellness membership
Staying active is easy with access to over 13,000 gym locations nationwide. At-home kits that bring fitness to you are also available.

AT-HOME MEAL SERVICE BENEFIT
$0 meals after hospital stays
Get up to 28 meals delivered during the first two weeks after you get home from the hospital.

CONCIERGE MEMBER SERVICE TEAM
Answers from specialty trained experts
You’ll have a direct line to your personal concierge team to help answer any questions you have about your plan.

*A deductible applies ONLY to qualifying health and wellness education programs from providers out of the SilverSneakers® network.
**Coinsurance applies ONLY to outpatient professional services received outside of the US; private duty nursing and qualifying health and wellness education programs out of the SilverSneakers® network.
## Plan comparison

<table>
<thead>
<tr>
<th>Medical Benefits</th>
<th>Original Medicare Pays</th>
<th>Current plan: 2022 Special Medifill Plan</th>
<th>New plan: Freedom Blue PPO 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Member Pays</td>
<td>In-Network Member Pays</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Out-of-Network Member Pays</td>
</tr>
<tr>
<td>Deductible</td>
<td>Part A and Part B deductible</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCP and specialist office visits</td>
<td>80% after deductible</td>
<td>Part B deductible, then 20%</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient hospital</td>
<td>100% after deductible</td>
<td>Part A deductible</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled nursing facility (up to 100 days per benefit period)</td>
<td>Days 1–20: Medicare pays 100% Days 21–100: Medicare pays all but coinsurance per day</td>
<td>Days 1–20: Plan pays nothing Days 21–100: Plan pays coinsurance per day</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency room and urgent care</td>
<td>80% after deductible</td>
<td>Part B deductible, then 20%</td>
<td>$0</td>
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<td></td>
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<tr>
<td>Inpatient coverage outside the U.S.</td>
<td>Medicare pays nothing</td>
<td>Plan pays Part A deductible and remaining coinsurance</td>
<td>$0 for services covered by Medicare or for admission not covered by Medicare</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>Outpatient facility coverage outside the U.S.</td>
<td>Medicare pays nothing</td>
<td>Plan pays Part B deductible and 20%</td>
<td>$0 for services covered by Medicare or for services not covered by Medicare</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient professional services outside the U.S.</td>
<td>Medicare pays nothing</td>
<td>Plan pays Part B deductible and 20% Plan pays 20% of the allowable amount</td>
<td>$0 for services covered by Medicare, 80% for services not covered by Medicare</td>
</tr>
</tbody>
</table>

## New Benefits

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>SilverSneakers® Fitness Program</td>
<td>Not covered</td>
<td>Not covered</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>50% coinsurance after $500 deductible</td>
</tr>
<tr>
<td>Post-Discharge Meal Service Benefit</td>
<td>Not covered</td>
<td>Not covered</td>
<td>$0 for 28 meals up to 14 days upon discharge from an inpatient hospital stay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
</tbody>
</table>

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Open Enrollment takes place Oct. 3 – Oct. 24.

The State of Delaware’s Medicare open enrollment period is when you can make decisions about your health care coverage. Whether you need to take action to enroll depends on your current enrollment status.

### Enrollment Status 1

If you are enrolled in the 2022 Special Medicfill Medicare Supplement plan and you have the State of Delaware Medicare Part D prescription drug coverage through SilverScript®, administered by CVS Caremark:

**No need to do anything. You’re all set.**

You will be automatically enrolled into the new Freedom Blue PPO Medicare Advantage plan for coverage to start January 1, 2023. Your SilverScript® prescription drug coverage will continue for 2023.

If you want to discontinue medical and pharmacy coverage offered through the State of Delaware, you can opt out. You will receive enrollment mailings in September with more information on the steps you need to take to waive coverage.

### Enrollment Status 2

If you are enrolled in the 2022 Special Medicfill plan, but do not have SilverScript® prescription drug coverage:

**You must take action to enroll in Freedom Blue PPO and SilverScript®.**

Refer to the enrollment mailings you’re getting in September for information on how to enroll in Freedom Blue PPO and SilverScript® prescription drug coverage.

### Enrollment Status 3

If you have waived all 2022 retiree medical and pharmacy coverage offered by the State of Delaware:

**You can enroll in coverage that starts in 2023.**

Your enrollment mailings arriving in September will have information about how to enroll in Freedom Blue PPO and SilverScript® prescription drug coverage.

Starting your new plan.
You’ll receive more information from Highmark Blue Cross Blue Shield Delaware about the benefits of your new plan. And you’ll get an invitation to the in-person educational sessions taking place in August. Visit DelawarePensions.com for more information.

**AUGUST 2 – AUGUST 11**

In-person educational sessions are happening throughout Delaware. Don’t miss your chance to ask questions about Medicare Advantage and the new Freedom Blue PPO plan.

You’ll receive enrollment mailings that contain all the details about your new plan and steps to take to enroll.*

You will also receive an invitation to attend in-person educational sessions taking place in October, during this year’s Open Enrollment period.

**OCTOBER 3 – OCTOBER 24**

Open Enrollment period.

In-person educational sessions will take place October 4 through October 20 at locations throughout Delaware.

You’ll receive a welcome call and kit, your new ID cards, and more information about your new Medicare Advantage plan.

* No action is needed if you are enrolled in both the 2022 Special MediFill plan and SilverScript® prescription drug coverage. If not, you will need to take action to enroll as described on page 7.
**Let’s take a look at Original Medicare.**

Medicare Parts A and B are often called Original Medicare. These are the basic benefits provided by the government.

### Original Medicare

<table>
<thead>
<tr>
<th>Part A</th>
<th>Part B</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Think hospital)</td>
<td>(Think doctor’s office)</td>
</tr>
<tr>
<td>- Inpatient hospital care</td>
<td>- Outpatient services</td>
</tr>
<tr>
<td>- Skilled nursing care</td>
<td>- Testing and lab</td>
</tr>
<tr>
<td>- Home health and hospice</td>
<td>- Doctor visits and preventive care</td>
</tr>
<tr>
<td>- Ambulance services</td>
<td>- Durable medical equipment and supplies</td>
</tr>
</tbody>
</table>

### Additional coverage

These plans, offered by private insurance companies, fill in the coverage gaps.

**Medicare Supplement insurance**

(Supplements Original Medicare benefits)

- Works with Original Medicare
- Covers costs not covered by Parts A and B
- Allows you to choose any provider who accepts Medicare

**Medicare Advantage plan**

(Part C)

(Covers everything in Parts A and B with additional benefits)

- You must still keep Medicare Part A and Part B
- Some have fitness and wellness coverage
- PPO plans allow you to choose any provider who accepts Medicare

**Prescription Drug coverage**

(Part D)

(Se you don’t have to pay full price for every medication)

- Original Medicare doesn’t cover medications
- Typically covered through a private insurance company

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**Need a refresher on Medicare?**
Health care lingo translated

With Medicare coverage, you’re bound to see certain terms over and over. Here’s a cheat sheet for a few of the most important ones.

**Premium**
The monthly amount paid so you have coverage, in addition to your Medicare Part B premium.

**Deductible**
The set amount you pay for a health service or before your plan starts paying.

**Copay**
The set amount you pay for a covered service, could be $0 for a primary care doctor visit or $0 for a specialist.

**Coinsurance**
The percentage owed for some covered services. For example, if your plan pays 80%, you pay 20%.

**Out-of-network provider**
A doctor or hospital that does not participate with your plan’s network.

**In-network provider**
A doctor or hospital that participates with your plan’s network.

**Maximum out-of-pocket**
The most you’d pay for covered care.

### Discrimination is Against the Law
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. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator. If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filling a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

- U.S. Department of Health and Human Services
- 200 Independence Avenue, SW
- Room S09E, HH Building
- Washington, D.C. 20201
- 1-800-368-1019, 800-537-7697 (TDD)


### Our friends in the legal department asked us to include this.
Enjoy all the nitty gritty details.

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 BCBSD 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.

This information is not a complete description of benefits. For more information, please call HMK BCBSD DE Customer Service at 1-888-328-2960 (TTY/TDD users may call 711), 8 a.m.-8 p.m., seven days a week.

SilverScript® Employer PDP sponsored by State of Delaware
SilverScript is the prescription drug plan for retirees and their covered dependents who are eligible for Medicare. This prescription drug plan is provided by SilverScript Insurance Company which is affiliated with CVS Caremark®.

**ATTENTION:** Si vous parlez français, les services d’assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d’identité (TTY: 711).

Repetir: para que puedan comunicarse con nosotros, hemos invertido en un servicio de traducción gratuito. Si necesita ayuda en español, llame al número que aparece en la parte posterior de su tarjeta de identificación (TTY: 711).

**ATENÇÃO:** Se você fala português, temos atendimento gratuito para você na sua língua. Ligue para o número que consta na parte de trás de sua identidade (TTY: 711).

**ATENÇÃO:** Si você fala português, temos atendimento gratuito para você na sua língua. Ligue para o número no verso da sua identidade (TTY: 711).

**UWAAGA:** Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

**NOTA:** 請您注意，如果您講華語，我們可以提供免費的電話通話協助，請撥打您的電話號碼（TTY: 711）。

**PELLEGRINAGGIO:** Si è possibile ottenere assistenza gratuita in italiano. Chiamare il numero che troverete sulla parte posteriore della vostra carta identitaria (TTY: 711).

**ATTENZIONE:** Se parla italiano, è possibile ottenere assistenza gratuita in italiano. Chiamare il numero che troverete sulla parte posteriore della vostra carta identitaria (TTY: 711).

**NOTA:** Si você fala italiano, temos assistência gratuita em italiano. Ligue para o número no verso da sua identidade (TTY: 711).
Important health plan updates for State of Delaware pensioners.

Important information regarding the Highmark Blue Cross Blue Shield Delaware Freedom Blue PPO Medicare Advantage plan for State of Delaware pensioners in the Group Health Insurance Plan.