

State of Delaware
Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage
Frequently Asked Questions

Over the past several years, the State Employee Benefits Committee (SEBC) and the Retirement Benefits Study Committee (RBSC) held many public meetings to study unfunded State retiree healthcare costs and found under the current state pensioner healthcare plans, vesting schedules, and funding models, the retiree healthcare trust fund is underfunded and unsustainable.

On December 31, 2022, the previous five-year Medicare Special Medicfill Supplement contract expired. As required by Delaware Code, in early 2021, the SEBC competitively bid the administration on the State Group Health Insurance Plans offered to State pensioners. After several public meetings, in early 2022, the SEBC awarded a contract to Highmark Blue Cross Blue Shield Delaware to provide retiree healthcare under a Medicare Advantage plan, beginning January 1, 2023. On June 28, 2022, the Governor signed the Fiscal Year 2023 state budget, which passed the General Assembly with overwhelming bipartisan support and included language that recategorized the State plan from Medicare Supplement to Medicare Advantage and included one-time supplemental funding for the OPEB trust fund equal to one percent of the prior year's budget.

Following a legal challenge to the Medicare Advantage, on October 19, 2022, Superior Court Justice Calvin Scott issued an interim ruling and order to halt the implementation of the Plan. Following the October 19, 2022 opinion and order from the Superior Court, the State negotiated with Highmark Blue Cross Blue Shield Delaware to extend the previous Medicare Special Medicfill Supplement plan until January 1, 2024. SB 29, signed by the Governor, created the Retiree Healthcare Benefits Advisory Subcommittee (RHBAS), a subcommittee of the State Employee Benefits Committee (SEBC), to conduct public meetings and engage public comment about current and future State retiree healthcare benefits, while taking into consideration the previous work of the SEBC and the RBSC. In the course of its work, the subcommittee is considering how reporting and analyses regarding Medicare Advantage Plans nationwide relate to the terms of the previously proposed Medicare Advantage Plan for State retirees. In addition, the subcommittee is evaluating options for continuing to provide strong State retiree healthcare benefits in a fiscally sustainable way, including options to maintain their current coverage similar to other states that offer retirees a choice to buy into a Medicare Supplement plan. On April 24, 2023, the SEBC voted to further extend the expired Medicare Special Medicfill Supplement plan for an additional six months through June 30, 2024. On May 1, 2023, the RHBAS issued an initial Report to the Governor and the General Assembly, stating that due to the SEBC extension through June 30, 2024, there would not be an impact to the Fiscal Year 2024 budget. The RHBAS will continue its work and issue a final report no later than October 1, 2023.

This FAQ was developed to answer questions that retirees had at the time that the State was transitioning from the Medicare Special Medicfill Supplement plan to the Medicare Advantage plan. Although the Medicare Advantage implementation has been halted and options are currently being reviewed by the RHBAS, the SEBC and the State Benefits Office continue to receive questions about the previously negotiated Medicare Advantage plan. This FAQ remains available to address those questions. Some of the content may reflect details that are no longer applicable to State of Delaware Medicare eligible pensioners and dependents.

IMPORTANT TO REMEMBER

- State of Delaware Medicare eligible pensioners and dependents who are enrolled in the Highmark BCBS Delaware Special Medicfill Plan with prescription will **automatically** transition to the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage plan (with prescription through SilverScript) effective **January 1, 2023**.
 - Pensioners should **not** elect to opt out of this plan if you only have medical and prescription plan coverage through the State of Delaware.

- The custom State of Delaware Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage plan includes the same covered benefits for medically necessary services covered in 2022 by Original Medicare plus the additional benefits covered under the Highmark BCBS Delaware Special Medicfill Medicare Supplement Plan.
- Enrollment in the Freedom Blue PPO Medicare Advantage plan will also be paired with enrollment in SilverScript, the State of Delaware Medicare Part D prescription drug coverage administered by CVS Caremark.
- Information on the new plan is available at the [Highmark BCBS Medicare Advantage website \(https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml\)](https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml) and includes these FAQs, mailing/event timelines, general plan information and plan documents, open enrollment information, premium rates, State Employee Benefits Committee information, Retirement Benefit Study Committee reports/information and much more.
- Access to this information can also be obtained by visiting the [Office of Pensions website \(https://open.omb.delaware.gov\)](https://open.omb.delaware.gov).
 - Pensioners with questions about their enrollment or the State of Delaware Medicare benefits may contact the Office of Pensions at **1-302-739-4208** or **1-800-722-7300**.
 - Pensioners may also contact Highmark BCBS Delaware at **1-888-328-2960 (TTY call 711), seven days a week, 8 a.m. to 8 p.m.** with questions about the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage plan.

1. Why is the State changing medical benefits for Medicare eligible members?

The State Employee Benefits Committee (SEBC) routinely reviews benefit options as required by State procurement requirements and to support the SEBC’s mission to provide members high-quality care at an affordable cost. During CY2021, the SEBC competitively bid administration of the State Group Health Insurance Plans offered to State employees and pensioners. In February 2022, the SEBC awarded a 3-year contract to Highmark Delaware for administration of a Medicare Advantage plan to be available to eligible State of Delaware pensioners and dependents beginning January 1, 2023 and to replace the current Highmark BCBS Special Medicfill Medicare Supplement Plan.

The change in the Medicare pensioner health plan offering is part of the broader review that has been underway with the Retirement Benefits Study Committee (RBSC). Both the SEBC and RBSC are public Committees. Agendas, meeting minutes and other materials, including two reports from the RBSC to Governor Carney, the Delaware General Assembly and the Delaware Economic and Financial Advisory Council (DEFAC) released in November 2021 and March 2022, can be accessed through the [Highmark BCBS Medicare Advantage website \(https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml\)](https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml).

The Highmark BCBS Delaware Freedom Blue PPO Plan matches the benefits and out-of-pocket costs for care offered under the Special Medicfill plan today, with added benefits. Medicare Part D prescription drug coverage will continue to be offered through SilverScript (administered by CVS Caremark).

2. What is a Medicare Advantage plan?

A Medicare Advantage Plan, also known as Medicare Part C, is an all-in-one alternative to Original Medicare. They include Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage, and many plans also include Medicare drug coverage (Part D). Medicare Advantage Plans are offered by Medicare-approved private health insurance companies that must follow rules set by Medicare. Medicare pays these companies to cover your Medicare benefits. When you join a Medicare Advantage plan, the plan will provide all of your Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage.

3. Is the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan like other Medicare Advantage Plans I receive information about in the mail or see on television?

No. The State of Delaware Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan is only available to State of Delaware Medicare eligible pensioners and has been specially designed to provide the same coverage available today with the Highmark BCBS Delaware Special Medicfill Medicare Supplement Plan with Prescription.

4. Are the requirements for Medicare Parts A and B changing?

No. Enrollment in a Medicare Advantage plan does not impact eligibility and enrollment requirements for Medicare Parts A and B.

5. Does enrollment in the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan mean I am giving up Medicare?

No. Once eligible and enrolled in Medicare Parts A and B and as long as you continue to pay your Part B premiums, you **NEVER** lose Medicare. Enrollment in the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan simply means that Highmark Delaware assumes responsibility to provide all Medicare Part A and Part B services as long as you continue to pay your Medicare Part B premium.

6. When will I receive more information about the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan?

More information on the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan, including a Summary of Benefits, was mailed from Highmark BCBS Delaware the week of **September 26, 2022**. Information and updates on this important change in State of Delaware Medicare benefits effective January 1, 2023, can also be viewed at the [Highmark BCBS Medicare Advantage website \(https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml\)](https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml). The Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan Evidence of Coverage document is also posted on the website.

7. Do I need to contact the Office of Pensions to enroll in Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan if I am currently enrolled in the Highmark BCBS Delaware Special Medicfill Medicare Supplement Plan with Prescription?

No. State of Delaware Medicare eligible pensioners and dependents who are enrolled in the Highmark BCBS Delaware Special Medicfill Plan with prescription will automatically transition to the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan (with prescription through SilverScript) effective **January 1, 2023**.

8. Do I need to take action if I am currently enrolled in the Highmark BCBS Delaware Special Medicfill Medicare Supplement Plan without Prescription?

Yes, State of Delaware Medicare eligible pensioners and dependents who are enrolled in the Highmark BCBS Delaware Special Medicfill Plan **without** prescription were mailed Open Enrollment packets from the Office of Pensions in mid-September 2022, containing information about enrollment in the Highmark BCBS Delaware Freedom Blue PPO Plan (with prescription through SilverScript) for the January 1, 2023 plan year.

9. Why is the premium for the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan so much less than the Highmark BCBS Delaware Special Medicfill Medicare Supplement Plan?

Pensioners who pay a monthly premium will see their amount of premium decrease under the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan (with prescription through SilverScript). The Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan monthly premium will be \$216.18, effective January 1, 2023, less than half of the current Special Medicfill Supplement Plan with Prescription premium of \$459.38. Pensioners who retired on or prior to July 1, 2012, will continue to pay \$0. Pensioners who retired after July 1, 2012, will pay \$10.80 monthly.

The Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan is able to be more affordable than other options like the Highmark BCBS Delaware Special Medicfill Medicare Supplement Plan with a strong focus on preventive care and care management program engagement with members and their providers delivering a coordinated approach to care resulting in lower premiums and higher quality outcomes. All health care costs are

brought under one centralized plan that offers a number of advantages for a member's health outcomes and cost of care, including:

1. A broad network of high-quality physicians that share a commitment to preventive care and screenings.
2. Unique care and disease management programs that offer a nurse care coordinator, health information, and support to help members reach health goals (these programs are not part of the Original Medicare program).
3. Tools and resources to help navigate care to support members receiving appropriate care in the appropriate setting.

10. Can I choose not to enroll in the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan (with prescription through SilverScript)?

Yes. Pensioners will have the option to opt out of the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan (with prescription through SilverScript) during the annual State of Delaware Medicare Open Enrollment. Contact the Office of Pensions for instructions on the opt out process and to fully understand the implications of opting out of coverage through the State of Delaware for both the pensioner and eligible dependents.

State of Delaware pensioners will have the opportunity to enroll or disenroll in the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan once annually during the State of Delaware Medicare Open Enrollment period held in October for benefits effective the following January. State of Delaware pensioners who decide to enroll in the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan during the 2023 Open Enrollment for the 2024 plan year will not be required to go through medical underwriting or refused enrollment because of pre-existing conditions. As long as the State offers the Medicare Advantage plan as an employer sponsored plan, pensioners will not be required to go through medical underwriting or refused enrollment in the plan. Similarly, if the State Employee Benefits Committee (SEBC) moves back to a Special Medicfill option as a result of a competitive bid process, as long as the plan offering remains employer sponsored, the pensioner will not be subject to medical underwriting or refused enrollment in the plan including if the plan option requires the pensioner to move back to Original Medicare. See FAQs #36 - #38 for additional details.

IMPORTANT: Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan (with prescription through SilverScript) will be the **only** State of Delaware Medicare health plan option effective **January 1, 2023** and will replace the current Highmark BCBS Delaware Special Medicfill with and without prescription plans. Pensioners should **not** elect to opt out of the Freedom Blue PPO Medicare Advantage Plan (with prescription through SilverScript) if you **only** have health and prescription coverage through the State of Delaware. Pensioners who elect to opt out of the Freedom Blue PPO Medicare Advantage Plan will not receive the value of the plan's premiums for use in covering medical and prescription out-of-pocket expenses or for use in purchasing Medicare coverage in the individual market. In addition, the pensioner's eligible dependents may lose eligibility for health plan coverage through the State of Delaware. Please ensure that opting out of coverage through the State of Delaware is truly the best decision for you and your family by contacting the Office of Pensions at **1-302-739-4208** or **1-800-722-7300**.

11. When is the annual State of Delaware Medicare Open Enrollment?

The annual State of Delaware Medicare Open Enrollment is **October 3 - 24, 2022** for benefits effective January 1, 2023. The Office of Pensions mailed Open Enrollment packets to all State of Delaware Medicare eligible pensioners and dependents in mid-September. Highmark BCBS Delaware mailed additional plan information the week of September 26, 2022.

12. If I choose not to enroll in the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan (with prescription through SilverScript) for the plan year that begins January 1, 2023, will I have another opportunity to enroll?

State of Delaware pensioners will have the opportunity to enroll or disenroll in the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan once annually during the State of Delaware Medicare Open Enrollment period held in October for benefits effective the following January. State of Delaware pensioners who decide to enroll in the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan during the 2023 Open Enrollment for the 2024 plan year will not be required to go through medical underwriting or refused enrollment because of pre-existing conditions. See FAQs #36 - #38 for additional details.

13. As a State of Delaware benefit-eligible Medicare pensioner, may I enroll in “any other” individual or group Medicare Advantage or Medicare Part D prescription coverage in addition to the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan (with prescription through SilverScript)?

The Centers for Medicare & Medicaid Services (CMS) only allows enrollment in one qualified Medicare Advantage and corresponding Part D prescription drug plan. Enrollment in another plan will terminate coverage with the State of Delaware Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage plan and SilverScript prescription drug plan. If you are enrolled in another Medicare Advantage or Medicare Part D prescription drug plan, contact the Office of Pensions to discuss your options. Pensioners who are enrolled in the Highmark BCBS Delaware Special Medicfill without Prescription Plan were mailed enrollment information in mid-September 2022 from the Office of Pensions.

14. My Medicare spouse is currently enrolled in other Medicare coverage available to them through a former employer and as required by the State of Delaware Spousal Coordination of Benefits (SCOB) Policy. Is my spouse eligible to enroll in the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan (with prescription through SilverScript)?

Effective January 1, 2023, the State’s Spousal Coordination of Benefits Policy will be modified to permit a Pensioner whose spouse is Medicare eligible and also offered either a Medicare Advantage plan or cash in lieu of coverage, to choose either the coverage available through the spouse’s former employer or the State of Delaware Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan (with prescription through SilverScript). Spouse’s enrolled in an employer sponsored Special Medicfill plan through a former employer should contact the Office of Pensions at **1-302-739-4208** or **1-800-722-7300** to discuss how the SCOB Policy applies.

15. I am a State of Delaware pensioner or spouse that is also enrolled in Tricare for Life. Am I eligible for enrollment in the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan (with prescription through SilverScript)?

Yes. State of Delaware pensioners and spouses may be enrolled in both Tricare for Life and the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan (with prescription through SilverScript). Tricare will always pay after payment has been made by Highmark BCBS Delaware.

16. What ID cards will I use for services beginning January 1, 2023?

Enrollment in a Medicare Advantage plan means you will no longer have to present your red, white, and blue Medicare card for care. Pensioners enrolled in the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan (with prescription through SilverScript) will receive a new Medicare Advantage PPO ID card from Highmark BCBS Delaware in December 2022. Be sure to use only this new medical plan ID card for all medical care starting January 1, 2023.

Pensioners currently enrolled in the current Highmark BCBS Delaware Special Medicfill Plan with prescription will continue to use their current SilverScript ID card for prescriptions. Pensioners who are not currently enrolled in the Highmark BCBS Delaware Special Medicfill Plan with prescription and elect to enroll in the BCBS Delaware Freedom Blue PPO Medicare Advantage Plan will receive an ID card from SilverScript in December 2022.

Pensioners enrolled in Medicare Part D prescription coverage through SilverScript must contact SilverScript Customer Service at **1-844-757-0448** to request a replacement ID card. A digital card can also be accessed anytime by registering your account online at [Caremark.com](https://www.caremark.com).

17. What if I will become Medicare eligible on or after January 1, 2023?

State of Delaware pensioners and dependents who become Medicare eligible on or after January 1, 2023, will

receive additional information from the Office of Pensions and Highmark BCBS Delaware approximately four months in advance of their 65th birthday.

18. Can I keep my current doctors?

The Highmark BCBS Delaware Freedom Blue PPO Plan allows pensioners and their spouses to use in network (contracted) as well as out of network (non-contracted) doctors and hospitals as long as those providers are eligible to participate in Medicare. Pensioners will receive information on how to find out if providers accept Medicare, within the enrollment materials sent by Highmark BCBS Delaware in late September 2022 and immediately before the State of Delaware annual Medicare Open Enrollment. Pensioners may contact Highmark BCBS Delaware at **1-888-328-2960 (TTY call 711), seven days a week, 8 a.m. to 8 p.m.** with questions about their doctors' participation in the Highmark BCBS Delaware Freedom Blue PPO Plan network.

19. Do I need a Primary Care doctor?

No. A primary care doctor is not required with enrollment in the Highmark BCBS Delaware Freedom Blue PPO Plan, but highly encouraged to help coordinate your health care needs.

20. Do I need a referral when scheduling care with a specialist?

No. Referrals are not required for specialist care under the Highmark BCBS Delaware Freedom Blue PPO Plan. You can see any specialist you want.

21. What if my provider refuses to accept the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan?

The Highmark BCBS Delaware Freedom Blue PPO Plan allows pensioners and their dependents to receive care from contracted and non-contracted doctors and hospitals across the U.S. if those providers are eligible to receive and accept Medicare payment. If your doctor does not join the Highmark BCBS Medicare Advantage network, you are eligible to see that doctor as an out-of-network provider, and the doctor will be reimbursed at 100% of the Medicare approved amount (up to the Medicare limiting amount for providers that do not accept Medicare assignment), as long as the doctor is eligible to participate in Medicare and accepts the plan. Please note, while most non-contracted providers agree to accept the Highmark BCBS Freedom Blue Medicare Advantage PPO plan, they have the option to refuse to see patients enrolled in the plan. Highmark has been building the Freedom Blue PPO network over the last two years and is making every effort to recruit providers treating State of Delaware Highmark BCBS Delaware Special Medicfill members. An extensive provider outreach and education plan is underway to ensure minimal disruption to State of Delaware Medicare pensioners and dependents when the plan becomes effective on January 1, 2023.

Pensioners may contact Highmark BCBS Delaware at **1-888-328-2960 (TTY call 711), seven days a week, 8 a.m. to 8 p.m.** if your provider indicates they are not accepting the Highmark BCBS Freedom Blue Medicare Advantage PPO plan so that Highmark may outreach to the provider to review accepting the plan and review other provider options as needed.

22. Do I need prior approval for care or specific services?

In some cases, yes. Your doctor may need to get approval or a prior authorization from Highmark BCBS Delaware before you receive certain types of services that are not an emergency such as inpatient hospital care, home health care, home infusion therapy, organ transplants, diabetes supplies and services, durable medical equipment, intensive cardiac rehabilitation, non-emergent and air ambulance transportation, opioid treatment program/services, outpatient substance abuse services, Part B drugs, Physical/Occupational/Speech Therapy, Pulmonary Rehabilitation Services, supervised exercise therapy, outpatient hospital/ambulatory surgery center care, mental health care, skilled nursing facility care, dental services, chiropractic care, outpatient diagnostic tests/labs, and some radiology services (for example, CT, MRI, MRA and PET scans).

The Centers for Medicare and Medicaid (CMS) define the timeline for prior authorization requests. Standard requests (when received with complete information) must be completed in no more than 14 days; 72 hours for Part B drugs. Fast coverage decisions (when the standard deadline could cause serious harm to health or hurt ability to

function) must be completed in no more than 72 hours; 24 hours for Part B drugs. CMS timeframes are based upon calendar days, not business days. Your doctor can help with any prior authorization necessary. Your enrollment materials mailed by Highmark the week of September 26, 2022 will further explain services that need prior approval.

Highmark BCBS has confirmed that Medicare Advantage prior authorization requests are prioritized to ensure compliance with CMS requirements and statistics follow below.

Calendar Year 2021

Approval Rate – 92%
Denial Rate 8%

Turn Around Times for Expedited Cases – 1.39 Days
Turn Around Times for Standard Cases – 4.59 Days

Calendar Year 2022 (Through May 31, 2022)

Approval Rate – 92%
Denial Rate 8%

Turn Around Times for Expedited Cases – 1.57 Days
Turn Around Times for Standards Cases – 4.05 Days

Prior Authorization/preauthorization requests do not begin until the plan effective date; therefore, the State pensioners are not included in the above statistics. In an effort to give pensioners and providers time to adjust to the preauthorization requirements under the new plan, **Highmark BCBS Delaware has agreed to postpone implementation of prior authorization for outpatient services until May 1, 2023, which is the issue that seems to most concern retirees.** That is a significant concession by Highmark Blue Cross Blue Shield Delaware, which will cost several million dollars; however, it is the right decision to provide pensioners more time to get accustomed to the prior authorization measures that active state employees and pre-65 pensioners have had as part of their health insurance coverage for decades.

The above statistics reflect initial denial rates. The Centers for Medicare and Medicaid Services (CMS) mandates the appeals processes for Medicare Advantage plans. All Medicare Advantage plans must follow a five-level appeals process (outlined below). A State of Delaware pensioner, their provider, or the pensioner’s “appointed representative” can request an appeal of a prior authorization denial as well as appeal any payment decision on a service provided to a Medicare Advantage member. Details of the Medicare Advantage appeals process, timing on appeals (request and decision timing), and how to request assistance to file an appeal are outlined in the Highmark Medicare Advantage Evidence of Coverage document that is available at the [Highmark BCBS Medicare Advantage website](https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml) (<https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml>) for all State of Delaware pensioners.

- 1st level of Appeal is a Health Plan Reconsideration by Highmark from a different reviewer than made the initial coverage decision. Please note that most upheld denial decisions for 1st level appeals are automatically sent for 2nd level appeal (with an outside reviewer).
- 2nd level of Appeal is with an Independent Review Entity (IRE) hired by CMS for Medicare Advantage appeals
- 3rd level of Appeal is an Administrative Law Judge Hearing with the Office of Medicare Hearings and Appeals (required amount in controversy >\$180)
- 4th level of Appeal is with the Medicare Appeals Council
- 5th level of Appeal is in Federal District Court (required amount in controversy >\$1,760)

More details and additional FAQs on prior authorization are available at the [Highmark BCBS Medicare Advantage website](https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml) (<https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml>).

23. Are the covered services in the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan the same as the covered services in the Highmark BCBS Delaware Special Medicfill Medicare Supplement Plan?

Yes. State of Delaware pensioners will receive the same covered services including coverage outside of the U.S. and medically necessary home health services under the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan. [Details on the new plan were mailed to State of Delaware pensioners from Highmark BCBS Delaware](#) in mid-July 2022. More details including a Summary of Benefits were mailed from Highmark Delaware the week of September 26, 2022 and are posted at the [Highmark BCBS Medicare Advantage website \(https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml\)](#). The Evidence of Coverage is also posted on the website.

24. I do not live in the Delaware area. How can I and my dependents find out if our doctors are in or out of the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan network and who we and our doctors should contact for approval of services requiring prior authorization?

The Highmark Freedom Blue Medicare Advantage PPO plan provides access to any doctor, specialist, hospital, or other medical provider who is eligible to participate in Medicare. Pensioners can choose from a national network of Blue Cross Blue Shield Medicare Advantage PPO providers close to home and anywhere in the U.S. as well as doctors and hospitals outside of the network as long as the providers accept Medicare and accept the Blue Cross Blue Shield Medicare Advantage PPO plan (when outside of DE, PA, NY or WV, please let the provider know you are enrolled in a Blue Cross Blue Shield Medicare Advantage PPO plan as they may not recognize Highmark DE BCBS). Benefits and coverage levels are the same for medically necessary covered benefits in and out of the network.

To locate contracted in network providers, a member can contact the Highmark Freedom Blue Medicare Advantage PPO Concierge Service team at **1-888-328-2960 (TTY call 711)**, seven days a week, 8 a.m. to 8 p.m. to confirm in network providers nationally as well as for assistance using the BCBS national Medicare Advantage PPO provider search tool located on the Highmark DE website. Please refer to instructions on how to complete an online provider search included in the Highmark Freedom Blue PPO Open enrollment guide that was mailed the week of September 26, 2022, from Highmark BCBS Delaware.

For services that require a prior authorization approval, this request would be submitted directly to Highmark BCBS Delaware (not the local Blue plan) if a member is seeking services when outside of the Highmark footprint. When seeking services from out-of-network non contracted providers, the provider can submit a pre-visit coverage decision request directly to Highmark to confirm the service is a covered benefit and medically necessary. Also, a member can contact Highmark at **1-888-328-2960** to also request the pre-visit coverage decision for non-emergency services if their provider does not submit the pre-visit coverage decision on their behalf.

More details and additional FAQs on prior authorization are available at the [Highmark BCBS Medicare Advantage website \(https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml\)](#).

25. Are hearing aid discounts available to State of Delaware pensioners?

Yes. State of Delaware pensioners have several options to obtain hearing aid discounts when enrolled in the following benefit plans:

- **Highmark BCBS Delaware Health Plan Members** – have access to Blue365, which offers discounts on certain services including hearing aids. The specific hearing aid vendors are Beltone, Hear USA, Start Hearing and TruHearing. Each offer a specific discount on hearing aids and other hearing services. Contact Highmark BCBS Delaware at **1-888-328-2960 (TTY call 711)**.
- **Delta Dental Members** – have access to [preferred pricing on hearing aids](#) through Amplifon. Call Amplifon at 888-779-1429 and a dedicated representative will assist you with the program and help you pick a provider, make an appointment, and receive your discount. Amplifon offers 62% average savings off retail hearing aid pricing with a best price guarantee of 5%.
- **Dominion National Members** – have access to [preferred pricing on hearing aids](#) through Amplifon. Call Amplifon at 855-565-1072 and a dedicated representative will assist you with the program to provide access to custom hearing solutions, risk free 60-day trial, and aftercare program. Amplifon offers savings averaging 64% off the retail price on more than 1,400 hearing aid options with access to over 5,000 credentialed provider locations across the country.

- **EyeMed Members** – are eligible for [hearing aid discounts through Amplifon](#). EyeMed members have access to discounts on thousands of hearing aids, locations nationwide, free batteries and a 3-year warranty and loss and damage coverage. Members can call 877-203-0675 to find a hearing care provider in their area.

For more information on hearing loss resources, visit our [website](#) (<https://dhr.delaware.gov/benefits/hearing-loss/medicare.shtml>).

26. How much is the State of Delaware paying Highmark BCBS Delaware for each pensioner and covered family member who enrolls in the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan?

The Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan assumes responsibility for providing all benefits covered under Original Medicare Part A and Part B plus all the additional benefits beyond Medicare covered by the 2022 Highmark BCBS Delaware Special Medicfill Medicare Supplement Plan with Prescription, under one single retiree medical plan creating a superior member health experience while simplifying plan administration. State of Delaware Medicare pensioners and dependents benefit from a much larger overall relationship that Highmark Delaware has with the State of Delaware across the State’s large population of active employees and dependents and pre-65 retirees and dependents, driving cost savings across all plans offered.

Medicare Advantage plans receive funding from CMS for the original Medicare benefits as well as the opportunity to earn quality bonus revenue through the Medicare Star rating program. Specifically, Highmark BCBS Delaware receives a location and health risk-adjusted monthly payment from CMS to provide the Medicare Parts A and Part B benefits and is at risk for claims costs for all Medicare benefits (not CMS). The Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan leverages these revenue streams to deliver savings to the State of Delaware in the form of lower plan premiums while maintaining the current level of covered benefits State of Delaware pensioners and dependents enjoy today.

27. What happens to the savings the State of Delaware will receive as a result of the lower premium being paid for pensioners and dependents enrolled in the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan?

The current Highmark BCBS Delaware Special Medicfill Medicare Supplement with and without Prescription Plans offered by the State are part of a self-insured health program with the State bearing 100% of the risk and paying the full cost of all claims incurred by enrolled members as well as administrative fees paid to Highmark BCBS Delaware, the State’s Third-Party Administrator (TPA). Unlike pension benefits that require a specific monthly pension benefit payment, with respect to health care benefits, the State Medicare health and prescription plan premium represents an implied value of health care benefits incurred by the State per covered individual as determined annually by the State Employee Benefits Committee (SEBC). The State’s aggregated costs for the health care of all pensioners, active employees and dependents is included in the State’s annual budget. The employer-sponsored Medicare Advantage Plan is a fully insured plan with premiums paid by the State of Delaware to Highmark BCBS Delaware and the risk borne by Highmark BCBS Delaware. To the extent there are any differences between the aggregate premiums paid by the State to Highmark BCBS Delaware for the Medicare Advantage Plan versus the aggregate claims and fees the State might have had to pay in prior years under the Highmark BCBS Delaware Special Medicfill Medicare Supplement plan, those savings (or costs) would be reflected in the State’s annual budget.

In addition, to the extent there may be savings, those savings will also help to assure the long-term sustainability of these very important benefits. The State of Delaware’s current unfunded actuarial liability for future retiree health care benefits exceeds \$10 billion – many multiples higher than the rest of the State’s entire combined debt for roads, schools, state facilities, infrastructure and even pension benefits. Absent any changes to retiree health care benefits or how those benefits are funded, this unfunded liability is expected to triple over the next 30 years. The Retirement Benefits Study Committee (RBSC) has been meeting since 2019 to meaningfully address this unfunded liability. By migrating to the fully insured Medicare Advantage plan, the unfunded liability would be expected to only grow to \$19.8 billion, a nearly 55% decline in the estimated growth rate. To protect our State of Delaware pensioners, in June 2022, the Delaware General Assembly approved language in the State’s Fiscal Year 2023 budget placing 1% of the prior year’s budget into the Other Post-Employment Benefits (OPEB) Trust Fund for retiree health

care. Analysis prepared for the RBSC shows that the combination of migrating to a medical only Medicare Advantage plan and improved funding for the OPEB Fund could reduce the unfunded liability to a far more manageable amount of \$3.1 billion by the Year 2050 – assuring that pensioners and their dependents continue to receive premium health care services at an affordable cost.

28. Where can I access and read a copy of the contract between the State of Delaware and Highmark BCBS Delaware for the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan?

The Medicare health plan contract award was approved by the State Employee Benefits Committee (SEBC) on February 28, 2022. The contract is posted online at the [Highmark BCBS Medicare Advantage website \(https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml\)](https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml).

29. Given that Highmark BCBS Delaware will take over management of Medicare Parts A and B beginning January 1, 2023 as part of a 3-year contract, will Highmark BCBS Delaware be required to match any changes in Medicare Parts A and B coverage?

Highmark BCBS Delaware **Freedom Blue PPO Medicare Advantage Plan** assumes responsibility to provide all Medicare Part A and Part B benefits as well as the additional medical services, benefits, and out-of-pocket coverage that the State offers to Medicare pensioners and dependents. Administration of the Part D prescription benefits will continue to be handled by SilverScript. During the contract period, Highmark BCBS Delaware **Freedom Blue PPO Medicare Advantage Plan** will be required to cover all services approved and available under Medicare Parts A and B.

30. Are there any changes planned for the State vision and dental plans available to State of Delaware pensioners?

Vision and dental plan coverage is available to our State of Delaware Medicare pensioners through the same dental and vision plan options available to State of Delaware employees. Pensioners receive information during the May annual open enrollment to enroll, disenroll or make changes in dependent coverage in these plans administered by EyeMed, Dominion National and Delta Dental. The premiums, coverage and benefits for dental and vision coverage will remain the same during CY2023. State of Delaware pensioners will receive more information on the vision and dental plan offerings next Spring. Information on the dental and vision plans can be found online at [DHR - Division of Statewide Benefits \(delaware.gov\) \(https://dhr.delaware.gov/benefits/medicare/index.shtml\)](https://dhr.delaware.gov/benefits/medicare/index.shtml).

31. What happens when advanced medical care may be needed at Penn Medicine, Johns Hopkins, Cleveland Clinic, Mayo Clinic, etc.?

The Highmark BCBS Delaware Freedom Blue PPO Plan allows pensioners and their dependents to receive care from contracted and non-contracted doctors and hospitals across the U.S. if those providers are eligible to receive and accept Medicare payment. If the doctor or hospital does not join the Highmark BCBS Medicare Advantage network, pensioners are eligible to see that doctor or facility as an out-of-network provider, and the doctor or facility will be reimbursed at 100% of the Medicare approved amount (up to the Medicare limiting amount for providers that do not accept Medicare assignment), as long as the doctor or facility is eligible to participate in Medicare and accepts the plan. Providers accepting Medicare and the State plan but who are out-of-network are not permitted to bill the member above the Medicare approved amount.

Pensioners receiving care at out of state facilities are encouraged to contact Highmark BCBS Delaware at **1-888-328-2960 (TTY call 711), seven days a week, 8 a.m. to 8 p.m.** Highmark’s concierge team will work directly with the pensioner and/or dependent to ensure a continuum of care is maintained.

32. How are my 100% out of network services covered? Do I have to pay upfront and then request reimbursement from Highmark BCBS Delaware? What is involved with beneficiaries getting reimbursements from the plan, to include out-of-network?

Highmark BCBS Delaware requests that out of network providers bill Highmark directly (or the local Blue Cross Blue Shield plan if service is out of state) for all covered services. If a member pays upfront for a covered service, the member should submit the request to Highmark for reimbursement of covered benefits. When traveling out of the

country, Highmark will need an itemized receipt and proof of payment, preferably translated into English. Members should send these items to:

Highmark
P.O. Box 1068
Pittsburgh, PA 15230-1068

33. What will happen to pensioners living in extended care facilities who will not except the new plan?

If a provider serving an extended care facility or offering long-term care services is eligible to participate in Medicare, the provider can accept the Highmark BCBS Delaware **Freedom Blue PPO Medicare Advantage Plan** to provide care for Medicare-covered benefits without a contract with Highmark BCBS Delaware (the local BCBS plan if out of state). If a provider that is eligible to participate in Medicare elects to not provide care for a Highmark BCBS Delaware **Freedom Blue PPO Medicare Advantage Plan** member, the member should contact Highmark Freedom Blue Medicare Advantage PPO Concierge Service team at **1-888-328-2960 (TTY call 711)**, seven days a week, 8 a.m. to 8 p.m. for assistance to outreach to the provider to educate them on the Medicare plan or assistance to locate alternative providers.

34. I have concerns regarding Office of Inspector (OIG) Reports citing pre-authorization denials, payment denials, fraud, and delays in care with Medicare Advantage Plans.

Highmark BCBS Delaware follows the highest standards for prior authorization, timely access to care, timely provider payments, and fraud, waste, abuse. To date for 2022, Highmark has had no overturned denials from the independent review organization in the Delaware and West Virginia Medicare Advantage markets. Highmark does not deny medically necessary care and takes an individual approach to each case regardless of what internal medical policy says, giving each case a full and fair review in a timely fashion to allow members to receive the right care at the right time. Highmark abides by all CMS rules and regulations and government medical policies.

35. I recently received a letter from United Medical Accountable Care Organization informing me that effective January 1, 2023, the practice will only accept patients with traditional Medicare, Humana and United Healthcare Dual Plans and will no longer accept other Medicare plans such as Aetna Medicare and UnitedHealthcare AARP plan etc. What does this mean for State of Delaware Medicare pensioners who are a United Medical patient?

All the United Medical practices are contracted with the Highmark BCBS Delaware **Freedom Blue PPO Medicare Advantage Plan** and will continue to see State Medicare pensioners on and after January 1, 2023. United Medical will clarify with members in a subsequent letter expected to mail in early October 2022.

36. I have heard that because the Highmark BCBS Delaware Freedom Blue Medicare Advantage PPO Plan is an employer sponsored plan that I will not be subject to medical review or pre-existing condition limitations if I choose to enroll for CY2023 or during any subsequent Open Enrollment period during which the same employer sponsored plan is offered. What happens if the State at some point decides to discontinue the Medicare Advantage plan and decides to again offer an employer sponsored Special Medicfill/Medigap option? Will pensioners have the same opportunity to transition back to original Medicare and elect the employer sponsored Special Medicfill/Medigap option without medical review or pre-existing condition limitations and without financial penalties?

If at some point in the future, the State decides to discontinue the Medicare Advantage plan and offer an employer-sponsored Special Medicfill/Medigap plan, a pensioner will have the opportunity to transition back to original Medicare and elect the employer-sponsored Special Medicfill/Medigap option without medical review or pre-existing condition limitations. There will be no financial penalties as long as that pensioner continues to pay their Medicare Part B premium and is enrolled in creditable prescription drug coverage, such as the prescription drug coverage offered by the State of Delaware and provided by SilverScript under the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan.

37. If I decide to opt-out of the Highmark BCBS Delaware Freedom Blue Medicare Advantage PPO Plan for CY2023 and choose to enroll in a Special Medicfill/Medigap option or a Medicare Advantage plan in the individual market, will

there be any implications if in future Open Enrollment periods, I decide to disenroll from individual market coverage and elect the employer sponsored Highmark BCBS Delaware Freedom Blue Medicare Advantage PPO Plan?

If you decide to opt out of the Highmark BCBS Delaware Freedom Blue Medicare Advantage PPO Plan for CY2023 and choose to enroll in a Special Medicfill/Medigap option or a Medicare Advantage plan in the individual market, and then in a future Open Enrollment period, you decide to disenroll from individual market coverage and elect the employer-sponsored Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage Plan, you may do so without medical review or pre-existing condition limitations. No financial penalties will apply as long as you continue to pay your Medicare Part B premium and are enrolled in creditable prescription drug coverage prior to electing the employer-sponsored Highmark BCBS Delaware Freedom Blue Medicare Advantage PPO Plan.

38. If I decide to opt-out of the Highmark BCBS Delaware Freedom Blue Medicare Advantage PPO Plan and choose to enroll in any Medicare coverage in the individual market (Special Medicfill/Medigap, Medicare Advantage or Medicare Part D), will doing so impact my ability to return to Original Medicare Part A and B and to enroll in an employer sponsored Special Medicfill option if the State decided to return to this plan at some point in the future?

If you decide to opt out of the Highmark BCBS Delaware Freedom Blue Medicare Advantage PPO Plan and choose to enroll in any Medicare coverage in the individual market (Special Medicfill/Medigap, Medicare Advantage or Medicare Part D), doing so will not impact your ability to return to Original Medicare Part A and B and to enroll in an employer-sponsored Special Medicfill option if the State decided to return to this plan at some point in the future. However, if you stop paying your Medicare Part B premium or are not enrolled in creditable prescription drug coverage prior to enrollment in an employer sponsored Special Medicfill option, a financial penalty will likely apply. There will be no requirements for medical review or pre-existing condition limitations under the State's employer-sponsored plan.

Updated: 5/5/2023