

The Pennsylvania State University 2009 Schedule of Copayments, Coinsurance and Deductible

You must receive services from a Medicare-participating provider. The provider must agree to accept Highmark Blue Shield terms and conditions of payment.

Annual Deductible	None
Coinsurance	None
Out-of-Pocket Maximum	None
Annual Physical Exam	You pay \$10 per visit.
Annual Gynecological Exam and PAP Test	You pay \$10 copayment for the exam; PAP test covered 100%.
Annual Mammogram	Covered in full. Office visit copayment may apply.
Bone Mass Measurement	Covered in full. Office visit copayment may apply.
Prostate Cancer Screening Exams	Covered in full. Office visit copayment may apply.
Colorectal Screening Exams	Covered in full. Office visit copayment may apply.
Immunizations (except for travel)	Covered in full. Office visit copayment may apply.
OUTPATIENT SERVICES	
Primary Care Physician Office Visit	You pay \$10 per visit.
Specialist Office Visit	You pay \$10 per visit.
Emergency Room Services	You pay \$50 per visit. Waived if admitted to the hospital within 3 days for the same condition.
Observation Room Visit <i>(for up to 72-hour observation or rapid treatment status at the hospital)</i>	You pay \$50 per visit. Waived if admitted to the hospital within 3 days for the same condition.
Urgently Needed Care <i>(Not emergency care)</i>	You pay \$50 emergency room copayment or \$10 office visit copayment.
Outpatient Surgery and Invasive Procedures	Covered in full.
Diagnostic Lab and X-Ray	Covered in full.
Allergy Testing and Treatment	Covered in full. Office visit copayment may apply.
Durable Medical Equipment <i>(including oxygen & oxygen supplies)</i>	Covered in full.
Diabetic Testing Supplies <i>(Glucose monitors, test strips and lancets)</i>	Covered in full.
Home Health Care	Covered in full.
Physical, Speech and Occupational Therapy	You pay \$10 copayment per therapy type, per provider, per day.

Medicare-covered Vision Exam and Post-cataract Surgery Eyewear (Routine eye exams are not covered.)	Exam covered in full after \$10 copayment; \$60 allowance for post-cataract surgery eyeglass frames per operated eye; \$75 allowance for post-cataract surgery eyeglass lenses or contact lenses per operated eye.
Diagnostic Hearing Exam	You pay \$10 copay
Routine Hearing Exam	You pay \$10 copay
Hearing Aid	\$500 Allowance for Hearing Aid every 3 Years
Renal Dialysis Services	Covered in full.
Medicare-covered Chiropractic Services (for manual manipulation to correct subluxation of the spine)	You pay \$10 per visit.
Medicare-covered Foot Care (includes care for medical conditions affecting lower limbs)	You pay \$10 per visit.
Ambulance	Covered in full.
Medicare Part B Drugs	\$10 generic/\$15 preferred brand/\$20 non-preferred brand/\$50 specialty drug for up to 34-day supply
INPATIENT SERVICES	
Including: • Semiprivate Room, Hospital Physician Visits, Surgical Services, Nursing Care, Meals, Medical/Surgical Supplies, Drugs and Medications, Lab Tests and X-Rays	Covered in full for unlimited days.
Skilled Nursing Facility Care	Covered in full. You are limited to 100 days per benefit period. You are not required to have a hospital stay before you go to a Skilled Nursing Facility.
MENTAL HEALTH CARE	
Inpatient Care at Medicare-approved Participating Facility	Covered in full. Limited to 190 days per lifetime.
Outpatient Mental Health Care	You pay \$25 per visit.
Outpatient Chemical Dependency Treatment	You pay \$25 per visit.
THE SILVERSNEAKERS® FITNESS PROGRAM	
is one of the nation's leading exercise programs designed exclusively for older adults. It is a unique physical activity, lifestyle and social-oriented health and wellness program specifically designed for Medicare-eligible members of all fitness levels. FreedomBlue PFFS members receive a complimentary membership at a participating fitness center, plus access to any participating location across the United States. Members have free access to all amenities that are included with a basic fitness center membership. Members who live more than 15 miles from a participating center can still take advantage of the SilverSneakers Steps self-directed walking and physical activity program. Locate participating fitness centers at www.silversneakers.com . Available at no additional cost.	

Prescription Drug Plan Same copayments apply to Medicare Part B Drugs	
<u>Initial Coverage Period</u> Up to \$2,700 in total drug costs – (combined plan and member total drug expenses)	For up to a 34-day retail supply: \$10 generic/\$15 preferred brand/\$20 non-preferred brand \$50 specialty drug co-payment For up to a 90-day mail order supply: \$10 generic/\$15 preferred brand/\$20 non-preferred brand \$50 specialty drug co-payment
<u>Coverage Gap Period</u> From \$2,701 total drug costs to \$4,350 (total member out-of-pocket drug expenses)	For up to a 34-day retail supply: \$10 generic/\$15 preferred brand/\$20 non-preferred brand \$50 specialty drug co-payment For up to a 90-day mail order supply: \$10 generic/\$15 preferred brand/\$20 non-preferred brand \$50 specialty drug co-payment
<u>Catastrophic Coverage Period</u> After \$4,351 (total member out-of-pocket drug expenses)	Member pays the greater of the following: <ul style="list-style-type: none"> • 5% member coinsurance • \$2.40 generic • \$6.00 all other drugs

Part D Excluded Drugs

The following Part D drugs excluded drugs are covered with copays of: \$10 generic/\$15 preferred brand/\$20 non-preferred brand.

Alprazolam 0.25mg Tablets	Alprazolam 0.5mg Tablets	Alprazolam 1mg Tablets
Alprazolam 2mg Tablets	Clonazepam 0.5mg Tablets	Clonazepam 1mg Tablets
Clonazepam 2mg Tablets	Folic Acid 1mg Tablets	Levitra 10mg Tablets
Levitra 2.5mg Tablets	Levitra 20mg Tablets	Levitra 5mg Tablets
Lorazepam 0.5mg Tablets	Lorazepam 1mg Tablets	Lorazepam 2mg Tablets
Phenobarbital 100mg (#100) Tablets	Phenobarbital 100mg (#1000 Tablets)	Phenobarbital 15mg Tablets
Phenobarbital 16.2mg Tablets	Phenobarbital 30mg Tablets	Temazepam 15mg Tablets
Phenobarbital 32.4mg Tablets	Phenobarbital 60mg Tablets	Temazepam 30mg Tablets
Phenobarbital 64.8mg Tablets	Phenobarbital 97.2mg (#100) Tablets	Temazepam 7.5mg Tablets
Phenobarbital 97.2mg (1000) Tablets		

Questions Call 1-866-918-5285