

Pennsylvania Public School
Employees' Retirement System (PSERS)

Health Options Program

2025



Managed Care Plans for
Medicare-Eligible and
Non-Medicare-Eligible
Members

Outside
OF PENNSYLVANIA

Aetna's plans are available only in New Jersey, Pennsylvania and in certain counties in Florida, Maryland, Delaware, and New York. Check the charts in this brochure that show monthly costs to find out if an Aetna plan is available where you live.

2025 Plan Options if You Are Eligible for Medicare

| HOW MUCH YOU WILL PAY IN 2025 | HIGHMARK FREEDOM BLUE PPO | |
|---|---|---|
| MEDICAL PLAN | In-Network | Out-of-Network |
| Annual Deductible | \$0 | \$0 |
| Annual Out-of-Pocket Maximum | \$1,000 (combined) | |
| Hospitalization | \$0 | \$0 |
| Doctor Visits | \$5 PCP; \$15 specialist | \$5 PCP; \$15 specialist |
| Preventive Care | \$0 | \$0 |
| Emergency Room | \$40 (waived if admitted) | \$40 (waived if admitted) |
| Urgent Care Facility | \$25 | \$25 |
| Outpatient Surgery | \$0 | \$0 |
| Diagnostic Testing | \$0 | \$0 |
| Outpatient Therapy | \$15 | \$15 |
| Durable Medical Equipment | 15% | 20% |
| Outpatient Mental Health | \$15 | \$15 |
| Inpatient Mental Health | \$0 | \$0 |
| Physical Exams | \$0 (office visit copay may apply) | \$0 (office visit copay may apply) |
| Ob/Gyn Exams | \$0 (office visit copay may apply) | \$0 (office visit copay may apply) |
| Mammograms | \$0 | \$0 |
| Skilled Nursing Facility | \$0 up to 100 days per Medicare Benefit Period | \$0 up to 100 days per Medicare Benefit Period |
| Hearing Aids (once every 12 months) | Per year \$499 copay per aid for TruHearing Advanced; \$799 per aid for TruHearing Premium; \$500 allowance per year for other aids through TruHearing | \$500 allowance for hearing aids every three years from any other provider or TruHearing |
| Dental Care (subject to frequency limitations) | \$20 for exam & cleaning and \$20 for X-rays every 6 months; 50% for restorative services and dentures | 50% for periodic exams, cleanings, X-rays, fillings as needed and dentures |
| Vision Exam/Hearing Exams | \$0 vision; \$15 hearing | \$50 vision; \$15 hearing |
| Prescription Lenses (once every 12 months) | \$150 benefit maximum per calendar year for standard eyeglass frames, eyeglass lenses or contact lenses; Davis Vision Fashion Collection frames and standard lenses covered in full | \$150 benefit maximum per calendar year for standard eyeglass frames, eyeglass lenses or contact lenses; Davis Vision Fashion Collection frames and standard lenses covered in full |
| PRESCRIPTION DRUGS | Retail Pharmacy (31-day supply) | Mail Order* |
| Annual Deductible | \$0 | \$0 |
| Initial Coverage Up to an Out-of-Pocket Threshold of \$2,000** | | |
| Preferred generic drugs (Tier 1) | \$5 preferred pharmacy; \$10 standard pharmacy | \$12.50 preferred pharmacy; \$25 standard pharmacy |
| Non-preferred generic drugs (Tier 2) | \$5 preferred pharmacy; \$10 standard pharmacy | \$12.50 preferred pharmacy; \$25 standard pharmacy |
| Preferred brand-name drugs (Tier 3) | \$25 preferred pharmacy; \$30 standard pharmacy | \$62.50 preferred pharmacy; \$75 standard pharmacy |
| Non-preferred brand-name drugs (Tier 4) | \$55 preferred pharmacy; \$60 standard pharmacy | \$137.50 preferred pharmacy; \$150 standard pharmacy |
| Specialty drugs (Tier 5) | 33% | 33% (31-day supply) |
| Catastrophic Coverage | | |
| Generic drugs | | \$0 |
| Brand-name drugs | | \$0 |

* Must obtain mail order supply using Express Scripts/ESI. In Initial Coverage and the Coverage Gap: 100-day supply for Tier 1 and Tier 2 drugs; 90-day supply for Tier 3 and Tier 4 drugs.

** Includes total costs for covered drugs paid by the participant.

| HOW MUCH YOU WILL PAY IN 2025 | CAPITAL BLUE CROSS PPO | |
|--|---|---|
| MEDICAL PLAN | In-Network | Out-of-Network |
| Annual Deductible | \$0 | \$0 |
| Annual Out-of-Pocket Maximum | \$3,400 combined | |
| Hospitalization | \$0 | \$0 |
| Doctor Visits | \$5 PCP; \$15 specialist | \$5 PCP; \$15 specialist |
| Preventive Care | \$0 | \$0 |
| Emergency Room | \$50 (waived if admitted) | \$50 (waived if admitted) |
| Urgent Care Facility | \$35 | \$35 |
| Outpatient Surgery | \$0 | 30% |
| Diagnostic Testing | \$0 lab services; \$0 - \$25 high-tech imaging; 15% therapeutic radiology; all other \$0 | 30% |
| Outpatient Therapy | \$15 | \$15 |
| Durable Medical Equipment | 20% | 20% |
| Outpatient Mental Health | \$15 | \$15 |
| Inpatient Mental Health | \$0 | \$0 |
| Physical Exams | \$0 (annual wellness exam) | \$0 (annual wellness exam) |
| Ob/Gyn Exams | \$0 preventive screenings | \$0 preventive screenings |
| Mammograms | \$0 preventive screenings | \$0 preventive screenings |
| Skilled Nursing Facility | \$0 days 1-20; \$30 days 21-100 | 20% days 1-100 |
| Hearing Aids (once every 12 months) | \$499/\$699/\$999 copay per aid, per year | Not covered |
| Dental Care | \$0 office visit, cleaning and X-rays covered twice per year; \$1,500 max per calendar year (in- and out-of-network combined) | 50% office visit, cleaning and X-rays covered twice per year; \$1,500 max per calendar year (in- and out-of-network combined) |
| Vision Exam/Hearing Exams (once every calendar year) | Vision: \$0 for routine vision exam Hearing: \$0 for routine hearing exam | Vision: 50% for routine vision exam Hearing: \$0 for routine hearing exam |
| Prescription Lenses (once every 12 months) | 100% after \$150 allowance for frames and lenses or contacts | |
| PRESCRIPTION DRUGS | Retail Pharmacy (30-day supply) | Mail Order (100-day supply) |
| Annual Deductible | \$0 | \$0 |
| Initial Coverage Up to an Out-of-Pocket Threshold of \$2,000* | | |
| Preferred generic drugs (Tier 1) | \$0 | \$0 |
| Non-preferred generic drugs (Tier 2) | \$4 | \$12 |
| Preferred brand-name drugs (Tier 3) | \$30 | \$90 |
| Non-preferred brand-name drugs (Tier 4) | 33% | 33% |
| Specialty drugs (Tier 5) | 33% (30-day supply) | Not covered |
| Catastrophic Coverage | | |
| Generic drugs | | \$0 |
| Brand-name drugs | | \$0 |

* Includes total costs for covered drugs paid by the participant.

| HOW MUCH YOU WILL PAY IN 2025 | AETNA MEDICARE P01 PPO* | |
|---|--|---|
| MEDICAL PLAN | In-Network | Out-of-Network |
| Annual Deductible | \$0 | \$0 |
| Annual Out-of-Pocket Maximum | \$3,500 | \$5,000 |
| Hospitalization | \$0 | 15% |
| Doctor Visits | \$15 | 15% |
| Preventive Care | \$0 | 15% |
| Emergency Room | \$50 (waived if admitted) | \$50 (waived if admitted) |
| Urgent Care Facility | \$15 | \$15 |
| Outpatient Surgery | \$0 | 15% |
| Diagnostic Testing | \$15 | 15% |
| Outpatient Therapy | \$15 | 15% |
| Durable Medical Equipment | 15% | 15% |
| Outpatient Mental Health | \$15 | 15% |
| Inpatient Mental Health | \$0 | 15% |
| Physical Exams | \$0 | 15% |
| Ob/Gyn Exams | \$0 | 15% |
| Mammograms | \$0 | 15% |
| Skilled Nursing Facility | \$0 copay per day, day(s) 1-20; \$75 per day, day(s) 21-100 | 15% |
| Hearing Aids | \$500 allowance once every 36 months | |
| Dental Care | \$15 (if covered by Medicare) | 15% (if covered by Medicare) |
| Vision Exam/Hearing Exams | \$0 (once every 12 months) | 15% (once every 12 months) |
| Prescription Lenses (once every 24 months) | \$100 allowance | |
| PRESCRIPTION DRUGS | Retail Pharmacy (30-day supply) | Mail Order (90-day supply) |
| Annual Deductible | \$0 | \$0 |
| Initial Coverage Up to an Out-of-Pocket Threshold of \$2,000** | | |
| Generic drugs (Tier 1) | \$4 preferred pharmacy; \$5 standard pharmacy | \$8 preferred pharmacy; \$10 standard pharmacy |
| Preferred brand-name drugs (Tier 2) | \$25*** | \$50*** |
| Non-preferred brand-name drugs (Tier 3) | \$50*** | \$100*** |
| Specialty drugs (Tier 4) | 33%*** | 33%*** (limited to one-month supply) |
| Catastrophic Coverage | | |
| Generic drugs | \$0 | |
| Brand-name drugs | \$0 | |

* Aetna is only available in Pennsylvania, New Jersey, and some counties in Florida, Maryland, New York, and Delaware.

** Includes total costs for covered drugs paid by the participant.

*** Includes some high-cost generics.

2025 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

| | HIGHMARK FREEDOM BLUE PPO | | AETNA MEDICARE P01 PPO | | CAPITAL BLUE CROSS PPO | |
|-----------------|------------------------------|----------------------|---------------------------|----------------------|---------------------------|----------------------|
| | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage |
| Delaware | | | | | | |
| Kent | \$351 | \$702 | Not available | | \$260 | \$520 |
| New Castle | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Sussex | \$351 | \$702 | Not available | | \$260 | \$520 |
| Florida | | | | | | |
| Alachua | \$351 | \$702 | Not available | | \$260 | \$520 |
| Baker | \$351 | \$702 | Not available | | \$260 | \$520 |
| Bay | \$351 | \$702 | Not available | | \$260 | \$520 |
| Bradford | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Brevard | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Broward | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Calhoun | \$351 | \$702 | Not available | | \$260 | \$520 |
| Charlotte | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Citrus | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Clay | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Collier | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Columbia | \$351 | \$702 | Not available | | \$260 | \$520 |
| DeSoto | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Dixie | \$351 | \$702 | Not available | | \$260 | \$520 |
| Duval | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Escambia | \$316 | \$632 | Not available | | \$260 | \$520 |
| Flagler | \$316 | \$632 | Not available | | \$260 | \$520 |
| Franklin | \$316 | \$632 | Not available | | \$260 | \$520 |
| Gadsden | \$316 | \$632 | Not available | | \$260 | \$520 |
| Gilchrist | \$351 | \$702 | Not available | | \$260 | \$520 |
| Glades | \$351 | \$702 | Not available | | \$260 | \$520 |
| Gulf | \$351 | \$702 | Not available | | \$260 | \$520 |
| Hamilton | \$351 | \$702 | Not available | | \$260 | \$520 |
| Hardee | \$351 | \$702 | Not available | | \$260 | \$520 |
| Hendry | \$351 | \$702 | Not available | | \$260 | \$520 |
| Hernando | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Highlands | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Hillsborough | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Holmes | \$351 | \$702 | Not available | | \$260 | \$520 |
| Indian River | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Jackson | \$351 | \$702 | Not available | | \$260 | \$520 |
| Jefferson | \$316 | \$632 | Not available | | \$260 | \$520 |
| Lafayette | \$351 | \$702 | Not available | | \$260 | \$520 |
| Lake | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Lee | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Leon | \$316 | \$632 | Not available | | \$260 | \$520 |
| Levy | \$351 | \$702 | Not available | | \$260 | \$520 |
| Liberty | \$351 | \$702 | Not available | | \$260 | \$520 |

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2025 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

| | HIGHMARK FREEDOM BLUE PPO | | AETNA MEDICARE P01 PPO | | CAPITAL BLUE CROSS PPO | |
|------------------|------------------------------|----------------------|---------------------------|----------------------|---------------------------|----------------------|
| | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage |
| Florida | | | | | | |
| Madison | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Manatee | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Marion | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Martin | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Miami-Dade | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Monroe | \$351 | \$702 | Not available | | \$260 | \$520 |
| Nassau | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Okaloosa | \$351 | \$702 | Not available | | \$260 | \$520 |
| Okeechobee | \$316 | \$632 | Not available | | \$260 | \$520 |
| Orange | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Osceola | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Palm Beach | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Pasco | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Pinellas | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Polk | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Putnam | \$351 | \$702 | Not available | | \$260 | \$520 |
| St. Johns | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| St. Lucie | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Santa Rosa | \$316 | \$632 | Not available | | \$260 | \$520 |
| Sarasota | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Seminole | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Sumter | \$351 | \$702 | Not available | | \$260 | \$520 |
| Suwannee | \$351 | \$702 | Not available | | \$260 | \$520 |
| Taylor | \$316 | \$632 | Not available | | \$260 | \$520 |
| Union | \$351 | \$702 | Not available | | \$260 | \$520 |
| Volusia | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Wakulla | \$351 | \$702 | Not available | | \$260 | \$520 |
| Walton | \$351 | \$702 | Not available | | \$260 | \$520 |
| Washington | \$316 | \$632 | Not available | | \$260 | \$520 |
| Maryland | | | | | | |
| Alleghany | \$351 | \$702 | Not available | | \$260 | \$520 |
| Anne Arundel | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Baltimore County | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Baltimore City | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Calvert | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Caroline | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Carroll | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Cecil | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |

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2025 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

| | HIGHMARK FREEDOM BLUE PPO | | AETNA MEDICARE P01 PPO | | CAPITAL BLUE CROSS PPO | |
|-------------------|------------------------------|----------------------|---------------------------|----------------------|---------------------------|----------------------|
| | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage |
| Maryland | | | | | | |
| Charles | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Dorchester | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Frederick | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Garrett | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Harford | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Howard | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Kent | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Montgomery | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Prince George's | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Queen Anne's | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Saint Mary's | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Somerset | \$351 | \$702 | Not available | | \$260 | \$520 |
| Talbot | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Washington | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Wicomico | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Worcester | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| New Jersey | | | | | | |
| Atlantic | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Bergen | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Burlington | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Camden | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Cape May | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Cumberland | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Essex | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Gloucester | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Hudson | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Hunterdon | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Mercer | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Middlesex | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Monmouth | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Morris | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Ocean | \$316 | \$632 | \$562 | \$1,124 | \$260 | \$520 |
| Passaic | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Salem | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Somerset | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Sussex | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Union | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |
| Warren | \$351 | \$702 | \$562 | \$1,124 | \$260 | \$520 |

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2025 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

| | HIGHMARK FREEDOM BLUE PPO | | AETNA MEDICARE P01 PPO | | CAPITAL BLUE CROSS PPO | |
|------------------|------------------------------|----------------------|---------------------------|----------------------|---------------------------|----------------------|
| | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage |
| New York | | | | | | |
| Albany | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Allegany | \$316 | \$632 | Not available | | \$260 | \$520 |
| Bronx | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Broome | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Cattaraugus | \$316 | \$632 | Not available | | \$260 | \$520 |
| Cayuga | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Chautauqua | \$316 | \$632 | Not available | | \$260 | \$520 |
| Chemung | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Chenango | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Clinton | \$316 | \$632 | Not available | | \$260 | \$520 |
| Columbia | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Cortland | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Delaware | \$316 | \$632 | Not available | | \$260 | \$520 |
| Dutchess | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Erie | \$316 | \$632 | Not available | | \$260 | \$520 |
| Essex | \$316 | \$632 | Not available | | \$260 | \$520 |
| Franklin | \$316 | \$632 | Not available | | \$260 | \$520 |
| Fulton | \$316 | \$632 | Not available | | \$260 | \$520 |
| Genesee | \$316 | \$632 | Not available | | \$260 | \$520 |
| Greene | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Hamilton | \$316 | \$632 | Not available | | \$260 | \$520 |
| Herkimer | \$316 | \$632 | Not available | | \$260 | \$520 |
| Jefferson | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Kings (Brooklyn) | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Lewis | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Livingston | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Madison | \$316 | \$632 | Not available | | \$260 | \$520 |
| Monroe | \$316 | \$632 | Not available | | \$260 | \$520 |
| Montgomery | \$316 | \$632 | Not available | | \$260 | \$520 |
| Nassau | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| New York | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Niagara | \$316 | \$632 | Not available | | \$260 | \$520 |
| Oneida | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Onondaga | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Ontario | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Orange | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |

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2025 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

| | HIGHMARK FREEDOM BLUE PPO | | AETNA MEDICARE P01 PPO | | CAPITAL BLUE CROSS PPO | |
|-----------------|------------------------------|----------------------|---------------------------|----------------------|---------------------------|----------------------|
| | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage |
| New York | | | | | | |
| Orleans | \$316 | \$632 | Not available | | \$260 | \$520 |
| Oswego | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Otsego | \$316 | \$632 | Not available | | \$260 | \$520 |
| Putnam | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Queens | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Rensselaer | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Richmond | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Rockland | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| St. Lawrence | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Saratoga | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Schenectady | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Schoharie | \$316 | \$632 | Not available | | \$260 | \$520 |
| Schuyler | \$316 | \$632 | Not available | | \$260 | \$520 |
| Seneca | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Steuben | \$316 | \$632 | Not available | | \$260 | \$520 |
| Suffolk | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Sullivan | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Tioga | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Tompkins | \$316 | \$632 | Not available | | \$260 | \$520 |
| Ulster | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Warren | \$316 | \$632 | Not available | | \$260 | \$520 |
| Washington | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Wayne | \$316 | \$632 | Not available | | \$260 | \$520 |
| Westchester | \$351 | \$702 | \$444 | \$888 | \$260 | \$520 |
| Wyoming | \$316 | \$632 | \$444 | \$888 | \$260 | \$520 |
| Yates | \$316 | \$632 | Not available | | \$260 | \$520 |

2025 Monthly Costs if You Are Eligible for Medicare

(Excluding Premium Assistance)

| | HIGHMARK FREEDOM BLUE PPO | | AETNA MEDICARE P01 PPO | | CAPITAL BLUE CROSS PPO | |
|--|------------------------------|----------------------|---------------------------|----------------------|---------------------------|----------------------|
| | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage |
| All Other | | | | | | |
| Alabama • Alaska Arizona • Arkansas California • Colorado Connecticut • Georgia Illinois • Indiana Kansas • Kentucky Michigan • Minnesota Mississippi • Nebraska • Nevada Ohio • Oklahoma South Carolina Tennessee • Wyoming | \$351 | \$702 | Not available | | \$260 | \$520 |
| District of Columbia Guam • Hawaii Idaho • Iowa Louisiana • Maine Massachusetts Missouri • Montana New Hampshire New Mexico North Carolina North Dakota Oregon • Puerto Rico Rhode Island South Dakota • Texas U.S. Virgin Islands Utah • Vermont Virginia • Washington West Virginia Wisconsin | \$316 | \$632 | Not available | | \$260 | \$520 |

2025 Plan Options if You Are NOT Eligible for Medicare

| HOW MUCH YOU WILL PAY IN 2025 | HIGHMARK PPOBLUE (80-70 PLAN) | |
|--|---|---|
| MEDICAL | In-Network | Out-of-Network |
| Annual Deductible | \$100/individual \$300/family | \$500/individual \$1,500/family |
| Annual Out-of-Pocket Maximum | \$10,000 | No maximum |
| Hospitalization | 20% | 30% |
| Doctor Visits | \$20/visit PCP; \$40/visit specialist; no deductible | 30% |
| Preventive Care | \$20/visit; no deductible | Routine physicals not covered; 30% for routine gynecological and mammograms |
| Emergency Room | \$100 (waived if admitted); no deductible | \$100 (waived if admitted); no deductible |
| Urgent Care Facility | \$40; no deductible | 30% |
| Outpatient Surgery | 20% | 30% |
| Diagnostic Testing | 20% | 30% |
| Outpatient Therapy | \$40/visit; 60-visit maximum*; no deductible | 30%; 60-visit maximum* |
| Durable Medical Equipment | 20% | 30% |
| Outpatient Mental Health | 0%; no deductible | 30% |
| Inpatient Mental Health | 20% | 30% |
| Physical Exams | \$20/visit PCP; \$40/visit specialist; no deductible | Not covered |
| Ob/Gyn Exams | \$40/visit; no deductible | 30% routine; no deductible |
| Mammograms | 20% | 30% |
| Skilled Nursing Facility | 20%; 100 visits per calendar year | 30%; 100 visits per calendar year |
| Hearing Aids | Not covered | Not covered |
| Dental Care | Not covered | Not covered |
| Vision Exam/Hearing Exams | Not covered | Not covered |
| Prescription Lenses | Not covered | Not covered |
| PRESCRIPTION DRUGS | | |
| Annual Deductible | \$0 | Not covered |
| Annual Maximum | No maximum | Not covered |
| Retail Pharmacy (34-day supply) | | |
| Generic drugs | 30% (mandatory generic) | Not covered |
| Brand-name drugs | 50% | Not covered |
| Mail Order (90-day supply) | | |
| Generic drugs | 30% (mandatory generic) | Not covered |
| Brand-name drugs | 50% | Not covered |

* Combined in- and out-of-network maximum

| HOW MUCH YOU WILL PAY IN 2025 | CAPITAL BLUE CROSS PPO | |
|-----------------------------------|---|--|
| MEDICAL | In-Network | Out-of-Network |
| Annual Deductible | \$100/individual \$300/family | \$500/individual \$1,500/family |
| Annual Out-of-Pocket Maximum | \$3,000/individual \$6,000/family | No maximum |
| Hospitalization | 20%; no deductible | 30%; no deductible |
| Doctor Visits | \$10/PCP visit; \$25/specialist visit; no deductible | 30%; no deductible |
| Preventive Care | \$10/visit; no deductible | 20% |
| Emergency Room | \$100; no deductible (waived if admitted) | \$100; no deductible (waived if admitted) |
| Urgent Care Facility | \$40; no deductible | 30% |
| Outpatient Surgery | 20% | 30% |
| Diagnostic Testing | 20% | 30% |
| Outpatient Therapy | \$40/visit; no deductible | 30% |
| Durable Medical Equipment | 20% | 30% |
| Outpatient Mental Health | \$40/visit; no deductible | 30%; no deductible |
| Inpatient Mental Health | 20% | 30% |
| Physical Exams | \$10/PCP visit; \$25/specialist visit; no deductible | 20%; no deductible |
| Ob/Gyn Exams | \$0; no deductible | 30%; no deductible |
| Mammograms | \$0; no deductible | 30%; no deductible |
| Skilled Nursing Facility | \$0; limit 100 days | 50%; limit 100 days |
| Hearing Aids | Not covered | Not covered |
| Dental Care | Not covered | Not covered |
| Vision Exam/Hearing Exams | Not covered | Not covered |
| Prescription Lenses | Not covered | Not covered |
| PRESCRIPTION DRUGS | | |
| Annual Deductible | \$300/individual \$600/family | Not covered |
| Annual Maximum | \$2,500 benefit period maximum on lifestyle drugs | Not covered |
| Retail Pharmacy | | |
| Generic drugs | 30%* | Not covered |
| Brand-name drugs | 30%/preferred;* 50%/non-preferred | Not covered |
| Mail Order (90-day supply) | | |
| Generic drugs | 50% | Not covered |
| Brand-name drugs | 50% | Not covered |

* Specialty generic drugs and brand preferred drugs are covered at 50%, and Specialty brand non-preferred drugs are not covered.

| HOW MUCH YOU WILL PAY IN 2025 | AETNA PREMIER OPEN CHOICE PPO* | |
|--|--|---|
| MEDICAL | In-Network | Out-of-Network |
| Annual Deductible | \$300/individual \$600/family | \$500/individual \$1,000/family |
| Annual Out-of-Pocket Maximum | \$6,600/individual \$13,200/family | \$10,000/individual \$20,000/family |
| Hospitalization | \$200/day for 5 days; then \$0 | 30% |
| Doctor Visits | \$15/visit PCP; \$40/visit specialist | 30% |
| Preventive Care | \$0; no deductible | 30% |
| Emergency Room | \$75; no deductible (waived if admitted) | \$75; no deductible (waived if admitted) |
| Urgent Care Facility | \$50; no deductible | 30% |
| Outpatient Surgery | \$150 | 30% |
| Diagnostic Testing | \$35 X-ray/lab; \$150 complex imaging | 30% |
| Outpatient Therapy | \$40; coverage is subject to change based on type of therapy received | 30% |
| Durable Medical Equipment | 20% | 30% |
| Outpatient Mental Health | \$40; all other mental health \$0 | 30% |
| Inpatient Mental Health | \$200/day for 5 days; then \$0 | 30% |
| Physical Exams | 0%; no deductible; routine | 30% |
| Ob/Gyn Exams | 0%; no deductible; routine | 30% |
| Mammograms | 0%; no deductible; routine | 30% |
| Skilled Nursing Facility | \$200/day for 5 days; then \$0; 100-day limit | 30% |
| Hearing Aids (once every 36 months; \$1,000 maximum benefit) | 100% after \$1,000 allowance | 30% |
| Dental Care | Not covered | Not covered |
| Vision Exam/Hearing Exams | Vision: \$0; no deductible; 1 exam/12 months; Hearing: \$40; 1 exam/24 months | 30% |
| Prescription Lenses (once every 24 months) | 100% after \$100 allowance | 100% after \$100 allowance |
| PRESCRIPTION DRUGS | | |
| Annual Deductible | \$200/individual \$600/family | \$200/individual \$600/family |
| Annual Maximum | Combined with medical | Combined with medical |
| Retail Pharmacy | | |
| Generic drugs | 30% | 50% after applicable copay |
| Brand-name drugs | 30%-formulary 50%-non-formulary | 50% after applicable copay |
| Mail Order (90-day supply) | | |
| Generic drugs | 30% | Not covered |
| Brand-name drugs | 30%-formulary 50%-non-formulary | Not covered |

* Aetna is available only in New Jersey, Pennsylvania and some counties in Florida, Delaware, Maryland and New York.

2025 Monthly Costs if You Are NOT Eligible for Medicare *(Excluding Premium Assistance)*

| | HIGHMARK PPOBLUE (80-70 PLAN) | | AETNA PREMIER OPEN CHOICE PPO | | CAPITAL BLUE CROSS PPO | |
|-----------------------------------|----------------------------------|----------------------|----------------------------------|----------------------|---------------------------|----------------------|
| | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage |
| Florida | | | | | | |
| Bradford | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Brevard | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Broward | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Charlotte | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Citrus | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Clay | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Collier | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| DeSoto | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Duval | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Hernando | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Highlands | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Hillsborough | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Indian River Lake | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Lee | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Madison | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Manatee | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Marion | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Martin | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Miami-Dade | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Nassau | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Orange | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Osceola | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Palm Beach | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Pasco | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Pinellas | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Polk | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| St. Johns | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| St. Lucie | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Sarasota | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Seminole | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Volusia | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| All other counties in Florida | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Maryland | | | | | | |
| Allegany | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Somerset | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| All other counties in Maryland | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| New Jersey | | | | | | |
| Atlantic | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Bergen | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Burlington | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Camden | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Cape May | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |

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2025 Monthly Costs if You Are NOT Eligible for Medicare *(Excluding Premium Assistance)*

| | HIGHMARK PPOBLUE (80-70 PLAN) | | AETNA PREMIER OPEN CHOICE PPO | | CAPITAL BLUE CROSS PPO | |
|-----------------------------------|----------------------------------|----------------------|----------------------------------|----------------------|---------------------------|----------------------|
| | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage |
| New Jersey | | | | | | |
| Cumberland | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Essex | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Gloucester | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Hudson | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Hunterdon | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Mercer | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Middlesex | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Monmouth | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Morris | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Ocean | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Passaic | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Salem | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Somerset | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Sussex | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Union | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| Warren | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| New York | | | | | | |
| Allegany | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Cattaraugus | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Chautauqua | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Clinton | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Delaware | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Erie | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Essex | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Franklin | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Fulton | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Genesee | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Hamilton | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Herkimer | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Madison | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Monroe | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Montgomery | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Niagara | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Orleans | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Otsego | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Schoharie | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Schuyler | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Steuben | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Tompkins | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Warren | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Wayne | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Yates | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| All other counties in New York | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |

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2025 Monthly Costs if You Are NOT Eligible for Medicare *(Excluding Premium Assistance)*

| | HIGHMARK PPOBLUE (80-70 PLAN) | | AETNA PREMIER OPEN CHOICE PPO | | CAPITAL BLUE CROSS PPO | |
|--|----------------------------------|----------------------|----------------------------------|----------------------|---------------------------|----------------------|
| | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage | Single Coverage | 2-Person Coverage |
| All Other | | | | | | |
| New Castle County, Delaware | \$2,017 | \$4,034 | \$2,112 | \$4,224 | \$1,697 | \$3,394 |
| All other counties, Delaware | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| Alabama • Alaska Arizona • Arkansas California Colorado Connecticut District of Columbia Georgia • Guam Hawaii • Idaho Illinois • Indiana Iowa • Kansas Kentucky • Louisiana Maine Massachusetts Michigan Minnesota Mississippi Missouri • Montana Nebraska Nevada | \$2,017 | \$4,034 | Not available | | \$1,697 | \$3,394 |
| New Hampshire New Mexico North Carolina North Dakota Ohio • Oklahoma Oregon • Puerto Rico Rhode Island South Dakota South Carolina Tennessee Texas U.S. Virgin Islands Utah • Vermont Virginia Washington West Virginia Wisconsin Wyoming | | | | | | |

This brochure provides only a summary of benefits under these plans. It does not provide details about what is covered or limitations that may apply. More information is included in the Evidence of Coverage (for a Medicare Advantage plan) or the Benefit Description (for a plan for non-Medicare-eligible members). In addition, you can call the HOP Administration Unit at 1-800-773-7725 and request an information packet for any of these plans.

Pennsylvania Public School Employees' Retirement System (PSERS)

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-773-7725. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-773-7725. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-773-7725。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-773-7725。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-773-7725. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-773-7725. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-773-7725 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-773-7725. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-773-7725 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-773-7725. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-773-7725. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-773-7725 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-773-7725. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-773-7725. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-773-7725. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-773-7725. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがあります。通訳をご用命になるには、1-800-773-7725 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。