

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

HOP

HEALTH OPTIONS PROGRAM



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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

HOW MUCH YOU WILL PAY IN 2025	HIGHMARK FREEDOM BLUE PPO	
MEDICAL PLAN	In-Network	Out-of-Network
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

HOW MUCH YOU WILL PAY IN 2025	HIGHMARK FREEDOM BLUE PPO	
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

HOW MUCH YOU WILL PAY IN 2025	CAPITAL BLUE CROSS PPO	
MEDICAL PLAN	In-Network	Out-of-Network
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

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

HOW MUCH YOU WILL PAY IN 2025	CAPITAL BLUE CROSS PPO	
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (100-day supply)
Initial Coverage Up to an Out-of-Pocket Threshold of \$2,000*		
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	

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

HOW MUCH YOU WILL PAY IN 2025	AETNA MEDICARE P01 PPO*	
MEDICAL PLAN	In-Network	Out-of-Network
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

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						
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

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

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						
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
Charles	\$351	\$702	\$444	\$888	\$260	\$520
Dorchester	\$351	\$702	\$444	\$888	\$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
Maryland						
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

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 Jersey						
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
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

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						
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

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						
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
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

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						
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	\$351	\$702	Not available		\$260	\$520
Michigan						
Minnesota						
Mississippi						
Nebraska						
Nevada						
Ohio						
Oklahoma						
South Carolina						
Tennessee						
Wyoming						

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						
District of Columbia						
Guam						
Hawaii						
Idaho						
Iowa						
Louisiana						
Maine						
Massachusetts						
Missouri						
Montana						
New Hampshire						
New Mexico						
North Carolina	\$316	\$632	Not available		\$260	\$520
North Dakota						
Oregon						
Puerto Rico						
Rhode Island						
South Dakota						
Texas						
U.S. Virgin Islands						
Utah						
Vermont						
Virginia						
Washington						
West Virginia						
Wisconsin						

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%

* Combined in- and out-of-network maximum

HOW MUCH YOU WILL PAY IN 2025	HIGHMARK PPOBLUE (80-70 PLAN)	
MEDICAL	In-Network	Out-of-Network
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

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

HOW MUCH YOU WILL PAY IN 2025	CAPITAL BLUE CROSS PPO	
MEDICAL	In-Network	Out-of-Network
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%

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

HOW MUCH YOU WILL PAY IN 2025	AETNA PREMIER OPEN CHOICE PPO*	
MEDICAL	In-Network	Out-of-Network
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	\$2,017	\$4,034	\$2,112	\$4,224	\$1,697	\$3,394
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

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						
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

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						
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
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

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 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

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 York						
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
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	\$2,017	\$4,034	Not available		\$1,697	\$3,394

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						
Hawaii						
Idaho						
Illinois						
Indiana						
Iowa						
Kansas						
Kentucky						
Louisiana						
Maine						
Massachusetts						
Michigan						
Minnesota						
Mississippi						
Missouri	\$2,017	\$4,034	Not available		\$1,697	\$3,394
Montana						
Nebraska						
Nevada						
New Hampshire						
New Mexico						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon						

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						
Puerto Rico						
Rhode Island						
South Dakota						
South Carolina						
Tennessee						
Texas						
U.S. Virgin Islands	\$2,017	\$4,034	Not available		\$1,697	\$3,394
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 panggamot. 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、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。