

# Drexel University

## Summary of Changes for 2025

### PPO Plan 10H Formulary E3, 10/15/30 (with Senior Rx Plus)

---

This document provides a summary of the changes to your plan's benefits and costs. This summary doesn't list every service that we cover or list every limitation or exclusion. For more details about your benefits and services, please review your *Evidence of Coverage (EOC)*. You can access your *EOC* online, by logging into the member portal at [www.bluedadadvgrhs.com](http://www.bluedadadvgrhs.com) or you can call Member Services with any questions you may have. The number to call is listed inside.

As a member of your plan, you can choose to receive care from out-of-network providers. However, please note, providers that do not contract with us are under no obligation to treat you, except in emergency situations.

### Changes to Prescription Drug Costs and Benefits

We are making changes to costs and benefits for certain pharmacy services next year. The information below describes these changes.

**Note:** If you are in a program that helps pay for your drugs ("Extra Help"), the information about costs for Part D prescription drugs may not apply to you. You will receive a separate notice about your costs, if applicable.

Description	2024 (this year)	2025 (next year)
True Out of Pocket	\$8,000	Not applicable
Drug Plan Maximum Annual Out of Pocket	Not applicable	\$2,000 per year

## Administrative Changes

Description	2024 (this year)	2025 (next year)
<p><b>Healthy Meals</b></p>	<p>A qualifying event to receive Healthy Meals includes:</p> <ul style="list-style-type: none"> <li>1) when you are in a hospital or a skilled nursing facility and are discharged home.</li> <li>2) When your provider determines you have one of the following:               <ul style="list-style-type: none"> <li>a) a Body Mass Index (BMI) of 18.5 or under; or</li> <li>b) a BMI of 25 or higher; or</li> <li>c) an A1C level more than 9.0</li> </ul> </li> </ul> <p>This benefit also qualifies as a Special Supplemental Benefit for the Chronically Ill (SSBCI).</p> <p>To receive meals as an SSBCI, you must meet the CMS mandated criteria, which may include providing supporting information from you or at times your physician.</p> <p>This criteria can be found in Chapter 4 in your plan's <i>Evidence of Coverage</i>.</p>	<p>There is no change to the post-discharge portion of the Healthy Meals benefit.</p> <p>However, beginning in 2025 members who qualify for Healthy Meals through their BMI, A1C level, or other chronic condition may need to meet the expanded Special Supplemental Benefits for the chronically ill (SSBCI) CMS criteria, in order to qualify for Healthy Meals:</p> <p>You may qualify for SSBCI if you:</p> <ul style="list-style-type: none"> <li>1) have a high risk for hospitalization; and</li> <li>2) require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes.</li> </ul> <p>For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in your plan's <i>Evidence of Coverage</i>.</p>

Description	2024 (this year)	2025 (next year)
<b>Medicare Prescription Payment Plan</b>	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current Part D prescription drug coverage, and it can help you manage your Part D prescription drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December). This program does not apply to Part B. It also does not apply to Extra Covered Drugs if your plan includes this benefit. To learn more about this payment option, please contact Member Services or visit <b><a href="http://www.medicare.gov">www.medicare.gov</a></b> .
<b>Tier label</b>	Preferred Brands	Preferred Drugs