

Gold

Health Savings Blue PPO 1300

Benefit Period: January 1, 2015 to December 31, 2015



Do you want the tax and savings advantages of a Health Savings Account (HSA)?

Health Savings are our only qualified high-deductible health plans that offer the tax and savings advantages of Health Savings Accounts (HSA). You pay all costs until your deductible is met. Then you pay a percentage of costs until you meet your out-of-pocket max.

This Health Savings Plan is a Qualified High Deductible Health Plan that may be coupled with a Health Savings Account (HSA). However, certain cost-sharing reductions (CSR) or plan variations of this plan that are offered through the Health Insurance Marketplace are not intended to be used with an HSA. If you have questions, please check with your financial advisor.



If you are looking for additional plan details, each plan's Summary of Benefits and Coverage is available online at HighmarkBCBS.com/SBC/BCBS. With this information, you'll be able to shop and compare with confidence. If you do not have online access, you can get a paper copy of any Summary of Benefits free of charge by calling toll-free 1-855-329-3004.



Questions



HighmarkBCBS.com

Highmark Health Insurance Company is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association. Highmark is a registered mark of Highmark Inc. Information regarding the Patient Protection and Affordable Care Act of 2010 (a.k.a. "PPACA", "Affordable Care Act", "ACA", and/or "Health Care Reform"), as amended, and/or any other law, does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws. State laws may be applicable. Any review of materials, request for information, or application does not obligate you to enroll for coverage. Please request the Outline of Coverage for details on benefits, conditions and exclusions. Providing your information is voluntary. We are committed to providing outstanding services for our applicants and members. If you require special assistance, including accommodations for disabilities or limited English proficiency, please call us at 1-800-876-7639 to request these free services (TTY/TDD users may call 711).

Highmark Health Insurance Company does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

Highmark Health Insurance Company is a Qualified Health Plan issuer in the Health Insurance Marketplace.

Health Savings Blue PPO 1300 Explained



Plan Details	In Network	Out of Network
	You Pay ¹	You Pay
Deductible – Individual	\$1,300	\$2,600
Deductible – Family ²	\$2,600	\$5,200
Coinsurance	10% after deductible	30% after deductible
Out-of-Pocket Limit – Individual	\$2,300	\$4,600
Out-of-Pocket Limit – Family	\$4,600	\$9,200
Network	Keystone Health Plan West	
Preventive Care ³ – Annual deductible and coinsurance <u>do not apply</u> to the Preventive Care services		
Routine Annual Physical Exam Routine Annual Gynecological Exam Immunizations – Adult and Pediatric Routine Mammogram Screenings Preventive Medications ⁴	0%	100%
Illness or Injury Care		
Primary Care Office/Clinic Visit	10% after deductible	30% after deductible
Specialist Office/Urgent Care Visit	10% after deductible	30% after deductible
Emergency Room Visit	10% after deductible	10% after in-network deductible
Prescription Drugs ⁵	HCR Open Comprehensive Formulary 10% after deductible	100%
Maternity Services	10% after deductible	30% after deductible
Inpatient Hospital Services	10% after deductible	30% after deductible
Medical/Surgical Expenses	10% after deductible	30% after deductible
Diagnostic Services ⁶ (Basic and Advanced Diagnostic Services)	10% after deductible	30% after deductible
Therapy and Rehabilitation Services ⁷	10% after deductible	30% after deductible
Mental Health/Substance Abuse Services	10% after deductible	30% after deductible
Routine Eye Exam (Every 24 months)	0%	100%
Pediatric Dental	Exam/Cleaning: 0%; All other benefits: 10% after deductible	100%
Pediatric Vision	Exam: 0%; Frames/Lenses: 0% after deductible	100%

¹You are responsible for out-of-pocket costs each Benefit Period up to a maximum amount shown. Thereafter, the Plan pays 100% of the Provider's Allowable Charge during the remainder of the Benefit Period. This amount does not include amounts in excess of the Provider's Allowable Charge.

²For an Agreement covering more than one (1) family member, the ENTIRE family deductible must be met (within a benefit period) before Highmark will pay for covered services for ANY family member. The family deductible can be satisfied by an individual family member or a combination of one or more family members.

³The Highmark Preventive Service Schedule is reviewed and updated periodically based on the requirements of the Patient Protection and Affordable Care Act of 2010, as amended, and the advice of the American Academy of Pediatrics, U.S. Preventive Service Task Force, the Blue Cross and Blue Shield Association and Medical Consultants. Accordingly, the frequency and eligibility of services is subject to change.

⁴Certain limited prescriptions and over-the-counter drugs prescribed for preventive purposes.

⁵The plan utilizes the HCR Comprehensive Formulary on the Premier 2012 network. Mail order available.

⁶Basic Diagnostic Services include four types of service: Standard Imaging Services, Laboratory and Pathology, Diagnostic Medical and Allergy Testing. Advanced Diagnostic Services include but are not limited to CAT Scan, CTA, MRI, MRA, PET Scan and PET/CT Scan.

⁷Therapy visit limits include in and out-of-network visits. Physical medicine is limited to 30 visits per contract year combined for Rehabilitative and Habilitative services. Speech therapy and occupational therapy are a combined 30 visit limit per contract year combined for Rehabilitative and Habilitative services.