

2015 HEALTH INSURANCE
PLAN COMPARISON
FOR INDIVIDUALS AND FAMILIES



The coverage you need and the options you want from
Highmark Blue Cross Blue Shield

BETTER WITH BLUE

For over 75 years, Highmark Blue Cross Blue Shield has worked to offer our community the best possible health care experience. It's a tradition that continues with innovative health plans like Community Blue.

The future of health care is about you

Our goal is to transform your health care experience. We're making it simpler to access smart new ideas like:

- > Innovative plans that bring you more value such as Community Blue
- > Health care programs that reward doctors for better patient results
- > Member tools that make it easy for you to track what you're spending
- > Live support from myCare NavigatorSM, a personal guide to help you and your family better navigate the health care system

With so many great reasons to be a member, it's easy to see why we were rated #1 for member service and plan satisfaction,* and why we are the health insurance brand chosen by more Americans than any other.**

Here's what you need to make an informed choice:



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*Based on the 2013 Highmark Member Satisfaction Study — conducted with DSS Research.

**Based on Atlantic Information Services' (AIS) Directory of Health Plans: 2013, total national Blue Cross Blue Shield companies medical enrollment (YE 2012).



HOW HEALTH INSURANCE PLANS WORK

Most health insurance plans have three different stages that determine how much you and your health insurance company pay for health care services:

- 1 Before you meet your deductible
- 2 After you meet your deductible
- 3 When you reach your out-of-pocket maximum

Before you meet your deductible

Each plan year begins with a new deductible. You personally pay out of pocket for your medical services until your expenses total the amount of your deductible. Then, your plan pays for its share of covered services. Remember that your insurance company pays 100% of many preventive care services, which are not subject to your deductible as long as you visit an in-network provider. And many plans have copays for common services in advance of the deductible.

After you meet your deductible

Once you have paid your deductible, you only pay for part of your care. During this stage, you pay a percentage (coinsurance) of some medical costs and/or a flat fee (copay) for others. Your health insurance company pays for 100% of the plan allowance for covered in-network care. You'll continue to pay coinsurance and copays until you reach your out-of-pocket maximum for the year.

When you reach your out-of-pocket maximum

Your out-of-pocket maximum is the most you will be asked to pay from your own pocket during any given plan year. After that, your health insurance company pays 100% of the plan allowance for covered in-network care. Your deductible, coinsurance and copays all go toward meeting your out-of-pocket maximum.

\$1,000 DEDUCTIBLE

	YOU PAY:	100% (+ copays)
	PLAN PAYS:	0%

For example: If your plan has a \$1,000 deductible and you pay \$800 in covered medical costs, you must spend \$200 more in medical fees to meet your \$1,000 deductible (copays do not go toward meeting your deductible).

20% COINSURANCE

	YOU PAY:	20% (+ copays)
	PLAN PAYS:	80%

For example: Let's say you visit the doctor after you've met your deductible, and your plan has a \$20 office visit copay and 20% coinsurance. That means you pay a fixed \$20 fee (your copay) for your appointment. If your doctor performs a special service, such as a blood test, you may also pay 20% of that cost (your coinsurance).

OUT-OF-POCKET MAXIMUM

	YOU PAY:	\$0
	PLAN PAYS:	100%

For example: If your plan has a \$6,350 out-of-pocket maximum and you spend \$6,350 in covered medical services, your plan pays for 100% of your covered in-network care for the rest of the plan year. You'll still need to keep paying your monthly premium after you meet your out-of-pocket maximum.



COMPARE YOUR HIGHMARK PLAN OPTIONS

Highmark has the plan options you need

We have a wide variety of affordable plan options that can work for any budget — including our most popular plans with copays for many services, even before you meet your deductible. All of the plans include Essential Health Benefits from the Affordable Care Act, and many plans are available across all metal levels.

Does this sound like you?	Then this plan might be a good choice.	Metal levels:
I want predictable costs with many copays and coverage right from the start.	Balance Blue PPO plans offer the most copays with coverage right from the start on the services you use most. You pay fixed fees even before you meet your deductible. These plans usually have a lower yearly deductible.	Silver and Gold
I want to choose a level of providers who give me the most for my health care dollars.	Community Blue Flex plans offer you two levels of in-network benefits, with the most value when you receive care from providers in the Enhanced level of benefits.	Bronze, Silver and Gold
I want the tax and savings advantages of a Health Savings Account (HSA).	Health Savings Blue PPO is our only qualified high-deductible health plan that offers the tax and savings advantages of a Health Savings Account (HSA). You pay all costs until your deductible is met. Then you pay a percentage of costs until you meet your out-of-pocket maximum.	Bronze and Silver
I want some copays with coverage right from the start.	Shared Cost Blue PPO plans have copays with coverage for some services right from the start. For other services, you need to meet your deductible before we pay for your care. These plans usually have a high yearly deductible.	Bronze, Silver and Gold
I want more coordinated care from my providers.	The Total Health Blue PPO plan offers personalized service. You select a primary care doctor who participates in our program (labeled as PCMH). This doctor coordinates all your care. You usually get a lower deductible and a lower out-of-pocket maximum.	Gold
I'm comfortable meeting a lower deductible before coverage starts.	Comprehensive Care Blue PPO plans offer a lower yearly deductible and a lower out-of-pocket maximum. You pay for all medical services until your deductible is met. Then you pay a percentage of your care costs until your out-of-pocket maximum is met.	Silver and Platinum
I'm under 30 and looking for some of the lowest cost coverage.	If you are under 30 (or if you meet financial hardship requirements), Major Events Blue PPO plans provide basic coverage. And you get the protection you need in case of an emergency.	Catastrophic



REAL-WORLD EXAMPLES

These scenarios may help you better understand which plan option might work best for you:



April wants
“the best of both worlds.”
She wants coverage that has access to high-quality providers while still giving her the most value for her health care dollar.

She is considering a
Community Blue Flex plan.



Josh is 35 and healthy but very budget-conscious. He wants a plan with
“low premiums and copays”
for services he uses most.

He is considering
Shared Cost Blue PPO.



Jeri is in her 40s, has three kids and lots of doctor visits. She is looking for a plan that gives her
“the most copays,”
so she isn't surprised later.

She is considering
Balance Blue PPO.



Greg and Amy are in their late 50s and need to see a lot of specialists to maintain their health. They are very busy though, so it would help if they could have someone else
“coordinate their care.”

They are considering a
Total Health Blue PPO plan.



Paul and Anna are in their 40s. They are pretty healthy and like to find ways to
“keep their taxes low every year.”

They are considering
Health Savings Blue PPO.



Kelly is 28 and in good health. She doesn't get sick often and is only looking for coverage
“in case of an emergency.”

She is considering
Major Events Blue PPO.*

**Major Events plans are only available for individuals and families under 30 years of age or are based on a financial hardship.*

This information is for illustrative purposes only and is intended to provide general information and does not attempt to give you advice based on your specific circumstances.



CHOICE AND ACCESS

Community Blue network

Community Blue represents a regional breakthrough in bringing more value and cost control to your health care. It is a network of patient-focused care providers and specialists who work with area hospitals to keep care in local communities, with nearly 60 hospitals and over 10,300 doctors and specialists in western Pennsylvania. Members have access to leading health care providers, regionally and nationally, including Allegheny Health Network, Cleveland Clinic, Johns Hopkins, Mayo Clinic and more.

Community Blue Flex plans: choice and value

Highmark now offers innovative new plans that give members more value than ever before. Our Community Blue Flex plans give you two levels of in-network benefits, an Enhanced Value Level and a Standard Value Level, to let you choose the providers who give you the most for your health care dollars. At both levels you get high-quality care.

With Community Blue Flex, health care professionals and hospitals are grouped into two levels of in-network benefits. What you pay for care is based on the level of benefits you choose.

Community Blue Flex gives you the quality you expect from Highmark, plus more control over your health care costs. It's the high-quality choice you've been waiting for.

Level of Benefits			Your Cost
In-Network	Enhanced	Access to all the covered services you need. Your out-of-pocket costs are lowest with this level.	\$
	Standard	Provides additional choice, but out-of-pocket costs are often higher than Enhanced.	\$\$
Out-of-Network		If you use out-of-network providers, you will have the highest out-of-pocket costs.	\$\$\$

This chart is for general reference only to show possible differences in the two levels of in-network benefits. All content is estimated. To compare provider costs and member benefits, go to page 7.



PROVIDER NETWORK IN WESTERN PENNSYLVANIA

Facility listing

In western Pennsylvania, our network offers patient-focused care and state-of-the-art technologies at nearly 60 community and specialty hospitals and with more than 10,300 physicians. With vast experience in cancer, heart, behavioral health, children's and women's care, the Highmark provider network can help you get the care you need.

ALLEGHENY

- Allegheny General Hospital
- Allegheny Valley Hospital
- Children's Hospital of Pittsburgh of UPMC
- Forbes Hospital
- Heritage Valley Sewickley
- Jefferson Hospital
- Ohio Valley General Hospital
- St. Clair Hospital
- UPMC Mercy (*KHPW Network only*)
- West Penn Hospital
- Western Psychiatric Institute and Clinic

ARMSTRONG

- Armstrong County Memorial Hospital*

BEAVER

- Heritage Valley Beaver

BEDFORD

- UPMC Bedford Memorial

BLAIR

- Nason Hospital*
- Tyrone Hospital*
- UPMC Altoona

BUTLER

- Butler Memorial Hospital

CAMBRIA

- Conemaugh Memorial Medical Center
- Conemaugh Miners Medical Center

CLARION

- Clarion Hospital*
- Clarion Psychiatric Center*

CLEARFIELD

- Clearfield Hospital**
- Dubois Regional Medical Center**

CRAWFORD

- Meadville Medical Center
- Titusville Area Hospital*

ELK

- Elk Regional Health Center**

ERIE

- Corry Memorial Hospital
- Millcreek Community Hospital
- Saint Vincent Hospital
- UPMC Hamot

FAYETTE

- Highlands Hospital
- Uniontown Hospital

GREENE

- Southwest Regional Medical Center

HUNTINGDON

- J. C. Blair Memorial Hospital

INDIANA

- Indiana Regional Medical Center*

JEFFERSON

- Brookville Hospital**
- Punxsutawney Area Hospital*

LAWRENCE

- Ellwood City Hospital*
- Jameson Memorial Hospital*

MCKEAN

- Bradford Regional Medical Center*
- Kane Community Hospital

MERCER

- Edgewood Surgical Hospital
- Grove City Medical Center
- Sharon Regional Health System
- UPMC Horizon

POTTER

- Charles Cole Memorial Hospital*

SOMERSET

- Conemaugh Meyersdale Medical Center
- Somerset Hospital
- Windber Medical Center

VENANGO

- UPMC Northwest

WARREN

- Warren General Hospital

WASHINGTON

- Advanced Surgical Hospital
- Canonsburg Hospital
- Monongahela Valley Hospital
- Washington Hospital

WESTMORELAND

- Excelsa Frick Hospital
- Excelsa Latrobe Area Hospital
- Excelsa Westmoreland Hospital

- ENHANCED VALUE LEVEL
- STANDARD VALUE LEVEL

Enhanced and Standard benefits apply to Community Blue Flex plans.

— Out-of-network for Community Blue and Community Blue Flex Plans

*PA Mountains Healthcare Alliance

**Penn Highlands Healthcare

Note: The following western Pennsylvania hospitals are out-of-network:

- Magee Womens Hospital of UPMC
- UPMC Presbyterian-Shadyside
- UPMC East
- UPMC McKeesport
- UPMC St. Margaret
- UPMC Passavant



2015 HIGHMARK PLAN OPTIONS

The chart below shows your costs as a member.

Plan Type	Balance		Health Savings	Shared Cost			
Metal Level	Silver	Gold	Silver	Bronze	Silver	Silver	
Plan Name	Balance Blue PPO 1000, a Community Blue Flex Plan	Balance Blue PPO 500, a Community Blue Flex Plan	Health Savings Blue PPO 2750, a Community Blue Flex Plan	Shared Cost Blue PPO 5500, a Community Blue Flex Plan	Shared Cost Blue PPO 2100, a Community Blue Flex Plan**	Shared Cost Blue PPO 2650, a Community Blue Flex Plan*	
Network	Community Blue Network						
In-Network	Deductible (Individual)	Enhanced: \$1,000 Standard: \$2,500 Cross Accumulate ^{II}	Enhanced: \$500 Standard: \$1,250 Cross Accumulate ^{II}	\$2,750 Combined [†]	\$5,500 Combined [†]	Enhanced: \$2,100 Standard: \$4,200 Cross Accumulate ^{II}	Enhanced: \$2,650 Standard: \$5,300 Cross Accumulate ^{II}
	Deductible (Family) ^{1,2}	Enhanced: \$2,000 Standard: \$5,000 Cross Accumulate ^{II}	Enhanced: \$1,000 Standard: \$2,500 Cross Accumulate ^{II}	\$5,500 Combined [†]	\$11,000 Combined [†]	Enhanced: \$4,200 Standard: \$8,400 Cross Accumulate ^{II}	Enhanced: \$5,300 Standard: \$10,600 Cross Accumulate ^{II}
	Out-of-Pocket Maximum (Individual) ³	\$6,600 Combined [‡]	\$2,400 Combined [‡]	\$4,000 Combined [‡]	\$6,350 Combined [‡]	\$6,350 Combined [‡]	\$6,350 Combined [‡]
	Out-of-Pocket Maximum (Family)	\$13,200 Combined [‡]	\$4,800 Combined [‡]	\$8,000 Combined [‡]	\$12,700 Combined [‡]	\$12,700 Combined [‡]	\$12,700 Combined [‡]
Coinsurance (after deductible)	After deductible: Enhanced: 20% Standard: 40% Out-of-Network: 60%	After deductible: Enhanced: 10% Standard: 30% Out-of-Network: 50%	After deductible: Enhanced: 20% Standard: 40% Out-of-Network: 50%	Enhanced: 40% Standard: 60% Out-of-Network: 70%	Enhanced: 30% Standard: 50% Out-of-Network: 60%	Enhanced: 30% Standard: 50% Out-of-Network: 60%	
Primary Care Visit	Enhanced: \$40 copay Standard: \$80 copay	Enhanced: \$20 copay Standard: \$40 copay	After deductible: Enhanced: 20% Standard: 40%	Enhanced: \$50 copay Standard: \$75 copay	Enhanced: \$45 copay Standard: \$70 copay	Enhanced: \$40 copay Standard: \$60 copay	
Specialist or Urgent Care Visit	Enhanced: \$70 copay Standard: \$140 copay	Enhanced: \$40 copay Standard: \$80 copay	After deductible: Enhanced: 20% Standard: 40%	Enhanced: \$90 copay Standard: \$115 copay	Enhanced: \$90 copay Standard: \$120 copay	Enhanced: \$60 copay Standard: \$80 copay	
Emergency Room Visit	\$200 copay, then 20%, not subject to deductible	\$125 copay Enhanced and Standard	After deductible: 20% Enhanced and Standard	After deductible: 40% Enhanced and Standard	After deductible: 30% Enhanced and Standard	After deductible: 30% Enhanced and Standard	
Inpatient Hospital Services	After deductible: Enhanced: 20% Standard: 40%	After deductible: Enhanced: 10% Standard: 30%	After deductible: Enhanced: 20% Standard: 40%	After deductible: Enhanced: 40% Standard: 60%	Enhanced: 30% after \$950 copay Standard: 50% after \$2,000 copay	After deductible: Enhanced: 30% Standard: 50%	
Diagnostic X-rays and Lab ⁷	Basic: Enhanced: \$70 copay Standard: \$140 copay Advanced: Enhanced: \$200 copay Standard: \$400 copay	Basic: Enhanced: \$40 copay Standard: \$80 copay Advanced: Enhanced: \$100 copay Standard: \$200 copay	After deductible: Enhanced: 20% Standard: 40%	Basic: Enhanced: \$50 copay Standard: \$75 copay Advanced: after deductible Enhanced: 40% Standard: 60%	Basic: Enhanced: \$50 copay Standard: \$75 copay Advanced: Enhanced: \$250 copay Standard: \$500 copay	Basic: Enhanced: \$40 copay Standard: \$60 copay Advanced: after deductible Enhanced: 30% Standard: 50%	
Prescription Drug Coverage	HCR Progressive Formulary ⁴ Generic: \$8 Brand: \$45	HCR Progressive Formulary ⁴ Generic: \$8 Brand: \$45	HCR Comprehensive Formulary ⁵ after deductible: 20% Enhanced and Standard	HCR Comprehensive Formulary ⁶ after deductible: 40% Enhanced and Standard	HCR Progressive Formulary ⁴ Generic: \$8 Brand: \$45	HCR Progressive Formulary ⁴ Generic: \$8 Brand: \$45	
Wellness Rewards ⁸	Yes	Yes	Yes	Yes	Yes	Yes	
Pediatric Dental Services ⁵	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 20% after deductible	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 50%	
Pediatric Vision Services	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0% after deductible	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	

*Only available in the following counties: Allegheny, Armstrong, Beaver, Butler, Crawford, Erie, Fayette, Greene, Indiana, Lawrence, McKean, Mercer, Warren, Washington, Westmoreland.

*Only available in the following counties: Armstrong, Crawford, Indiana, Lawrence, McKean, Blair, Cameron, Clarion, Forest, Jefferson, Potter

**Only available in the following counties: Bedford, Blair, Cambria, Cameron, Centre, Clarion, Clearfield, Elk, Forest, Huntingdon, Jefferson, Potter, Somerset, Venango.

**Only available in the following counties: Clearfield, Jefferson and Centre

For information on network and physician accolades, please see pg 11.



2015 HIGHMARK PLAN OPTIONS

The chart below shows your costs as a member.

Plan Type	Shared Cost		Total Health	Major Events	Flex		
Metal Level	Gold	Gold	Gold	Catastrophic	Gold	Gold	
Plan Name	Shared Cost Blue PPO 1000, a Community Blue Flex Plan**	Shared Cost Blue PPO 1200, a Community Blue Flex Plan*	Total Health Blue PPO 1200, a Community Blue Plan	Major Events Blue PPO 6600, a Community Blue Plan	Flex Blue PPO 1200 PA Mountains Healthcare Region, a Community Blue Plan [†]	Flex Blue PPO 1200 Penn Highlands Region, a Community Blue Plan ^{††}	
Network	Community Blue Network						
In-Network	Deductible (Individual)	Enhanced: \$1,000 Standard: \$2,500 Cross Accumulate [‡]	Enhanced: \$1,200 Standard: \$3,000 Cross Accumulate [‡]	\$1,200	\$6,600	Enhanced: \$1,200 Standard: \$2,400 Cross Accumulate [‡]	Enhanced: \$1,200 Standard: \$2,400 Cross Accumulate [‡]
	Deductible (Family) ^{1,2}	Enhanced: \$2,000 Standard: \$5,000 Cross Accumulate [‡]	Enhanced: \$2,400 Standard: \$6,000 Cross Accumulate [‡]	\$2,400	\$13,200	Enhanced: \$2,400 Standard: \$4,800 Cross Accumulate [‡]	Enhanced: \$2,400 Standard: \$4,800 Cross Accumulate [‡]
	Out-of-Pocket Maximum (Individual) ³	\$4,250 Combined [‡]	\$3,700 Combined [‡]	\$3,000	\$6,600	\$3,600 Combined [‡]	\$3,600 Combined [‡]
	Out-of-Pocket Maximum (Family)	\$8,500 Combined [‡]	\$7,400 Combined [‡]	\$6,000	\$13,200	\$7,200 Combined [‡]	\$7,200 Combined [‡]
Coinsurance (after deductible)	Enhanced: 20% Standard: 40% Out-of-Network: 50%	Enhanced: 20% Standard: 40% Out-of-Network: 50%	20% after deductible Out-of-Network: 40%	0%	Enhanced: 20% Standard: 40% Out-of-Network: 60%	Enhanced: 20% Standard: 40% Out-of-Network: 60%	
Primary Care Visit	Enhanced: \$25 copay Standard: \$50 copay	Enhanced: \$20 copay Standard: \$50 copay	PCMH: \$25 copay Non-PCMH: \$55 copay <i>see Glossary on page 15 for more details</i>	0% after deductible Eligible for 3 visits prior to deductible at no cost	Enhanced: \$20 copay Standard: \$50 copay	Enhanced: \$20 copay Standard: \$50 copay	
Specialist or Urgent Care Visit	Enhanced: \$50 copay Standard: \$80 copay	Enhanced: \$30 copay Standard: \$60 copay	20% after deductible	0% after deductible	Enhanced: \$30 copay Standard: \$60 copay	Enhanced: \$30 copay Standard: \$60 copay	
Emergency Room Visit	\$150 copay	After deductible: 20% Enhanced and Standard	20% after deductible	0% after deductible	After deductible 20% Enhanced and Standard	After deductible 20% Enhanced and Standard	
Inpatient Hospital Services	Enhanced: 20% after \$500 copay Standard: 40% after \$750 copay	After deductible: Enhanced: 20% Standard: 40%	20% after deductible	0% after deductible	Enhanced: 20% Standard: 40%	Enhanced: 20% Standard: 40%	
Diagnostic X-rays and Lab ⁷	Basic: Enhanced: \$25 copay Standard: \$50 copay Advanced: Enhanced: \$150 Standard: \$250	Basic: Enhanced: \$20 copay Standard: \$50 copay Advanced: after deductible Enhanced: 20% Standard: 40%	20% after deductible	0% after deductible	Basic: Enhanced: \$20 copay Standard: \$50 copay Advanced: after deductible Enhanced: 20% Standard: 40%	Basic: Enhanced: \$20 copay Standard: \$50 copay Advanced: after deductible Enhanced: 20% Standard: 40%	
Prescription Drug Coverage	HCR Progressive Formulary ⁴ Generic: \$8 Brand: \$45	HCR Progressive Formulary ⁴ Generic: \$8 Brand: \$45	HCR Progressive Formulary ⁴ Generic: \$8 Brand: \$45	HCR Comprehensive Formulary ⁶ 0% after deductible	HCR Progressive Formulary ⁴ Generic: \$8 Brand: \$45	HCR Progressive Formulary ⁴ Generic: \$8 Brand: \$45	
Wellness Rewards ⁸	Yes	Yes	Yes	No	Yes	Yes	
Pediatric Dental Services ⁵	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 50%	
Pediatric Vision Services	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	

Health plan with a Wellness Program that offers a reward: You or your spouse or domestic partner, or dependents 18 or older, can get a \$50 reward by completing the Wellness Profile. The online Wellness Profile is a self-assessment of your health.

¹In-Network Combined means that any in-network deductible costs you incur when receiving covered services at either the Enhanced Value or Standard Value levels of benefits count toward the same in-network deductible.

²Out-of-Pocket Maximums are Combined for in-network services, which means that any costs you incur when receiving covered services at either the Enhanced Value or Standard Value levels of benefits count toward the same in-network Out-of-Pocket Maximum.

³In-Network Cross-Accumulate means that any in-network deductible costs that you incur when receiving covered services at the Enhanced Value or Standard Value levels of benefits count toward both your Enhanced Value and your Standard Value deductibles.



2015 HIGHMARK PLAN OPTIONS

The chart below shows your costs as a member.

Plan Type	Shared Cost			Health Savings			
Metal Level	Bronze	Silver	Gold	Bronze	Silver	Gold	
Plan Name	Shared Cost Blue PPO 5500	Shared Cost Blue PPO 3200	Shared Cost Blue PPO 1500	Health Savings Blue PPO 3400	Health Savings Blue PPO 2500	Health Savings Blue PPO 1300	
Network	KHPW Network						
In-Network	Deductible (Individual)	\$5,500	\$3,200	\$1,500	\$3,400	\$2,500	\$1,300
	Deductible (Family) ^{1,2}	\$11,000	\$6,400	\$3,000	\$6,800	\$5,000	\$2,600
	Out-of-Pocket Maximum (Individual) ³	\$6,350	\$6,350	\$4,000	\$6,350	\$3,500	\$2,300
	Out-of-Pocket Maximum (Family)	\$12,700	\$12,700	\$8,000	\$12,700	\$7,000	\$4,600
Coinsurance (after deductible)	In-Network: 40% Out-of-Network: 50%	In-Network: 20% Out-of-Network: 40%	In-Network: 10% Out-of-Network: 30%	In-Network: 30% Out-of-Network: 50%	In-Network: 10% Out-of-Network: 30%	In-Network: 10% Out-of-Network: 30%	
Primary Care Visit	\$50 copay	\$30 copay	\$20 copay	30% after deductible	10% after deductible	10% after deductible	
Specialist or Urgent Care Visit	\$90 copay	\$70 copay	\$40 copay	30% after deductible	10% after deductible	10% after deductible	
Emergency Room Visit	40% after deductible	20% after deductible	10% after deductible	30% after deductible	10% after deductible	10% after deductible	
Inpatient Hospital Services	40% after deductible	20% after deductible	10% after deductible	30% after deductible	10% after deductible	10% after deductible	
Diagnostic X-rays and Lab ⁷	Basic: \$50 copay Advanced: 40% after deductible	Basic: \$40 copay Advanced: 20% after deductible	Basic: \$20 copay Advanced: 10% after deductible	30% after deductible	10% after deductible	10% after deductible	
Prescription Drug Coverage	HCR Comprehensive Formulary ⁶ 40% after deductible	HCR Progressive Formulary ⁴ Generic: \$8 Brand: \$45	HCR Progressive Formulary ⁴ Generic: \$8 Brand: \$45	HCR Comprehensive Formulary ⁶ 30% after deductible	HCR Comprehensive Formulary ⁶ 10% after deductible	HCR Comprehensive Formulary ⁶ 10% after deductible	
Wellness Rewards	No	No	No	No	No	No	
Pediatric Dental Services ⁵	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 30% after deductible	Exam/Cleaning: 0%; All other benefits: 10% after deductible	Exam/Cleaning: 0%; All other benefits: 10% after deductible	
Pediatric Vision Services	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0% after deductible	Exam: 0%; Frames/Lenses: 0% after deductible	Exam: 0%; Frames/Lenses: 0% after deductible	



2015 HIGHMARK PLAN OPTIONS

The chart below shows your costs as a member.

Plan Type	Comprehensive Care		Multi-State		HMO	
Metal Level	Silver	Platinum	Silver	Gold	Gold	
Plan Name	Comprehensive Care Blue PPO 1500	Comprehensive Care Blue PPO 500	Blue Cross Blue Shield Shared Cost 3200, a Multi-State Plan	Blue Cross Blue Shield Shared Cost 1500, a Multi-State Plan	Care Guide Blue HMO 500	
Network	KHPW Network					
In-Network	Deductible (Individual)	\$1,500	\$500	\$3,200	\$1,500	\$500
	Deductible (Family) ^{1,2}	\$3,000	\$1,000	\$6,400	\$3,000	\$1,000
	Out-of-Pocket Maximum (Individual) ³	\$6,350	\$1,650	\$6,350	\$4,000	\$5,000
	Out-of-Pocket Maximum (Family)	\$12,700	\$3,300	\$12,700	\$8,000	\$10,000
Coinsurance (after deductible)	In-Network: 20% Out-of-Network: 40%	In-Network: 10% Out-of-Network: 20%	In-Network: 20% Out-of-Network: 40%	In-Network: 10% Out-of-Network: 30%	20%	
Primary Care Visit	\$35 copay after deductible only	10% after deductible	\$30 copay	\$20 copay	\$15 copay	
Specialist or Urgent Care Visit	\$70 copay after deductible only	10% after deductible	\$70 copay	\$40 copay	\$40 copay	
Emergency Room Visit	20% after deductible	10% after deductible	20% after deductible	10% after deductible	\$100 copay	
Inpatient Hospital Services	20% after deductible	10% after deductible	20% after deductible	10% after deductible	20% after deductible	
Diagnostic X-rays and Lab ⁷	Basic: \$40 copay Advanced: 20% after deductible	10% after deductible	Basic: \$40 copay Advanced: 20% after deductible	Basic: \$20 copay Advanced: 10% after deductible	Lab: \$15 copay X-ray: \$40 copay Radiology: \$80 copay	
Prescription Drug Coverage	HCR Progressive Formulary ⁴ Generic: \$8 Brand: \$45	HCR Incentive Formulary ⁶ Generic: \$5 Brand: \$20	HCR Progressive Formulary ⁴ Generic: \$8 Brand: \$45	HCR Progressive Formulary ⁴ Generic: \$8 Brand: \$45	HCR Progressive Formulary ⁴ Generic: \$8 Brand: \$45	
Wellness Rewards	No	No	No	No	No	
Pediatric Dental Services ⁵	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 50%	Exam/Cleaning: 0%; All other benefits: 50%	
Pediatric Vision Services	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	Exam: 0%; Frames/Lenses: 0%	



Do you need adult dental insurance? Highmark Blue Edge Dental offers a level of coverage that will fit your budget. Visit HighmarkBlueEdgeDental.com to find out more.



EVERY KIND OF CARE COVERED

A quick look at select Community Blue provider facts and achievements

The Community Blue network offers exceptional coverage for every medical specialty — and more than that, we offer access to quality care that you can rely on.

Cancer Care

- Aligned with the Johns Hopkins Kimmel Cancer Center, a National Cancer Institute-designated comprehensive cancer center, to provide a broad, impressive scope of oncology expertise that is unsurpassed in the region.
- State-of-the-art, patient-centered medical, surgical and radiation oncology services.
- More than 125,000 patients served annually in Allegheny Health Network alone.
- Includes Hillman Cancer Center and all other UPMC-owned or managed cancer facilities and physicians.

Women's Care

- Care providers are among the best in the country for patient-centered care for women at all stages of life. From preventive health screenings to state-of-the-art, robotic-assisted and minimally invasive surgeries, these quality care services include:
 - Well-woman gynecology care
 - Diagnostic services — including mammograms, breast imaging, pelvic exams, PAP tests and ultrasound
 - Laboratory services and obstetric care — including high-risk obstetrics, prenatal genetic counseling, maternal fetal medicine and high-risk pregnancy
 - Menopause care — including bone density testing

Cardiology and Cardiovascular (Heart Care)

- Performed the region's first total artificial heart implantation.
- Pioneering minimally invasive innovative robotic procedures.
- The region's only dedicated cardiac MRI facility.
- Leader in treatment of atrial fibrillation (a-fib).

Children's Care

- Comprehensive children's care consistently recognized for quality and innovation by *U.S. News & World Report*.

Orthopedics and Rehabilitation

- One of only six leading regional medical providers selected by the United States Olympic Committee to provide comprehensive medical services to elite Team USA athletes.
- Ranked by *U.S. News and World Report* among the top 50 centers in the nation for quality orthopedic care.

Emergency and Burn Care

- Level I Trauma care — the highest certification level achievable.
- First burn center to receive verification honors.
- If you receive care at any UPMC hospital emergency room it will be covered on an in-network basis. This includes not only the emergency room visit but also any inpatient admissions and continued care. As is the practice now, patients and their doctors will determine if and when a transfer to another facility may be appropriate.

Neuroscience (Brain, Spine & Nervous System)

- American Stroke Association's Gold Plus Performance Achievement Award for excellent evidence-based care for stroke patients.
- Developed guidelines for severe head injury treatments.
- Pioneering devices for spinal cord stimulation and the treatment of epilepsy.
- Research and clinical leadership in brain injury, Parkinson's disease, stroke, multiple sclerosis, epilepsy, cerebral aneurysm and dementia.

Continuation of Care:

Members in a continuing course of treatment with a UPMC provider can continue to receive care on an in-network basis at in-network rates.

Safety Net:

Any Highmark member who received in-network care from UPMC in 2014 and cannot find another doctor can continue to receive care from that same provider in 2015.



THE HIGHMARK DIFFERENCE

We are thankful that our members have trusted us with their insurance needs for over 75 years. We are constantly striving to develop new ways to make their health care experience better and more convenient. As part of our dedication to making our communities healthier, we've developed a wide array of helpful tools. Here are just a few of the tools, resources and programs that are available to you as a Highmark member.

myCare NavigatorSM

A built-in guide for navigating the health care system — whether it's help with a care claim or assistance with provider billing, myCare Navigator helps members understand and manage their care costs.

You can schedule your first appointment and transfer your medical records with just one call.

BlueCard

Wherever you go nationwide as a Highmark member, you're in the Blue network. Just show your BlueCard at the thousands of participating physicians and hospitals across the country, and you'll receive in-network access away from home.

Provider Directory

Now Highmark gives you more ways than ever to find a health care provider that's right for you. Our easy-to-use online directory can help you find doctors, dentists, pharmacies, and even search for covered medications. To find a doctor, visit HighmarkBCBS.com and click on Find a Doctor or Rx, then select the plan you're considering.

Blues On Call

Your medical questions don't just come up during office hours. That's why Blues On Call gives you a 24/7 hotline to a team of registered nurses to help you with personal health questions.

Health & Wellness Tools

Members get access to today's leading-edge, online health and wellness tools. With Highmark you get what you need to launch your journey toward better health and wellness. It's convenient, easy to use, and best of all, it's free.

Care Cost Estimator

When you're sick or injured and need treatment, Highmark's Care Cost Estimator online tool lets you find and compare costs — just like you do for other big purchases — for more than 1,600 kinds of care visits.

No Referrals

All Highmark plans let you see a specialist without needing a referral from your primary care doctor, so you can get the care that you need when you need it.

Emergency Coverage

No matter which Highmark plan you choose, emergency care is covered at in-network rates at any emergency room.

National Coverage

Highmark is part of the Blue Cross Blue Shield network, so you have access to over 92% of all physicians and more than 97% of all hospitals across the country.



HOW TO ENROLL

We make the enrollment process easy

Highmark is here to be your health insurance partner, every step of the way.

1 Find the plan that works for you

If you need help finding the health insurance plan that fits your needs and budget, a free personal consultation can give you all the information you need.

2 Get financial help

Depending on your household income and other factors, you may be eligible for one or both of these forms of financial help. Highmark is here to help guide you through the Health Insurance Marketplace to get any financial help you may be eligible for, and enroll you with or without financial help. Also, our online Tax Savings Estimator lets you find out if you might qualify for financial help before you shop. Visit DiscoverHighmark.com/individuals-families to use this helpful tool.

Advanced Premium Tax Credits (APTC) can be applied (in advance) to reduce your monthly premium.

To use, you can select an individual Marketplace plan at any metal level.

Cost-Sharing Reductions (CSR)* will lower the out-of-pocket costs you may pay at the time of service.

To use, you must purchase an individual Marketplace Silver Level plan.

Use the chart below to estimate if you are eligible.

		NUMBER OF PEOPLE IN YOUR HOUSEHOLD					
		1	2	3	4	5	6
Advanced Premium Tax Credits (APTC)	You may qualify for lower monthly premiums if your yearly income is between:	\$11,670– \$46,680	\$15,730– \$62,920	\$19,790– \$79,160	\$23,850– \$95,400	\$27,910– \$111,640	\$31,970– \$127,880
Cost-Sharing Reductions (CSR)	You may qualify for lower monthly premiums AND lower out-of-pocket costs if your yearly income is between:	\$11,670– \$29,175	\$15,730– \$39,325	\$19,790– \$49,475	\$23,850– \$59,625	\$27,910– \$69,775	\$31,970– \$79,925

Eligibility for financial help can only be determined by requesting an eligibility verification through the Health Insurance Marketplace at www.healthcare.gov. Only applicable for coverage in 2015 and in the 48 contiguous states and the District of Columbia. American Indians and Alaska Natives who are members of federally recognized tribes are eligible for cost-sharing reductions at alternative dollar thresholds.

*American Indian and Alaska Native cost-sharing reductions apply to individual plans at any Metal Level through the Marketplace.

3 Enroll

When you're ready, you can enroll directly through Highmark with or without financial help. Please see the back of this brochure for information on how to contact us today. You can also enroll via the Health Insurance Marketplace.



IMPORTANT DATES

Open Enrollment Period

Starting November 15, 2014, until February 15, 2015, you can enroll in the plan of your choice during what is called the Open Enrollment Period. For most people this is the only time when you can enroll in or change your plan, unless you have a qualifying life event.



Coverage start dates



Special Enrollment Period

You can enroll in a new plan outside of Open Enrollment **ONLY** if you have a qualifying life event, called a Special Enrollment Period. If you have one of these events occur, in most cases, you must enroll within 60 days of the occurrence of the event. It's important to remember that you can still be eligible for financial help if you enroll during a Special Enrollment Period.

Qualifying life events such as:

- > You or your spouse lose employer-provided coverage
- > You have a change in family status, such as a marriage, domestic partnership, divorce, or the birth or adoption of a child
- > You have permanently moved
- > You are no longer a dependent on someone else's plan



GLOSSARY

Important terms to know



Coinsurance

The part of a medical bill that you pay after reaching your deductible. For example, if your medical bill is \$100 and your coinsurance is 20%, you pay \$20. The insurance company pays \$80.

The percentage of coinsurance that you pay can vary between plans, and it's important to realize that the amount you pay could be lower if you qualify for cost-sharing reductions.



Copayments

Copayments (or copays) are fixed, upfront dollar amounts that you pay each time you receive certain health care services.

Many plans offer copays that give you the security of knowing your costs in advance. Also, it's important to remember that all plans cover preventive services with no cost sharing. There are no copays or coinsurance for in-network preventive services like annual check-ups, mammograms and colonoscopies.



Deductible

The dollar amount you must pay each benefit period (usually a year) for your health care expenses before your plan begins to pay. For example, if you have a \$500 deductible, that's the amount you will pay before your plan will pay for covered in-network services.

When picking your plan, you should choose the one with the highest deductible amount that you can comfortably pay in a calendar year. Some services may not require you to meet a deductible before your plan pays. We offer a variety of deductibles — so you're sure to find a plan that fits your needs and budget.



Formulary

A formulary is a list of prescription drugs that are covered by your health insurance plan.

A drug's formulary status affects how much you pay for each drug. It's important to make sure the prescriptions you need are covered in your plan's formulary.



In-network providers

These are health care providers who have an agreement with the health plan pertaining to payment as a network participant.



Out-of-network providers

Health care providers who do not have an agreement with the plan where they can be considered a network participant.

You usually pay more when you use out-of-network health care providers.



Out-of-pocket maximum

The highest amount you will need to pay each benefit period (usually a year) for covered in-network care before your insurance company pays 100%.

For example, if your out-of-pocket maximum is \$2,000, once you have paid \$2,000 the insurance company pays for 100% of the plan allowance for covered in-network care. This does not include any services not covered by your plan.



PCMH

The Patient Centered Medical Home (PCMH) is a new health care model. It focuses on the coordination of a patient's health needs, with the primary doctor's office as the central hub or "home."

It helps people with a medical condition manage their health care needs. To select a PCMH provider, please look for the "Blue Distinction Total Care" symbol.

It's easy to find doctors

- Call myCare NavigatorSM at 1-888-BLUE-428.
- Visit our website at highmarkbcbs.com, and click on Find a Provider.



This symbol indicates a provider who participates in patient-centered care programs.



Premium

Your monthly premium is the amount you pay each month for your health insurance.

Usually, plans that have a higher deductible have a lower monthly premium, while plans with a lower deductible will likely have a higher premium.

COMMITTED TO PROVIDING OUTSTANDING SERVICE

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: 711)

Estamos comprometidos a ofrecer servicios excepcionales a nuestros solicitantes y miembros. Si usted necesita ayuda especial, incluyendo acomodaciones para discapacidades o dominio limitado del inglés, por favor llámenos al 1-800-876-7639 para solicitar estos servicios gratuitos. (TTY/TDD: 711)

Wir haben uns verpflichtet, unseren Bewerbern und Mitgliedern außerordentliche Dienstleistungen anzubieten. Falls Sie beispielsweise Unterkünfte für Menschen mit Behinderungen oder aufgrund eingeschränkter Englischkenntnisse besondere Unterstützung benötigen, kontaktieren Sie uns unter der Rufnummer 1-800-876-7639, um unsere kostenlosen Dienstleistungen in Anspruch zu nehmen. (TTY/TDD: 711)

Ci impegniamo a fornire sempre servizi all'avanguardia per i nostri candidati e membri. In caso necessitate di assistenza speciale, compresi alloggi per disabili o supporto per la scarsa padronanza della lingua inglese, contattateci allo 1-800-876-7639 per richiedere gratuitamente tali servizi. (TTY/TDD: 711)

我們致力於為我們的申請人和會員們提供卓越的服務。如果您需要特殊協助，包括殘障或英語能力有限，請致電 1-800-876-7639 來要求這些免費服務。(TTY/TDD: 711)

Nous nous engageons à fournir des services exceptionnels pour nos candidats et membres. Si vous avez besoin d'une assistance particulière, y compris pour handicapés ou compétences limitées en anglais, s'il vous plaît appelez-nous au 1-800-876-7639 pour demander ces services gratuits. (TTY/TDD: 711)

Мы стремимся оказывать первоклассные услуги для наших кандидатов и членов. Если вы нуждаетесь в специальной помощи, включая принятие мер в связи с инвалидностью или ограниченным владением английским языком, пожалуйста, позвоните нам по телефону 1-800-876-7639 и попросите об оказании этих бесплатных услуг. (TTY/TDD: 711)

Chúng tôi quyết tâm cung cấp dịch vụ xuất sắc cho các đương đơn và hội viên của mình. Nếu quý vị cần được trợ giúp đặc biệt, bao gồm các thích nghi cho người bị khuyết tật hoặc có khả năng Anh Ngữ hạn hẹp, xin gọi chúng tôi tại số 1-800-876-7639 để yêu cầu các dịch vụ miễn phí này. (TTY/TDD: 711)

Zależy nam, aby usługi, które świadczymy dla naszych kandydatów i członków charakteryzowały się zawsze najwyższą jakością. Jeżeli potrzebna jest specjalna pomoc, np. w przypadku osób niepełnosprawnych lub osób z ograniczoną znajomością języka angielskiego, oferujemy bezpłatne usługi w tym zakresie – prosimy o telefon pod numer 1-800-876-7639. (TTY/TDD: 711)

저희들은 신청자들과 회원들에게 탁월한 서비스를 제공하고자 노력하고 있습니다. 신체장애인들이나 비영어권 참석자들을 위해 특별한 도움이 필요하시면 전화 1-800-876-7639 로 알려주시기 바랍니다. 이러한 서비스는 무료입니다. (TTY/TDD: 711)

نلتزم بتوفير خدمة متميزة للمتقدمين والأعضاء. إذا كنت تتطلب مساعدة خاصة، شاملاً التجهيزات اللازمة للاحتياجات الخاصة أو إجابة محدودة للإنجليزية، برجاء الاتصال على 1-800-876-7639 لطلب هذه الخدمات المجانية. (TTY/TDD: 711)

हम अपने आवेदकों और सदस्यों के लिए उत्कृष्ट सेवाएं प्रदान करने के प्रति वचनबद्ध हैं। यदि आपको विशेष सहायता चाहिए हो, जिसमें अक्षमता अथवा सीमित अंग्रेजी निपुणता हेतु समायोजन भी शामिल हैं, तो कृपया इन निशुल्क सेवाओं हेतु अनुरोध के लिए हमें 1-800-876-7639 पर कॉल करें।(TTY/TDD: 711)

COMMITTED TO PROVIDING OUTSTANDING SERVICE

અમે અમારા અરજીકર્તાઓ અને સભ્યો માટે ઉમદા સેવાઓ પૂરી પાડવા કટિબદ્ધ છીએ. જો તમને વિકલાંગતા કે અંગ્રેજીમાં મર્યાદિત નિપુણતા ધરાવનારાઓ માટે સગવડભરી ગોઠવણો સહિતની વિશેષ સહાયતા જોઈતી હોય, તો આ મફત સેવાઓની વિનંતી કરવા કૃપા કરી અમને 1-800-876-7639 નંબર પર ફોન કરો. (TTY/TDD: 711)

May pananagutan kaming magbigay ng bukod-tanging mga serbisyo para sa aming mga aplikante at mga miyembro. Kung kailangan mo ng espesyal na tulong, kabilang ang mga akomodasyon para sa mga kapansanan o limitadong kahusayan sa wikang Ingles, mangyaring tawagan kami sa 1-800-876-7639 para hilingin ang mga libreng serbisyonang ito. (TTY/TDD: 711)

Είμαστε δεσμευμένοι να παρέχουμε εξαιρετικές υπηρεσίες για τους αιτούντες και τα μέλη μας. Εάν χρειάζεστε ειδική βοήθεια, συμπεριλαμβανομένων διευκολύνσεων για ειδικές ανάγκες ή περιορισμένη ευχέρεια στα Αγγλικά, παρακαλούμε επικοινωνήστε μαζί μας στο 1-800-876-7639 να ζητήσετε τις δωρεάν αυτές παροχές. (TTY/TDD: 711)

私たちは入会志願者とメンバーのために卓越したサービスを提供することに全力を注いでいます。あなたが、障害者のための便宜または制限英語能力を含む特別な支援が必要な場合は、これらの無料サービスを受けるために、1-800-876-7639 までお電話ください。 (TTY/TDD: 711)

ہم اپنے درخواست دہندگان اور ممبران کے لیے عمدہ خدمات فراہم کرنے کے لیے عہد بستہ ہیں۔ اگر آپ کو خصوصی اعانت کی ضرورت ہے، جس میں معذوریوں یا انگریزی کی محدود لیاقت کے لیے سہولیات شامل ہیں، ان مفت خدمات کی درخواست کرنے کے لیے براہ کرم ہمیں 1-800-876-7639 پر کال کریں۔ (TTY/TDD: 711)

Estamos empenhados em fornecer serviços especiais para os nossos candidatos e membros. Caso necessite de assistência especial, incluindo alojamento por motivos de deficiência ou conhecimentos limitados de língua inglesa, ligue para o n.º 1-800-876-7639 para solicitar estes serviços gratuitos. (TTY/TDD: 711)

Ebe fun awon alaabo ara tabi oore ofe lati le so ede geesi to se gbo seti. Ejowo e pe wa 1-800-876-7639 fun eyikeyi ohun ti e ba nfe ki a se fun yin lofe. (TTY/TDD: 711)

Sisi ni nia ya kutoa huduma bora kwa waombaji wetu na wanachama. Kama unahitaji msaada maalum, ikiwa ni pamoja na malazi kwa ulemavu au mdogo Kiingereza duni, tafadhali wito wetu katika idadi ya 1-800-876-7639 kuomba huduma hizi bure. (TTY/TDD: 711)

Nihinaanish niizhónigo bee nihiká' adiilwołígíí binahji' ts'ídá yéego bidiilkaal, nihí naaltsoos nidahonííígíí dóó Bee Atah ídlínígíí nihí hada'dít'éhígíí nihá. Hait'éego da anáhóót'i'go, bilagáana bizaad t'áá nił nanitt'ago, áká'a'ayeed holó, koji' béésh beehane'é bee hodíílnih 1-800-876-7639, éí t'áá jíík'eh áká'a'ayeed biniiyé. (TTY/TDD: 711)

เรามุ่งมั่นที่จะมอบบริการที่โดดเด่นให้แก่ผู้สมัครและสมาชิกของเรา หากคุณต้องการความช่วยเหลือเป็นพิเศษ รวมถึงการอำนวยความสะดวกให้แก่บุคคลทุพพลภาพหรือผู้ที่มีความสามารถทางภาษาอังกฤษในระดับอ่อน โปรดติดต่อเราได้ที่ 1-800-876-7639 เพื่อร้องขอบริการดังกล่าวได้โดยไม่มีค่าใช้จ่าย (TTY/TDD: 711)

DISCLOSURE

Important Benefit Details

¹Balance, Flex, Shared Cost, Total Health and Comprehensive Care Family Deductible: For an Agreement covering more than one (1) family member, as each Member satisfies their individual Deductible, the Plan will begin to pay benefits for Covered Services for that Member for the remainder of the Benefit Period (January 1, 2015 – December 31, 2015), whether or not the entire family Deductible has been satisfied. When the family Deductible has been satisfied, the family Deductible will be considered to have been satisfied for all remaining covered family members. No individual Member may satisfy the entire family Deductible.

²Health Savings and Major Events Family Deductible: For an Agreement covering more than one (1) family member, the ENTIRE family deductible must be met [within a benefit period (January 1, 2015 – December 31, 2015)] 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.

³You 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.

⁴Prescription drug copays for a 31-day supply (Retail): \$8 generic; \$45 brand; \$95 non-formulary brand and non-formulary generic; specialty drug copays vary. The plan has a four-tier structure and utilizes the HCR Progressive Formulary on the Premier 2012 network. Mail order available. If a generic substitution is available but not accepted by the Member they are responsible for paying the difference between the price for a Brand Drug and any available generic equivalent, for each separate Prescription Order or refill plus the drug copay.

⁵Vision benefits utilize the Davis National Network. Pediatric Dental benefits utilize United Concordia's Advantage Network

⁶The plan utilizes the HCR Comprehensive Formulary on the Premier 2012 network. Mail order available.

⁷Basic Diagnostic Services include four types of service: Standard Imaging Services, Laboratory and Pathology, Diagnostic Medical and Allergy Testing. Basic Diagnostic Services require one copay per date of service and type of service. Additional Basic Diagnostic Services are subject to deductible and coinsurance. Advanced Diagnostic Services include but are not limited to CAT Scan, CTA, MRI, MRA, PET Scan and PET/CT Scan.

Health Savings Plans are Qualified High Deductible Health Plans 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.

Multi-State Plans are only available for enrollment through the Health Insurance Marketplace.

Care Guide Blue HMO 500 is only available for enrollment through Keystone Health Plan West.

Insurance may be provided by Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Keystone Health Plan West.

Highmark Blue Cross Blue Shield 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. Federal and state laws and regulations govern health insurance and health plans may vary from state to state. Highmark Blue Cross Blue Shield 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. 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 Blue Cross Blue Shield and Highmark Health Insurance Company are Qualified Health Plan issuers in the Health Insurance Marketplace.

Blues On Call is a service mark of the Blue Cross and Blue Shield Association.

myCare NavigatorSM is a service mark of Highmark Inc.

Any cash or cash equivalent reward (for example, a debit card) you receive for satisfying program requirements may result in taxable income to you. Consult your tax advisor for further information.

Please note this information is current as of November 2014. It includes information regarding UPMC providers who will be considered in-network and/or out-of-network in 2015. You should confirm the network status of a provider prior to receiving services. You can call myCare NavigatorSM at 1-888-BLUE-428 to confirm if a doctor will be in network in 2015.



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.



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The support you need

Have a question about your options? Ready to enroll? We're standing by to make it as easy as possible.



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