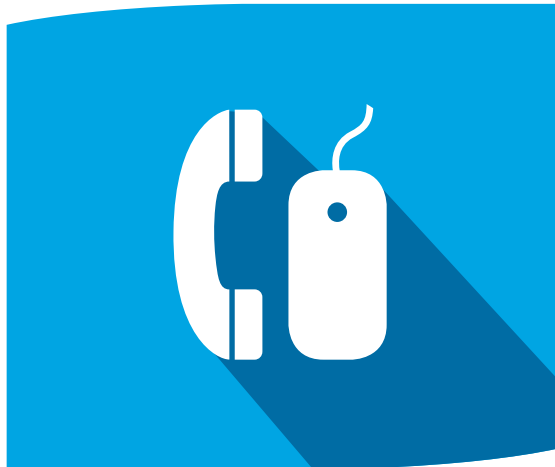


2015 HEALTH INSURANCE PLANNING GUIDE

What you need to know about individual and family health insurance



GET READY TO MAKE THE RIGHT HEALTH INSURANCE CHOICE







Highmark Blue Cross Blue Shield has created this guide to help you compare your health insurance options and choose the right one with confidence.

We know that health insurance can seem complicated. But once you've read through this guide, you should have a good understanding of the basics.

Here are some key takeaways that will help make your decision easier:

- How health insurance plans work
- How the way you use your plan can affect your costs
- How much coverage you need
- What you can do to save on your health care costs
- When you need to act to sign up for coverage

KEYS TO SHOPPING SMART

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HOW HEALTH INSURANCE WORKS

With the majority of health insurance plans, there are three different phases 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*

This guide will help you understand what happens as you move through these different phases and how your health care costs may change throughout the year.

Also, keep in mind:

- *It's important to consider how often you'll use your plan, like how often you see a doctor and fill a prescription*
- *A plan with a higher deductible may have a lower monthly premium, but you may have to pay more for services until your deductible is met*
- *On the other hand, lower deductible plans tend to have higher premiums, but can save you money when you receive services*
- *Deductibles are different for individuals and families*

DEDUCTIBLE

The amount of money you are required to pay each year before your plan begins to pay for covered services.

PREMIUM

The amount you pay each month for your health insurance.

COPAY

A fixed, upfront dollar amount that you pay each time you receive certain health care services. The amount can vary depending on what the service is, such as filling a prescription drug, seeing your doctor or visiting a specialist. After you pay the copay, your insurance company will usually pay the remainder of your bill.

COINSURANCE

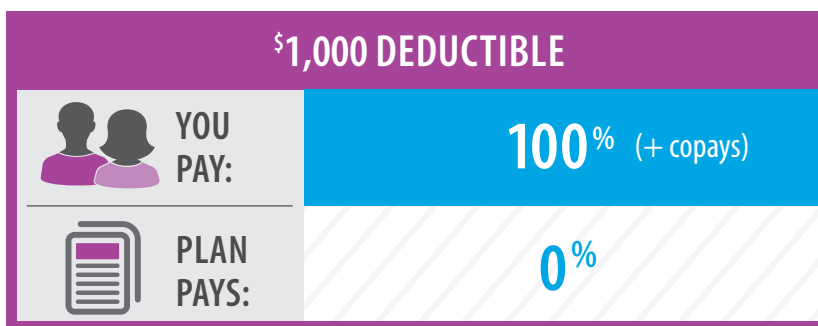
The part of a medical bill that you pay after reaching your deductible.

For example, if your medical bill is \$100 and your coinsurance is 20%, you pay \$20. Highmark Blue Cross Blue Shield pays the other \$80.



BEFORE YOU MEET YOUR DEDUCTIBLE

Each plan year begins with a new deductible. During this phase, you personally pay for almost all of your care before your plan pays for covered services. It's important to remember that your insurance company pays 100% of many preventive care services, such as physical exams, health screenings and vaccines, from day one of your plan. These services are not subject to your deductible as long as you visit an in-network provider.



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 (this does not include any money you spend in copays).*

*Your copays and monthly premium do not apply toward your deductible.



AFTER YOU MEET YOUR DEDUCTIBLE

At this phase, you only pay for part of your care. After you meet your deductible, you pay a percentage (coinsurance) of some medical costs and/or a flat fee (copay) for others. Your plan takes care of the rest when you use covered services. You'll continue to pay coinsurance and copays until you reach your out-of-pocket maximum for the year.

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).



WHEN YOU REACH YOUR OUT-OF-POCKET MAXIMUM

Now your plan pays for 100% of your covered care. All health insurance plans have a limitation on what you will be asked to pay in a year for covered services — called your out-of-pocket maximum. Your deductible, coinsurance and copays all go towards meeting your out-of-pocket maximum.

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.

FORMULARY

A list of prescription drugs that are covered by your health insurance plan. It also includes how much you pay for generic, brand and specialty drugs. It's important to make sure the prescriptions you need are covered in your plan's formulary.

IN-NETWORK AND OUT-OF-NETWORK

Doctors, hospitals, clinics, labs and other providers that Highmark Blue Cross Blue Shield has contracted with to provide health care services to its members are considered in-network providers.

Health care providers with whom Highmark Blue Cross Blue Shield does not have a contract, and who have not agreed to participate in a particular network, are considered to be out-of-network. You usually pay more when you use out-of-network health care providers.



ESSENTIAL HEALTH BENEFITS

Under Health Care Reform, all qualified health insurance plans must include some level of coverage for what are called the Essential Health Benefits. With Highmark Blue Cross Blue Shield, you can be assured that you'll have coverage for these important services:



Ambulatory services such as primary care and specialist visits



Emergency services



Rehabilitative, habilitative services and devices



Pediatric services, including oral and vision care



Laboratory services



Maternity and newborn care



No-cost preventive and wellness services and chronic disease management



Prescription drugs, including retail and mail order



Hospitalization



Mental health and substance abuse services



METAL LEVELS

Qualified health plans are now categorized into different levels of coverage called metal levels. These levels define how much of the health care costs a particular type of plan will pay (on average) for covered services, and how much you, the member, will pay for the rest.

When looking at metal levels for a plan, it's important to remember that when premiums are higher, out-of-pocket costs tend to be lower.

METAL LEVELS	MONTHLY PREMIUM	OUT-OF-POCKET COSTS	GOOD OPTION IF YOU:
Bronze	\$	\$\$\$\$	Don't plan to need a lot of health care services
Silver	\$\$	\$\$\$	Want to balance your monthly premium with your out-of-pocket costs
Gold	\$\$\$	\$\$	Are willing to spend more on your monthly premium to keep costs low when you receive services
Platinum	\$\$\$\$	\$	Plan to use a lot of health care services

For example:

A Bronze plan will pay an average of 60% of the costs of services. That means if a particular service costs a total of \$100, the plan pays \$60 and the member must pay \$40.



HOW TO SAVE ON YOUR HEALTH CARE COSTS

FINANCIAL HELP IS AVAILABLE

One of the biggest changes that came about with Health Care Reform was the addition of financial help options to help you pay for your health insurance and medical expenses. There are two different ways to save, Advanced Premium Tax Credits and Cost-Sharing Reductions.

- **Advanced Premium Tax Credits*** can be applied (in advance) to reduce your monthly premium.
- **Cost-Sharing Reductions**** will lower the out-of-pocket costs you may pay at the time of service.

Depending on your household income and other factors, you may be eligible for one or both of these forms of financial help. Use the chart below to estimate your eligibility.

SEE IF YOU MAY QUALIFY

		NUMBER OF PEOPLE IN YOUR HOUSEHOLD					
		1	2	3	4	5	6
Advanced Premium Tax Credits	You may qualify for lower 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	You may qualify for lower 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 cost savings can only be determined by requesting an eligibility verification through the Health Insurance Marketplace. 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.



HOW TO ENROLL (WITH OR WITHOUT FINANCIAL HELP)

Wherever you are in the shopping and enrollment process, we have the support you need to make the right choice. Highmark Blue Cross Blue Shield can:

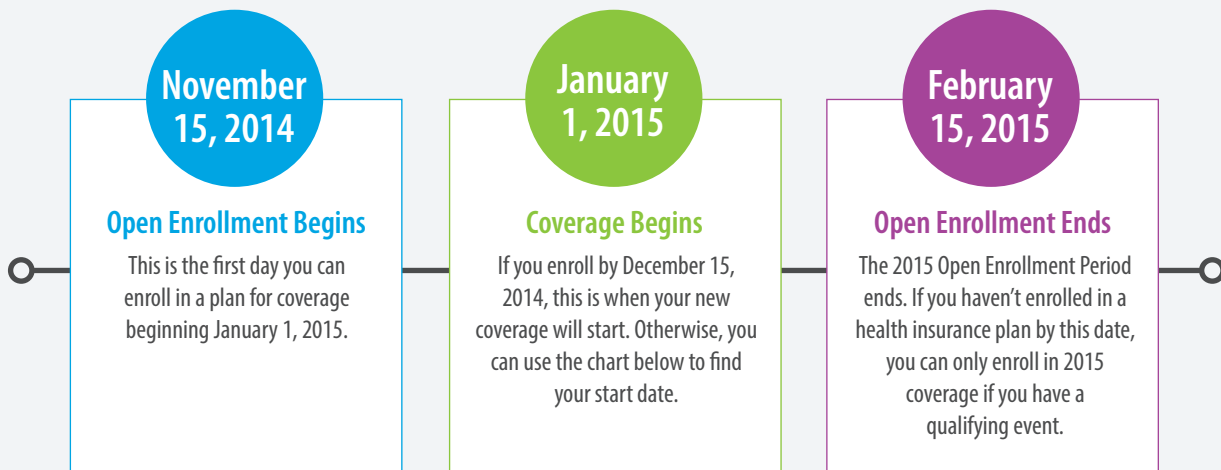
- *Work with you one-on-one to find the health insurance plan that fits your needs and budget*
- *Help estimate your eligibility for cost savings*
- *Complete your enrollment (or you can visit the Health Insurance Marketplace)*

*Advanced Premium Tax Credits are available for all individual Metal Level Marketplace plans. Cost-Sharing Reductions are only available with individual Marketplace Silver Level plans. **American Indian and Alaska Native cost-sharing reductions apply to individual plans at any Metal Level through the Marketplace.



IMPORTANT DATES TO REMEMBER

OPEN ENROLLMENT TIMELINE



COVERAGE START DATES

Keep in mind that when you complete your enrollment determines when your coverage will start.



SPECIAL ENROLLMENT PERIODS

You can only enroll in new coverage outside of Open Enrollment if you have a qualifying life event that grants you a Special Enrollment Period. If you do have one of these events occur, in most cases you must sign up for new coverage 60 days prior to the event or within 60 days after it happened. 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 your 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

When you sign up during a qualified Special Enrollment Period, your coverage start date will depend upon your specific qualifying life event.



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Highmark Blue Cross Blue Shield and Highmark Health Insurance Company are Qualified Health Plan issuers in the Health Insurance Marketplace.

