

PPO BLUE

Western Pennsylvania Region
For Groups of 50 or Fewer Employees

» January 2015

PPO BLUE



ACCESS TO QUALITY CARE

Members enjoy:

- A network of high-performing, patient-focused care providers and specialists. There are more than 10,300 primary care physicians and specialists in western Pennsylvania alone.
- Access to nearly 720,000 providers in the Blue Cross Blue Shield network across the country.
- Health and wellness discounts on products, services, classes and fitness facilities.



NEW \$3 GENERIC DRUG FEATURE

All new 2015 plans for groups less than 50 include a Generic Drug feature that can help members save money on the prescription drugs they use most. Generic drugs for many of the most commonly used prescriptions now cost just \$3 for up to a 30-day supply and just \$9 for up to a 90-day supply for maintenance drugs.



LOOKING FOR A HIGHMARK HEALTH CARE PROVIDER?

YourNetwork2015.com is a new website to help locate doctors and hospitals that are likely to be in Highmark's provider network in 2015, including Allegheny Health Network and UPMC doctors and hospitals that are considered in-network and out-of network.

YourNetwork2015.com will be available until January 2015. At that time, members can search for a provider by going to **highmarkbcbs.com** and selecting the **FIND A DOCTOR OR RX** link on the top of the webpage.

January 2015

		MEDICAL COVERAGE														HEALTH SPENDING ACCOUNTS		PRESCRIPTIONS	
		Medical Deductible		Plan Payment Level (Coinsurance) After Deductible		Out-of-Pocket Maximum ⁴		Emergency Room	Inpatient Hospital	Urgent Care	PCP	Retail Clinic	Telemedicine	Specialist ¹	Imaging	X-ray & Diagnostic/Laboratory (Outpatient & Professional)	Availability/Employer Contribution ²		Rx Formulary (Comprehensive)
		In-Network	Out-of-Network (2x Family)	In-Network	Out-of-Network (2x Family)	In-Network	Out-of-Network (2x Family)	In/Out-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	HRA	HSA	Low Cost Generic/ Standard Generic/ Brand Formulary/ Non-Formulary
PLATINUM	Premier Balance PPO \$0 Platinum A	\$0	\$500	100%	80%	\$750	\$1,500	\$100	0% after deductible	\$40	\$20	\$20	\$15	\$35	\$50	\$35	NO	NO	3/8/40/70
	Premier Balance PPO \$250 Platinum A	\$250	\$500	100%	80%	\$1,000	\$2,000	\$100	0% after deductible	\$40	\$20	\$20	\$15	\$35	\$50	\$35	NO	NO	3/8/40/70
GOLD	Premier Balance PPO \$0 Gold A	\$0	\$500	100%	80%	\$6,350	\$12,700	\$125	\$250	\$65	\$20	\$20	\$15	\$50	\$200	\$40	NO	NO	3/8/40/70
	Premier Balance PPO \$250 Gold A	\$250	\$500	100%	80%	\$3,100	\$6,200	\$125	0% after deductible	\$65	\$20	\$20	\$15	\$40	\$100	\$40	NO	NO	3/8/40/70
	Premier Balance PPO \$500 A	\$500	\$1,000	100%	80%	\$3,100	\$6,200	\$125	0% after deductible	\$65	\$20	\$20	\$15	\$40	\$100	\$40	NO	NO	3/8/40/70
	Premier Balance PPO \$750 A	\$750	\$1,500	100%	80%	\$3,100	\$6,200	\$125	0% after deductible	\$65	\$20	\$20	\$15	\$40	\$100	\$40	NO	NO	3/8/40/70
	Premier Balance PPO \$1000 A	\$1,000	\$2,000	100%	80%	\$3,200	\$6,400	\$125	0% after deductible	\$65	\$20	\$20	\$15	\$40	\$100	\$40	NO	NO	3/8/40/70
	Premier Balance PPO \$1250 A	\$1,250	\$2,500	100%	80%	\$3,400	\$6,800	\$125	0% after deductible	\$65	\$20	\$20	\$15	\$40	\$100	\$40	NO	NO	3/8/40/70
	Premier Balance PPO \$1500 A	\$1,500	\$3,000	100%	80%	\$3,500	\$7,000	\$125	0% after deductible	\$65	\$20	\$20	\$15	\$40	\$100	\$40	NO	NO	3/8/40/70
	Premier Balance PPO \$2000 HRA \$500 A	\$2,000	\$4,000	100%	80%	\$5,700	\$11,400	\$125	0% after deductible	\$65	\$20	\$20	\$15	\$40	\$100	\$40	YES \$500	NO	3/8/40/70
	Premier Balance PPO \$2000 A	\$2,000	\$4,000	100%	80%	\$3,500	\$7,000	\$125	0% after deductible	\$65	\$20	\$20	\$15	\$40	\$100	\$40	NO	NO	3/8/40/70

(More products on the next page).

¹ Specialist copayment also applies to mental health, behavioral health and substance abuse visits.

² Employer contributions in amounts other than those listed may result in actuarial value changes that may impact compliance as a Qualified Health Plan.

³ Figure represents member coinsurance or copayment after deductible.

⁴ Out-of-pocket maximum calculation includes deductible, copayment and coinsurance.



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Western Pennsylvania Region

Plans available in all **29** Western Pennsylvania Counties

Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, Westmoreland, Crawford, Erie, McKean, Mercer, Warren, Bedford, Blair, Cambria, Centre, Clearfield, Huntingdon, Jefferson, Somerset, Cameron, Clarion, Elk, Forest, Potter, Venango

January 2015

		MEDICAL COVERAGE														HEALTH SPENDING ACCOUNTS		PRESCRIPTIONS	
		Medical Deductible		Plan Payment Level (Coinsurance) After Deductible		Out-of-Pocket Maximum ⁴		Emergency Room	Inpatient Hospital	Urgent Care	PCP	Retail Clinic	Telemedicine	Specialist ¹	Imaging	X-ray & Diagnostic/Laboratory (Outpatient & Professional)	Availability/Employer Contribution ²		Rx Formulary (Comprehensive)
		In-Network	Out-of-Network (2x Family)	In-Network	Out-of-Network (2x Family)	In-Network	Out-of-Network (2x Family)	In/Out-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	HRA	HSA	Low Cost Generic/ Standard Generic/ Brand Formulary/ Non-Formulary
SILVER	Balance PPO \$1000 A	\$1,000	\$2,000	80%	60%	\$6,350	\$12,700	\$250	20% after deductible ³	\$75	\$45	\$45	\$15	\$65	20% after deductible ³	\$60 after deductible ³	NO	NO	3/10/50/85
	Premier Balance PPO \$1400 A	\$1,400	\$2,800	100%	80%	\$6,350	\$12,700	\$250	0% after deductible	\$75	\$25	\$25	\$15	\$65	\$200 after deductible ³	\$65 after deductible ³	NO	NO	3/10/50/85
	High Deductible PPO \$1500 Qualified A⁵	\$1,500	\$3,000	100%	80%	\$6,350	\$12,700	\$150 after deductible ³	0% after deductible	\$75 after deductible ³	\$25 after deductible ³	\$25 after deductible ³	0% after deductible	\$40 after deductible ³	\$150 after deductible ³	\$40 after deductible ³	NO	YES	3/8/40/70 after deductible ⁵
	Balance PPO \$1750 A	\$1,750	\$3,500	90%	70%	\$6,350	\$12,700	\$150	10% after deductible ³	\$75	\$35	\$35	\$20	\$65	\$200	\$65	NO	NO	3/10/50/85
	High Deductible PPO \$1750 Qualified A⁵	\$1,750	\$3,500	100%	80%	\$4,650	\$9,300	\$150 after deductible ³	0% after deductible	\$75 after deductible ³	\$25 after deductible ³	\$25 after deductible ³	0% after deductible	\$40 after deductible ³	\$150 after deductible ³	\$40 after deductible ³	NO	YES	3/8/40/70 after deductible ⁵
	Balance PPO \$2000 A	\$2,000	\$4,000	90%	70%	\$6,350	\$12,700	\$150	10% after deductible ³	\$75	\$45	\$45	\$20	\$65	\$200	\$65	NO	NO	3/10/50/85
	Premier Balance PPO \$2500 A	\$2,500	\$5,000	100%	80%	\$6,350	\$12,700	\$150	0% after deductible	\$75	\$45	\$45	\$20	\$65	\$200	\$65	NO	NO	3/10/50/85
	Premier Balance PPO \$3500 A	\$3,500	\$7,000	100%	80%	\$6,350	\$12,700	\$150	0% after deductible	\$75	\$45	\$45	\$20	\$65	\$200	\$65	NO	NO	3/10/50/85
BRONZE	High Deductible PPO \$2600 Qualified A⁵	\$2,600	\$5,200	100%	80%	\$6,350	\$12,700	\$150 after deductible ³	0% after deductible	\$75 after deductible ³	\$40 after deductible ³	\$40 after deductible ³	0% after deductible	\$70 after deductible ³	\$200 after deductible ³	\$70 after deductible ³	NO	YES	3/8/40/70 after deductible ⁵
	High Deductible PPO \$3000 Qualified A⁵	\$3,000	\$6,000	100%	80%	\$6,350	\$12,700	\$150 after deductible ³	0% after deductible	\$75 after deductible ³	\$25 after deductible ³	\$25 after deductible ³	0% after deductible	\$40 after deductible ³	\$200 after deductible ³	\$40 after deductible ³	NO	YES	3/8/40/70 after deductible ⁵
	High Deductible PPO \$3500 Qualified A⁵	\$3,500	\$7,000	100%	80%	\$6,350	\$12,700	\$150 after deductible ³	0% after deductible	\$75 after deductible ³	\$25 after deductible ³	\$25 after deductible ³	0% after deductible	\$40 after deductible ³	\$150 after deductible ³	\$40 after deductible ³	NO	YES	3/8/40/70 after deductible ⁵
	High Deductible PPO \$4000⁵ Qualified A	\$4,000	\$8,000	80%	60%	\$6,350	\$12,700	20% after deductible ³	20% after deductible ³	20% after deductible ³	20% after deductible ³	20% after deductible ³	20% after deductible ³	20% after deductible ³	20% after deductible ³	20% after deductible ³	NO	YES	30% after deductible ⁵
	High Deductible PPO \$4750⁵	\$4,750	\$9,500	100%	80%	\$6,350	\$12,700	\$150 after deductible ³	0% after deductible	\$75 after deductible ³	\$25 after deductible ³	\$25 after deductible ³	0% after deductible	\$40 after deductible ³	\$150 after deductible ³	\$40 after deductible ³	NO	YES	3/8/40/70 after deductible ⁵
	High Deductible PPO \$6300⁵ Qualified A	\$6,300	\$12,600	100%	80%	\$6,300	\$12,600	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	NO	YES	0% after deductible ⁵

¹ Specialist copayment also applies to mental health, behavioral health and substance abuse visits.

² Employer contributions in amounts other than those listed may result in actuarial value changes that may impact compliance as a Qualified Health Plan.

³ Figure represents member coinsurance or copayment after deductible.

⁴ Out-of-pocket maximum calculation includes deductible, copayment and coinsurance.

⁵ Integrated Rx plans include all medical and prescription claims accumulating toward one overall deductible.

ACCESS TO QUALITY CARE

- ✓ A network of high-performing, patient-focused care providers and specialists. **There are more than 10,300 primary care physicians and specialists in western Pennsylvania alone.**
- ✓ **Access to nearly 720,000 providers** in the Blue Cross Blue Shield network across the country.
- ✓ **Health and wellness discounts** on products, services, classes and fitness facilities.

Plus...

- ✓ Reliable health care coverage and member service and support from a health insurer with **75 years' experience.**

For our members' convenience, Highmark connects members to every kind of care through a quality network of nearly 60 hospitals in western Pennsylvania...

Many hospitals within the Highmark network have been recognized by *U.S. News & World Report*, *Thomson Reuters*, *Health Grades* or other agencies for superb clinical outcomes and patient-focused care.

HIGHMARK IN-NETWORK HOSPITALS IN WESTERN PENNSYLVANIA

With Highmark, members will have access to the region's leading health care providers, including those that are a part of Allegheny Health Network, as well as other community hospitals. Members will also have access to all UPMC facilities outside of the five-county Pittsburgh region, as shown in the hospital listing in this product brochure. In-network access to oncology services at Hillman Cancer Center and all other UPMC-owned or managed cancer facilities and physicians is also included.

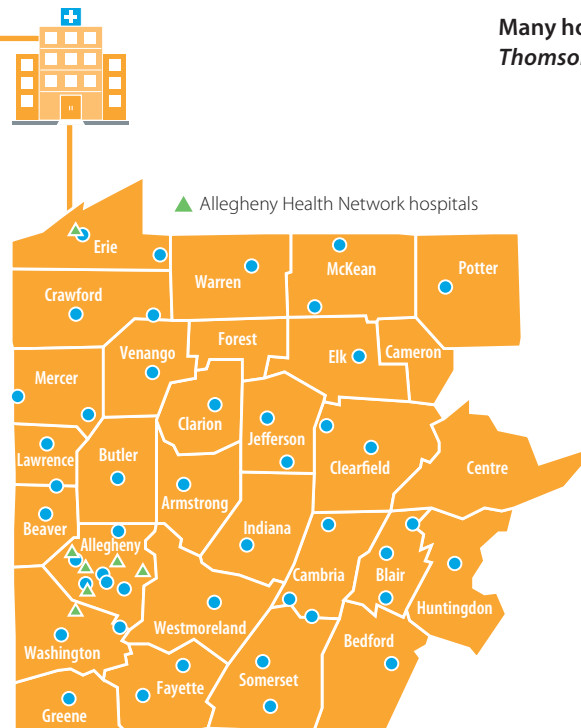
"CONTINUATION OF CARE" FOR MEMBERS IN TREATMENT NOW

If a member or their dependent is in the midst of a course of treatment with any UPMC provider – no matter what the diagnosis – they can continue to see that provider, if they wish, and benefits will be paid at the in-network level. It's their choice, and they will want to work with their doctor to make the right decision about continuing care with their current provider.

A "SAFETY NET" FOR ALL MEMBERS

If a member doesn't have any specific health problems but saw a UPMC physician in 2014, and cannot find an alternative provider in their area, they'll have extra time to change providers. For example, a member may have a UPMC primary care physician or ob/gyn. Or they may have seen a UPMC specialist recently.

If a member received care in 2014 from a UPMC provider and cannot find an alternative provider in their area, they can continue to receive care from that same provider in 2015 on an in-network basis. After 2015, they will need to change providers if they want care at the in-network benefit level. If they choose to stay with a UPMC provider after 2015, any care they receive from that provider will be paid at the out-of-network benefit level.



MEMBERS CAN GET PERSONALIZED HELP WITH ONE TOLL-FREE PHONE CALL

myCare Navigator helps members to:

- Find doctors or hospitals
- Schedule, cancel or confirm appointments
- Transfer medical records
- Get answers to questions about 2015 coverage
- Locate services such as support for elderly parents or children with special needs

Help is just a phone call away at 1-888-BLUE-428

LOOKING FOR A HIGHMARK HEALTH CARE PROVIDER?

Visit our online directory, YourNetwork2015.com. Or call myCare NavigatorSM at 1-888-BLUE-428.

As with all health coverage, it's always a good idea to check with out-of-network providers to ensure they accept Highmark coverage.



In 2015, Highmark will connect members to a health care provider network that offers patient-focused care with state-of-the-art technologies. In western Pennsylvania, this network includes nearly 60 community and specialty hospitals and more than 10,300 physicians. With vast experience in cancer, heart, behavioral health, children's and women's care, the provider network can address any care need our members may have. . .conveniently, compassionately and expertly.

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
- 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

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

As of Jan. 1, 2015.

COMPONENTS OF GROUP PLAN DESIGN



ESSENTIAL HEALTH BENEFITS CATEGORIES

All Affordable Care Act (ACA) compliant plans must cover the following Essential Health Benefits categories to a benchmark level of coverage established by the state:

- Ambulatory patient services
- Hospitalization
- Mental health and substance use disorder services
- Rehabilitative and habilitative services and devices
- Preventive and wellness services and chronic disease management
- Emergency services
- Maternity and newborn care
- Prescription drugs
- Laboratory services
- Pediatric services including oral and vision

Pediatric Dental and Vision services will be offered to children under the age of 19; services include dental and vision checkups, as well as one pair of glasses per year. These services are integrated into all small group medical plans.

Prescription Drugs will be offered with cost sharing within all plans in the marketplace. The new formularies being offered with our plans will cover a larger list of drugs, but may offer only one drug-coverage list per plan.

Highmark Blue Cross Blue Shield, Highmark Health Insurance Company and Highmark Coverage Advantage (HCA) are independent licensees of 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. Insurance may be provided by Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or HCA. Highmark is a registered mark of Highmark, Inc.

ACTUARIAL VALUE AND METAL LEVELS

Under health care reform, insurance companies must define the level of health care costs a particular plan will pay (on average) for covered benefits. To make it easier to understand, the government established metal levels and requires that plans meet the actuarial value in a given metal level.

	Average Coverage Level (Actuarial Value)	Out-of-Pocket Costs	Premiums
Platinum Plans	90%	Lowest	Highest
Gold Plans	80%	Low	High
Silver Plans	70%	Moderate	Moderate
Bronze Plans	60%	High	Low