

SHOP HEALTH PLAN OPTIONS

Plans Available through the Small Business Health Options (SHOP) Marketplace

Western Pennsylvania Region
For Groups of 50 or Fewer Employees

» January 2015

SHOP HEALTH PLAN OPTIONS



CHOICE OF PLAN DESIGNS

Highmark Blue Cross Blue Shield offers multiple plan designs at all metal levels. Clients have the option to choose a Highmark health plan through the Small Business Health Options Program (SHOP) Marketplace. Clients who are eligible for the small business health care tax credit can only take advantage of that credit if they, or their authorized agent, buy insurance through the SHOP Marketplace at HealthCare.gov.

INTRODUCING COMMUNITY BLUE FLEX

Highmark's newest product, **Community Blue Flex**, offers:



A HIGH QUALITY NETWORK

Community Blue Flex provides access to a high quality network of the region's leading health care providers. *Community Blue Flex* plans offer two levels of in-network benefits for certain health care services – Enhanced Value and Standard Value. Both levels of service provide high quality care, but different member cost-sharing.

- At the Enhanced Value level, members enjoy lower cost-sharing when they receive care from quality, cost-effective in-network providers.
- At the Standard Value level, members have higher cost-sharing when they receive care from other in-network providers.
- For out-of-network care, members pay the highest level of cost-sharing.



COMBINED DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS

All network deductible costs for covered services at either level of benefits count toward both the Enhanced and Standard level network deductibles. Once the Enhanced Value deductible is met, the member will only have an in-network deductible responsibility if they use a Standard Value level provider or facility.

In the same way, out-of-pocket maximums are combined for network services. This means that any costs for covered services at either the Enhanced or Standard level of benefits count toward the same network out-of-pocket maximum.

January 2015

MEDICAL COVERAGE																										HEALTH SPENDING ACCOUNTS		PRESCRIPTIONS			
Medical Deductible			Plan Payment Level (Coinsurance) After Deductible			Out-of-Pocket Maximum ¹		Emergency Room	Inpatient Hospital ⁶		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 Fam)	Out-of-Network (2x Fam)	In-Network	Out-of-Network (2x Fam)	Out-of-Network (2x Fam)	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	HRA	HSA	Low Cost Generic/Standard Generic/Brand Formulary/Non-Formulary					
Enhanced (2x Fam)	Standard (2x Fam)	Out-of-Network (2x Fam)	Enhanced (2x Fam)	Standard (2x Fam)	Out-of-Network (2x Fam)	Enhanced/Standard (2x Fam)	Out-of-Network (2x Fam)	In/Out-Network	Enhanced	Standard	Enhanced	Standard	Enhanced	Standard	Enhanced	Standard	Enhanced/Standard	Enhanced	Standard	Enhanced	Standard	Enhanced	Standard	Enhanced	Standard						
ZONE A - ALLEGHENY, ARMSTRONG, BEAVER, BUTLER, FAYETTE, GREENE, INDIANA, LAWERENCE, WASHINGTON, WESTMORELAND, CRAWFORD, ERIE, MCKEAN, MERCER, WARREN																															
PLATINUM	Premier Balance PPO \$0 Platinum A a Community Blue Flex Plan			\$0	\$500	\$1,500	100%	70%	50%	\$1,600	\$4,800	\$100	0% after deductible	30% after deductible ³	\$40	\$70	\$10	\$40	\$10	\$40	\$5	\$20	\$60	\$40	\$100	\$20	\$60	NO	NO	3/8/40/70	
	Premier Balance PPO \$250 Platinum A a Community Blue Flex Plan			\$250	\$750	\$2,250	100%	70%	50%	\$1,300	\$3,900	\$100	0% after deductible	30% after deductible ³	\$40	\$70	\$10	\$40	\$10	\$40	\$5	\$20	\$60	\$40	\$100	\$20	\$60	NO	NO	3/8/40/70	
GOLD	Premier Balance PPO \$0 Gold A a Community Blue Flex Plan			\$0	\$5,000	\$15,000	100%	70%	50%	\$6,600	\$19,800	\$125	0% after deductible	30% after deductible ³	\$65	\$95	\$10	\$65	\$25	\$65	\$15	\$40	\$85	\$100	\$300 after deductible ³	\$40	\$85 after deductible ³	NO	NO	3/8/40/70	
	Premier Balance PPO \$250 Gold A a Community Blue Flex Plan			\$250	\$750	\$2,250	100%	70%	50%	\$3,400	\$10,200	\$125	0% after deductible	30% after deductible ³	\$65	\$95	\$20	\$50	\$20	\$50	\$15	\$40	\$75	\$100	\$200	\$40	\$75	NO	NO	3/8/40/70	
	Premier Balance PPO \$500 A a Community Blue Flex Plan			\$500	\$1,500	\$4,500	100%	70%	50%	\$3,400	\$10,200	\$125	0% after deductible	30% after deductible ³	\$65	\$95	\$20	\$50	\$20	\$50	\$15	\$40	\$75	\$100	\$200	\$40	\$75	NO	NO	3/8/40/70	
	Flex PPO \$500 Total Health a Community Blue Flex Plan			\$500	N/A	\$3,000	100%	N/A	70%	\$4,000	N/A	\$8,000	\$150	0% after deductible		\$50	N/A	PCMH \$10 ⁷	NON-PCMH \$50 ⁷	\$35	N/A	\$15	\$30	N/A	0% after deductible	N/A	0% after deductible	N/A	NO	NO	3/8/40/70
	Premier Balance PPO \$750 A a Community Blue Flex Plan			\$750	\$1,500	\$4,500	100%	70%	50%	\$3,400	\$10,200	\$125	0% after deductible	30% after deductible ³	\$65	\$95	\$20	\$50	\$20	\$50	\$15	\$40	\$75	\$100	\$200	\$40	\$75	NO	NO	3/8/40/70	
	Premier Balance PPO \$1000 A a Community Blue Flex Plan			\$1,000	\$2,000	\$6,000	100%	70%	50%	\$3,500	\$10,500	\$125	0% after deductible	30% after deductible ³	\$65	\$95	\$20	\$50	\$20	\$50	\$15	\$40	\$75	\$100	\$200	\$40	\$75	NO	NO	3/8/40/70	
	Premier Balance PPO \$1250 A a Community Blue Flex Plan			\$1,250	\$2,500	\$7,500	100%	70%	50%	\$3,500	\$10,500	\$125	0% after deductible	30% after deductible ³	\$65	\$95	\$20	\$50	\$20	\$50	\$15	\$40	\$75	\$100	\$200	\$40	\$75	NO	NO	3/8/40/70	
	Premier Balance PPO \$1500 A a Community Blue Flex Plan			\$1,500	\$3,000	\$9,000	100%	70%	50%	\$3,300	\$9,900	\$125	0% after deductible	30% after deductible ³	\$65	\$95	\$20	\$50	\$20	\$50	\$15	\$40	\$75	\$100	\$200	\$40	\$75	NO	NO	3/8/40/70	
	Comprehensive Care EPO \$1500 A a Community Blue Plan			\$1,500	\$3,000	\$9,000	100%	70%	50%	\$3,200	\$9,600	\$125	0% after deductible	30% after deductible ³	\$65	\$95	\$20	\$50	\$20	\$50	\$15	\$40	\$75	\$100	\$200	\$40	\$75	NO	NO	3/8/40/70	
	Shared Cost PPO \$1500			\$1,500	\$3,000	\$9,000	90%	70%	50%	\$2,800	\$5,000	\$125	0% after deductible		\$60	\$30	\$30	\$20	\$50	\$100	\$50	NO	NO	8/40/70							
SILVER	Premier Balance PPO \$1400 A a Community Blue Flex Plan			\$1,400	\$5,000	\$15,000	100%	70%	50%	\$6,600	\$19,800	\$250	0% after deductible	30% after deductible ³	\$75	\$100	\$30	\$55	\$30	\$55	\$15	\$60	\$85	\$125	\$300	\$60	\$85	NO	NO	3/8/40/70	
	High Deductible PPO \$1500 Qualified A a Community Blue Flex Plan			\$1,500	\$4,500	\$13,500	100%	70%	60%	\$6,400	\$19,200	\$150 after deductible ³	0% after deductible	30% after deductible ³	\$75 after deductible ³	\$100 after deductible ³	0% after deductible	\$30 after deductible ³	0% after deductible	\$30 after deductible ³	0% after deductible	\$30 after deductible ³	\$60 after deductible ³	\$50 after deductible ³	\$150 after deductible ³	\$30 after deductible ³	\$60 after deductible ³	NO	YES	3/8/40/70 after deductible	
	High Deductible PPO \$1750 Qualified A a Community Blue Flex Plan			\$1,750	\$5,250	\$15,750	100%	70%	60%	\$6,400	\$19,200	\$150 after deductible ³	0% after deductible	30% after deductible ³	\$75 after deductible ³	\$100 after deductible ³	0% after deductible	\$30 after deductible ³	0% after deductible	\$30 after deductible ³	0% after deductible	\$30 after deductible ³	\$60 after deductible ³	\$50 after deductible ³	\$150 after deductible ³	\$30 after deductible ³	\$60 after deductible ³	NO	YES	3/8/40/70 after deductible	
	Balance PPO \$1750 A a Community Blue Flex Plan			\$1,750	\$5,250	\$15,750	90%	70%	50%	\$6,600	\$19,800	\$150	10% after deductible ³	30% after deductible ³	\$75	\$100	\$30	\$65	\$30	\$65	10% after deductible ³	\$60	\$90	\$200	\$400	\$60	\$90	NO	NO	3/10/50/85	
	Balance PPO \$2000 A a Community Blue Flex Plan			\$2,000	\$6,000	\$18,000	90%	70%	50%	\$6,600	\$19,800	\$150	10% after deductible	30% after deductible ³	\$75	\$100	\$30	\$65	\$30	\$65	10% after deductible ³	\$60	\$90	\$200	\$400	\$60	\$90	NO	NO	3/10/50/85	
	Comprehensive Care EPO \$2000 a Community Blue Plan⁵			\$2,000	\$6,000	\$18,000	70%	70%	50%	\$4,700	\$14,100	N/A	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	NO	NO	30% after deductible ³		
BRONZE	High Deductible PPO \$2600 Qualified A a Community Blue Flex Plan			\$2,600	\$7,800	\$23,400	100%	70%	50%	\$6,450	\$19,350	\$150 after deductible ³	0% after deductible	30% after deductible ³	\$75 after deductible ³	\$100 after deductible ³	\$40 after deductible ³	\$65 after deductible ³	\$40 after deductible ³	\$65 after deductible ³	0% after deductible	70% after deductible ³	95% after deductible ³	\$200 after deductible ³	\$400 after deductible ³	\$70 after deductible ³	\$95 after deductible ³	NO	YES	3/8/40/70 after deductible ³	
	High Deductible PPO \$3000 Qualified A a Community Blue Flex Plan			\$3,000	\$9,000	\$27,000	100%	70%	50%	\$6,450	\$19,350	\$150 after deductible ³	0% after deductible	30% after deductible ³	\$75 after deductible ³	\$100 after deductible ³	\$25 after deductible ³	\$55 after deductible ³	\$25 after deductible ³	\$55 after deductible ³	0% after deductible	\$45 after deductible ³	\$75 after deductible ³	\$200 after deductible ³	\$400 after deductible ³	\$45 after deductible ³	\$75 after deductible ³	NO	YES	3/8/40/70 after deductible ³	
	High Deductible PPO \$3500 Qualified A a Community Blue Flex Plan			\$3,500	\$10,500	\$31,500	100%	70%	50%	\$6,450	\$19,350	\$150 after deductible ³	0% after deductible	30% after deductible ³	\$75 after deductible ³	\$100 after deductible ³	\$25 after deductible ³	\$55 after deductible ³	\$25 after deductible ³	\$55 after deductible ³	0% after deductible	45% after deductible ³	\$75 after deductible ³	\$200 after deductible ³	\$400 after deductible ³	\$45 after deductible ³	\$75 after deductible ³	NO	YES	3/8/40/70 after deductible ³	
	High Deductible PPO \$4000 Qualified A a Community Blue Flex Plan			\$4,000	\$12,000	\$36,000	100%	70%	50%	\$6,450	\$19,350	\$150 after deductible ³	0% after deductible	30% after deductible ³	\$75 after deductible ³	\$100 after deductible ³	\$25 after deductible ³	\$55 after deductible ³	\$25 after deductible ³	\$55 after deductible ³	0% after deductible	0% after deductible	30% after deductible ³	\$200 after deductible ³	\$400 after deductible ³	\$45 after deductible ³	\$75 after deductible ³	NO	YES	3/8/40/70 after deductible ³	
	Health Savings PPO Q \$4000			\$4,000	\$8,000	\$24,000	80%	60%	50%	\$6,350	\$19,050	\$12,700	20% after deductible ³	20% after deductible ³	20% after deductible ³	\$60 after deductible ³	\$60 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	20% after deductible ³	20% after deductible ³	NO	NO	30% after deductible ³	

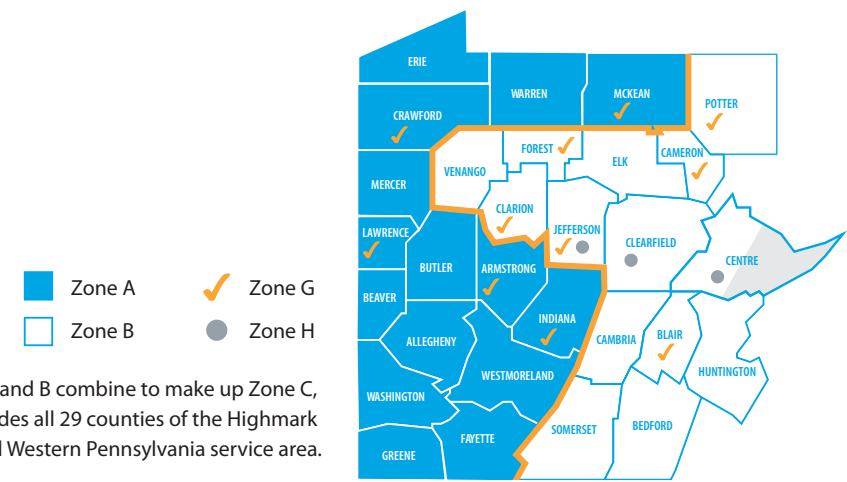
January 2015

MEDICAL COVERAGE																									HEALTH SPENDING ACCOUNTS		PRESCRIPTIONS
Medical Deductible			Plan Payment Level (Coinsurance) After Deductible			Out-of-Pocket Maximum ⁴		Emergency Room	Inpatient Hospital ⁶		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 Fam)	In-Network		Out-of-Network (2x Fam)	In-Network		Out-of-Network (2x Fam)	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	
Enhanced (2x Fam)	Standard (2x Fam)	Enhanced (2x Fam)	Standard (2x Fam)	Enhanced/Standard (2x Fam)	Enhanced	Standard	Enhanced	Standard		Enhanced	Standard	Enhanced	Standard	Enhanced/Standard	Enhanced	Standard	Enhanced	Standard	Enhanced	Standard	Enhanced	Standard					

ZONE B - BEDFORD, BLAIR, CAMBRIA, CENTRE, CLEARFIELD, HUNTINGDON, JEFFERSON, SOMERSET, CAMERON, CLARION, ELK, FOREST, POTTER, VENANGO

PLAN	Medical Deductible		Plan Payment Level (Coinsurance) After Deductible			Out-of-Pocket Maximum ⁴		Emergency Room	Inpatient Hospital ⁶		Urgent Care		PCP		Retail Clinic		Telemedicine	Specialist ¹		Imaging		X-ray & Diagnostic/Laboratory (Outpatient & Professional)		Availability/Employer Contribution ²		Rx Formulary (Comprehensive)	
	Enhanced (2x Fam)	Standard (2x Fam)	Enhanced (2x Fam)	Standard (2x Fam)	Out-of-Network (2x Fam)	Enhanced/Standard (2x Fam)	Out-of-Network (2x Fam)	In/Out-Network	Enhanced	Standard	Enhanced	Standard	Enhanced	Standard	Enhanced/Standard	Enhanced	Standard	Enhanced	Standard	Enhanced	Standard	Enhanced	Standard	HRA	HSA	Low Cost Generic/Standard Generic/Brand Formulary/Non-Formulary	
GOLD Premier Balance PPO \$250 IP A a Community Blue Flex Plan	\$250	\$750	\$2,250	100%	70%	50%	\$3,600	\$10,800	\$125	\$500	30% after deductible ³	\$65	\$95	\$20	\$50	\$20	\$50	\$15	\$35	\$70	\$100	\$200	\$35	\$70	NO	NO	3/8/40/70
Flex PPO \$500 Total Health a Community Blue Plan	\$500	N/A	\$3,000	100%	N/A	70%	\$4,000	N/A	\$8,000	\$150	0% after deductible	\$50	N/A	PCMH \$10 ⁷	NON-PCMH \$50 ⁷	\$35	N/A	\$15	\$30	N/A	0% after deductible	N/A	0% after deductible	N/A	NO	NO	3/8/40/70
Premier Balance PPO \$750 IP A a Community Blue Flex Plan	\$750	\$1,500	\$4,500	100%	70%	50%	\$3,700	\$11,100	\$125	\$500	30% after deductible ³	\$60	\$90	\$30	\$60	\$30	\$60	\$15	\$50	\$85	\$100	\$200	\$50	\$85	NO	NO	3/8/40/70
Comprehensive Care EPO \$1500 A a Community Blue Plan	\$1,500		N/A		70%	N/A	\$2,200	N/A	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	NO	NO	30% after deductible ³	
Shared Cost PPO \$1500	\$1,500		\$3,000		90%	70%	\$2,800	\$5,000	\$125	0% after deductible	\$60	\$30	\$30	\$20	\$50	\$100	\$50	NO	NO	8/40/70							
SILVER Premier Balance PPO \$1500 IP A a Community Blue Flex Plan	\$1,500	\$4,500	\$13,500	100%	70%	50%	\$6,600	\$19,800	\$200	\$500	30% after deductible ³	\$75	\$100	\$40	\$65	\$40	\$65	\$15	\$65	\$90	\$175	\$350	\$65	\$90	NO	NO	3/8/40/70
Comprehensive Care EPO \$2000 a Community Blue Plan ⁵	\$2,000		N/A		70%	N/A	\$4,700	N/A	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	30% after deductible ³	NO	NO	30% after deductible ³	
BRONZE High Deductible PPO \$4000 IP Qualified a Community Blue Flex Plan	\$4,000	\$10,500	100%	70%	50%	\$6,450	\$19,350	0% after deductible	\$500 after deductible ³	30% after deductible ³	0% after deductible	30% after deductible ³	\$60 after deductible ³	30% after deductible ³	0% after deductible	30% after deductible ³	0% after deductible	0% after deductible	30% after deductible ³	0% after deductible	30% after deductible ³	0% after deductible	30% after deductible ³	NO	YES	3/8/40/70 after deductible ³	
Health Savings PPO Q \$4000	\$4,000	\$8,000	80%	60%	\$6,350	\$12,700	20% after deductible ³	20% after deductible ³	20% after deductible ³	\$60 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	20% after deductible ³	20% after deductible ³	20% after deductible ³	20% after deductible ³	20% after deductible ³	NO	NO	30% after deductible ³	

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.
⁶ Enhanced Inpatient copay for hospitalization is \$1000. Enhanced & Standard Mental Health/ Substance Abuse Inpatient Copay is \$750.
⁷ Members select a primary care doctor who participates in the program (labeled as PCMH). This doctor coordinates all of a member's care. A member's out-of-pocket responsibility is lower when utilizing their PCMH doctor.



A HIGH-QUALITY NETWORK OF HEALTH CARE PROVIDERS

Community Blue Flex provides access to the region's leading health care providers, including those from Allegheny Health Network and nearly 60 community and specialty hospitals in western Pennsylvania.

And for those who want it, Community Blue Flex also provides options for accessing care from certain University of Pittsburgh Medical Center (UPMC) physicians and hospitals as outlined below:

HOSPITALS IN WESTERN PENNSYLVANIA

Community Blue Flex provides access to nearly 60 community hospitals and more than 10,600 physicians in western Pennsylvania alone. Members also have access to all UPMC facilities outside of the Pittsburgh region, as shown in the hospital listing in this benefit grid.

At the Enhanced Value benefits level, members will have access to exceptional cancer services available through Allegheny Health Network and its partner Johns Hopkins Kimmel Cancer Center. Access to cancer centers jointly operated by UPMC and other community hospitals is also covered at the Enhanced Value benefits level.

And at the Standard Value benefits level, members will have access to oncology services at Hillman Cancer Center and all other UPMC wholly owned or managed care facilities and physicians.

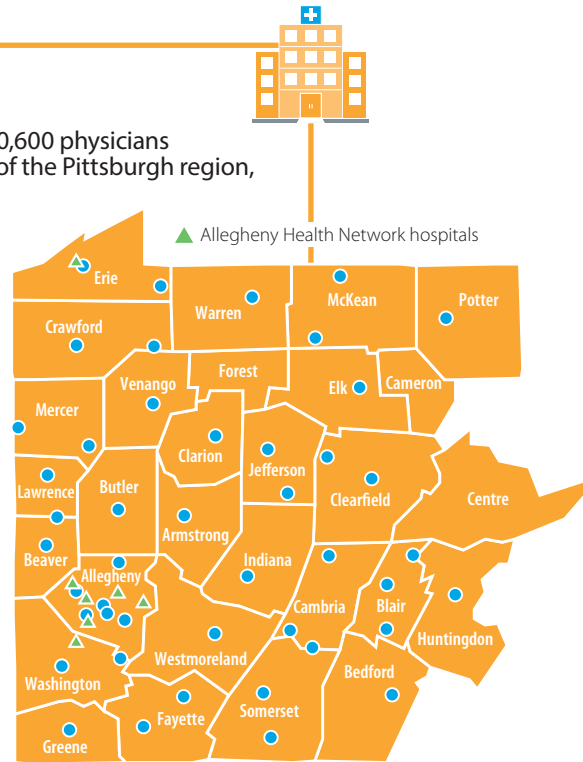
"CONTINUATION OF CARE" FOR MEMBERS IN TREATMENT NOW

If a member or a dependent are in the midst of a course of treatment with any UPMC provider – no matter what the diagnosis – they can continue to see that provider at the Standard Value benefits level. It's the member's 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, they won't have to change providers in 2015. For example, a member may have a UPMC primary care physician or OB/GYN. Or they may also 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 at the Standard Value benefits level. After 2015, they'll need to change providers if they want care at either the Standard or Enhanced Value benefits 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.



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. Members must choose "Yes" for the Community Blue Network to ensure they are searching for Community Blue Flex participating providers.

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

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.

HELP FOR MEMBERS ONLINE OR BY TELEPHONE

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, *Community Blue Flex* 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 10,600 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
- 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

- Excela Frick Hospital
- Excela Latrobe Area Hospital
- Excela Westmoreland Hospital

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

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

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.

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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

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.

⁶ Enhanced Inpatient copay for hospitalization is \$1000. Enhanced & Standard Mental Health/ Substance Abuse Inpatient Copay is \$750.

⁷ Members select a primary care doctor who participates in the program (labeled as PCMH).

This doctor coordinates all of a member's care. A member's out-of-pocket responsibility is lower when utilizing their PCMH doctor.