

FLEXIBLE, INNOVATIVE OPTIONS THAT WORK FOR YOU

HIGHMARK PRODUCT PORTFOLIO

For Groups with 2-50 Employees
2012



MAKE THE RIGHT CHOICE FOR YOUR BUSINESS

Highmark Health Insurance Company understands the challenges you face when considering employee health care coverage. But in the current competitive marketplace, health care coverage is one of the most important benefits you can offer. It helps you to:

- Attract and retain valuable employees
- Stay competitive in the marketplace
- Keep your employees healthy and more productive on the job

Providing your employees with health care coverage can also help you save on indirect costs from absenteeism – those who don't come to work because they are ill – and "presenteeism" – those who come to work but are unable to function at full capacity due to illness or an acute or chronic condition.

GET MORE VALUE FROM HIGHMARK

Selecting health care coverage that's right for your budget and meets your organization's needs isn't always easy. Highmark is here to help. When you choose Highmark, you can take advantage of the following:

- A wide range of plans
- Personalized, dedicated service
- Programs that address the sources of rising health care costs
- Online services and information to help you manage your coverage

We believe that managing health care costs starts with involving your employees in their coverage, their care and their health. For example, if you select a program that involves employees in health care spending decisions, they may be encouraged to learn about their care and treatment options and select one that is most cost effective. They may also be more willing to learn about their health status and lead healthier lifestyles.

Greater employee involvement is a win-win proposition. You are better able to manage your care costs and help your employees maintain their health at the same time. Since healthy employees are more productive employees, this may also increase your workforce productivity.

GIVE EMPLOYEES THE TOOLS THEY NEED

As employees are asked to assume greater financial responsibility for their health care coverage through increased cost sharing, it is especially important to help them use their health care benefits and dollars wisely. That's why Highmark provides the following online health resources and tools:

- Cost and quality tools to help members manage their health care and costs
- Convenient, online health information and decision support
- Clear, comprehensive information on every kind of medical condition
- Extensive full-color online health information database
- Online lifestyle improvement programs for personalized support

MAKE YOUR JOB EASIER, TOO

To help take the paperwork out of the administration of your employee health care benefits, we developed a section of our website, www.highmarkbcbs.com, where you can quickly and easily:

- Obtain enrollment materials in an electronic format. Then print and distribute these materials to your employees, post them on a company website or email the materials directly to your employees.
- Manage your enrollment process. Let your employees enroll online with your approval before submission or manage the enrollment process yourself.
- Access your bills. Receive email notification of your new bills, receive your bills in a summary or detailed format or pay electronically by check.

With this technology, there's no need to store printed reports and bills, and you can always download information for further analysis.



FIND THE RIGHT COVERAGE OPTION FOR YOUR ORGANIZATION

Highmark offers groups a wide range of plans, so you're sure to find the plan that's right for your organization. And you have the flexibility to choose a higher or lower level of cost sharing and employee involvement.

SHARING PLANS

For employers who...

- Need to reduce their monthly premium
- Want more employee involvement

For employees who...

- Want more control over their health care dollars

These plan designs offer savings through a wide range of deductible options. Sharing plans with higher deductibles are ideal choices for a health reimbursement account (HRA).

SMART PLANS

For employers who...

- Want even more savings as their employees become more involved in their health care coverage

For employees who...

- Are fully engaged in their health care throughout the year
- Prefer copayments on preventive care

For additional savings and maximum employee involvement, add an upfront deductible to a plan with coinsurance. Smart plans are available with an HRA to help employees cover their upfront deductibles. (Coinsurance is not eligible for reimbursement through the HRA.)

FAMILY SAVINGS PLANS

For employers who...

- Are family oriented
- Want employee involvement
- Want to lower employee costs

For employees who...

- Have families
- Are engaged in their family's health

These plans offer family savings with all family members working towards a common deductible, while maintaining employee involvement. They can be offered with coinsurance or with copayments. Both designs are available with an HRA to help employees cover their part of their upfront deductible. (Coinsurance is not eligible for reimbursement through the HRA.) You can offer one or more Family Savings plans to your employees, but these plans cannot be offered with plans in any other category.

MEMBER SELECT PLANS

For employers who...

- Want to save more in premium
- Want employees to be fully engaged in their health care decisions

For employees who...

- Are fully engaged in their health care decisions
- Prefer copayments on routine care
- Are selective about where they go for their services

These plans are designed for cost-conscious employees. Copayments vary based on the type of facility where services are obtained. The Progressive formulary is offered to provide additional savings. The \$500 deductible plan can be paired with an HRA to help employees cover the upfront deductible. (Coinsurance and copayments are not eligible for reimbursement through the HRA.)

OFFER A QUALIFIED HIGH-DEDUCTIBLE HEALTH PLAN AND AN HSA

HEALTHY SAVINGS PLANS

For employers who...

- Want the lowest monthly premium
- Want to maximize employee involvement

For employees who...

- Are ready to take full control of their health care dollars
- Appreciate tax-advantaged savings

These qualified high-deductible health plans help save money for you and your employees. Each benefit design features a higher deductible, so your premium costs are reduced. All designs are federally "qualified" so employees have the option of opening a tax-advantaged health savings account (HSA). When members receive care from network providers, most Healthy Savings plan designs provide 100 percent coverage for eligible expenses after the deductible.

An HSA offers you savings and choice:

ADVANTAGES	PRODUCT FEATURES
YOU CHOOSE Can be added at no additional cost to these <i>PPO BlueSM</i> Programs	• Healthy Savings
YOU CHOOSE Your level of involvement	• To support employee payroll pre-tax contributions • Whether to contribute toward the employees' health savings accounts
EMPLOYEE CHOOSES All account set-up options	• To open account • The amount of money to contribute • Account set-up options with Highmark's selected vendor(s) for medical claims payment: - Debit card - Automatic fund withdrawals and physician payment (Auto Submit) - Automatic physician payment from the account (Direct Payment-to-Provider) - Automatic direct deposit to an employee bank account - Investment options
WE PROVIDE Tools for you and your employees	• Our online employer tool kit gives you specific communications for HSAs • Additional communication materials for your employees • Options for employees to open, monitor and manage their HSA through www.highmarkbcbs.com • Options for you to manage payroll deducted contributions

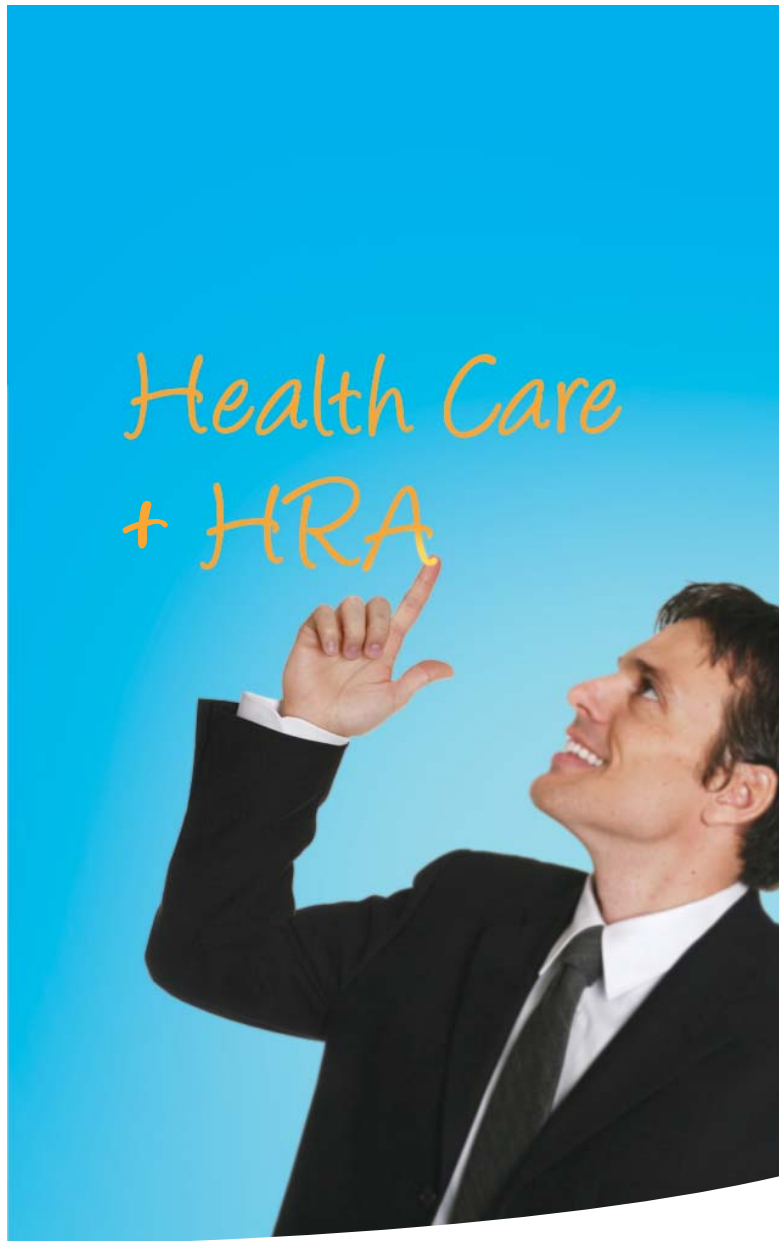


Highmark does not offer banking, investment or financial services. HSA funds are maintained in accounts under the custody of Bank of America, an independent company that is the custodian of Highmark HSA.

COMBINE YOUR HEALTH CARE PROGRAM WITH AN HRA

An HRA is flexible and can be tailored to your specifications:

ADVANTAGES	PRODUCT FEATURES
YOU CHOOSE Can be added at no additional cost to most <i>PPO Blue</i> Programs	• Sharing • Smart • Family • Member Select
YOU CHOOSE How funds are allocated	• 25% • 50% • 75% • 100% • Flat dollar amount
YOU CHOOSE Order of reimbursement	• Employee first • Employer first • 50/50 split: employee/employer
YOU CHOOSE Whom to reimburse	• Employee (via check or direct deposit) • Provider
WE PROVIDE TEMPLATES FOR	• Plan documents • Summary plan descriptions
WE PROVIDE	• Clear communications • Ability for employees to monitor activity through the web • Secure online access for employers



Note: Self-employed individuals (sole proprietors, partners, LLC and more than 2% of shareholders of a subchapter S corporation) can participate in the Highmark Medical Plan but cannot participate and receive tax-free contributions in an HRA. Please consult your tax professional regarding your specific situation.



OTHER AVAILABLE PLANS

TAKE CHARGE PLANS

For employers who...

- Want their employees to become more involved in their health care coverage
- Don't want to change their coverage every year

For employees who...

- Appreciate a plan that provides coverage immediately
- Are engaged in their health care for every service

If you've been changing your coverage every year – increasing copayments, adding or increasing deductibles – consider our Take Charge plans that promote long-term cost management. With these plans, members are responsible for a specific percentage of the cost of their care, giving them a reason to spend their health care dollars wisely and making their coverage easy to understand.

PREMIUM PLANS

For employers who...

- Are willing to pay more – or ask their employees to pay more – each month

For employees who...

- Want the predictability of first-dollar coverage, fixed copayments

If you or your employees are willing to pay more each month in exchange for lower out-of-pocket costs when medical care is needed, consider our Premium plans. The higher monthly premium delivers first-dollar coverage and predictable cost sharing through fixed copayments for doctor's office and emergency room visits and prescription drugs.

FIND MORE DETAILS ABOUT PLANS

The next page includes a comprehensive list of plans available for small businesses. Most of these plans include the following benefits:

- | | | | |
|--|----------------------------------|--|---------------------------------|
| • Preventive care, including adult and pediatric | • Medical/surgical expenses | • Physical medicine, speech and occupational therapy | • Substance abuse |
| • Hospital services | • Outpatient diagnostic services | • Mental health | • Skilled nursing facility care |
| | • Spinal manipulations | | |

All plan designs also include the option for a 90-day retail pharmacy benefit.

See contract for benefits provisions.

There are no pre-existing condition limitations on Highmark Health Insurance Company (HHIC) group products. These programs have guaranteed renewability, provided that the group continues to meet HHIC's underwriting and participation guidelines. HHIC's underwriting and participation guidelines are available on request. All programs in this brochure are subject to HHIC's underwriting approval.

PRESCRIPTION DRUG COVERAGE OPTIONS

THE COMPREHENSIVE FORMULARY

The Comprehensive formulary is primarily comprised of generic drugs, but also includes many brand-name drugs. It provides companies with the opportunity to choose a formulary that will assist them in controlling their pharmacy costs, while also providing members with the flexibility to choose from multiple options when working with their doctor to address their treatment needs. The “Comprehensive” formulary features:

- A pharmacy benefit which can help your company manage pharmacy care costs, while providing access to a high-quality pharmacy benefit program your employees value.
- Coverage for all major therapeutic categories.
- Most therapeutic categories contain more brand-name products than its “Progressive” formulary counterpart.

THE PROGRESSIVE FORMULARY

Balance your company’s financial objectives with maintaining ample prescription drug coverage for your employees. As prescription drug costs continue to increase – particularly the cost of brand-name drugs – you can encourage your employees to use generics and lower-cost brand-name drugs with our new “Progressive” formulary which features:

- The same major therapeutic categories as our “Comprehensive” formulary
- Each therapeutic category contains either a generic equivalent (a generic with the same chemical composition as the brand) or a generic alternative (a generic with a different chemical composition as the brand)
- If a generic equivalent or a generic alternative does not exist for a therapeutic category, then the lowest cost brand-name drug usually is included

Industry experience has shown a willingness of members to change to a lower-cost drug rather than choosing not to fill the higher cost prescription. That’s important because appropriate use of prescription drugs can be a key component of a comprehensive strategy of providing access to quality care and controlling overall medical costs.



			PREMIUM PLANS			TAKE CHARGE PLANS			FAMILY SAVINGS PLANS	
PPO BLUE SM PLANS			 PPO Blue \$10	 PPO Blue \$20	 PPO Blue \$20-\$40	 PPO Blue 90/70	 PPO Blue \$250 90/70	 PPO Blue \$250 80/60	 PPO Blue \$3000C 90/70	 PPO Blue \$4000C
MEDICAL COVERAGE	DEDUCTIBLE	NETWORK (2x FAM)	\$0	\$0	\$0	\$0	\$250	\$250	\$3000	\$4000
		OUT-OF-NETWORK (2x FAM)	\$250	\$500	\$500	\$500	\$500	\$500	\$6000	\$8000
	PLAN PAYMENT LEVEL (Coinsurance)	NETWORK	100%	100%	100%	90%	90%	80%	90%	100%
		OUT-OF-NETWORK	80%	80%	80%	70%	70%	60%	70%	80%
	OUT-OF-POCKET MAXIMUM	NETWORK (2x FAM)	\$0	\$0	\$0	\$500	\$1500	\$2500	\$1000	\$0
		OUT-OF-NETWORK (2x FAM)	\$2000	\$3000	\$3000	\$1000	\$3000	\$5000	\$2000	\$4000
	EMERGENCY ROOM MEMBER PAYS	NETWORK	\$35	\$50	\$100	10%	\$75	20%	10% deductible does not apply	\$125
	URGENT CARE MEMBER PAYS	NETWORK	\$25	\$35	\$60	10%	\$50	20%	10% deductible does not apply	\$60
HEALTH SPENDING ACCOUNT	OFFICE VISIT MEMBER PAYS	PCP-RETAIL/SPECIALIST	\$10/\$10	\$20/\$20	\$20/\$40	10%	\$20/\$30	\$20/\$20	10% deductible does not apply	\$25/35
	AVAILABILITY	HRA							X	X
		HSA								
PRESCRIPTION DRUG	COMPREHENSIVE FORMULARY INCENTIVE RX-A	RETAIL	\$8/\$35/\$50			\$8/\$35/\$50			\$8/\$35/\$50	
		MAIL ORDER	\$20/\$90/\$125			\$20/\$90/\$125			\$20/\$90/\$125	
	COMPREHENSIVE FORMULARY CLOSED RX-B	RETAIL	\$8/\$40			\$8/\$40			N/A	
		MAIL ORDER	\$16/\$80			\$16/\$80			N/A	
	PROGRESSIVE FORMULARY INCENTIVE RX- C	TIER 4 \$200 MAX/RX RETAIL	N/A			\$8/\$45/\$95/25%			N/A	
		TIER 4 \$400 MAX/RX MAIL ORDER	N/A			\$16/\$90/\$190/25%			N/A	

			SHARING PLANS								
PPO BLUE SM PLANS			G PPO Blue \$250	G PPO Blue \$500	G PPO Blue \$750	S PPO Blue \$1000	S PPO Blue \$1250	S PPO Blue \$1500	S PPO Blue \$2000	B PPO Blue \$2500	B PPO Blue \$3000
MEDICAL COVERAGE	DEDUCTIBLE	NETWORK (2x FAM)	\$250	\$500	\$750	\$1000	\$1250	\$1500	\$2000	\$2500	\$3000
		OUT-OF-NETWORK (2x FAM)	\$500	\$1000	\$1500	\$2000	\$2500	\$3000	\$4000	\$5000	\$6000
	PLAN PAYMENT LEVEL (Coinsurance)	NETWORK	100%	100%	100%	100%	100%	100%	100%	100%	100%
		OUT-OF-NETWORK	80%	80%	80%	80%	80%	80%	80%	80%	80%
	OUT-OF-POCKET MAXIMUM	NETWORK (2x FAM)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		OUT-OF-NETWORK (2x FAM)	\$2000	\$3000	\$5000	\$5000	\$5000	\$5000	\$2000	\$5000	\$2000
	EMERGENCY ROOM MEMBER PAYS	NETWORK	\$50	\$75	\$100	\$100	\$100	\$100	\$100	\$100	\$100
	URGENT CARE MEMBER PAYS	NETWORK	\$35	\$40	\$50	\$50	\$50	\$50	\$60	\$60	\$60
	OFFICE VISIT MEMBER PAYS	PCP-RETAIL/ SPECIALIST	\$20/\$20	\$20/\$20	\$10/\$25	\$10/\$25	\$10/\$25	\$10/\$25	\$20/35	\$10/\$25	\$20/35
HEALTH SPENDING ACCOUNT	AVAILABILITY	HRA		X	X	X	X	X	X	X	X
		HSA									
PRESCRIPTION DRUG	COMPREHENSIVE FORMULARY INCENTIVE RX-A	RETAIL	\$8/\$35/\$50								
		MAIL ORDER	\$20/\$90/\$125								
	COMPREHENSIVE FORMULARY CLOSED RX-B	RETAIL	\$8/\$40								
		MAIL ORDER	\$16/\$80								
	PROGRESSIVE FORMULARY INCENTIVE RX- C	TIER 4 \$200 MAX/RX RETAIL	\$8/\$45/\$95/25%								
		TIER 4 \$400 MAX/RX MAIL ORDER	\$16/\$90/\$190/25%								

			MEMBER SELECT PLANS		SMART PLANS				
PPO BLUE SM PLANS			 PPO Blue \$250 80/60	 PPO Blue \$500 80/60	 PPO Blue \$500 90/70	 PPO Blue \$500 80/60	 PPO Blue \$750 90/70	 PPO Blue \$1000 80/60	 PPO Blue \$1250 90/70
MEDICAL COVERAGE	DEDUCTIBLE	NETWORK (2x FAM)	\$250	\$500	\$500	\$500	\$750	\$1000	\$1250
		OUT-OF-NETWORK (2x FAM)	\$1000	\$1500	\$1000	\$1000	\$1500	\$2000	\$2500
	PLAN PAYMENT LEVEL (Coinsurance)	NETWORK	80%	80%	90%	80%	90%	80%	90%
		OUT-OF-NETWORK	60%	60%	70%	60%	70%	60%	70%
	OUT-OF-POCKET MAXIMUM	NETWORK (2x FAM)	\$4000	\$4000	\$1000	\$4000	\$1500	\$1500	\$1500
		OUT-OF-NETWORK (2x FAM)	\$5000	\$5000	\$4000	\$5000	\$3000	\$3000	\$3000
	EMERGENCY ROOM MEMBER PAYS	NETWORK	\$150	\$150	\$100	\$100	10%	\$100	10%
	URGENT CARE MEMBER PAYS	NETWORK	\$75	\$75	\$60	\$60	10%	\$60	10%
	OFFICE VISIT MEMBER PAYS	PCP-RETAIL/ SPECIALIST	\$35/\$50	\$35/\$50	\$25/\$25	\$25/\$25	\$25/\$35	\$25/\$35	\$25/\$35
HEALTH SPENDING ACCOUNT	AVAILABILITY	HRA		X	X	X	X	X	X
		HSA							
PRESCRIPTION DRUG	COMPREHENSIVE FORMULARY INCENTIVE RX-A	RETAIL	N/A		\$8/\$35/\$50				
		MAIL ORDER	N/A		\$20/\$90/\$125				
	COMPREHENSIVE FORMULARY CLOSED RX-B	RETAIL	N/A		\$8/\$40				
		MAIL ORDER	N/A		\$16/\$80				
	PROGRESSIVE FORMULARY INCENTIVE RX- C	TIER 4 \$200 MAX/RX RETAIL	\$8/\$45/\$95/25%		\$8/\$45/\$95/25%				
		TIER 4 \$400 MAX/RX MAIL ORDER	\$16/\$90/\$190/25%		\$16/\$90/\$190/25%				

			HEALTHY SAVINGS PLANS					
PPO BLUE SM PLANS			 PPO Blue \$1250 Q	 PPO Blue \$1500 Q	 PPO Blue \$2000 Q	 PPO Blue \$2600 Q	 PPO Blue \$2600 90/70 Q	 PPO Blue \$3500 90/70 Q
MEDICAL COVERAGE	DEDUCTIBLE	NETWORK (2x FAM)	\$1250	\$1500	\$2000	\$2600	\$2600	\$3500
		OUT-OF-NETWORK (2x FAM)	\$2500	\$3000	\$4000	\$5200	\$5200	\$7000
	PLAN PAYMENT LEVEL (Coinsurance)	NETWORK	100%	100%	100%	100%	90%	90%
		OUT-OF-NETWORK	80%	80%	80%	80%	70%	70%
	OUT-OF-POCKET MAXIMUM	NETWORK (2x FAM)	\$3750	\$0	\$0	\$0	\$1000	\$1000
		OUT-OF-NETWORK (2x FAM)	\$7500	\$1500	\$1500	\$1500	\$2000	\$2000
	EMERGENCY ROOM MEMBER PAYS	NETWORK	\$100	0% after deductible	0% after deductible	0% after deductible	10% after deductible	10% after deductible
	URGENT CARE MEMBER PAYS	NETWORK	\$60	0% after deductible	0% after deductible	0% after deductible	10% after deductible	10% after deductible
HEALTH SPENDING ACCOUNT	OFFICE VISIT MEMBER PAYS	PCP-RETAIL/ SPECIALIST	\$20/\$35	0% after deductible	0% after deductible	0% after deductible	10% after deductible	10% after deductible
		HRA						
	AVAILABILITY	HSA	X	X	X	X	X	X
PRESCRIPTION DRUG	OPEN FORMULARY INTEGRATED W/MEDICAL DEDUCTIBLE DESIGN D (FOR HEALTHY SAVINGS PLANS ONLY)							
	COMPREHENSIVE FORMULARY INTEGRATED DESIGN RX-D	RETAIL	Integrated Plan pays 100% after deductible				Integrated Plan pays 90% after deductible	
		MAIL ORDER	Integrated Plan pays 100% after deductible				Integrated Plan pays 90% after deductible	

CONVENIENT ONE-STOP SHOPPING

HIGHMARK VISION: A BETTER VALUE

Get more value for your vision coverage dollars. Choose Highmark for convenient coverage administration, an extensive national provider network and “Blue” coverage advantages.

Offering Highmark vision coverage makes your life more convenient and your job more efficient because–

- You can choose from multiple plan designs, options and premium rates to meet your benefit cost objectives.
- You follow the same enrollment process as with Highmark medical coverage.
- You use the same website – www.highmarkbcbs.com – to access, administer and keep all of your health coverage information in one central location.
- You follow the same billing process to streamline your budget maintenance.
- You’re served by the same sales representative and support staff.

Offering Highmark vision coverage lets you provide your employees with choice and quality through–

- An extensive national network of more than 30,000 independent optometrists and ophthalmologists, in addition to many national and regional retail locations.
- The only vision care program in the country with a National Committee for Quality Assurance (NCQA) certified in-house credentialing process for network providers.

Offering Highmark vision coverage lets you enjoy the advantages of “Blue” coverage through–

- Years of experience in serving customers and partnering with health care providers.
- The assurance of financial strength.
- Access to a large, high-quality provider network.



BLUE EDGE DENTALSM GIVES YOU A CLEAR ADVANTAGE

Just as dental is a sensible part of your health coverage, *Blue Edge* is a sensible choice for your dental coverage.

Offering *Blue Edge* Dental coverage makes your life more convenient and your job more efficient because–

- You can choose from multiple plan designs, options and contribution rates to meet your benefit cost objectives.
- You follow the same enrollment process as with Highmark medical coverage.
- You use the same website – www.highmarkbcbs.com – to access, administer and keep all of your health coverage information in one central location.
- You follow the same bill process to streamline your budget maintenance.
- You're served by the same sales representative and support staff.

Offering *Blue Edge* Dental coverage can help control your overall care costs through–

- A multifaceted Quality Assurance Program that includes dentist credentialing and network management, dental policy development and application, professional review of claims, care utilization review and dentist profiling, and grievance resolution processes. These comprehensive quality management practices help keep care quality up and costs down.
- Preventive Incentive® – covered diagnostic and preventive services do not count toward the annual plan maximum, promoting a sound oral regimen.
- National averages on dental network savings – when using the Advantage network, you enjoy a 29 percent discount; when using the Advantage Plus network, you enjoy a 26 percent discount.

Offering *Blue Edge* Dental lets you provide your employees with choice through–

- A national dental network – Advantage Plus with more than 68,800 dentists at more than 111,000 practicing locations.

Offer your employees added protection without adding to your costs.

VOLUNTARY PRODUCTS FOR THE UNEXPECTED

Employers with Highmark health coverage have access to HM Worksite Advantage* voluntary insurance products to complement their health plan. As employees take on more responsibility for their health care costs, these voluntary products are becoming even more important. Of particular appeal to high-deductible health plan holders, HM Worksite Advantage products provide financial protection for unexpected life events, such as illness, injury or even death.

The suite of voluntary HM Worksite Advantage products includes Critical Illness, Accident, Disability Income and Term Life. Benefits may be used to replace lost income, pay household bills, travel expenses, copayments and deductibles. Benefits are paid directly to the insured, and these products protect employees and their families without adding to the employer's benefit costs.

As employers deal with the changing health care environment and seek to balance the need to control benefit costs with the need to recruit and retain employees, HM Worksite Advantage voluntary insurance products offer a cost-neutral, hassle-free way to broaden the range of benefits available to best fit employees' personal needs.

CRITICAL ILLNESS insurance helps to protect employees and their families in the event of a critical illness. Lump sum benefits are payable upon the initial diagnosis of a covered critical illness, and additional occurrence and re-occurrence benefits also may apply. Coverage is available for the entire family. Eleven critical illnesses are covered, including heart attack, stroke, invasive cancer and kidney failure. All covered individuals also can receive a health screening benefit that includes such procedures as a mammogram or colonoscopy and more.

ACCIDENT coverage can help to protect employers and their families in the event of an unexpected injury. Covered individuals receive benefits for hospital admission, medical fees, accidental death, paralysis, fractures, burns, concussions, ambulance services and more. Accident insurance also includes a health screening benefit.

DISABILITY INCOME insurance provides short-term income replacement benefits when the insured is unable to work due to an illness or injury. Disability Income insurance benefits can help the insured protect his or her assets, credit rating and retirement savings and can be used to help cover the expenses of daily living, including mortgage and car payments, utility bills, as well as deductibles and copayments.

TERM LIFE insurance provides life insurance with a matching accidental death and dismemberment (AD&D) benefit to employees and their covered dependents.

In addition to HM Worksite Advantage, employers also have access to **limited benefit medical plans***, designed for temporary, part-time, contracted or other employees who do not qualify for group health insurance. HM's limited benefit medical plans are customizable group indemnity plans that pay benefits at a fixed dollar amount and can be offered as a benefit paid by the employee, or the employer can contribute all or a portion of the coverage.

Limited Benefit Medical does not provide comprehensive health care coverage on an expense incurred basis.

* Coverage is underwritten by HM Life Insurance Company, Pittsburgh, PA, in all states except New York under policy form series HM308, HM905 or similar. In New York coverage is underwritten by HM Life Insurance Company of New York, New York, NY, under policy form series HL601, HM308, HM407 or similar. The coverage or service requested may not be available in all states and is subject to all applicable state and federal laws. These are separate companies that do not provide Highmark Blue Cross Blue Shield products or services. These companies are solely responsible for these products.



THE HIGHMARK DIFFERENCE

Highmark coverage gives you the broadest networks of physicians and hospitals for unmatched network accessibility, a trusted name, plus experience and financial strength.

- Blue networks include 90 percent of all U.S. hospitals and 80 percent of all U.S. physicians – nearly 901,000 providers across the country
- Blue Cross and Blue Shield is still the strongest nationally-recognized brand name in health care coverage

Highmark's Experience and Financial Strength includes:

- Standard & Poor's Rating – "A" (Strong)*
- A.M. Best Rating – "A" (Excellent)**

*As of December 2010

**As of March 2010



HAVE A GREATER IN YOUR HEALTH.

At Highmark we want to be your partner in health care. We provide you with all you need to know to make the right choices, while simplifying the process so your health care decisions become easier. Better decisions lead to better health and could even save you money.

The health care industry is changing and Highmark will be there with you each step of the way.

Highmark Health Insurance Company is an independent licensee of the Blue Cross and Blue Shield Association.

Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

PPO Blue, Blue Edge and Blue Edge Dental are service marks of the Blue Cross and Blue Shield Association.

Preventive Incentive and Smile for Health are registered service marks of United Concordia Companies, Inc.

Highmark, Have a Greater Hand in Your Health, the hand symbol and Lifestyle Returns are registered marks of Highmark Inc.