

PPO BLUE OPTIONS

Understanding Your Options

When buying health insurance coverage for you or your family, it's helpful to have options that give you the coverage that best fits your needs. On the following pages you'll find information on everything from monthly payments to plan benefits.

What is Highmark PPO Blue Guaranteed Issue?

PPO Blue Comprehensive Major Medical Preferred-Provider High-Deductible Subscription Agreement for Individual Members, Utilizing the Keystone Health Plan West Network of Providers, Without a Gatekeeper is right for people who want to save money on premiums without sacrificing valuable benefits. Because *PPO Blue* is a qualified high-deductible health plan (QHDHP), you can set aside pre-tax income to spend on eligible medical expenses and save money at tax time by opening a Health Savings Account (HSA).

Key Features:

- Pays 80% in-network
- Deductible options that help keep monthly rates lower
- Prescription drug coverage
- Preventive care with no extra cost to you

CHOOSING YOUR PPO BLUE PLAN

Your first step should be to review both the benefit and monthly rate information in this packet. If *PPO Blue* is the option that best meets your needs, your next step is to complete the enrollment application.

PPO Blue is a guaranteed issue plan. This means you are not required to complete a medical questionnaire to become enrolled in the plan. You should know that, except for specific circumstances*, family members, age 19 or older, are subject to a pre-existing condition limitation. Therefore, you will not receive benefits related to a pre-existing condition during the 12-month period following the date your coverage begins. This applies only for those conditions for which medical advice or treatment was recommended by or received from a physician within a five-year period prior to the date your coverage begins.

Rates are based on the number of family members covered and the deductible option you choose.

INDIVIDUAL/FAMILY RATES

Individual/Family Deductibles	One Person	One Parent/ Child	One Parent/ Children	Husband/ Wife	Two Parents/ Child	Two Parents/ Children
\$1,500/\$3,000	\$692.90	\$1,032.35	\$1,371.90	\$1,385.75	\$1,725.05	\$2,064.60
\$2,600/\$5,200	\$622.20	\$927.05	\$1,231.95	\$1,244.35	\$1,549.25	\$1,854.20
\$3,500/\$7,000	\$588.50	\$876.85	\$1,165.00	\$1,176.95	\$1,465.15	\$1,753.50

Effective January 1, 2012

* If you are enrolling in PPO Blue because you are converting from Highmark or other accepted Blue Plan's group coverage to an individual policy, there *may* be no lapse in coverage, and pre-existing condition limitations *may* be waived for you and any family member that was active on the group policy when it terminated.



HAVE QUESTIONS?

CALL 1-800-847-2004 OR VISIT HIGHMARKDIRECT.COM

PPO BLUE GUARANTEED ISSUE

Coverage Type: Guaranteed Issue	Benefit Period: Contract Year		Benefit Period Dollar Maximum: Unlimited	
Plan Details	Network		Out-of-Network	
	PPO Blue Pays	You Pay	PPO Blue Pays	You Pay
Individual - 1 Member Per Agreement				
Deductible - Individual		\$1,500, \$2,600 or \$3,500 deductible is combined in and out-of-network		\$1,500, \$2,600 or \$3,500 deductible is combined in and out-of-network
Out-of-Pocket Limit - Individual The amount of deductible and copayments (if any) paid do not count toward the out-of-pocket limit		\$4,000, \$3,000 or \$2,000 separate out-of-pocket limits apply to in and out-of-network benefits		\$3,000 separate out-of-pocket limits apply to in and out-of-network benefits
Family - 2 or more Family Members Per Agreement				
Deductible - Family ¹		\$3,000, \$5,200 or \$7,000 deductible is combined in and out-of-network		\$3,000, \$5,200 or \$7,000 deductible is combined in and out-of-network
Out-of-Pocket Limit - Family The amount of deductible and copayments (if any) paid do not count toward the out-of-pocket limit		\$8,000, \$6,000 or \$4,000 separate out-of-pocket limits apply to in and out-of-network benefits		\$6,000 separate out-of-pocket limits apply to in and out-of-network benefits
Coinsurance - Individual or Family				
Coinsurance - Paid only after deductibles shown have been paid	80%	20%	60%	40%
Plan Services				
Preventive Care ² - Annual deductible and coinsurance do not apply to the Preventive Care services listed below, except as noted.				
Routine Annual Physical Exam	100%	0%	Pediatric - 60% Adult Not covered	Pediatric - 40% Adult - 100%
Routine Annual Gynecological Exam	100%	0%	Not Covered	100%
Immunizations Adult and Pediatric	100%	0%	Not Covered	100%
Mammographic Screenings	100%	0%	Not Covered	100%
Preventive Medications ³	100%	0%	Not Covered	100%
Illness or Injury Care				
Primary Care Office Visit	80%	20%	60%	40%
Specialist Office Visit/Retail Clinic Visit	80%	20%	60%	40%
Emergency Room Visit	80%	20%	80%	20%
Urgent Care Center Visit	80%	20%	80%	20%
Prescription Drugs	80%	20%	Not Covered	100%
Maternity Services	80%	20%	60%	40%
Ambulance Service	80%	20%	60%	40%
Inpatient Hospital Services	80%	20%	60% for 90 days per Benefit Period	40% for 90 days per Benefit Period. 100% after 90 days per Benefit Period.
Medical/Surgical Expenses	80%	20%	60%	40%
Diagnostic Services (Lab, X-ray and other services)	80%	20%	60%	40%
Therapy and Rehabilitation Services ⁴	80%	20%	60%	40%
Spinal Manipulations ⁵	80%	20%	60%	40%
Home Health Care	80%	20%	60%	40%
Skilled Nursing Facility Care	80%	20%	60%	40%
Mental Health Service	Not Covered	100%	Not Covered	100%
Substance Abuse - Rehabilitation	Not Covered	100%	Not Covered	100%
Substance Abuse - Detoxification	Not Covered	100%	Not Covered	100%
Routine Eye Exam (Every 24 Months)	Not Covered	100%	Not Covered	100%
Dental	Not Covered	100%	Not Covered	100%
Hearing	Not Covered	100%	Not Covered	100%

See Important Benefit Details (footnotes 1-5) at bottom of next page. Please see PPO Blue Outline of Coverage for complete listing of benefits, exclusions and limitations.

Call Highmark Customer Service at 1-800-847-2004, Monday through Friday, 9:00 a.m. to 9:00 p.m. TTY users may call 1-800-862-0709. Or stop in one of the Highmark Service Centers listed below, Monday through Friday, between 8:30 a.m. and 4:30 p.m. Additional centers, with limited hours, are located in Allegheny, Beaver, Butler, Lawrence and Westmoreland counties. Please call 1-800-816-5527 for exact locations, hours and to schedule an appointment. A Customer Service representative will be pleased to help you.

This is a brief introduction to *PPO Blue* and is not a contract. A complete description of *PPO Blue* benefits, as well as terms and conditions of coverage and any limitations, can be found in the Agreement you receive when you enroll. For additional information regarding *PPO Blue* benefits or value-added services, visit our website, **www.highmarkdirect.com**.

Pittsburgh Service Center

Penn Avenue Place
501 Penn Avenue
Ground Floor
Pittsburgh, PA 15222

Johnstown Service Center

125 Market Street
One Pasquerilla Plaza
Johnstown, PA 15901

Erie Service Center

717 State Street
Erie, PA 16501

State College Service Center

2040 Sandy Drive
State College, PA 16803

Highmark Direct – North Hills

McKnight Siebert Shopping Center
4885 McKnight Road
Pittsburgh, PA 15237
412-544-5400
Hours: Monday through Saturday 10:00 a.m. to 7:00 p.m.

Highmark Direct – South Hills

Norman Centre II
1775 North Highland Road
Pittsburgh, PA 15241
412-544-5267
Hours: Monday through Saturday 10:00 a.m. to 7:00 p.m.

Highmark Direct – Robinson Township

Lafayette Plaza Shopping Center
218 Summit Park Drive
North Fayette, PA 15275
412-544-4900
Hours: Monday through Saturday 10:00 a.m. to 7:00 p.m.

Highmark Direct – Monroeville

4008 William Penn Highway
Monroeville, PA 15146
412-544-5420
Hours: Monday through Saturday 10:00 a.m. to 7:00 p.m.

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.

Important Benefit Details

¹ PPO Blue Family Deductible: For an Agreement covering more than one (1) family member, the ENTIRE family deductible must be met (within a Benefit Period) 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.

² The Highmark Preventive Service Schedule lists items/services required under the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended. It is reviewed and updated periodically based on the advice of the U.S. Preventive Services Task Force, the laws and regulations of the Commonwealth of Pennsylvania and updates to clinical guidelines established by national medical organizations. Accordingly, the content of the Schedule is subject to change.

³ Certain limited prescriptions and over-the-counter drugs prescribed for preventive purposes.

⁴ Therapy visit limits include in and out-of-network visits. Physical medicine is limited to 15 visits per contract year. Speech therapy and occupational therapy are a combined 15-visit limit per contract year.

⁵ Spinal manipulations are limited to 10 services per contract year combined in and out-of-network.