PREFERRED BLUE

AN INDIVIDUAL PREFERRED-PROVIDER PROGRAM

The *Preferred Blue® Individual Comprehensive Major Medical Preferred-Provider Agreement* is for individuals eligible for coverage under the following:

- HIPAA (Health Insurance Portability and Accountability Act)
- HCTC (Health Coverage Tax Credit) Program

HIGHMARK® Preferred Blue

HIGHMARKDIRECT.COM

HIPAA-ELIGIBLE PROGRAM

MONTHLY RATES EFFECTIVE JANUARY 1, 2012

PREFERRED BLUE INDIVIDUAL PREFERRED-PROVIDER PROGRAM
RATES SHOWN ARE 100% OF THE MONTHLY PREMIUM

Individual/Family Deductibles	One Person	One Parent/ Child	One Parent/ Children	Husband/ Wife	Two Parents/ Child	Two Parents/ Children
$500/$1,500*	$971.60	$1,447.70	$1,923.80	$1,943.35	$2,419.35	$2,895.50
$1,000/$3,000*	$868.85	$1,294.65	$1,720.35	$1,737.75	$2,163.45	$2,589.20

*For a Preferred Blue Agreement covering more than one family member, each covered individual must meet his/her individual deductible (within the contract year) before Highmark will pay for covered services for that individual. No individual member may satisfy the entire family deductible. After three individual family members have satisfied their deductibles, the deductibles for all remaining family members will also be considered satisfied.

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PREFERRED BLUE INDIVIDUAL PREFERRED-PROVIDER PROGRAM

Preferred Blue is the health coverage program Highmark offers to HIPAA and HCTC-eligible individuals who meet certain requirements. When you enroll in *Preferred Blue*, there may be no lapse in coverage, and pre-existing condition limitations may be waived.[1] Regardless of your health condition, you are covered for benefits beginning on your effective date of coverage.

Freedom to choose provider

Preferred Blue lets you see any doctor or go to any hospital you choose, in or out of the Keystone Health Plan West Network. You can choose to see a network provider for a higher level of benefits coverage. Once you reach your network out-of-pocket limit, *Preferred Blue* pays 100 percent of your eligible expenses for network care for the remainder of the contract year.

For most services, you can also choose an out-of-network provider for a lower level of benefits coverage. When you reach your out-of-network out-of-pocket limit, *Preferred Blue* pays 100 percent of your eligible expenses for out-of-network care for the remainder of the contract year.

Wide spectrum of covered services

You are covered for important preventive care when received from a network provider, plus a complete range of specialty services in or out of the network. Covered hospital care includes all types of medically necessary and appropriate inpatient and outpatient services and emergency care received in or out of the network.

Vision coverage

Routine comprehensive vision exams (including dilation) are covered once every 24 months, as long as you use a Davis Vision[2] network provider. You also get discounts on eyewear, up to 50 percent.

Prescription drug coverage

You get coverage for a wide variety of prescription drugs when purchased at participating pharmacies in the Premier 2012 Pharmacy Network or through the home delivery mail-order service. The network includes both independent and chain drugstores in western Pennsylvania and throughout the country.

You and each of your covered family members are responsible for paying a $200 prescription drug deductible each calendar year. Then *Preferred Blue* begins to pay for your drugs for the remainder of the calendar year. You are also responsible for the following copayments and coinsurance, after you meet your deductible:

- **Up to a 31-day retail supply**
  $8 for each formulary generic drug
  $45 for each formulary brand drug
  $95 for each non-formulary generic/brand or formulary specialty drug
  25% with $200 maximum for non-formulary specialty drug
- **Up to a 60-day retail supply**
  $16 for each formulary generic drug
  $90 for each formulary brand drug
  $190 for each non-formulary generic/brand or formulary specialty drug
  25% with $400 maximum for non-formulary specialty drug
- **Up to a 90-day retail supply**
  $24 for each formulary generic drug
  $135 for each formulary brand drug
  $285 for each non-formulary generic/brand or formulary specialty drug
  25% with $600 maximum for non-formulary specialty drug
- **Up to a 90-day mail order supply**
  $16 for each formulary generic drug
  $90 for each formulary brand drug
  $190 for each non-formulary generic/brand or formulary specialty drug

The prescription drug deductible and any cost sharing do not apply to specific drugs purchased as part of your preventive care.

Retail drugs up to a 90-day supply must be obtained from pharmacies in the Premier 2012 Pharmacy Network. You can purchase up to a 90-day supply of maintenance drugs through the specified mail-order service. No coverage is provided for drugs purchased outside the network or through any other mail-order service.

Value-added services

Preferred Blue offers a full array of member services and resources to help you make the decisions you need to live a healthy lifestyle, including a member newsletter, 24-hour access to health information and support through a Blues On Call Health Coach, a variety of wellness programs, and online tools, classes and resources.

[1] Except if you are adding a spouse or dependent that was not on your group policy, or a dependent you are adding that is over age 19.

[2] Vision coverage is provided by Davis Vision, Inc. Davis Vision, Inc. is a separate company that administers Highmark vision benefits.

PREFERRED BLUE INDIVIDUAL PREFERRED-PROVIDER HEALTH PLAN

Benefit Description	Network Coverage	Out-of-Network Coverage
Deductible	Individual - $500/$1,000 Family[1] - $1,500/$3,000	Individual - $1,000/$1,500 Family[1] - $3,000/$4,500
Coinsurance	80% after deductible with 20% member coinsurance	70% after deductible with 30% member coinsurance
Out-of-Pocket Limit[2]	Individual - $2,500/$5,000 Family - $7,500/$15,000	Individual - $5,000/$10,000 Family - $15,000/$30,000
Contract Year Maximum	Unlimited	
Lifetime Maximum	Unlimited	
Office Visit/Retail Clinic Visit	80% after deductible	70% after deductible
Preventive Care		
Adult Care	100%; exempt from deductible	Not covered
Pediatric Care	100%; exempt from deductible	70%; exempt from deductible
Immunizations - Adult and Pediatric	100%; exempt from deductible	Not covered
Annual Gynecological Exam and PAP Test	100%; exempt from deductible	Not covered
Mammographic Screenings	100%; exempt from deductible	Not covered
Maternity and Newborn Care	80% after deductible Newborn care covered for first 31 days	70% after deductible
Urgent Care Center Visit	80% after deductible and $40 copayment per visit	70% after deductible and $40 copayment per visit
Emergency Care	80% after deductible and $40 copayment; copayment waived if admitted as patient	80% after deductible and $40 copayment; copayment waived if admitted as patient
Diagnostic Services	80% after deductible	70% after deductible
Inpatient/Outpatient Services	80% after deductible	70% after deductible covered for 90 days per contract year
Home Health Care	80% after deductible 100 visits total network and out-of-network per contract year	70% after deductible
Skilled Nursing Facility Care	80% after deductible 100 days total per contract year; up to 50 days may be used out-of-network	70% after deductible
Outpatient Rehabilitation and Therapy Services	80% after deductible 15 visits for physical medicine and 15 visits for combined occupational/speech therapy per contract year; service limits include in and out-of-network visits	70% after deductible
Spinal Manipulation	80% after deductible 10 visits total in and out-of-network per calendar year	70% after deductible
Prescription Drugs	$200 deductible[3] then copayments	Not Covered
Preventive Medications[4]	100%; exempt from deductible	Not Covered
Eye Examination and Refraction[5]	100%, one exam every 24 months; exempt from deductible; service must be provided by a participating vision provider	Not Covered

[1] If your Preferred Blue Agreement covers more than one family member, each covered individual must meet his/her individual deductible (within the contract year) before Highmark will pay for covered services for that individual. No individual member may satisfy the entire family deductible. After three individual family members have satisfied their deductibles, the deductibles for all remaining family members will also be considered satisfied.

[2] Excludes the deductible, emergency room copayment, prescription drug deductible and copayments, and any amounts in excess of the plan's allowance.

[3] If your Preferred Blue Agreement covers more than one family member, each covered individual must meet his/her deductible (within a calendar year) before Highmark will pay for covered medications for that individual. No individual member may satisfy the entire family deductible.

[4] Certain limited prescriptions and over-the-counter drugs prescribed for preventive purposes, based on a predefined schedule.

[5] Vision coverage is provided by Davis Vision, Inc. Davis Vision, Inc. is a separate company that administers Highmark vision benefits.

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 *Preferred Blue* and is not a contract. A complete description of *Preferred 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 *Preferred 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.

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