

TRANSITION PPO 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 Transition PPO?

The Highmark Health Insurance Company *Transition PPO Individual Guaranteed Issue Comprehensive Major Medical Preferred Provider Organization Agreement* is available to individuals and families who are leaving Highmark Health Insurance Company (HHIC) group coverage and are eligible for a conversion offer. It's designed to give you the protection you need with no lapse in coverage.

Key Features:

- Pays 80% in-network
- Low deductible options
- Prescription drug coverage
- Preventive care with no extra cost to you

CHOOSING YOUR TRANSITION PPO PLAN

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

Transition PPO, available only to eligible individuals who are leaving a Highmark Health Insurance Company (HHIC) group, is a guaranteed issue plan. This means you are not required to complete a medical questionnaire to become enrolled in the plan. Pre-existing condition limitations are covered for anyone who was active on your HHIC group policy when your coverage ended. You should know that if you want to enroll a spouse or dependent, age 19 or older, who was not on your HHIC group policy, he/she is subject to a pre-existing condition limitation. Therefore, he/she will not receive benefits related to a pre-existing condition during the 12-month period following the date 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, the deductible you choose and the region in which you live (see rate grids below).

ALLEGHENY REGION

Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Lawrence, Washington and Westmoreland counties

Individual/Family Deductibles	One Person	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
\$100/\$300	\$547.56	\$815.86	\$1,084.17	\$1,095.12	\$1,363.43	\$1,631.73
\$500/\$1,500	\$517.27	\$770.74	\$1,024.20	\$1,034.55	\$1,288.01	\$1,541.48
\$1,000/\$3000	\$489.83	\$729.84	\$969.86	\$979.66	\$1,219.67	\$1,459.69

Effective February 1, 2012

ERIE REGION

Cameron, Clarion, Crawford, Elk, Erie, Forest, McKean, Mercer, Potter, Warren and Venango counties

Individual/Family Deductibles	One Person	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
\$100/\$300	\$505.03	\$752.49	\$999.96	\$1,010.06	\$1,257.52	\$1,504.99
\$500/\$1,500	\$477.10	\$710.88	\$944.65	\$954.20	\$1,187.98	\$1,421.75
\$1,000/\$3000	\$451.78	\$673.16	\$894.53	\$903.57	\$1,124.94	\$1,346.31

Effective February 1, 2012

JOHNSTOWN REGION

Bedford, Blair, Cambria, Centre*, Clearfield, Huntington, Indiana, Jefferson and Somerset counties

Individual/Family Deductibles	One Person	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
\$100/\$300	\$526.29	\$784.18	\$1,042.06	\$1,052.59	\$1,310.47	\$1,568.36
\$500/\$1,500	\$497.19	\$740.81	\$984.43	\$994.37	\$1,237.99	\$1,481.61
\$1,000/\$3000	\$470.81	\$701.51	\$932.20	\$941.61	\$1,172.30	\$1,403.00

Effective February 1, 2012

* These rates apply if you live in one of the following zip codes in Centre County: 16677, 16686, 16829, 16845, 16859, 16865, 16866, 16874 or 16877.



HAVE QUESTIONS?

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

TRANSITION PPO

Coverage Type: Guaranteed Issue	Benefit Period: Contract Year		Benefit Period Dollar Maximum: Unlimited	
Plan Details	Network		Out-of-Network	
	Transition PPO Pays	You Pay	Transition PPO Pays	You Pay
Individual - 1 Member Per Agreement				
Deductible - Individual		\$100, \$500 or \$1,000 separate deductibles apply to in and out-of-network benefits		\$200, \$1,000 or \$2,000 separate deductibles apply to in and out-of-network benefits
Out-of-Pocket Limit - Individual The amount of deductible and copayments (if any) paid do not count toward the out-of-pocket limit		\$2,500 separate out-of-pocket limits apply to in and out-of-network benefits		\$5,000 separate out-of-pocket limits apply to in and out-of-network benefits
Family - 2 or more Family Members Per Agreement				
Deductible - Family ¹		\$300, \$1,500 or \$3,000 separate deductibles apply to in and out-of-network benefits		\$600, \$3,000 or \$6,000 separate deductibles apply to in and out-of-network benefits
Out-of-Pocket Limit - Family The amount of deductible and copayments (if any) paid do not count toward the out-of-pocket limit		\$7,500 separate out-of-pocket limits apply to in and out-of-network benefits		\$15,000 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 <u>do not apply</u> 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% after copayment	20% after \$40 copayment per visit. Copayment waived if admitted.	80% after copayment	20% after \$40 copayment per visit. Copayment waived if admitted.
Urgent Care Center Visit	80%	20% after \$30 copayment per visit	60%	40%
Prescription Drug ⁴	100% after copayment	\$200 deductible per calendar year, then copayment	Not Covered	100%
Maternity Services	80%	20%	60%	40%
Ambulance Service	80%	20%	60%	40%
Inpatient Hospital Services	80%	20%	60%	40%
Medical/Surgical Expenses	80%	20%	60%	40%
Diagnostic Services (Lab, X-ray and other services)	80%	20%	60%	40%
Therapy and Rehabilitation Services ⁵	80%	20%	60%	40%
Spinal Manipulations ⁶	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)	100%	0%	Not Covered	100%
Dental	Not Covered	100%	Not Covered	100%
Hearing	Not Covered	100%	Not Covered	100%

See Important Benefit Details (footnotes 1-6) on bottom of next page. Please see Transition PPO 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 *Transition PPO* and is not a contract. A complete description of *Transition PPO* 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 *Transition PPO* 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 Transition PPO Family Deductible: For an Agreement covering more than one (1) family member, each covered individual must meet his/her individual deductible (within a Benefit Period) before Highmark will pay for covered services for that individual. No individual member may satisfy the entire family deductible. Only after three (3) individual family members have satisfied their deductibles will the deductibles for all remaining family members also be considered to have been satisfied.

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 Network – Premier 2012. Formulary - Progressive. **For Retail 31-day supply:** Formulary Generic \$8; Formulary Brand \$45; Non-Formulary Brand, Non-Formulary Generic, and Formulary Specialty \$95 (Limited to a Retail 31-day supply); Non-Formulary Specialty (Limited to a Retail 31-day supply) 25% coinsurance with \$200 maximum coinsurance. **For Retail 60-day supply:** Formulary Generic \$16; Formulary Brand \$90; Non-Formulary Brand and Non-Formulary Generic \$190. **For Retail 90-day supply:** Formulary Generic \$24; Formulary Brand \$135; Non-Formulary Brand and Non-Formulary Generic \$285. **For Mail Order 90-day supply:** Formulary Generic \$16; Formulary Brand \$90; Non-Formulary Brand, Non-Formulary Generic and Formulary Specialty \$190; Specialty 25% coinsurance with \$400 maximum coinsurance.

⁵ 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.

⁶ Spinal manipulations are limited to 10 services per calendar year combined in and out-of-network.

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