

FLEXIBLE, INNOVATIVE OPTIONS THAT WORK FOR YOU

JULY 2011 – JUNE 2012

GROUP COVERAGE OPTIONS FOR PEOPLE EMPLOYED
BY A GROUP WITH 50 EMPLOYEES OR LESS

Health care benefit programs are issued or administered by Highmark Blue Cross Blue Shield or Highmark Health Insurance Company, independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.



GET MORE VALUE FROM HIGHMARK

Our experience and commitment to exceed our customer's expectations has helped us become an industry leader. We are committed to provide you with the best value for your insurance dollar.

Our Strengths Include:

- Unmatched customer service
- Extensive provider networks
- Programs that address the sources of rising health care costs
- Resources to empower our members

CHOOSING YOUR HEALTH CARE COVERAGE

We offer a wide range of plans that include a higher or lower level of member cost sharing and involvement. For example, our **Sharing plans** include many deductible options. **Smart plans** add an upfront deductible to a plan with coinsurance. **Family Savings plans** offer family savings with all family members working towards a common deductible. **Healthy Savings plans** are federally qualified high-deductible health plans that feature the option of opening a tax-advantaged health savings account (HSA). With **Take Charge plans**, you are responsible for a specific percentage of the cost of your care. **For more information about these plans, or others that we have offered in the past, call 1-866-823-0925, or visit www.highmark.com/hmk2/index.shtml. Plan offerings are subject to change.**

TERMS YOU SHOULD KNOW

Coinsurance—The specific percentage of the provider's reasonable charge for covered services that the plan pays. The remaining percentage, which may need to be paid at the time of service, is the responsibility of the member.

Copayment (Copay)—A specific, upfront dollar amount a member pays for certain covered services. A member may be responsible for multiple copayments per visit and also to pay at the time of service. A copayment may not apply toward deductibles or coinsurance, and may not accumulate toward the out-of-pocket limit.

Cost Sharing—The portion of the cost for services that the member is responsible to pay. Deductibles, coinsurance and copayments are examples of cost sharing.

Deductible—A specified dollar amount a member must pay out of their own pocket before the health plan begins to pay for any covered services (some services may be exempt from the deductible). The member may be required to pay any applicable deductible at the time of service.

Out-of-Pocket—The maximum dollar amount a member is required to contribute towards the cost of covered services in a benefit period. The out-of-pocket limit always includes coinsurance and generally does not include other cost-sharing amounts such as copayments or deductibles. Some services may be excluded from the out-of-pocket limit such as prescription drug expenses.

Formulary—A listing of prescription drugs selected by the health plan based on an analysis of clinical efficacy, unique value and safety. This listing is subject to periodic review and modification by the health plan or a designated committee of physicians and pharmacists.

Closed Formulary—Members receive benefit coverage only for formulary drugs, unless exempted through a formal appeals process.

Open Formulary—Members can receive any covered drug without a cost sharing differential between a formulary and a non-formulary drug.

Incentive Formulary—Members receive coverage for all drugs defined in their prescription drug benefit; however, a cost sharing differential between formulary and non-formulary drugs is used as an incentive to encourage the use of formulary drugs.

SHARING PLANS

For employers who...	For employees who...
- Need to reduce their monthly premium	- Want more control over their health care dollars
- Want more employee involvement	

PPOBLUE SM PLANS		G PPOBlue \$250	G PPOBlue \$500	G PPOBlue \$750	G PPOBlue \$1000	S PPOBlue \$1250	S PPOBlue \$1500	S PPOBlue \$2500	
MEDICAL COVERAGE	DEDUCTIBLE	NETWORK (2x fam)	\$250	\$500	\$750	\$1000	\$1250	\$1500	\$2500
		OUT-OF-NETWORK (2x fam)	\$500	\$1000	\$1500	\$2000	\$2500	\$3000	\$5000
	COINSURANCE	NETWORK	100% After Deductible						
		OUT-OF-NETWORK	80% After Deductible						
	OUT-OF-POCKET	NETWORK (2x fam)	Not Applicable						
		OUT-OF-NETWORK (2x fam)	\$2000	\$3000	\$5000	\$5000	\$5000	\$5000	\$5000
	LIFETIME MAX (per person)	NETWORK	Unlimited						
		OUT-OF-NETWORK	Unlimited						
	EMERGENCY ROOM COPAYMENT		\$50 (waived if admitted)	\$75 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)
	OFFICE VISIT COPAYMENT (NETWORK)	PCP	\$20	\$20	\$10	\$10	\$10	\$10	\$10
SPECIALIST		\$20	\$20	\$25	\$25	\$25	\$25	\$25	
AVAILABILITY	HRA		√	√	√	√	√	√	
	HSA								
PRESCRIPTION DRUG COVERAGE (Premier Pharmacy Network)	FORMULARY	Closed							
	DEDUCTIBLE	RETAIL/MAIL ORDER (2x fam)	\$0						
	COPAYMENT/ COINSURANCE	RETAIL (generic/brand)	\$8/\$40						
		MAIL ORDER (generic/brand)	\$16/\$80						
	MIN/MAX COPAYMENT (generic or brand)	RETAIL	Not Applicable						
MAIL ORDER		Not Applicable							

(See pg. 4 for details about the HRA.)

(additional plans continued on next page)

ADDITIONAL BENEFIT INFORMATION

In addition to the benefits listed above, most of these plans include the following benefits:

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

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

SMART PLANS

For employers who...	For employees who...
- Want even more savings as their employees become more involved in their health care coverage	- Are fully engaged in their health care throughout the year
	- Prefer copayments on preventive care

PPOBLUE SM PLANS		PPOBlue \$500 80/60	PPOBlue \$750 90/70	PPOBlue \$1250 90/70	
MEDICAL COVERAGE	DEDUCTIBLE	NETWORK (2x fam)	\$500	\$750	\$1250
		OUT-OF-NETWORK (2x fam)	\$1000	\$1500	\$2500
	COINSURANCE	NETWORK	80% After Deductible	90% After Deductible	90% After Deductible
		OUT-OF-NETWORK	60% After Deductible	70% After Deductible	70% After Deductible
	OUT-OF-POCKET	NETWORK (2x fam)	\$4000	\$1500	\$1500
		OUT-OF-NETWORK (2x fam)	\$5000	\$3000	\$3000
	LIFETIME MAX (per person)	NETWORK	Unlimited		
		OUT-OF-NETWORK			
	EMERGENCY ROOM COPAYMENT		\$100 (waived if admitted)	90% (deductible does not apply)	90% (deductible does not apply)
	OFFICE VISIT COPAYMENT (NETWORK)	PCP	\$25		
SPECIALIST		\$25	\$35	\$35	
AVAILABILITY	HRA	√	√	√	
	HSA				
FORMULARY		Closed			
PRESCRIPTION DRUG COVERAGE (Premier Pharmacy Network)	DEDUCTIBLE	RETAIL/MAIL ORDER (2x fam)	\$150 Individual \$300 Family per contract year	\$0	
	COPAYMENT/COINSURANCE	RETAIL (generic/brand)	Plan Pays 70% After Deductible	\$8/\$40	\$8/\$40
		MAIL ORDER (generic/brand)		\$16/\$80	\$16/\$80
	MIN/MAX COPAYMENT (generic or brand)	RETAIL	\$15/\$100	Not Applicable	
MAIL ORDER		\$30/\$200			

(See pg. 4 for details about the HRA.)

(additional plans continued on next page)

An HRA and HSA Can Help You Fund Your Medical Expenses

HRA-Eligible Plans

Your employer may offer you a health reimbursement account (HRA) to help you pay for medical expenses not covered by your health plan. HRAs are available with Sharing and Smart plans (pg. 3 and 4). With an HRA from Highmark, you have the convenience of obtaining your health care program and a combined HRA—all from one source. For example, you can use the Highmark website to access and manage both your HRA and your health care benefits coverage.

HSA

Qualified High-Deductible Health plans are federally “qualified” so you have the option of opening a tax-advantaged health savings account (HSA). With a Highmark HSA, you set aside pre-tax dollars to pay for medical expenses not reimbursed by your Qualified High-Deductible Healthy Savings plan (pg. 6) and enjoy the convenience of managing your health care coverage and your HSA online via one convenient Highmark website.

ADDITIONAL BENEFIT INFORMATION

In addition to the benefits listed above, most of these plans include the following benefits:

- Preventive care, including adult and pediatric
- Hospital services
- Medical/surgical expenses
- Outpatient diagnostic services
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- Mental health
- Substance abuse
- Skilled nursing facility care

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

FAMILY SAVINGS PLANS

For employers who...	For employees who...
- Are family oriented	- Have families
- Want employee involvement	- Are engaged in their family's health
- Want to lower employee costs	

PPOBLUE SM PLANS		^B PPOBlue \$3000C 90/70	^B PPOBlue \$4000C	
MEDICAL COVERAGE	DEDUCTIBLE	NETWORK (2x fam)	\$3000 (Individual and Family Combined)	\$4000 (Individual and Family Combined)
		OUT-OF-NETWORK (2x fam)	\$6000 (Individual and Family Combined)	\$8000 (Individual and Family Combined)
	COINSURANCE	NETWORK	90% After Deductible	100% After Deductible
		OUT-OF-NETWORK	70% After Deductible	80% After Deductible
	OUT-OF-POCKET	NETWORK (2x fam)	\$1000 Combined Family and Individual	None
		OUT-OF-NETWORK (2x fam)	\$2000 Combined Family and Individual	\$4000 Combined Family and Individual
	LIFETIME MAX (per person)	NETWORK	Unlimited	
		OUT-OF-NETWORK		
	EMERGENCY ROOM COPAYMENT		90% (deductible does not apply)	100% After \$125
	OFFICE VISIT COPAYMENT (NETWORK)	PCP	90% (deductible does not apply)	100% After \$25
		SPECIALIST	90% (deductible does not apply)	100% After \$35
	AVAILABILITY	HRA	√	√
		HSA		
	PRESCRIPTION DRUG COVERAGE (Premier Pharmacy Network)	FORMULARY	Incentive	
DEDUCTIBLE		RETAIL/MAIL ORDER (2x fam)	\$0	
COPAYMENT/ COINSURANCE		RETAIL (generic/brand/brand non-formulary)	\$8/\$35/\$50	
		MAIL ORDER (generic/brand/brand non-formulary)	\$20/\$90/\$125	
MIN/MAX COPAYMENT		RETAIL	Not Applicable	
	MAIL ORDER			

ADDITIONAL BENEFIT INFORMATION

In addition to the benefits listed above, most of these plans include the following benefits:

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

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

(See pg. 4 for details about the HRA.) (additional plans continued on next page)

HEALTHY SAVINGS PLANS

For employers who...	For employees who...
- Want the lowest monthly premium	- Are ready to take full control of their health care dollars
- Want to maximize employee involvement	- Appreciate tax-advantaged savings

PPOBLUE SM PLANS		S PPOBlue \$1500Q	S PPOBlue \$2000Q	B PPOBlue \$2600Q	B PPOBlue \$2600Q 90/70	O PPOBlue \$3500Q 90/70	
MEDICAL COVERAGE	DEDUCTIBLE ¹	NETWORK (2x fam)	\$1500 Employee Only Plan/ \$3000 Family Plan Combined	\$2000 Employee Only Plan/ \$4000 Family Plan Combined	\$2600 Employee Only Plan/ \$5200 Family Plan Combined	\$2600 Employee Only Plan/ \$5200 Family Plan Combined	\$3500 Employee Only Plan/ \$7000 Family Plan Combined
		OUT-OF-NETWORK (2x fam)					
	COINSURANCE	NETWORK	100% After Deductible			90% After Deductible	
		OUT-OF-NETWORK	80% After Deductible			70% After Deductible	
	OUT-OF-POCKET	NETWORK (2x fam)	Not Applicable			\$1000 Employee Only Plan/ \$2000 Family Plan	
		OUT-OF-NETWORK (2x fam)	\$1500 Employee Only Plan/ \$3000 Family Plan			\$2000 Employee Only Plan/ \$4000 Family Plan	
	LIFETIME MAX (per person)	NETWORK	Unlimited				
		OUT-OF-NETWORK					
	EMERGENCY ROOM COPAYMENT		100% After Deductible			90% After Deductible	
	OFFICE VISIT COPAYMENT (NETWORK)	PCP					
SPECIALIST							
AVAILABILITY	HRA						
	HSA	√	√	√	√	√	
PRESCRIPTION DRUG COVERAGE (Premier Pharmacy Network)	FORMULARY	Open					
	DEDUCTIBLE	RETAIL/MAIL ORDER (2x fam)	Integrated w/ Medical Deductible				
	COPAYMENT/COINSURANCE	RETAIL	Plan Pays 100% After Deductible			Plan Pays 90% After Deductible	
		MAIL ORDER					
MIN/MAX COPAYMENT	RETAIL	Not Applicable					
	MAIL ORDER						

¹ The deductible applies to all medical and prescription drug benefits except preventive exams, childhood immunizations and mammograms. (additional plans continued on next page)
 (See pg. 4 for details about the HSA.)

ADDITIONAL BENEFIT INFORMATION

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- Hospital services
- Medical/surgical expenses
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- Mental health
- Substance abuse
- Skilled nursing facility care

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TAKE CHARGE PLANS

For employers who...	For employees who...
- Want their employees to become more involved in their health care coverage	- Appreciate a plan that provides coverage immediately
- Don't want to change their coverage every year	- Are engaged in their health care for every service

PPOBLUE SM PLANS		^G PPOBlue 80/60	^G PPOBlue \$250 90/70	^S PPOBlue 70/50	^G PPOBlue \$250 80/60	
MEDICAL COVERAGE	DEDUCTIBLE	NETWORK (2x fam)	\$0	\$250	\$0	\$250
		OUT-OF-NETWORK (2x fam)	\$750	\$500	\$1000	\$500
	COINSURANCE	NETWORK	80%	90% After Deductible	70%	80% After Deductible
		OUT-OF-NETWORK	60% After Deductible	70% After Deductible	50% After Deductible	60% After Deductible
	OUT-OF-POCKET	NETWORK (2x fam)	\$4000	\$1500	\$4000	\$2500
		OUT-OF-NETWORK (2x fam)	\$8000	\$3000	\$8000	\$5000
	LIFETIME MAX (per person)	NETWORK	Unlimited			
		OUT-OF-NETWORK				
	EMERGENCY ROOM COPAYMENT		80%	\$75 (waived if admitted)	70%	80% (deductible does not apply)
	OFFICE VISIT COPAYMENT (NETWORK)	PCP	80%	\$20	70%	\$20
SPECIALIST		80%	\$30	70%	\$20	
AVAILABILITY	HRA					
	HSA					
PRESCRIPTION DRUG COVERAGE (Premier Pharmacy Network)	FORMULARY	Closed				
	DEDUCTIBLE	RETAIL/MAIL ORDER (2x fam)	\$0	\$50 Individual \$100 Family per contract year	\$0	\$100 Individual \$200 Family per contract year
	COPAYMENT/COINSURANCE	RETAIL (generic/brand)	\$8/\$40			Plan Pays 80% After Deductible
		MAIL ORDER (generic/brand)	\$16/\$80			Plan Pays 80% After Deductible
	MIN/MAX COPAYMENT (generic or brand)	RETAIL	Not Applicable			\$10/\$50
MAIL ORDER		\$20/\$100				

(additional plans continued on next page)

ADDITIONAL BENEFIT INFORMATION

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PREMIUM PLANS

For employers who...	For employees who...
- Are willing to pay more – or ask their employees to pay more – each month	- Want the predictability of the first-dollar coverage, fixed copayments

PPOBLUE SM PLANS		^P PPOBlue \$10	^P PPOBlue \$20	^G PPOBlue \$20-\$40	
MEDICAL COVERAGE	DEDUCTIBLE	NETWORK (2x fam)	\$0		
		OUT-OF-NETWORK (2x fam)	\$250	\$500	\$500
	COINSURANCE	NETWORK	100%		
		OUT-OF-NETWORK	80% After Deductible		
	OUT-OF-POCKET	NETWORK (2x fam)	Not Applicable		\$3000 Individual
		OUT-OF-NETWORK (2x fam)	\$2000 Individual \$4000 Family	\$3000 Individual \$6000 Family	\$6000 Family Combined
	LIFETIME MAX (per person)	NETWORK	Unlimited		
		OUT-OF-NETWORK			
	EMERGENCY ROOM COPAYMENT		\$35 (waived if admitted)	\$50 (waived if admitted)	\$100 (waived if admitted)
	OFFICE VISIT COPAYMENT (NETWORK)	PCP	\$10	\$20	\$20
SPECIALIST		\$10	\$20	\$40	
AVAILABILITY	HRA				
	HSA				
PRESCRIPTION DRUG COVERAGE (Premier Pharmacy Network)	FORMULARY	Incentive	Closed		
	DEDUCTIBLE	RETAIL/MAIL ORDER (2x fam)	\$0	\$0	\$100 Individual \$200 Family per contract year
	COPAYMENT/ COINSURANCE	RETAIL	\$8/\$30/\$55 (generic/brand/brand non-formulary)	\$8/\$40 (generic/brand)	Plan Pays 70% After Deductible (generic/brand)
		MAIL ORDER	\$16/\$60/\$110 (generic/brand/brand non-formulary)	\$16/\$80 (generic/brand)	Plan Pays 70% After Deductible (generic/brand)
	MIN/MAX COPAYMENT (generic or brand)	RETAIL	Not Applicable		\$15/\$100
MAIL ORDER		\$30/\$200			

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