

# SPECIAL CARE & CHIP 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. If you have questions about health insurance in general, or insurance terms used to describe the plan, be sure to refer to the *Finding the Right Plan* guide in your package.

## What are Highmark *Special Care* and CHIP?

*Special Care Agreement for Direct Payment Subscribers and Special Care Medical-Surgical Benefits Contract for Direct Payment Subscribers* and the Children's Health Insurance Program (CHIP) HMO are health care programs with reduced rates for western Pennsylvania residents who qualify based, in part, on household income. *Special Care* offers limited basic health care coverage when you use *Special Care* providers and hospitals.

CHIP provides comprehensive health care coverage for uninsured children and teens up to age 19. For most families, CHIP is free.

### Key Features:

- Coverage for physicians, hospitals, labs and emergency rooms
- Preventive care with no extra cost to you
- Eye care benefits
- CHIP also covers prescription drugs as well as dental, hearing, mental health services and much more.



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# CHOOSING YOUR PLAN

Your first step should be to review the enclosed income guidelines and the benefit and monthly rate information in this packet. If *Special Care* or CHIP is the option that best meets your needs, your next step is to complete the enrollment application.

*Special Care* and CHIP are right for people who are not eligible for other government health care plans (including Medical Assistance and Medicare), not enrolled in any private plans or programs, who are or will be uninsured, and who meet certain income guidelines (see chart on opposite page).

## CHIP

CHIP is comprehensive managed care health insurance coverage. CHIP, brought to you by Highmark, is a government program for uninsured children and teens under age 19 regardless of household income.

As a CHIP member, you can use any Keystone Health Plan West network doctor and hospital. You are required to select a Primary Care Provider (PCP), and you must use your PCP for all preventive health visits and immunizations, except in an emergency.

For most families, CHIP is free. For others, it is low-cost.

CHIP rates are based on your household income and the number of family members in your household. Annual benefit renewal is required.

**NOTE:** Do not send a payment with your CHIP application. For most families, CHIP is free\*. We will let you know when your coverage begins and when your payment is due for Low-Cost or Full-Cost CHIP. No payment is required for Free CHIP.

## Special Care

*Special Care* is a Limited Benefit plan. As a *Special Care* member, you can use any *Special Care* Participating Provider, many of whom are also in the Keystone Health Plan West network. There is no waiting list to enroll in *Special Care*. You can usually enroll within 30 days.

Because *Special Care* is a guaranteed issue plan, 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 one-year period prior to the date your coverage begins.

Adults who are eligible for *Special Care* and have families can enroll their children in Free CHIP at the same time and reduce their monthly rates for *Special Care* coverage. Unless you specify on your application that you do not want us to do so, Highmark will automatically determine eligibility of all *Special Care* applicants under age 19 for CHIP and Medical Assistance.

*Special Care* rates are based on your household income and the number of family members covered. Annual income recertification is required. If your household income is too high for *Special Care*, you can enroll in one of the Highmark individual guaranteed issue or medically underwritten programs.

**NOTE:** If you need *Special Care* coverage in the next 30 days, complete the payment boxes on the cover of your application and send your premium when you mail it. If your application is complete and we receive it by the last day of the month, your coverage will start on the first day of the following month.

\* Cost sharing is eliminated for American Indians and Alaskan natives.

\*\* If you are enrolling in *Special Care* because you are converting from your Highmark group coverage to an individual policy, there **may** be no lapse in coverage, and pre-existing condition limitations **may** be waived for any family member who was active on your group policy when it terminated.

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**ENGLISH** - You can get this information interpreted for you or translated into another language. This service is free. Call 1-800-847-2004.

**SPANISH** - Usted puede solicitar que se le interprete esta información o que se le traduzca a otro idioma. Este servicio es gratuito. Llame al 1-800-847-2004.

**VIETNAMESE** - Quý vị có thể được thông tin này thông dịch cho quý vị hoặc phiên dịch sang ngôn ngữ khác. Dịch vụ này là miễn phí. Xin gọi số 1-800-847-2004.

**RUSSIAN** - Эту информацию для Вас могут перевести устно или письменно на другой язык. Эта услуга бесплатная. Позвоните по телефону 1-800-847-2004.

**ITALIAN** - Può richiedere spiegazioni o traduzioni in un'altra lingua per meglio comprendere tali informazioni. Il servizio è gratuito. Telefona allo 1-800-847-2004.

**CHINESE (MANDARIN-SIMPLIFIED)** - 您可以要求有人将该信息为您口译，或者要求将该信息翻译成另一种语言。此为免费服务。请电 1-800-847-2004。

**CAMBODIAN** - អ្នកអាចទទួលបានព័ត៌មាននេះ ដែលបានបកប្រែសំរាប់អ្នក ឬភាសាមួយទៀតបាន។ សេវានេះ គឺឥតគិតថ្លៃទេ។ ទូរស័ព្ទទៅលេខ 1-800-847-2004.

# CHIP AND SPECIAL CARE INCOME GUIDELINES

CHIP			Special Care	
Average Program Costs for a Family of 4*			Your Household Size**	Ages 0-64
Coverage is Free if you make between \$41,300 – \$44,700  <i>(If you make under this amount, you may be enrolled in Medical Assistance)</i>	Coverage is Low Cost if you make between \$44,700 – \$67,000	Coverage is Full Cost If you make \$67,000 or more	1	Less than \$21,780
			2	Less than \$29,420
			3	Less than \$37,060
			4	Less than \$44,700
			5	Less than \$52,340

\*You can review comprehensive income information that outlines specific income level requirements at [www.chipcoverspakids.com](http://www.chipcoverspakids.com).

\*\*Call for more information if your household size is not listed.

## CHIP RATES

Free CHIP	Low-Cost CHIP	Full-Cost CHIP
None	\$51.17-\$81.87 for one child	\$230.78 for one child
None	\$102.34-\$163.74 for two children	\$461.56 for two children
None	\$153.51-\$245.61 for three or more children	\$692.34 for three or more children

Rates are subject to change.

## SPECIAL CARE RATES

One Person	One Parent/ Child	One Parent/Children	Husband/Wife	Two Parents/Child	Two Parents/Children
\$169.90	\$253.10	\$336.45	\$339.90	\$423.10	\$506.40

Rates are subject to change.



## HAVE QUESTIONS? VISIT [HIGHMARKDIRECT.COM](http://HIGHMARKDIRECT.COM) OR

**FOR CHIP, CALL 1-800-543-7105, Monday-Friday, 8:30 a.m.-4:30 p.m.**

**Hearing impaired TTY users, CALL 1-877-323-8480**

**FOR SPECIAL CARE, CALL 1-800-847-2004, Monday-Friday, 9:00 a.m.-9:00 p.m.**

**Hearing impaired TTY users, CALL 1-800-862-0709**

### Important Benefit Details

- <sup>1</sup> Benefit Period is a calendar year for all services except Special Care hospitalization.
- <sup>2</sup> 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.
- <sup>3</sup> Certain limited prescriptions and over-the-counter drugs prescribed for preventive purposes.
- <sup>4</sup> For CHIP: PCP and Specialist visits are a combined 50-visit limit per Benefit Period.
- <sup>5</sup> For Special Care: Covers up to four (4) visits per Benefit Period for illness or injury.
- <sup>6</sup> **Free CHIP** - \$0. **Low-Cost CHIP** - \$6 copayment for generic prescription drug and \$9 copayment for brand prescription drug. **Full-Cost CHIP** - \$10 copayment for generic prescription drug and \$18 copayment for brand prescription drug.
- <sup>7</sup> For Special Care: Ambulance service is not covered except for transport between two participating facilities or when pre-authorized by the Plan, from a Non-Participating Hospital Provider to a Participating Hospital Provider when provided/billed by a Participating Hospital.
- <sup>8</sup> For Special Care: New Benefit Period will occur after 90 consecutive days have elapsed during which the member was not an inpatient at any health care facility.
- <sup>9</sup> For CHIP: Inpatient Hospital, Inpatient Mental Health and Skilled Nursing Facility inpatient stays are a combined 90-day per Benefit Period limit. Inpatient Rehabilitation is limited to 45 days.
- <sup>10</sup> For CHIP: Mental Health Limits: Inpatient - 90 days per Benefit Period combined with Inpatient Hospital and Skilled Nursing Facility. May be exchanged 1:2 to secure additional outpatient visits. Outpatient: 50 visits per Benefit Period.
- <sup>11</sup> For CHIP: Substance Abuse Limits: Rehabilitation: Inpatient - 90 days per Benefit Period with no lifetime limits. Outpatient - 90 visits per Benefit Period. A maximum of 30 full sessions, equivalent partial session visits or equivalent partial hospitalization services may be exchanged 1:2 to secure up to 15 additional inpatient days. Detoxification: Inpatient - 7 days per admission with no lifetime maximum.
- <sup>12</sup> Dental care is provided by United Concordia Companies, Inc. Vision care is provided by Davis Vision, Inc. United Concordia and Davis Vision are separate companies that administer Highmark dental and vision benefits.

Highmark Blue Cross Blue Shield and Keystone Health Plan West are independent licensees of the Blue Cross and Blue Shield Association. Blue Cross, Blue Shield and the Cross and Shield symbols are registered marks of the Blue Cross and Blue Shield Association. Special Care is a service mark of Highmark Inc. Highmark is a registered mark of Highmark Inc.

# CHIP/SPECIAL CARE

Coverage Type: Programs Based on Income	Benefit Period: Calendar Year <sup>1</sup>		Benefit Period Dollar Maximum: Unlimited	
Plan Details	Network		Network	
	CHIP Pays	You Pay	Special Care Pays	You Pay
<b>Individual - 1 Member Per Agreement</b>				
<b>Deductible - Individual</b>	N/A	N/A	N/A	N/A
<b>Out-of-Pocket Limit - Individual</b> The amount of deductible and copayments (if any) paid do not count toward the out-of-pocket limit	N/A	N/A	N/A	N/A
<b>Family - 2 or more Family Members Per Agreement</b>				
<b>Deductible - Family</b>	N/A	N/A	N/A	N/A
<b>Out-of-Pocket Limit - Family</b> The amount of deductible and copayments (if any) paid do not count toward the out-of-pocket limit	N/A	N/A	N/A	N/A
<b>Coinsurance - Individual or Family</b>				
<b>Coinsurance - Paid only after deductibles shown have been paid</b>	N/A	N/A	N/A	N/A
<b>Plan Services</b>				
Preventive Care <sup>2</sup> - Annual deductible and coinsurance <b>do not apply</b> to the Preventive Care services listed below, except as noted.				
<b>Routine Annual Physical Exam</b>	100%	0%	100%	0%
<b>Routine Annual Gynecological Exam</b>	100%	0%	100%	0%
<b>Immunizations Adult and Pediatric</b>	100%	0%	100%	0%
<b>Mammographic Screenings</b>	100%	0%	100%	0%
<b>Preventive Medications <sup>3</sup></b>	100%	0%	100%	0%
<b>Illness or Injury Care</b>				
<b>Primary Care Office Visit/ Retail Clinic Visit</b>	Free: 100% Low & Full Cost: 100% after copayment <sup>4</sup>	Free: \$0 copayment Low Cost: \$5 copayment Full Cost: \$15 copayment	100% after copayment <sup>5</sup>	\$15 copayment
<b>Specialist Office Visit</b>	Free: 100% Low & Full Cost: 100% after copayment <sup>4</sup>	Free: \$0 copayment Low Cost: \$10 copayment Full Cost: \$25 copayment	100% after copayment <sup>5</sup>	\$25 copayment
<b>Emergency Room Visit</b>	Free: 100% Low & Full Cost: 100% after copayment	Free: \$0 copayment Low Cost: \$25 copayment Full Cost: \$50 copayment	100% after copayment	\$50 copayment (waived if admitted)
<b>Urgent Care Center Visit</b>	Free: 100% Low & Full Cost: 100% after copayment	Urgent Care Free: \$0 copayment Low Cost: \$10 copayment Full Cost: \$25 copayment Urgent Care Emergency Free: \$0 copayment Low Cost: \$25 copayment Full Cost: \$50 copayment	100% after copayment	Urgent Care: \$25 copayment Urgent Care Emergency: \$50 copayment
<b>Prescription Drugs</b>	Free: 100% Low & Full Cost: 100% after copayment <sup>6</sup>	Copayment <sup>6</sup>	Not Covered	100%
<b>Maternity Services</b>	100%	0%	100%	0%
<b>Ambulance Service</b>	100%	0%	Not Covered <sup>7</sup>	100%
<b>Inpatient Hospital Services</b>	100% <sup>9</sup>	0%	100% 21 days per benefit period <sup>8</sup>	0%
<b>Medical/Surgical Expenses</b>	100%	0%	100%	0%
<b>Diagnostic Services (Lab, X-ray and other services)</b>	100%	0%	100% after copayment	\$25 copayment
<b>Therapy and Rehabilitation Services</b>	100%	0%	Outpatient - Not Covered Inpatient - Medically Necessary 100%	Outpatient - Not Covered Inpatient - Medically Necessary 0%
<b>Spinal Manipulations</b>	Not Covered	100%	Not Covered	100%
<b>Home Health Care</b>	100%	0%	Not Covered	100%
<b>Skilled Nursing Facility Care</b>	100% <sup>9</sup>	0%	Not Covered	100%
<b>Mental Health Service</b>	100% <sup>10</sup>	0%	Not Covered	100%
<b>Substance Abuse - Rehabilitation</b>	100% <sup>11</sup>	0%	Not Covered	100%
<b>Substance Abuse - Detoxification</b>	100% <sup>11</sup>	0%	Not Covered	100%
<b>Routine Eye Exam <sup>12</sup></b>	100% Exam every 12 months plus eyeglasses	0%	100% Exam every 24 months	0%
<b>Dental <sup>12</sup></b>	100% Exams, Cleanings, Fillings and X-rays	0%	Not Covered	100%
<b>Hearing</b>	100% Exams and Aids	0%	Not Covered	100%

See Important Benefit Details (footnotes 1-12) at bottom of previous page. Please see CHIP and Special Care Outlines of Coverage for complete listing of benefits, exclusions and limitations.