



8-MINUTE GUIDE TO



THE RIGHT



HEALTH



INSURANCE





EVERYONE NEEDS HEALTH INSURANCE

Health insurance is important. The cost of medical care is growing every day, and getting sick or injured without insurance could mean thousands of dollars of debt. But fewer Americans are getting coverage through their jobs.

Looking for affordable insurance options can seem overwhelming, but Highmark has made it much easier. With this booklet as your guide, you'll soon know which insurance is right for you.

Highmark helps you stay healthy. Regular check-ups, mammograms, well-child care visits — these are all important ways to take care of yourself and your family. Insurance can cover these so you don't have to think twice about it.

Did you know that medical care costs less when you're insured? It's true. Highmark uses the buying power of its large membership to get discounted prices for medical supplies and treatment — and those lower costs benefit you across all your care.

If you still have questions after reading this brochure, you can visit one of our Highmark Direct stores and talk to one of our friendly representatives. We've listed our locations on the back of this booklet and on our website, [HighmarkDirect.com](https://www.HighmarkDirect.com). Or call us at **1-800-847-2004**. We'll be glad to talk it through with you.



2-MINUTE UPDATE ON WHAT HEALTH CARE REFORM MEANS TO YOU

The first major wave of changes under the recent federal health care reform law is now in effect.³ If you buy your health insurance policy directly from an insurance company, you can count on benefiting from these changes:

- If you have children, you can **extend dependent coverage** to age 26.
- Plus, if your child is under age 19, he/she can't be denied coverage or benefits based on a **pre-existing condition**.
- You won't have to pay out-of-pocket costs for some **preventive care services** received from a network provider.
- For many plans, you'll pay the same amount for **emergency services** regardless of whether you stay in-network or go outside the network.
- If you choose a plan that requires you to select a Primary Care Provider (PCP), you can now **designate any participating PCP** or pediatrician (for a child).
- You will no longer have to worry about annual limits on benefits because health plans will be **phasing out annual dollar limits** on essential health benefits over the next three years.
- **Lifetime dollar limits also have been eliminated.**
- You now have an **internal appeals and an external review process** to follow if you disagree with claims decisions.

HEALTH CARE REFORM IS COMPLEX, MULTIFACETED AND, IN SOME CASES, FAST MOVING

That's why, as always, Highmark is here to help. If you're interested in learning more, visit our health care reform page at **HighmarkOnHealthReform.com/individuals**.



HEALTH INSURANCE JARGON IN LESS THAN 3 MINUTES

When you're shopping for health insurance, it can be a little daunting to discover you need to know a different language to understand what you're getting.

A QUICK TOUR THROUGH THE MOST COMMON WORDS AND ABBREVIATIONS YOU'LL SEE

A provider is a medical professional who gives you care — usually your physician, but also a surgeon, a physical therapist, a certified registered nurse or even a hospital or clinic. Some plans require that you choose a **Primary Care Provider (PCP)** — the medical professional who coordinates your health care, like a family doctor who is most familiar with all aspects of your health. A PCP could be a pediatrician for a child, an internist or a nurse practitioner.

A specialist is a physician who focuses on a particular branch of medicine or surgery — such as an allergist, cardiologist, dermatologist and others.

You can choose between three basic types of insurance plans: a PPO, HMO or Indemnity plan.

A PPO (Preferred-Provider Organization) plan is one of the most popular types of health plans. With a PPO, you usually get your care from a network of physicians, hospitals and other providers, but you don't need to choose a PCP, and you can go outside the network for care without pre-authorization. If you use the providers within the network, you'll pay less than if you go outside the network.

An HMO (Health Maintenance Organization) plan requires you to select a Primary Care Provider. To be sure you're covered, you must get non-emergency health care within a specific network of providers, unless you receive pre-authorization from your insurance company.

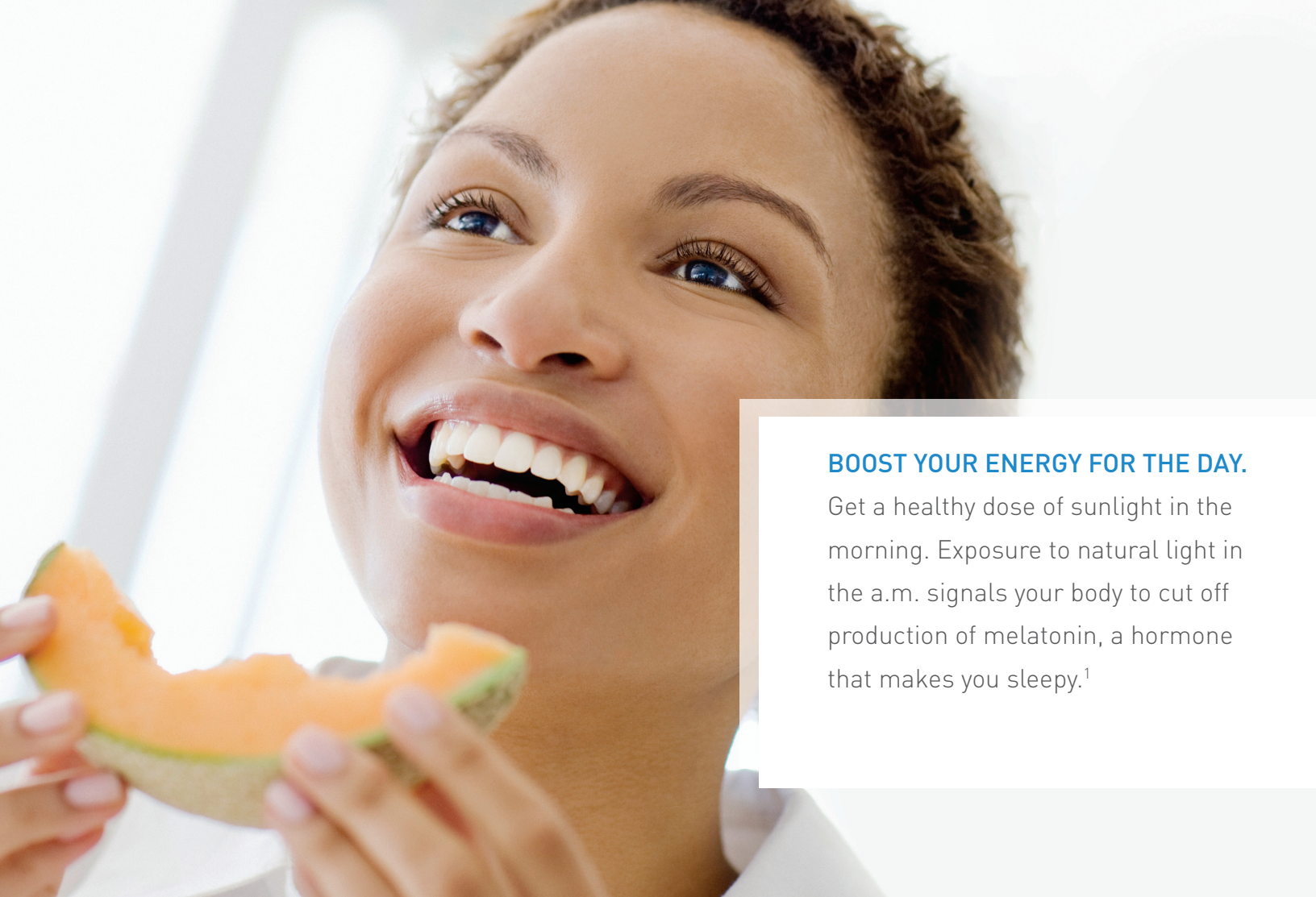
With an Indemnity plan, you direct your own health care and select your own physician or hospital. The insurance company will then pay a set portion of the charges. You may have to pay for some services up front and then apply for reimbursement.

If you have a **pre-existing condition** — a health condition for which you previously received medical advice or treatment before applying for health insurance — you may need a **Guaranteed Issue plan** that allows you to qualify no matter what your health status. Or you may qualify for a **Medically Underwritten plan** that allows you to enroll based on answers you give on a medical questionnaire.

But what about insurance costs? That may be one of your biggest concerns. You should compare these costs from plan to plan before making an insurance decision.

First is your **premium**. That's what you'll pay each month to maintain your insurance.

Before the insurance company begins paying for covered expenses, you may have to pay a **deductible**. For example, if you choose a plan with a \$500 deductible, that's how much you'll have to pay before the insurance company begins paying for covered expenses. If you choose a qualified **high-deductible health plan**, you can open a tax-exempt



BOOST YOUR ENERGY FOR THE DAY.

Get a healthy dose of sunlight in the morning. Exposure to natural light in the a.m. signals your body to cut off production of melatonin, a hormone that makes you sleepy.¹

Health Savings Account (HSA) to help you save for medical expenses on a tax-free basis. (If you think you might benefit from a high-deductible health plan and Health Savings Account, talk to your financial advisor.)

If you use a health care provider, you may have to make a **copayment** — a flat fee that's charged up front, for example, \$10 for every visit to your Primary Care Provider.

The provider sends the insurance company a **claim** that details what was done and what it cost. The insurance company reviews claims for any covered expenses and determines payment based on **reasonable or allowable charges**. Any remaining cost after the insurance company pays the reasonable charge is your responsibility to pay. That amount is called **coinsurance**. Typically, if the health insurance company pays 80% of the reasonable or allowable charges, you pay 20% coinsurance.

Copayments and coinsurance are called **out-of-pocket costs**. Fortunately, your insurance plan will also have an **out-of-pocket limit**, which is the most you'll have to contribute toward the cost of covered services during the benefit period. (Some insurance companies will include deductibles in your out-of-pocket limit.)



2-MINUTE HEAD START TO CHOOSE THE RIGHT PLAN

WHICH OF THESE STATEMENTS SOUNDS MOST LIKE YOU?

- A** I don't go to the doctor very often, so I'm looking for the lowest monthly premium.
- B** I want predictable costs and don't mind paying a little more each month to make sure I'm not surprised.
- C** I'm concerned my ongoing health issues may have an impact on my insurance options.
- D** I only need insurance for a short time.

THE FUN WAY TO EAT MORE VEGGIES.

After you take your meat off the grill, why waste the hot coals? You'll be amazed at how great grilled vegetables taste. Before grilling, just brush veggies lightly with canola or olive oil or light Italian dressing.²



IF YOU CHOSE A, you should consider a plan that keeps your monthly premiums affordable with a higher deductible. Make sure you're covered for preventive care, major illnesses, emergencies and prescription drugs. Look for high-deductible options that work with easy-to-use health care savings accounts that allow you to save for qualified medical expenses, track your medical savings account activity and submit claims electronically.

IF YOU CHOSE B, look for plans that offer a range of deductible choices and lower out-of-pocket limits so you can balance how much you want to pay for the comfort of knowing what your health care costs will be. Consider plans with large networks to avoid additional out-of-network costs.

IF YOU CHOSE C, ask about a plan that allows you to qualify for insurance no matter what your health status. Look for plans that still offer broad benefits and a choice of deductibles to help control monthly premium costs.

IF YOU CHOSE D, look for a short-term plan. It's the right plan if you're between jobs, waiting for benefits from a new job to begin or a recent graduate who will be covered by an employer soon. Select a plan that provides flexibility in the number of days of coverage you can purchase and a choice of deductible amounts to help control premiums, so you get the protection you need until you find a new job or those new benefits kick in.

Of course, these brief statements may not cover every concern. If you want more help, you can visit one of our Highmark Direct stores to talk with a licensed insurance professional. We've listed locations on the back cover of this booklet. If you prefer, you can go to our website at **HighmarkDirect.com**. Or you can speak with a Highmark Customer Service Representative by calling toll-free **1-800-847-2004**.

WHY CHOOSE HIGHMARK — IN A MINUTE OR LESS

Highmark offers a wide selection of plans with comprehensive care, including preventive care, options for vision care and even prescription drug coverage.

No matter what your situation, we know we have the right health plan for you — and we'll make sure you get a great value at an affordable price.

Plus, Highmark members get affordable coverage without the hassles. There's less paperwork with Highmark. For most coverage, you can just show your Highmark ID card — and we take care of the claims forms for you.

To take the next step, you can go to one of our convenient Highmark Direct stores listed on the back cover to get your questions answered and apply while you're there.



WE MAKE IT EASY TO ENROLL



IN PERSON:

Lafayette Plaza Shopping Center

218 Summit Park Drive
North Fayette, PA 15275
412-544-4900

McKnight Siebert Shopping Center

4885 McKnight Road
Pittsburgh, PA 15237
412-544-5400



Norman Centre II

1775 North Highland Road
Pittsburgh, PA 15241
412-544-5267

Monroeville

4008 William Penn Highway
Monroeville, PA 15146
412-544-5420



Visit **HighmarkDirect.com** for information about new store openings.

If you prefer online enrollment, just go to **HighmarkDirect.com** and select "Apply Now" to link to the appropriate Highmark website based on where you live.

Or you can return your enrollment form in the postage-paid envelope we've provided.

Apply risk-free. Once your enrollment form is accepted, your policy will be mailed directly to your home. Review your policy carefully. We're sure you'll be completely satisfied with your Highmark coverage. However, if you decide this policy does not meet your expectations, for any reason, simply return it within 10 days of its arrival. Your premium payment will be promptly refunded with no questions asked.

QUESTIONS? CALL TOLL-FREE 1-800-847-2004.



¹ <http://women.webmd.com/features/the-best-time-of-the-day?page=2>

² <http://webmd.com/diet/features/eat-your-vegetables-15-tips-for-veggie-haters?page=3>

³ These changes are effective as of September 23, 2010.

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