



Flexible choices for
better health care.

Preferred-provider plans
from Highmark.

Take good care of yourself by letting Highmark take care of you.

Shopping for health insurance can be overwhelming. That's why we've created this brochure that takes you step-by-step through making a good decision about your health care coverage. Take a look. It's easy to get an excellent plan at a fair price.

Please Read This Important Message.

It is important for you to understand all of the enclosed information about your health care coverage. This information includes rights you have and requirements you must meet to take full advantage of your health care benefits. Language services are available to you, free of charge, upon request. Call the toll-free phone number printed in the enclosed information for help.

English

If you need benefit information in a language other than English or someone to interpret, we're here to help! If you are a member, call the number on the back of your identification card.

French

Si vous avez besoin d'informations concernant les prestations dans une langue autre que l'anglais ou si vous souhaitez faire appel à un interprète, nous sommes là pour vous aider! Si vous êtes member, veuillez composer le numéro de téléphone qui figure au dos de votre carte d'identification.

Arabic

إذا كنت بحاجة إلى معلومات عن منافحك بلغة غير الانجليزية أو كنت بحاجة إلى شخص يقوم بالترجمة، نحن هنا للمساعدة! إذا كنت عضواً، اتصل بالرقم الموجود على ظهر بطاقة هويتك.

German

Wenn Sie Informationen über die Versicherungsleistungen in anderen Sprachen als Englisch wünschen oder einen Dolmetscher benötigen, helfen wir Ihnen gerne weiter! Mitglieder rufen die auf der Rückseite der Ausweiskarte aufgeführte Telefonnummer an.

Greek

Εάν χρειάζεστε πληροφορίες για παροχές ασφάλισης σε μια άλλη γλώσσα εκτός από τα αγγλικά, ή χρειάζεσθε διερμηνέα, είμαστε εδώ να σας εξυπηρετήσουμε! Εάν είστε μέλος, καλέστε τον αριθμό που βρίσκεται στο πίσω μέρος της κάρτας συνδρομής σας.

Gujarati

જો તમને લાભોને લગતી માહિતી અંગ્રેજી સંવાયની કોઈ ભાષામાં જોઈતી હોય અથવા કોઈ વ્યક્તિ તમને અર્થઘટન કરી આપે તેવું ઇચ્છતા હો, તો અમે મદદ કરવા અહીં હજાર છીએ! જો તમે સભ્ય હો, તો તમારા ઓળખપત્ર (આઈ.ડી. કાર્ડ) ની પાછળ જણાવેલા નંબર પર ફોન કરો.

Hindi

यदि आपको अंग्रेज़ी के अलावा किसी और भाषा में बनेफिट जानकारी चाहिए, या कोई दुभाषिया चाहिए, तो हम आपकी सहायता के लिए उपलब्ध हैं! यदि आप सदस्य हैं, तो अपने पहचान कार्ड के पीछे दिए गए नम्बर पर फोन करें।

Korean

보험혜택에 관한 정보를 한국어로 받고 싶으시거나 설명이 필요하시면, 저희들이 도와드리겠습니다!
이미 가입하신 분은 보험카드 뒷면에 있는 번호로 전화하십시오.

Polish

Jeżeli potrzebujesz informacji o świadczeniach w języku innym niż angielski, lub potrzebujesz tłumacza, chętnie Ci pomożemy! Jeżeli jesteś członkiem, zadzwoń pod numer wskazany na odwrocie swojej karty identyfikacyjnej.

Portuguese

Se necessita de informações sobre os benefícios noutra idioma, que não inglês, ou de um intérprete, estamos aqui para o ajudar! Se já é membro, telefone para o número no verso do seu cartão de identificação.

Tagalog/Filipino

Kung kailangan mo ng impormasyon sa benepisyo sa anumang wika maliban sa Ingles o kung kailangan mo ng tigasalin ng wika, narito kami para tumulong! Kung ikaw ay isang miyembro, tumawag sa numero sa likuran ng iyong card ng pagkikilanlan.

Spanish

Si necesita información en español sobre beneficios o alguien que le sirva de intérprete, estaremos para ayudarle. Si es un miembro, llame al número que se encuentra al reverso de su tarjeta de identificación.

Chinese Mandarin

如果您需要索取中文福利信息或者需要有人为您翻译，我们可以帮助您！如果您是会员，请拨您的会员卡背面的电话号码。

Italian

Se avete bisogno di informazioni in italiano o di qualcuno che vi faccia da interprete, siamo qui per aiutarvi! Si siete soci, chiamate il numero sul retro della vostra tessera identificativa.

Russian

Если Вам необходима информация на русском языке о льготах или нужна помощь переводчика, то мы Вам поможем! Если Вы уже являетесь участником нашей программы, позвоните по номеру телефона, приведенному на обороте Вашей идентификационной карточки участника.

Vietnamese

Nếu quý vị cần thông tin về quyền lợi bằng tiếng Việt hoặc cần một người thông dịch, chúng tôi có mặt để giúp quý vị! Nếu quý vị là hội viên, hãy gọi số ghi ở phía sau thẻ ID của quý vị.

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For current rate information, please refer to the enclosed rate sheet.

To enroll now, fill out the enclosed enrollment form and return it in the postage-paid envelope provided, or visit www.highmarkdirect.com to apply online.



Health insurance made easy.

Have you noticed that people we call “lucky” are the ones who plan ahead? No one wants to be sick or get hurt. But people who plan for the unexpected often come out ahead.

If you’ve ever wondered whether you really need health insurance, when you’ve always been healthy, the short answer is: You do.

The cost of medical care is growing every day — and getting sick or injured without insurance could mean thousands of dollars of debt. In fact, nearly two out of three bankruptcies stem from medical bills.*

And what about staying healthy? Regular check-ups, vision care, maternity care, 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 all medical care costs less when you’re insured? It’s true. Highmark uses the buying power of its large membership to get lower prices for medical supplies and treatment. Those savings are passed on to you. That’s why your medical care costs less when you’re insured.

Your smartest financial move is to take care of yourself and your family with the right insurance plan.

Highmark can help.

Trying to find a health care plan can be challenging. You have a lot of choices, and the differences between options aren’t always clear.

That’s why we prepared this brochure. By the time you’ve read these materials, you’ll know the alternatives and will be able to make a great choice.

Nothing feels better than having a greater hand in your health.

Let us help.

If you still have questions after reading this brochure, call us toll-free at **1-800-847-2004**. We’ll be glad to talk through any questions with you.

*The New York Times, October 1, 2010

What to think about when buying health insurance.

It's important that you educate yourself so you make smart choices. Use this packet of information to learn about:

- The different types of policies available to you.
- What the policy will pay for and what it won't.
- How you will be reimbursed for your visits, prescriptions and other medical services.

What you learn with a little research could save you a lot of money. And it will feel good to know you truly understand the coverage you're getting. When you're sick or injured is no time to find out what your plan really covers.

Consider the benefits you need.

- How many doctor visits are you allowed?
- How many emergency room visits are covered?
- Can you see any doctors, or only those within a certain network?
- What prescription drug benefits are offered?
- If you have children, are shots and regular check-ups covered?

Consider what you can afford.

No health insurance plan will cover every expense. To get a true idea of what your costs will be, here is a list of what to look at:

- Note deductibles you must meet before the health insurance begins to help cover your costs.
- After you have met your deductible, see what portion of the cost will be paid by the plan. This amount, typically a percentage, may vary by the type of service, doctor or health facility used.
- Copayments or coinsurance may be required for certain services, such as doctor visits.
- If you use doctors outside a plan's network, you may pay more to get care.
- If a health insurance plan does not cover certain services, you need to consider how much you will have to pay for these services.
- There may be a ceiling on how much you must pay in case of major illness.

If your family has enjoyed good health for a number of years, you may want to consider other deductible options. With a higher deductible, you'll pay significantly less in premiums. However, don't make the mistake of choosing a plan for its affordable premiums if you can't pay the deductible.

Some high-deductible policies let you meet IRS requirements to open a Health Savings Account (HSA), making you eligible for tax savings.

You can't know for sure what your health care needs for the coming year will be. But based on what you needed in the past year, you can estimate the total costs to your family for these services under each health insurance plan.

Review your policy every year.

Read the details to make sure your policy still matches the needs of your family. As the health care system continues to change, as well as your personal circumstances, your health insurance policy should reflect your current needs and conditions.





Health insurance terms and meanings.

Coinsurance

The amount you are required to pay for medical care after you have met any deductible. The coinsurance rate is usually expressed as a percentage. For example, if the health insurance company pays 80% of the health care cost, you pay 20% coinsurance.

Copayment

Another way of sharing medical costs. You pay a flat fee every time you receive a medical service (for example, \$10 for every visit to your Primary Care Provider). The health insurance company pays the rest.

Covered Expenses

Most health insurance plans do not pay for all services. Some may not pay for prescription drugs. Others may not pay for vision care. Covered services are those medical procedures for which the insurer agrees to pay. They are listed in the Outline of Coverage and the Subscription Agreement you will receive when you become a member.

Deductible

The amount of money you must pay each year to cover your medical care expenses before your health insurance policy starts paying. Either an individual or a family deductible may apply depending on the number of family members enrolled.

Exclusions

Specific services or supplies that are not covered, or conditions or circumstances for which the policy will not provide benefits.

Health Savings Account (HSA)

A tax-exempt account designed to help you save for medical expenses on a tax-free basis. HSAs provide a financial incentive for selecting a qualified high-deductible health plan.

HMO (Health Maintenance Organization)

HMO coverage requires you to select a Primary Care Provider (PCP) who will become familiar with all aspects of your health and health care and, as your personal provider, will be responsible for treating you for your basic health care needs. While you are required to get most of your preventive care (such as adult and pediatric routine physicals and pediatric immunizations) from your PCP, many HMOs allow you to go directly to a network specialist for other covered services without referrals.

Non-cancellable Policy

A policy that guarantees you can receive health insurance, as long as you pay the premium. It is also called a guaranteed renewable policy.

Out-of-Pocket Limits

The most money you would need to pay per year, after deductibles, for coinsurance and copayments. It is a stated dollar amount set by the health insurance company.

PPO (Preferred-Provider Organization)

A PPO is a combination of the traditional Fee-for-Service plan and an HMO. When you use the doctors and hospitals that are part of the PPO network, a larger part of your medical bills are covered. You may use doctors who are not in the network, but at a higher cost.

Pre-existing Condition

A health condition for which medical advice or treatment was recommended by, or received from, a physician or other health care provider within a five-year period prior to the date your health insurance becomes effective.

Premium

The amount you pay (usually monthly) in exchange for health insurance coverage.

Primary Care Provider (PCP)

This is often a family physician, general practitioner, internist or pediatrician. A PCP monitors your health and diagnoses and treats minor health problems.

Provider

A health care professional, such as a physician or therapist; or a facility, such as a hospital or home health agency.

Reasonable Charge

The amount a physician usually charges the majority of his or her patients for a given service or procedure.

Specialist

A doctor whose practice focuses on a particular branch of medicine or surgery. Specialists include allergists, cardiologists, dermatologists, oncologists and many more.

Why choose Highmark?

Highmark is one of the most respected names in health care coverage for Pennsylvania residents. Highmark provides millions of people with the security of quality health insurance.

We have a long history of serving our members and our communities. In the 1930s, we began our mission to help Pennsylvania residents pay for health care. Today, we continue to provide access to affordable, quality health care so people can live longer, healthier lives.

We are now one of the largest health care insurers in the United States and have one of the largest provider networks in the region.

All Highmark employees are:

- United in our mission
- Dedicated to excellence
- Committed to integrity
- Focused on our customers, employees and the communities we serve.

Highmark is not just an insurance company. It's a diverse group of individuals committed to doing good work and serving our communities.

To enroll now, fill out the enclosed enrollment form and return it in the postage-paid envelope provided, or visit www.highmarkdirect.com to apply online.

Highmark PPO plans offer excellent protection and the freedom to choose your own doctor.

Lots of people think you need to be part of a group or be covered by an employer to get the advantage of great health insurance. But with an individual preferred-provider plan, you're covered for just about every health care service you'll need.

You get freedom to choose.

You don't have to select a PCP. You can see any doctor you choose — in or out of Highmark's extensive network. You can go to any hospital you choose, as well. Confidence in the people caring for you and your family is very important to your peace of mind. And that's an important part of getting and staying well. That's why you're covered for any doctor, any specialist and any hospital.

If you ever need a specialist, you don't need a referral in order to be covered.

Plus, you have the freedom to choose between two great PPO plans — DirectBlue® Individual Preferred-Provider and PPOBlueSM Individual Preferred-Provider High-Deductible Program — each with a wide range of deductibles. Highmark gives you choices that fit your lifestyle.

You get great value.

If the doctors you choose are in our extensive network (and most likely they are), you'll save even more. With thousands of network health care providers, you have a great opportunity to save money on all your medical care. When you use a network provider, our PPO plans pay 90% of the provider's reasonable charge, after you meet your annual deductible (if applicable). If the doctor you want doesn't participate in the network, you're still covered. After the annual deductible (if applicable) is met, a Highmark PPO plan pays 70% of the provider's reasonable charge for covered services received outside the network.

You're covered for preventive care — so you can stay healthy!

Traditional health insurance covers you when you're sick. Your Highmark PPO plan also pays 100% of the cost of routine physicals, mammograms and immunizations. Services like these can help prevent little issues from growing into big problems. Certain limited prescription and over-the-counter drugs prescribed for prevention are also covered at 100%.

You're covered for prescription drugs.

Pick a pharmacy in our extensive network and, with DirectBlue, you make only a low copayment for covered prescriptions after your \$100 prescription drug deductible is met for each covered member. If you choose PPOBlue, you pay the full prescription cost at the pharmacy and are reimbursed 90% after you have met your deductible, and then 100% after you have met your out-of-pocket limit.

You're covered for hospital stays.

Your Highmark PPO plan pays for 90% of the cost of all pre-authorized hospital stays at any of our participating hospitals. If you stay at a hospital outside our network, we pay for 70% of the cost and up to 90 days of hospitalization.

You get other services covered, too.

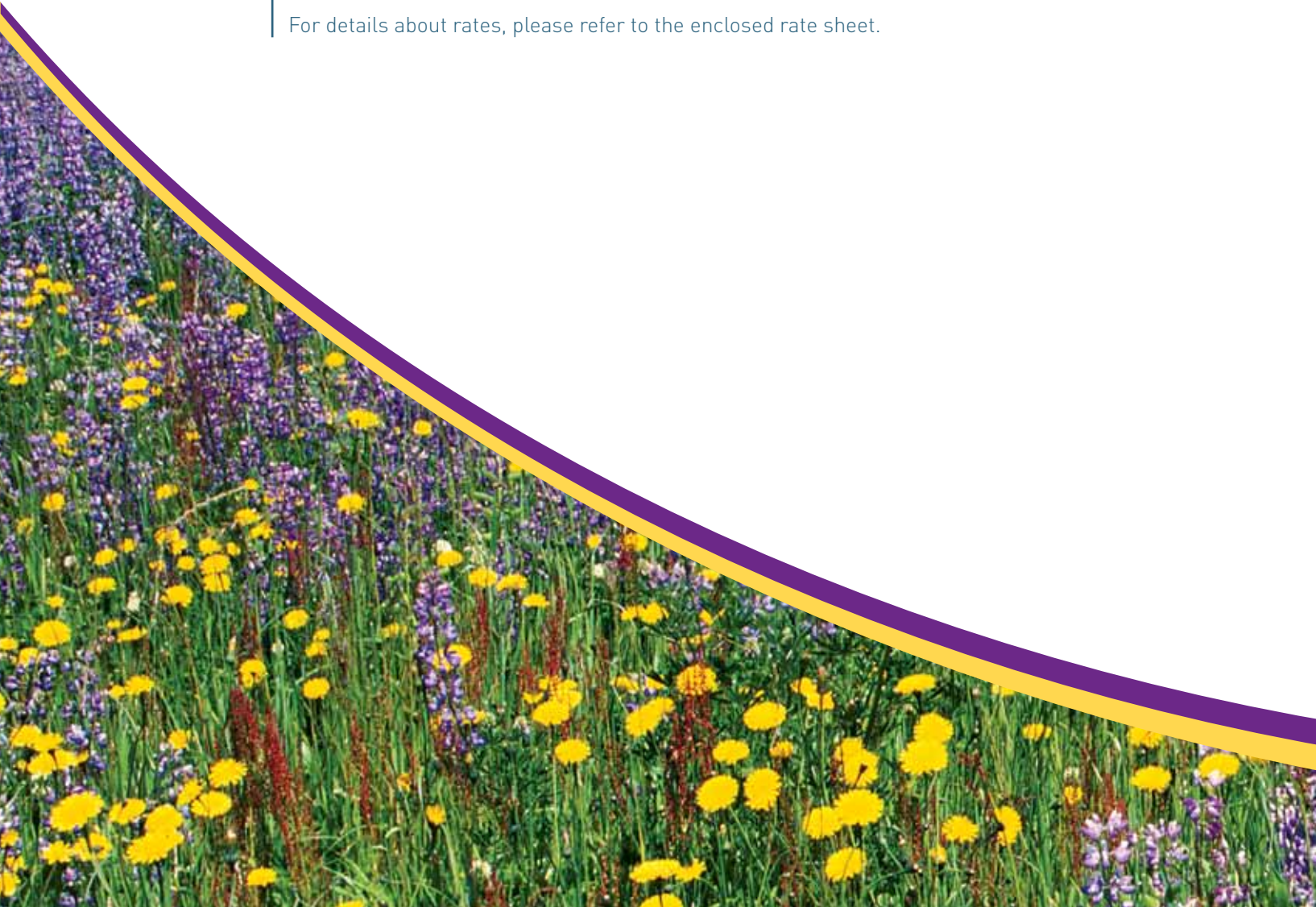
When you receive care in the network, Highmark PPO plans pay 90% of the cost of a variety of equipment and services, including:

- Inpatient and outpatient medical and surgical procedures
- Physical therapy
- Prosthetic appliances and orthotic devices
- Medical equipment
- Spinal manipulations

Other special services may be covered as well, depending on the plan you choose. Highmark PPO plans cover 70% of the cost if you go outside our network for these products and services.

Enroll now! Return your enrollment form or visit www.highmarkdirect.com to apply online.

For details about rates, please refer to the enclosed rate sheet.



DirectBlue and PPOBlue. Different by design.

DirectBlue smoothes all the rough patches.

DirectBlue was designed for the person who wants the choices of a traditional health care plan with the ability to plan around a budget. DirectBlue helps you control health care costs — simply and easily. DirectBlue costs a little more per month, but you protect yourself from high out-of-pocket expenses.

PPOBlue provides coverage at a low monthly cost.

You need health care coverage, but many plans have monthly premiums that are just too high. With PPOBlue, you get the significant protection you need against serious illnesses, accidents and other high-dollar medical expenses — all at an affordable monthly premium.

PPOBlue was designed to give you more control over your health care spending. You can choose a lower premium with a higher deductible, or pay a little more each month and lower your deductible. PPOBlue works hand-in-hand with a tax-advantaged Health Savings Account (HSA). For more details about HSAs, see page 16.

Choosing the right deductible.

Every person and every family is different. Your health care needs are unique. And so is your budget. Both DirectBlue and PPOBlue offer a choice of individual and family deductibles.

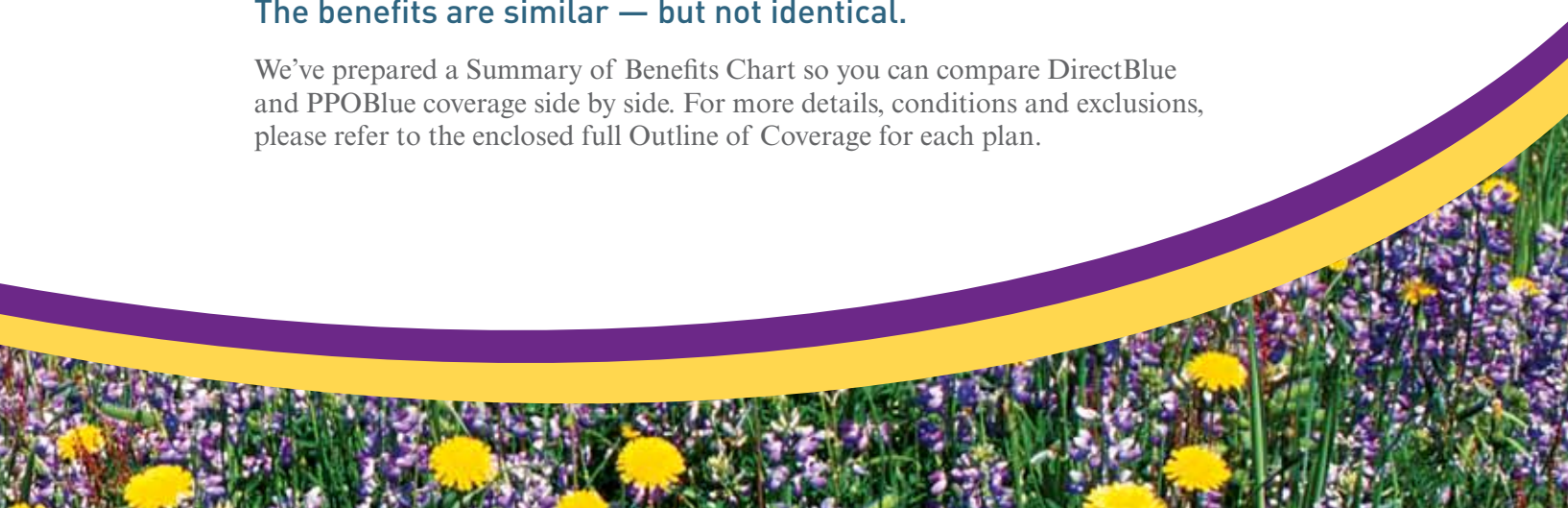
Most preventive care is covered immediately, so you don't have to think about your deductible. That means if you see your doctor only for routine preventive care, a higher deductible PPOBlue plan may make sense for you.

DirectBlue and PPOBlue give you a range of deductibles to choose from. Having options to match your deductibles to your needs is very important to make sure your coverage fits your budget. Of course, you need to be sure you can afford the deductible should something happen and you need extensive treatment or hospitalization.

If you would prefer to pay a little more each month for the peace of mind of knowing your out-of-pocket costs will be low if you get sick, then selecting a lower deductible may be a smarter move for you. And both plans protect you from the expenses of a serious illness or injury by limiting the amount of your out-of-pocket expenses each year.

The benefits are similar — but not identical.

We've prepared a Summary of Benefits Chart so you can compare DirectBlue and PPOBlue coverage side by side. For more details, conditions and exclusions, please refer to the enclosed full Outline of Coverage for each plan.



Coverage highlights and a side-by-side comparison.

DirectBlue

Description of Service	Network		Out-of-network	
	DirectBlue pays	You pay ¹	DirectBlue pays	You pay ¹
Lifetime benefits	Unlimited		Unlimited	
Office visits	90%	10%	70%	30%
Diagnostic services	90%	10%	70%	30%
Ambulance service	90%	10%	70%	30%
Emergency care ³	90%	10%	90%	10%
Inpatient hospital services	90%	10%	70% (Limited to 90 days per benefit period)	30% (100% after 90-day covered period)
Inpatient and outpatient surgery and medical services	90%	10%	70%	30%
Prescription drugs	100% except \$100 annual deductible and copayments	\$100 annual deductible, then copayments of \$10/generic and \$20/brand name	Not covered	100%
Preventive medications ⁴	100% Deductible does not apply No copayments	0%	Not covered	100%
Maternity services	90%	10%	70%	30%
Therapy and rehabilitation services ⁷	90%	10%	70%	30%
Spinal manipulations 10 visits per calendar year	90%	10%	70%	30%
Allergy extracts/injections	90%	10%	70%	30%
Preventive care. ⁸ Annual deductible does not apply to services listed below				
Routine annual physical exam	100%	0%	Not covered	100%
Routine annual gynecological exam and Pap smear	100%	0%	Not covered	100%
Immunizations Adult and pediatric	100%	0%	Not covered	100%
Mammographic screenings	100%	0%	Not covered	100%
Routine eye exams every 24 months Service must be provided by a participating vision provider.	100%	0%	Not covered	100%
Deductible—individual/family ⁹		Choice of: \$250/\$750 \$500/\$1,500		\$500/\$1,500
Out-of-pocket limit—individual/family		\$1,500/\$4,500		\$1,500/\$4,500

PPOBlue

Description of Service	Network		Out-of-network	
	PPOBlue pays	You pay ²	PPOBlue pays	You pay ²
Lifetime benefits	Unlimited		Unlimited	
Office visits	90%	10%	70%	30%
Diagnostic services	90%	10%	70%	30%
Ambulance service	90%	10%	70%	30%
Emergency care	90%	10%	90%	10%
Inpatient hospital services	90%	10%	70% (Limited to 90 days per benefit period)	30% (100% after 90-day covered period)
Inpatient and outpatient surgery and medical services	90%	10%	70%	30%
Prescription drugs ⁵	90%	10%	Not covered	100%
Preventive medications ^{4,5}	100% Deductible does not apply	0%	Not covered	100%
Maternity services	90%	10%	70%	30%
Therapy and rehabilitation services ⁶	90%	10%	70%	30%
Spinal manipulations 10 visits per contract year combined in and out-of-network	90%	10%	70%	30%
Allergy extracts/injections	90%	10%	70%	30%
Preventive care.⁸ Annual deductible does not apply to services listed below				
Routine annual physical exam	100%	0%	Not covered	100%
Routine annual gynecological exam and Pap smear	100%	0%	Not covered	100%
Immunizations Adult and pediatric	100%	0%	Not covered	100%
Mammographic screenings	100%	0%	Not covered	100%
Routine eye exams every 24 months	Not covered	100%	Not covered	100%
Individual (1 member per agreement)				
Deductible—individual		Choice of: \$1,200; \$2,600; \$3,500		Choice of network deductible includes out-of-network benefits
Out-of-pocket limit—individual		\$1,000; \$1,200; \$1,500		\$2,000; \$2,400; \$3,000
Family (2 or more family members per agreement)				
Deductible—family ¹⁰		Choice of: \$2,400; \$5,200; \$7,000		Choice of network deductible includes out-of-network benefits
Out-of-pocket limit—family		\$2,000; \$2,400; \$3,000		\$4,000; \$4,800; \$6,000

More details about HSAs. Is a Health Savings Account right for you?

A Health Savings Account (HSA) gives you tax advantages similar to an IRA (Individual Retirement Arrangement). The difference is that, while IRAs are meant to help fund your retirement years, an HSA is meant to help pay for qualified medical expenses now, and years from now. These expenses can include deductibles or other qualified medical expenses that may not be covered under your health plan, such as dental care, vision exams, and even eyeglasses.

HSAs were developed in 2003. They allow you to qualify for special federal tax savings when you're enrolled in a federally qualified high-deductible health plan, like PPOBlue. (Other IRS eligibility requirements apply. See "Who can have a Health Savings Account?" below for more information.)

Like an IRA, you put money into a special account and manage that money yourself. You can choose aggressive, moderate or more conservative investments.

Funds can be available for you to use as soon as you deposit them. For example, you can withdraw funds to pay coinsurance for routine care. Or you may decide to save that money for long-term health care needs.

It's up to you whether you decide to open an HSA. You decide which HSA custodian will hold your money. You decide how much you want to contribute.

Keep in mind that you don't need to open an HSA to enroll in PPOBlue.

HSAs give you three ways to save on taxes.

1. Contributions to your HSA are tax-deductible.
2. Any earnings in interest and appreciation in value from your investments in an HSA are tax-free.
3. Withdrawals from your account that are used for eligible expenses are not subject to taxes.

Keep in mind that, like most investments, certain fees may apply to an HSA. In addition, any increase or decrease in value of your HSA will depend on the market performance of the funds you select.

Who can have a Health Savings Account?

You can open an HSA when you're enrolled in a federally qualified high-deductible health plan like PPOBlue.

You're not eligible if you are:

- Covered by any health plan other than a high-deductible plan (excluding dental and vision plans)
- Enrolled in Medicare
- Claimed as a dependent on someone else's tax return.

You're responsible to ensure you meet the eligibility requirements and are not restricted for any of these reasons.



Are there restrictions on HSAs?

Generally, the money in your account is yours to manage as you want. But the rules may vary depending on the HSA custodian you choose.

How much can I contribute to my HSA?

Like an IRA, there are limits to how much you can contribute each year. You're free to contribute any amount up to the legal maximums. Some HSAs have minimum requirements.

It's possible that contributions to your HSA may come from several sources, including you, a family member, an employer or someone else. It doesn't matter who made the contribution, the same limit applies and no more than that amount can be contributed.

Contributions over the maximum allowable amount are not tax-deductible. In fact, an excise tax will be imposed on the extra amount and any net income attributable to those contributions.

When can I contribute?

Contributions can be made at any time during the tax year, up until the filing deadline for your federal income tax return. You can make payments periodically (for example, every month) or in a lump sum.

How can I use the money in my HSA?

HSA qualified medical expenses are generally what you pay for the prevention and treatment of medical conditions, including dental and vision care. These expenses include your health plan's deductible and your plan's out-of-pocket expenses.

You can use your HSA savings to pay for certain types of health insurance premiums, such as qualified long-term care insurance, COBRA health care continuation insurance, health insurance when you're receiving unemployment benefits, Medicare Parts A and B, Medicare HMO premiums or your share of employer-sponsored health insurance for those 65 and over.

You can't use your HSA savings for services of a cosmetic nature or for premiums for Medicare Supplement (Medigap) plans. You also can't use your HSA savings to pay for services reimbursed from your health plan or another family member's health plan.

What if I use my HSA for non-qualified expenses?

If you use your funds to pay for something other than qualified medical expenses, those withdrawals will be considered taxable income — because that money was tax-deductible when it was contributed — and subject to a penalty. The penalty does not apply to distributions at death, disability or after age 65. You are responsible for ensuring that your funds are used for qualified expenses.

When does eligibility for an HSA begin and end?

You can open an HSA on the first day of the month you're enrolled in a qualified high-deductible health plan. If you enroll in the qualified health plan after the first of the month, you can't open or contribute to an HSA until the first day of the following month.

You're no longer eligible to open a new HSA or contribute to your current HSA if you:

- Become covered by another health plan other than a qualified high-deductible health plan
- Become entitled to Medicare
- Become a dependent on someone else's tax return.

Just because you can't contribute to your HSA anymore doesn't necessarily mean you lose it. You can keep the HSA and continue to use the funds on a tax-preferred basis for qualified medical expenses. You just can't contribute to your HSA or establish another HSA unless you become eligible again.

Where can I learn more?

You'll also get more information from the HSA Application Package, which you can request once you've enrolled in PPOBlue.

For specific questions about your situation, please consult your tax advisor.

BlueAccountSM HSA is an easy choice for Highmark members.

If you're applying for PPOBlue, you should consider opening the Health Savings Account specifically designed for Highmark members.

This flexible HSA is provided by Bank of New York Mellon (BNY Mellon), so you get an experienced provider of financial services in combination with the area's most respected health insurance company.

You'll have a wide variety of investment options. Depending on your needs, you can invest your HSA funds for long-term health care needs or pick an option that gives you ready access for immediate availability.

BlueAccount HSA gives you control. At a single, convenient member Web site — www.highmarkbcbs.com — you can track your HSA deposits, withdrawals, balances, earnings and more. You can also access all your health care coverage information and take advantage of its health information resources.

BlueAccount HSA makes it easy to get your money when you need it:

- With the click of a mouse, you can submit claims to be paid by your HSA
- You can have all claims automatically submitted to your HSA for payment
- You can use a debit card to pay for health care expenses directly out of your HSA.

If you have questions about BlueAccount HSA, call toll-free 1-877-245-0116.



Highmark members get more!

We've packed a lot of extras into your Highmark coverage — all at no extra cost. Here are a few more ways you can “have a greater hand in your health®.”

Go online for your health.

Our free member Web site at www.highmarkbcbs.com has a number of tools to help with your health — from wellness calculators to the ability to check the status of your prescriptions. Your personal health record is available to you anytime. We give you an in-depth health encyclopedia right at your fingertips. Check out the healthy recipe of the day, or sign up for a free monthly health newsletter online.

Pick up the phone.

Get support from qualified Health Coaches on treatment options and health care decision-making with Blues On CallSM. This 24-hour service, available by phone, e-mail or the Internet, also includes a library of decision-support videos and Health Crossroads[®], an online decision-making resource.

Save money every day.

Highmark works hard on behalf of our members to get discounts on health-related products and services. So you can take better care of yourself for less! Save on:

- Fitness center membership
- Spas
- Massage therapy
- Nutritional counseling
- Personal training

Just show your Highmark ID card when you make a purchase and save money on the spot. To see a list of participating providers online, visit www.highmarkdirect.com.

Affordable coverage without the hassles!

No rate increases based on your claims.

You can't be singled out for a rate increase, or have your coverage canceled, due to your age, health or how much medical care you may need. Rates can be adjusted only if they change for all DirectBlue or PPOBlue members or if you move from one age group into the next age group.

Don't stress about paperwork.

You'll be happy to know that for most coverage, you can just show your Highmark ID card — and the claims forms are taken care of.

Medical underwriting keeps costs low.

In order to provide you health insurance at the lowest possible price, an evaluation of your medical history and other health information will be required before you're accepted. That's why you must answer all the questions on the enrollment form and return it. If you or a family member, age 19 or older, is not qualified for DirectBlue or PPOBlue, call us or take a look at the enclosed brochure — *Your Guide to Choosing the Right Health Insurance* — that tells you about other Highmark Blue Cross Blue Shield plans that may meet your needs.

Pre-existing conditions.

Most health care plans have pre-existing condition limitations. A pre-existing condition is any condition 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 starts. A pre-existing condition limitation means members age 19 or older will not receive benefits for any pre-existing conditions during a 12-month period following the date your coverage starts (Effective Date). The pre-existing condition limitation does not apply to members under the age of 19.

10-day money-back guarantee.

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.

It's easy to enroll. Return your enrollment form or go to www.highmarkdirect.com to apply online.

How to Apply the Family Annual Deductible.

PPOBlue Family Deductible.

For an Agreement covering more than one (1) family member, the ENTIRE family deductible must be met (within a benefit period) before Highmark will pay for covered services for ANY family member. The family deductible can be satisfied by an individual family member or a combination of one or more family members.

DirectBlue 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.



How to enroll in DirectBlue or PPOBlue.

Review all the information in the Outline of Coverage so you're sure you clearly understand all the plan details.

We have enclosed an enrollment form with this brochure to apply for coverage. You only need to fill out the form and return it with your check in the postage-paid envelope we've provided.

Once enrolled, you will receive information about options for making your monthly payments in your Welcome Kit.

Or enroll online.

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

Questions? Call 1-800-847-2004.

This plan may not cover all of your health care expenses. Once you are enrolled, read your Subscriber Agreement carefully to familiarize yourself with your covered health care services. Also, keep in mind you could be financially responsible for total payment to the provider for any services not covered by this plan.

It's easy to choose great coverage.

With Highmark, you get affordable health care benefits with freedom of choice.

Return your enrollment form or visit **www.highmarkdirect.com** to apply online.

If you have any questions about how to enroll or need help completing your form, just call toll-free **1-800-847-2004**.



HAVE A GREATER HAND IN YOUR HEALTH!

Important Benefit Details

The Benefit Period is the 12 consecutive months beginning on the Subscriber's Effective Date.

¹You are responsible for out-of-pocket costs each Benefit Period up to a maximum amount of \$1,500 for individuals and \$4,500 for family. The Plan pays 100% of the Provider's Reasonable Charge thereafter during the remainder of the Benefit Period. This amount does not include Prescription Drugs, Private Duty Nursing Services, amounts paid for Copayments or Deductibles, or amounts in excess of the Provider's Reasonable Charge.

²You are responsible for out-of-pocket costs each Benefit Period up to a maximum amount shown. The Plan pays 100% of the Provider's Reasonable Charge thereafter during the remainder of the Benefit Period. This amount does not include amounts paid for Deductibles or amounts in excess of the Provider's Reasonable Charge.

³Emergency Accident Services and Emergency Medical Services include a \$40 Copayment per visit. Copayment is waived if Member is admitted as an Inpatient.

⁴Certain limited prescriptions and over-the-counter drugs prescribed for preventive purposes.

⁵Member pays 100% of the discounted cost at the time of purchase. After the plan deductible is met, PPOBlue reimburses you 90% of your drug costs. After the out-of-pocket limit is met, PPOBlue reimburses you 100%.

⁶Physical medicine (limited to 15 visits per calendar year combined in and out-of-network), speech therapy and occupational therapy.

⁷Physical medicine (limited to 15 visits per calendar year); occupational and speech therapy (15 visits per calendar year combined limit); radiation therapy; chemotherapy; dialysis; infusion therapy; cardiac rehabilitation; respiratory therapy.

⁸The Highmark Preventive Schedule is reviewed and updated periodically by the Plan based on the requirements of the Patient Protection and Affordable Care Act of 2010, as amended, and the advice of the American Academy of Pediatrics, U.S. Preventive Service Task Force, the Blue Cross and Blue Shield Association, and Medical Consultants. Accordingly, the frequency and eligibility of services are subject to change.

⁹DirectBlue 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.

¹⁰PPOBlue Family Deductible: For an Agreement covering more than one (1) family member, the ENTIRE family deductible must be met (within a benefit period) before Highmark will pay for covered services for ANY family member. The family deductible can be satisfied by an individual family member or a combination of one or more family members.

PPOBlue is available to individuals who wish to purchase a qualified high-deductible health plan for use with a Health Savings Account as defined by the Internal Revenue Service. The IRS has established eligibility requirements for individuals who want to open a Health Savings Account. It is your responsibility to ensure that you meet these eligibility requirements. PPOBlue utilizes the Keystone Health Plan West Network of Providers.

Blue Cross, Blue Shield, the Cross and Shield symbols and DirectBlue are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Highmark is a registered mark of Highmark Inc. PPOBlue, BlueAccount and Blues On Call are service marks of the Blue Cross and Blue Shield Association. Have a greater hand in your health and the hand symbol are registered service marks of Highmark Inc. Health Crossroads is a registered service mark of Health Dialog. Health Dialog is a separate company that administers the Health Crossroads program.

Highmark Individual and Family Plan PPO Rates

Take the next step.

Pick your plan.

You've looked through the benefits Highmark offers in a PPO plan. Now the next thing to consider is your preferred deductible and the monthly rate you'll pay for PPOBlueSM or DirectBlue[®]. These charts show our current rates at each deductible level. Select the plan that works best for your family's needs and budget.

A few details.

Rates are based on your gender, age, health status and number of family members applying for coverage plus the deductible you choose. If you are applying for coverage for you and your spouse or for family coverage, **the oldest person is the applicant.**

It's possible that, because of your medical history, you may not qualify for coverage at the rate indicated on this chart. **You still may be eligible for coverage** at one of Highmark's higher rates according to our medical criteria ("underwriting guidelines"). Each applicant is reviewed individually, and you will be notified if you are eligible for coverage and at which rate. You will also be notified if your application is denied.

PPOBlue Preferred-Provider High-Deductible Program

Individual Annual Deductibles

Here's an example of how to use these charts:

- For an individual: single male, age 25; no spouse or children; \$3,500 deductible. Based on the individual's gender, the rate is taken from the Male rate chart, \$3,500 Individual Deductible, for age 25. This individual's monthly rate is **\$57.10**.

Monthly Rates **Female**

Age	\$1,200 Deductible	\$2,600 Deductible	\$3,500 Deductible
<19	\$66.45	\$58.20	\$54.75
19-24	\$104.20	\$90.00	\$84.10
25-29	\$130.20	\$111.90	\$104.30
30-34	\$158.30	\$135.60	\$126.15
35-39	\$158.35	\$135.65	\$126.20
40-44	\$161.00	\$137.85	\$128.25
45-49	\$179.50	\$153.45	\$142.65
50-54	\$211.45	\$180.40	\$167.45
55-59	\$242.10	\$206.25	\$191.30
60-64	\$284.75	\$242.20	\$224.45

Monthly Rates **Male**

Age	\$1,200 Deductible	\$2,600 Deductible	\$3,500 Deductible
<19	\$66.45	\$58.20	\$54.75
19-24	\$66.45	\$58.20	\$54.75
25-29	\$69.45	\$60.75	\$57.10
30-34	\$79.75	\$69.40	\$65.10
35-39	\$95.00	\$82.25	\$76.95
40-44	\$114.10	\$98.35	\$91.80
45-49	\$143.30	\$122.95	\$114.45
50-54	\$184.45	\$157.65	\$146.50
55-59	\$243.30	\$207.25	\$192.25
60-64	\$329.05	\$279.50	\$258.85

Effective since October 1, 2009

PPOBlue Preferred-Provider High-Deductible Program

\$2,400 Family Annual Deductible

How to Apply the PPOBlue Family Deductible

For an Agreement covering more than one (1) family member, the ENTIRE family deductible must be met (within a benefit period) before Highmark will pay for covered services for ANY family member. The family deductible can be satisfied by an individual family member or a combination of one or more family members.

Here's an example of how to use these charts:

- For a family of four: father, age 51; mother, age 48; son, age 18; daughter, age 15. Based on the father's gender and as the older spouse, the rate is taken from the Male rate chart for age 51. Under the Husband/Wife/Children category, this family's monthly rate is **\$525.60**.

Monthly Rates **Female**

Age	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$122.45	\$197.20	\$170.65	\$225.85	\$300.35
19-24	\$160.20	\$234.95	\$170.65	\$225.85	\$300.35
25-29	\$186.20	\$260.95	\$199.65	\$254.90	\$329.35
30-34	\$214.35	\$289.10	\$238.05	\$293.30	\$367.75
35-39	\$214.35	\$289.10	\$253.35	\$308.55	\$383.05
40-44	\$217.00	\$291.75	\$275.10	\$330.30	\$404.80
45-49	\$235.50	\$310.25	\$322.80	\$378.00	\$452.45
50-54	\$267.45	\$342.20	\$395.90	\$451.10	\$525.60
55-59	\$298.15	\$372.90	\$485.40	\$540.65	\$615.15
60-64	\$340.80	\$415.55	\$613.80	\$669.05	\$743.50

Monthly Rates **Male**

Age	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$122.45	\$197.20	\$170.65	\$225.85	\$300.35
19-24	\$122.45	\$197.20	\$170.65	\$225.85	\$300.35
25-29	\$125.50	\$200.20	\$199.65	\$254.90	\$329.35
30-34	\$135.75	\$210.50	\$238.05	\$293.30	\$367.75
35-39	\$151.00	\$225.75	\$253.35	\$308.55	\$383.05
40-44	\$170.15	\$244.90	\$275.10	\$330.30	\$404.80
45-49	\$199.30	\$274.05	\$322.80	\$378.00	\$452.45
50-54	\$240.45	\$315.20	\$395.90	\$451.10	\$525.60
55-59	\$299.35	\$374.10	\$485.40	\$540.65	\$615.15
60-64	\$385.05	\$459.80	\$613.80	\$669.05	\$743.50

Effective since October 1, 2009

PPOBlue Preferred-Provider High-Deductible Program

\$5,200 Family Annual Deductible

How to Apply the PPOBlue Family Deductible

For an Agreement covering more than one (1) family member, the ENTIRE family deductible must be met (within a benefit period) before Highmark will pay for covered services for ANY family member. The family deductible can be satisfied by an individual family member or a combination of one or more family members.

Here's an example of how to use these charts:

- For a family of four: father, age 51; mother, age 48; son, age 18; daughter, age 15. Based on the father's gender and as the older spouse, the rate is taken from the Male rate chart for age 51. Under the Husband/Wife/Children category, this family's monthly rate is **\$450.20**.

Monthly Rates Female

Age	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$106.90	\$171.40	\$148.20	\$196.10	\$260.35
19-24	\$138.70	\$203.20	\$148.20	\$196.10	\$260.35
25-29	\$160.60	\$225.15	\$172.65	\$220.55	\$284.80
30-34	\$184.30	\$248.80	\$205.00	\$252.90	\$317.15
35-39	\$184.35	\$248.85	\$217.90	\$265.80	\$330.05
40-44	\$186.55	\$251.05	\$236.20	\$284.10	\$348.35
45-49	\$202.15	\$266.65	\$276.40	\$324.30	\$388.55
50-54	\$229.10	\$293.60	\$338.05	\$385.95	\$450.20
55-59	\$254.95	\$319.45	\$413.50	\$461.35	\$525.60
60-64	\$290.90	\$355.40	\$521.70	\$569.55	\$633.80

Monthly Rates Male

Age	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$106.90	\$171.40	\$148.20	\$196.10	\$260.35
19-24	\$106.90	\$171.40	\$148.20	\$196.10	\$260.35
25-29	\$109.45	\$173.95	\$172.65	\$220.55	\$284.80
30-34	\$118.10	\$182.60	\$205.00	\$252.90	\$317.15
35-39	\$130.95	\$195.45	\$217.90	\$265.80	\$330.05
40-44	\$147.05	\$211.55	\$236.20	\$284.10	\$348.35
45-49	\$171.65	\$236.15	\$276.40	\$324.30	\$388.55
50-54	\$206.35	\$270.85	\$338.05	\$385.95	\$450.20
55-59	\$255.95	\$320.45	\$413.50	\$461.35	\$525.60
60-64	\$328.20	\$392.70	\$521.70	\$569.55	\$633.80

Effective since October 1, 2009

PPOBlue Preferred-Provider High-Deductible Program

\$7,000 Family Annual Deductible

How to Apply the PPOBlue Family Deductible

For an Agreement covering more than one (1) family member, the ENTIRE family deductible must be met (within a benefit period) before Highmark will pay for covered services for ANY family member. The family deductible can be satisfied by an individual family member or a combination of one or more family members.

Here's an example of how to use these charts:

- For a family of four: father, age 51; mother, age 48; son, age 18; daughter, age 15. Based on the father's gender and as the older spouse, the rate is taken from the Male rate chart for age 51. Under the Husband/Wife/Children category, this family's monthly rate is **\$418.80**.

Monthly Rates **Female**

Age	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$100.40	\$160.65	\$138.85	\$183.70	\$243.70
19-24	\$129.75	\$190.00	\$138.85	\$183.70	\$243.70
25-29	\$149.95	\$210.20	\$161.40	\$206.25	\$266.25
30-34	\$171.85	\$232.05	\$191.25	\$236.10	\$296.10
35-39	\$171.85	\$232.10	\$203.15	\$248.00	\$307.95
40-44	\$173.90	\$234.15	\$220.05	\$264.90	\$324.90
45-49	\$188.30	\$248.55	\$257.10	\$301.95	\$361.95
50-54	\$213.15	\$273.35	\$313.95	\$358.80	\$418.80
55-59	\$236.95	\$297.20	\$383.55	\$428.40	\$488.35
60-64	\$270.10	\$330.35	\$483.30	\$528.20	\$588.15

Monthly Rates **Male**

Age	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$100.40	\$160.65	\$138.85	\$183.70	\$243.70
19-24	\$100.40	\$160.65	\$138.85	\$183.70	\$243.70
25-29	\$102.75	\$163.00	\$161.40	\$206.25	\$266.25
30-34	\$110.75	\$171.00	\$191.25	\$236.10	\$296.10
35-39	\$122.60	\$182.85	\$203.15	\$248.00	\$307.95
40-44	\$137.45	\$197.70	\$220.05	\$264.90	\$324.90
45-49	\$160.15	\$220.35	\$257.10	\$301.95	\$361.95
50-54	\$192.15	\$252.40	\$313.95	\$358.80	\$418.80
55-59	\$237.90	\$298.15	\$383.55	\$428.40	\$488.35
60-64	\$304.55	\$364.75	\$483.30	\$528.20	\$588.15

DirectBlue Preferred-Provider Program

\$250 Individual/\$750 Family Annual Deductibles

How to Apply the DirectBlue 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.

Here are two examples of how to use these charts:

- For a family of four: father, age 51; mother, age 48; son, age 18; daughter, age 15. Based on the father's gender and as the older spouse, the rate is taken from the Male rate chart for age 51. Under the Husband/Wife/Children category, this family's monthly rate is **\$845.90**.
- For an individual: single male, age 25; no spouse or children. Based on the individual's gender, the rate is taken from the Male rate chart for age 25. This individual's monthly rate is **\$105.40**.

Monthly Rates Female

Age	Individual	Family				
		Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$100.35	\$186.85	\$305.10	\$264.05	\$349.90	\$467.85
19-24	\$163.70	\$250.25	\$368.45	\$264.05	\$349.90	\$467.85
25-29	\$207.30	\$293.85	\$412.10	\$312.70	\$398.55	\$516.60
30-34	\$254.50	\$341.05	\$459.25	\$377.15	\$463.00	\$581.00
35-39	\$254.55	\$341.10	\$459.35	\$402.80	\$488.65	\$606.65
40-44	\$259.00	\$345.55	\$463.70	\$439.30	\$525.20	\$643.15
45-49	\$290.05	\$376.60	\$494.75	\$519.35	\$605.15	\$723.15
50-54	\$343.65	\$430.20	\$548.40	\$642.00	\$727.85	\$845.90
55-59	\$395.10	\$481.65	\$599.90	\$792.25	\$878.10	\$996.10
60-64	\$466.70	\$553.25	\$671.40	\$1,007.70	\$1,093.55	\$1,211.50

Monthly Rates Male

Age	Individual	Family				
		Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$100.35	\$186.85	\$305.10	\$264.05	\$349.90	\$467.85
19-24	\$100.35	\$186.85	\$305.10	\$264.05	\$349.90	\$467.85
25-29	\$105.40	\$191.95	\$310.15	\$312.70	\$398.55	\$516.60
30-34	\$122.65	\$209.20	\$327.35	\$377.15	\$463.00	\$581.00
35-39	\$148.25	\$234.75	\$353.00	\$402.80	\$488.65	\$606.65
40-44	\$180.30	\$266.85	\$385.10	\$439.30	\$525.20	\$643.15
45-49	\$229.30	\$315.80	\$434.00	\$519.35	\$605.15	\$723.15
50-54	\$298.35	\$384.90	\$503.10	\$642.00	\$727.85	\$845.90
55-59	\$397.15	\$483.70	\$601.85	\$792.25	\$878.10	\$996.10
60-64	\$541.00	\$627.55	\$745.70	\$1,007.70	\$1,093.55	\$1,211.50

Effective November 1, 2010

DirectBlue Preferred-Provider Program

\$500 Individual/\$1,500 Family Annual Deductibles

How to Apply the DirectBlue 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.

Here are two examples of how to use these charts:

- For a family of four: father, age 51; mother, age 48; son, age 18; daughter, age 15. Based on the father's gender and as the older spouse, the rate is taken from the Male rate chart for age 51. Under the Husband/Wife/Children category, this family's monthly rate is **\$802.05**.
- For an individual: single male, age 25; no spouse or children. Based on the individual's gender, the rate is taken from the Male rate chart for age 25. This individual's monthly rate is **\$100.35**.

Monthly Rates **Female**

Age	Individual	Family				
		Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$95.55	\$177.80	\$290.10	\$251.00	\$332.55	\$444.65
19-24	\$155.45	\$237.70	\$350.00	\$251.00	\$332.55	\$444.65
25-29	\$196.70	\$279.00	\$391.25	\$297.05	\$378.65	\$490.65
30-34	\$241.30	\$323.60	\$435.85	\$357.95	\$439.55	\$551.60
35-39	\$241.40	\$323.65	\$435.90	\$382.20	\$463.80	\$575.85
40-44	\$245.55	\$327.85	\$440.10	\$416.70	\$498.35	\$610.35
45-49	\$274.90	\$357.20	\$469.45	\$492.35	\$573.95	\$686.00
50-54	\$325.60	\$407.90	\$520.15	\$608.40	\$690.00	\$802.05
55-59	\$374.35	\$456.55	\$568.80	\$750.70	\$832.05	\$944.10
60-64	\$445.90	\$524.20	\$636.50	\$966.10	\$1,035.75	\$1,148.40

Monthly Rates **Male**

Age	Individual	Family				
		Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$95.55	\$177.80	\$290.10	\$251.00	\$332.55	\$444.65
19-24	\$95.55	\$177.80	\$290.10	\$251.00	\$332.55	\$444.65
25-29	\$100.35	\$182.60	\$294.90	\$297.05	\$378.65	\$490.65
30-34	\$116.65	\$198.95	\$311.20	\$357.95	\$439.55	\$551.60
35-39	\$140.80	\$223.15	\$335.35	\$382.20	\$463.80	\$575.85
40-44	\$171.15	\$253.45	\$365.70	\$416.70	\$498.35	\$610.35
45-49	\$217.45	\$299.70	\$412.00	\$492.35	\$573.95	\$686.00
50-54	\$282.80	\$365.05	\$477.35	\$608.40	\$690.00	\$802.05
55-59	\$376.35	\$458.45	\$570.70	\$750.70	\$832.05	\$944.10
60-64	\$520.20	\$594.50	\$706.70	\$966.10	\$1,035.75	\$1,148.40



Important rate information

Important Note: This Agreement renews on a month-to-month basis. The premium is payable in advance to Highmark every month. If you wish, you may submit amounts in excess of the specific monthly amount. However, those payments will only be applied on a monthly basis by Highmark. Family rates are based on the age of the oldest family member, who is the contract holder. The premium will increase the month after the contract holder's birthday if the contract holder's age moves to the next age bracket. For example, if the contract holder turns 35 in January, his/her premium will increase in February from the "30–34" to "35–39" age category.

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