

## Summary of PPOBlue HDHP 100/80 \$2,600 Deductible Benefits

With your PPO, or Preferred Provider Organization, if you receive services from a provider who is in the PPO network, you'll receive the highest level of benefits. If you receive services from a provider who is not in the PPO network, you'll receive the lower level of benefits. In either case, you coordinate your own care. There is no requirement to select a Primary Care Physician (PCP) to coordinate your care. Below are specific benefit levels that apply during your benefit period. This program is designed for individuals who wish to enroll in a qualified high deductible health plan for use with a Health Savings Account as defined by the Internal Revenue Service. Please keep in mind, with this program the Individual Deductible and Individual Out-of-Pocket Maximums only apply for a member with individual coverage. For a member with family coverage, the Family Deductible must be met by one or more members of the family before benefits will be paid. And, the Family Out-of-Pocket Maximum must be met by one or more members of the family before benefits are payable at 100%.

### Municipal Employers Insurance Trust (MEIT)

Benefit	Network	Out-of-Network
<b>Benefit Period</b> <sup>(1)</sup>	Calendar Year	
<b>Deductible</b> (per benefit period)		
Individual	\$2,600 Combined	
Family	\$5,200 Combined	
<b>Plan Payment Level</b> – Based on the provider's reasonable charge (PRC)	100% after deductible	80% after deductible
<b>Out-of-Pocket Maximums</b> (Once met, plan payment level becomes 100%)		
Individual	None	\$1,500
Family	None	\$3,000
<b>Lifetime Maximum</b> (per person)	\$5,000,000 Combined	
<b>Primary Care Physician Office Visits</b>	100% after deductible	80% after deductible
<b>Specialist Office Visits</b>	100% after deductible	80% after deductible
<b>Preventive Care</b>		
<i>Adult</i>		
Routine physical exams	100% (deductible does not apply)	Not Covered
Adult Immunizations	100% after deductible	80% after deductible
Routine gynecological exams, including a PAP Test	100% (deductible does not apply)	80% (deductible does not apply)
Mammograms, annual routine and medically necessary	Routine: 100% (deductible does not apply) Medically necessary: 100% after deductible	80% after deductible
<i>Pediatric</i>		
Routine physical exams	100% (deductible does not apply)	Not Covered
Pediatric immunizations	100% (deductible does not apply)	80% (deductible does not apply)
<b>Emergency Room Services</b>	100% after deductible	
<b>Spinal Manipulations</b>	100% after deductible	80% after deductible
	Limit: 20 visits/benefit period	
<b>Physical Medicine</b>	100% after deductible	80% after deductible
	Limit: 20 visits/benefit period	
<b>Speech Therapy</b>	100% after deductible	80% after deductible
	Limit: 20 visits/benefit period	
<b>Occupational Therapy</b>	100% after deductible	80% after deductible
	Limit: 20 visits/benefit period	
<b>Allergy Extracts and Injections</b>	100% after deductible	80% after deductible
<b>Ambulance</b>	100% after deductible	
<b>Assisted Fertilization Procedures</b>	Not Covered	
<b>Dental Services Related to Accidental Injury</b>	100% after deductible	80% after deductible
<b>Diabetes Treatment</b>	100% after deductible	80% after deductible
<b>Diagnostic Services (including routine)</b>	100% after deductible	80% after deductible
<i>Advanced Imaging</i> (MRI, CAT Scan, PET scan, etc.)		
<i>Basic Diagnostic Services</i> (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100% after deductible	80% after deductible
<b>Durable Medical Equipment, Orthotics and Prosthetics</b>	100% after deductible	80% after deductible
<b>Enteral Formulae</b>	100% after deductible	80% after deductible
<b>Home Infusion Therapy</b>	100% after deductible	
<b>Home Health Care</b>	100% after deductible	80% after deductible

<b>Benefit</b>	<b>Network</b>	<b>Out-of-Network</b>
<b>Hospice</b>	100% after deductible	80% after deductible
<b>Hospital Services – Inpatient</b>	100% after deductible	80% after deductible
<b>Hospital Services – Outpatient</b>	100% after deductible	80% after deductible
<b>Infertility Counseling, Testing and Treatment<sup>(2)</sup></b>	100% after deductible	80% after deductible
<b>Maternity</b> (facility & professional services)	100% after deductible	80% after deductible
<b>Medical/Surgical Expenses</b> (Except Office Visits)	100% after deductible	80% after deductible
<b>Mental Health – Inpatient<sup>(3)</sup></b>	100% after deductible Limit: 30 days/benefit period	80% after deductible Limit: 10 days/benefit period
<b>Mental Health – Outpatient<sup>(3)</sup></b>	100% after deductible Limit: 20 visits/benefit period	80% after deductible Limit: 10 visits/benefit period
<b>Private Duty Nursing</b>	100% after deductible	
<b>Respiratory Therapy</b>	100% after deductible	
<b>Skilled Nursing Facility Care</b>	100% after deductible	80% after deductible Limit: 100 days/benefit period
<b>Substance Abuse – Inpatient Detoxification</b>	100% after deductible Limit: 7 days/admission; 4 admissions/lifetime	80% after deductible
<b>Substance Abuse – Inpatient Rehabilitation</b>	100% after deductible Limit: 30 days/benefit period; 90 days/lifetime	80% after deductible
<b>Substance Abuse – Outpatient</b>	100% after deductible Limit: 60 visits/benefit period; 120 visits/lifetime	80% after deductible
<b>Therapy Services</b> (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100% after deductible	80% after deductible
<b>Transplant Services</b>	100% after deductible	80% after deductible
<b>Precertification Requirements</b>	Performed by Provider	Performed by Member <sup>(4)</sup>
<b>Prescription Drug Deductible</b> Individual Family	Per Calendar Year Integrated with medical deductible Integrated with medical deductible	
<b>Premier Prescription Drug Program</b>	<p><b>Defined by Premier Gold Pharmacy Network - Not Physician Network.</b>  <b>(Prescriptions filled at a non-network pharmacy are not covered.)</b></p> <p><b>Retail Drugs<sup>(5)</sup></b>  Plan pays 100% after deductible  <b>31-day Supply</b></p> <p><b>Maintenance Drugs through Mail Order<sup>(5)</sup></b>  Plan pays 100% after deductible  <b>90-day Supply</b></p>	

- (1) Your group's benefit period is based on a Calendar Year. The Calendar Year is a consecutive 12-month period beginning on your employer's effective date. Contact your employer to determine the effective date applicable to your program.
- (2) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.
- (3) State mandated benefits (30 inpatient days and 60 outpatient visits annually with the right to exchange inpatient days for outpatient visits on a one-for-two basis) may apply to a diagnosis of serious mental illness. Serious mental illnesses include: schizophrenia, schizo-affective disorder, major depressive disorder, bipolar disorder, obsessive compulsive disorder, panic disorder, anorexia nervosa, bulimia nervosa, delusional disorder. Once mental health limits are exhausted, both inpatient and outpatient serious mental illness services must be provided by a network provider (see above-referenced benefits for plan limits).
- (4) Member is required to contact Highmark Health Care Management Services prior to a planned inpatient admission or within 48 hours of an emergency or maternity-related admission. If this does not occur and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, the patient will be responsible for payment of any costs not covered.
- (5) At a retail or mail order pharmacy, you pay the entire cost for your prescription drug at the discounted rate Highmark has negotiated. Your prescription information will be submitted to Highmark to determine if your deductible has been met. If your deductible has not been met, then the amount you paid for your prescription will be applied to your deductible. If your deductible has been met, Highmark will reimburse you based on the benefit level indicated above.

12/05

*This is not intended as a Calendar of benefits. It is designed purely as a reference of the many benefits available under your program.*