

**All these benefits.**  
**All for you.**



# With a great plan, it's all in the details.

That's why whoever you are, we make it easy  
to find affordable, quality care.





**BlueCare®  
HMO/BlueCare® Custom  
PPO**

Scranton School District

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**Hi there,**

We know choosing coverage is about more than just your health care. It's about peace of mind. That's why when you choose Highmark for your coverage, you get a plan that's simple to understand, easy to use, and easy to love.

With Highmark, you get access to personalized wellness programs, handy online tools, and 24/7 support for any questions you might have along the way.

We look forward to making it easier for you to feel your best.

*Deborah L. Rice-Johnson*

Deborah L. Rice-Johnson  
President, Highmark Health Plans

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## BLUE DISTINCTION® SPECIALTY CARE

# See specialists who get better results.

When you or your family needs specialty care, you want access to providers who best fit your needs. Choosing a specialist or hospital with the right expertise is important.

That's why Blue Cross and Blue Shield companies created a national recognition program — Blue Distinction® Specialty Care — to make it easier for you to find quality care that's right for you.

### **Blue Distinction Specialty Care designations:**

- **Blue Distinction Centers\***: Health care providers demonstrate quality care and treatment expertise.
- **Blue Distinction Centers+**: On top of treatment expertise, these providers deliver cost-efficient care in certain specialties.

Only those providers that first meet nationally established, objective quality measures for Blue Distinction Centers will be considered for designation as a Blue Distinction Center+. When searching on the Highmark member website, Blue Distinction icons indicate specialists who have earned the status for exceptional safety and results.

*\*Blue Distinction® Center specialists are available across 11 areas of specialty care.*

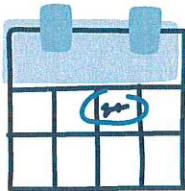




#### BLUES ON CALL<sup>SM</sup>

## Answers from a health pro, 24/7.

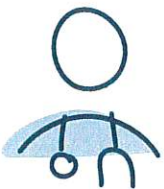
Medical concerns during off hours? Just call the phone number on the back of your ID card or from the Highmark app to get support from a registered nurse or a health coach any time and put your worries to bed.



#### MY CARE NAVIGATOR<sup>SM</sup>

## Your appointments, booked for you.

It's as simple as calling the phone number on the back of your ID card or from the Highmark app. We'll help you find the in-network doctor you need and reserve some space on their calendar for a checkup. Which means less on-hold music for you.

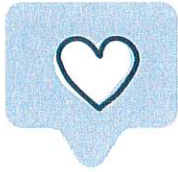


#### VIRTUAL HEALTH

## Face-to-face with a doctor, 24/7.

Need to see a doctor but can't get to their office? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. You can register at [amwell.com](https://www.amwell.com) via the mobile app, or over the phone using the number on the back of your member ID card. That's laid-back-in-a-recliner easy.





#### DIABETES PREVENTION PROGRAM

## Tips on how to avoid diabetes.

Lower your risk with simple, effective, practical strategies.



#### DISEASE MANAGEMENT PROGRAMS

## Help managing chronic conditions.

Receive one-on-one nurse support for conditions like asthma, diabetes, heart disease, and other chronic conditions.



#### EMERGENCY CARE

## When you need it most, you're covered.

Emergency care is always covered at the in-network level of benefits, wherever you get it. So don't hesitate. If it's an emergency, go straight to the nearest emergency room or dial 911.





#### WORLDWIDE CARE

## Support around the globe.

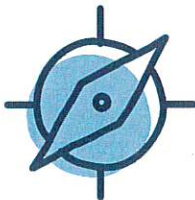
No matter where you travel, the Blue Cross Blue Shield Global<sup>®</sup> Core Program gives you access to providers for your health care needs. For worldwide help, just call 1-800-810-BLUE.



#### MENTAL HEALTH CARE

## Get care for your mind, too.

Highmark covers a wide range of mental health services, including counseling and treatment. You get a choice of providers within your plan for the type of care that fits your situation best.



#### SUBSTANCE ABUSE CARE

## Guidance to keep you on track.

Highmark covers a spectrum of substance abuse services. Pick the substance abuse professional you feel will give you the necessary care from our list of providers.

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## MATERNITY CARE

# Caring for moms is about so much more than labor and delivery.

With Highmark, you get access to numerous facilities designed around comprehensive women's care, personal attention, and a family-centered approach during this special time.

You also have access to programs focused on advanced technology and expertise in neonatal care and OB-GYN specialty care.

- OB-GYNs specializing in high-risk pregnancy, maternal fetal medicine, and fertility
- Board-certified pediatricians and pediatric subspecialists
- Childbirth and certified lactation experts

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### Baby Blueprints® Program

**Pregnancy can be exciting and overwhelming all at once. That's why Highmark's Baby Blueprints program guides you every step of the way. It's a no-cost program that provides you with educational resources and personalized attention from your own specially trained health coach.**

**Call 1-866-918-5267 to take advantage of Baby Blueprints today.**

# Product Information /Benefit Summary





## BLUECARE® HMO

# Here's how Highmark makes it simple for you:

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**Easy access to top-performing specialists.**

Many of our network specialists have earned Blue Distinction status for their exceptional safety and superior results. That means great specialty care for you, across the board. Easy-peasy.

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**Total support, day or night.**

Whether it's 24/7 answers from registered nurses, a diagnosis or prescription over video visit, or just some help booking your doctor visits, when you need us, we're there.

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**And you're covered close to home, too.**

Our local provider network gives you easy access to hospitals and doctors right in your community. From behavioral health to cancer care to cardiology, children's health to neuroscience to women's care, we've got you covered for local specialty care, too.

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**Need help finding top-quality doctors and hospitals?**

To search for in-network providers:

1. Go to [highmarkbcbs.com/find-a-doctor](https://highmarkbcbs.com/find-a-doctor).
2. Choose **Medical** and select **Continue**.
3. Select **Continue** to browse.
4. Enter your ZIP code.
5. Choose a plan from the list.
6. Type a name or specialty into the search window.

A big part of your **HMO** is choosing a primary care provider who'll help to coordinate your care. If you don't have one who's in network, you can use the same search process to find one. When you sign up, if you don't pick a primary doctor, we'll assign one to you — but you can choose to switch at any time.

And with your **HMO**, remember that you won't have benefits if you go out of network unless it's for urgent care or emergency services. So, check that a provider is in network before you get care.

For over-the-phone help, call Member Service at the number on the back of your ID card.

Long-term travelers, separated families, or students who live somewhere else for at least 90 days can become guest members in that area's local Blue Cross and/or Blue Shield HMO, if one is available. You will still remain enrolled in Blue Care HMO while a guest member of another area's local plan. For more information, please call Member Service.



## BLUECARE® CUSTOM PPO

# Here's how Highmark makes it simple for you:

**Nationwide access to providers through the BlueCard® program.**

Access to the largest physician and hospital networks in the U.S. with over 1.7 million providers, including 95% of all hospitals.\* And when you travel globally, you're covered in 190 countries through the Blue Cross Blue Shield Global® Core program.

**Easy access to top-performing specialists.**

Many of our network specialists have earned Blue Distinction status for their exceptional safety and results. That means great specialty care for you, across the board. Easy-peasy.

**Total support, day or night.**

Whether it's 24/7 answers from registered nurses, a diagnosis or prescription over video visit, or just some help booking your doctor visits, when you need us, we're there.

**And you're covered close to home, too.**

Our northeastern Pennsylvania network covers 13 counties with easy access to hospitals and doctors right in your community. From behavioral health to cancer care to cardiology, children's health to neuroscience to women's care, we've got you covered for local specialty care, too. Emergency care is covered at in-network level of benefits even when provided by an out-of-network provider.

### **The BlueCare Custom PPO network includes:**

- All First Priority Life® PPO network providers in our 13-county service area (hospitals and affiliated physicians).
- Blue Distinction Centers® for Transplants.
- Several hospitals and their participating doctors located just beyond our 13-county service area.

If you have BlueCard® PPO, your only in-network providers are those in the 13-county service area of northeastern Pennsylvania. If you go out of network, you will pay more out of pocket for BlueCard PPO providers. However, if you choose an out-of-network BlueCard PPO provider, you will still have a lower out-of-pocket cost than you would if you chose another out-of-network provider. That's because BlueCard PPO providers have agreed to charge Blue Plan members less.

**Need help finding top-quality doctors and hospitals?**

To search for in-network providers:

1. Go to [highmarkbcbs.com/find-a-doctor](https://highmarkbcbs.com/find-a-doctor).
2. Choose **Medical** and select **Continue**.
3. Select **Continue** to browse.
4. Enter your ZIP code.
5. Choose a plan from the list.
6. Type a name or specialty into the search window.

You can still use out-of-network providers, but it may cost you more. So, check that a provider is in network before you get care. For over-the-phone help, call Member Service at the number on the back of your ID card.

\*According to the Blue Cross Blue Shield Association.



## Scranton School District HMO

On the chart below, you'll see what your plan pays for specific services. You are responsible for paying for non-emergency services received from an out-of-network provider. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

Benefit	In Network
<b>General Provisions</b>	
Effective Date	January 1, 2022
Benefit Period(1)	Calendar Year
Deductible (per benefit period)	
Individual	\$500
Family	\$500
Plan Pays – payment based on the plan allowance	100%
Out-of-Pocket Limit ( Once met, plan pays 100% coinsurance for the rest of the benefit period)	
Individual	none
Family	none
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period.	
Individual	\$6,850
Family	\$13,700
<b>Office/Clinic/Urgent Care Visits</b>	
Retail Clinic Visits & Virtual Visits	100% after \$10 copay
Primary Care Provider Office Visits & Virtual Visits	100% (deductible does not apply)
Specialist Office Visits & Virtual Visits	100% after \$15 copay
Virtual Visit Originating Site Fee	100% after deductible
Urgent Care Center Visits	100% after \$15 copay
Telemedicine Services (3)	100% (deductible does not apply)
<b>Preventive Care (4)</b>	
<b>Routine Adult</b>	
Physical Exams	100% (deductible does not apply)
Adult Immunizations	100% (deductible does not apply)
Routine Gynecological Exams, including a Pap Test	100% (deductible does not apply)
Mammograms, Annual Routine	100% (deductible does not apply)
Mammograms, Medically Necessary	100% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)
Nutritional Counseling	100% after \$10 copay (deductible does not apply) Limit: 6 visits per benefit period. Covered for any diagnosis
Prostate and Colorectal Cancer Screenings	100% (deductible does not apply)
<b>Routine Pediatric</b>	
Physical Exams	100% (deductible does not apply)
Pediatric Immunizations	100% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)
<b>Emergency Services</b>	
Emergency Room Services	100% after \$75 copay (waived if admitted)
Ambulance- Emergency (5)	100% (deductible does not apply)
Ambulance- Non-Emergency (5)	80% after deductible
<b>Hospital and Medical / Surgical Expenses (including maternity)</b>	
Hospital Inpatient	100% after deductible
Hospital Outpatient	100% after deductible
Maternity (non-preventive facility & professional services) including dependent daughter	100% after deductible
Medical Care (including inpatient visits and consultations)/Surgical Expenses	100% after deductible



Benefit	In Network
<b>Therapy and Rehabilitation Services</b>	
Physical Medicine	100% after deductible limit: 36 visits/benefit period aggregate with speech therapy and occupational therapy
Respiratory Therapy	100% after deductible
Speech Therapy	100% after deductible limit: 36 visits/benefit period aggregate with occupational therapy and physical medicine
Occupational Therapy	100% after deductible limit: 36 visits/benefit period aggregate with speech therapy and physical medicine
Spinal Manipulations	100% after deductible limit: 18 visits/benefit period
Cardiac Rehabilitation Therapy	100% after deductible limit: 3 sessions per week for 12 weeks per benefit period
Infusion Therapy	100% after deductible
Chemotherapy	100% after deductible
Radiation Therapy	100% after deductible
Dialysis	100% after deductible
<b>Mental Health / Substance Abuse</b>	
Inpatient Mental Health Services	100% after deductible
Inpatient Detoxification / Rehabilitation	100% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	100% after \$15 copay (deductible does not apply)
Outpatient Substance Abuse Services	100% after \$15 copay (deductible does not apply)
<b>Other Services</b>	
Allergy Extracts and Injections	100% after deductible
Autism Spectrum Disorder Including Applied Behavior Analysis (6)	100% after deductible
Assisted Fertilization Procedures (Limited to Artificial Insemination - Unlimited attempts per lifetime)	Not covered
Dental Services Related to Accidental Injury	100% after deductible
<b>Diagnostic Services</b> Advanced Imaging (MRI, CAT, PET scan, etc.)	100% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100% after deductible
Durable Medical Equipment, Orthotics, Prosthetics, and Ostomy Supplies	100% after deductible
Home Health Care	100% after deductible
Hospice	100% after deductible limit: limit: 180 days/ lifetime and respite care maximum of 5 days for every 3 months
Infertility Counseling, Testing	100% after deductible
Private Duty Nursing	100% after deductible limit: 240 hours/benefit period
Skilled Nursing Facility Care	100% after deductible Limit: 100 days/benefit period
Transplant Services	100% after deductible
Precertification Requirements (7)	Yes

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/ plan documents, as limitations and exclusions apply. The policy/ plan documents control in the event of a conflict with this benefits summary.

(1) Your group's benefit period is based on a Calendar Year which runs from January 1 to December 31.

(2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays, and any qualified medical expense.

(3) Services are provided for acute care for minor illnesses. Services must be performed by a Highmark approved telemedicine provider. Virtual Behavioral Health visits provided by a Highmark approved telemedicine provider are eligible under the Outpatient Mental Health benefit

(4) Services are limited to those listed on the Highmark Preventive Schedule with enhancements (Women's Health Preventive Schedule may apply).

(5) Air Ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.

(6) Services for the treatment of Autism Spectrum Disorders are covered for eligible members to age 21. After initial evaluation, Applied Behavioral Analysis will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g. speech therapy, diagnostic services). Treatment for Autism Spectrum Disorders does not reduce visit/day limits.

(7) If you receive services from an out-of-network provider or a Blue Card Non-Participating Provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned



inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, First Priority Health or First Priority Life, all of which are independent licensees of the Blue Cross Blue Shield Association.

**Discrimination Is Against the Law**

The claims administrator complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The claims administrator does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The claims administrator:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the claims administrator has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

*Please note that your employer – and not the claims administrator – is entirely responsible for determining member eligibility and for the design of your plan/program, including, any exclusion or limitation described in the benefit Booklet.*

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。  
请拨打您的身份证背面的号码 (TTY: 711)。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств) (TTY: 711).

Geb Acht: Wann du Deltch schwetztscht, kannscht du en Dolmetscher griegie, un iss die Hilf Koschdefrel. Kannscht du die Nummer an deinre ID Kard dahlInner uffrufe (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di linguistica a titolo gratuito. Contatti il numero riportato sul retro d'identità (TTY: 711).

لغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم  
بثك (جهاز الاتصال لذري صعوبات السمع والنطق: 711).

ATTENTION: Si vous parlez français, les services d'assistance lin-  
gratuitement, sont à votre disposition. Appelez le numéro au c  
d'identité (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fre  
Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die au  
Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer

ধূয়ান আখশি: জি তমে জুজরাতী ভাষা বীভলতা হি, তো ভাষা সা  
মঙতমি তমনে উপলব্ধ ঐ. তমারি আইডিখপত্ৰনো পায়নো ঐ  
পর ফোন করে (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłat  
językowa. Zadzwoń pod numer podany na odwrocie karty ubi  
zdrowotnego (TTY: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gra  
pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 7

ប្រការចងចាំ : បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្ម  
ដែលអាចផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ ។ សូមទូរសព្ទទៅលេខ  
កាតសម្គាល់របស់លោកអ្នក (TTY: 711) ។

ATENÇÃO: Se a sua língua é o português, temos atendimento  
você no seu idioma. Ligue para o número no verso da sua  
identidade (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha ka  
serbisyong tulong sa wika. Tawagan ang numero sa likod ng iy  
ID card (TTY: 711).

注：日本語が母国語の方は言語アシスタンス・サービス  
いただけます。ID カードの裏に明記されている番号に電  
さい (TTY: 711)。

فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس  
در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

BAA ÁKONÍNÍZIN: Diné k'ehgo yánílti'go, language assistanc  
t'áá nílk'eh, bee níká a'doowoí, éí bee ná'ahóót'i'. ID bee nééhó  
bine'déé' (TTY: 711) jí' hodííliníh.

धूयान दें: यदि आप हन्दिी बोलते हैं, तो आपके लरि नऱिथुलुक  
सेवा उपलब्ध है। आपके सदस्य पहचान (ID) कार्ड के पीछे दें  
फोन करें। (TTY: 711).

اردو بولتے ہیں، زبان معاشرت سروس، مفت میں آپ کے لیے دستیاب ہے۔  
پشت پر درج شدہ نمبر پر کال کریں (TTY: 711)۔

గమనిక: మీరు తెలుగు మాట్లాడితే, లాగవేజ్ అసనఱిసన్ సరవీసన్, డ  
మీకు అందుతాటులో ఉనసాయం. మీ మెంబర్ ఐడెంటిఫికేషన్ కార్డు (ఐ  
సంబంధకు కాలే చేయండి (TTY: 711).

โปรดทราบ: หากคุณพูด ไทย, มีบริการช่วยเหลือด้านภาษาให้คุณโดยไม่มีค่าใช้จ่าย  
หมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของคุณ (TTY: 711)

धूयान दन्निहोस्: यदि तपाईं नेपाली भाषा बोलनुहुन्छ भने, तपाईं  
सहायता सेवाहरू नऱिथुलुक उपलब्ध हुन्छन्। तपाईंको आइडी का  
भागमा रहेको नम्बर (TTY: 711) मा फोन गर्नुहोस्।

Aandacht: Indien u Nederlands spreekt, is de taaladviesdienst  
beschikbaar voor u. Bel het nummer op de achterkant van uw  
(ID) kaart (TTY: 711).



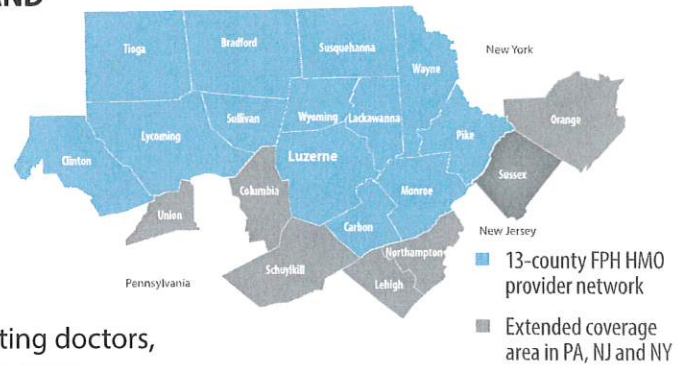
# HMO PROVIDER NETWORK

**PLAN: BlueCare® HMO**

## NETWORK PROVIDERS

The HMO provider network includes:

- All of First Priority Health®'s (FPH) HMO network providers in our 13-county service area, **AND**
- Blue Distinction® Centers for Transplants

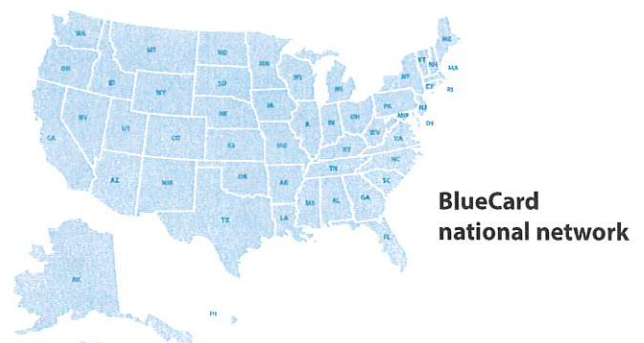


- **AND**, several hospitals and their participating doctors, located just beyond our 13-county service area:

PA				NJ	NY	
Columbia County	Lehigh County	Northampton County	Schuylkill County	Union County	Sussex County	Orange County
Berwick Hospital Center	Lehigh Valley Hospital, Allentown	St. Luke's University Hospital, Bethlehem Campus	St. Luke's University Hospital, Miners Campus, Nesquehoning	Evangelical Community Hospital, Lewisburg	Newton Medical Center	Bon Secours Community Hospital, Port Jervis
Geisinger-Bloomsburg Hospital	St. Luke's University Hospital, Allentown Campus	St. Luke's University Hospital, Anderson Campus, Easton			These hospitals are in network. Not all doctors affiliated with these hospitals are in network.	
		Easton Hospital				
		Lehigh Valley Hospital-Muhlenberg, Bethlehem				

## OUT-OF-NETWORK

- BlueCard® national network providers
- Any other non-participating providers



## THE COST FOR CARE

Costs will always be the lowest when using in-network doctors, hospitals and health care providers. Coverage is NOT provided for care out of the network—except in emergency situations or with prior approval from us.

HMO network	Out-of-pocket costs for care	
FPH HMO network providers are in network	Lowest cost (deductibles, copays and coinsurance) for care from in-network providers	\$
BlueCard network providers are out of network	BlueCard network providers can be seen for urgent care and follow-up care at the lowest out-of-pocket cost <b>ONLY</b> with prior approval from us	\$
All other providers are out of network*	Providers <b>NOT</b> in the HMO network can be seen <b>ONLY</b> in emergency situations or with prior approval from us	\$\$\$\$

\* Providers out of the HMO and BlueCard networks do not agree to accept Blue’s discounted “allowable charge” as payment in full. They may bill for a bigger share of the cost for care.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

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## Scranton School District Custom PPO

On the chart below, you'll see what your plan pays for specific services. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

Benefit	In Network	Out of Network
<b>General Provisions</b>		
Effective Date	January 1, 2022	
Benefit Period(1)	Calendar Year	
Deductible (per benefit period) - Aggregate		
Individual	\$650	\$1,300
Two Party	\$750 (Individual embedded \$450)	\$1,500 (Individual embedded \$900)
Family	\$900 (individual embedded \$450)	\$1,800 (individual embedded \$900)
Plan Pays – payment based on the plan allowance	100% after deductible	80% after deductible
Out-of-Pocket Limit ( Once met, plan pays 100% coinsurance for the rest of the benefit period)		
Individual	none	\$2,000
Family	none	\$4,000
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period.		
Individual	\$6,850	not applicable
Family	\$13,700	not applicable
<b>Office/Clinic/Urgent Care Visits</b>		
Retail Clinic Visits & Virtual Visits	100% after \$10 copay	80% after deductible
Primary Care Provider Office Visits & Virtual Visits	100% (deductible does not apply)	80% after deductible
Specialist Office Visits & Virtual Visits	100% after \$20 copay	80% after deductible
Virtual Visit Originating Site Fee	100% after deductible	80% after deductible
Urgent Care Center Visits	100% after \$25 copay	80% after deductible
Telemedicine Services (3)	100% (deductible does not apply)	not covered
<b>Preventive Care (4)</b>		
<b>Routine Adult</b>		
Physical Exams	100% (deductible does not apply)	80% (deductible does not apply)
Adult Immunizations	100% (deductible does not apply)	80% after deductible
Routine Gynecological Exam	100% (deductible does not apply)	80% (deductible does not apply)
Routine Pap Smear	100% (deductible does not apply)	80% (deductible does not apply)
Mammograms, Annual Routine	100% (deductible does not apply)	80% (deductible does not apply)
Mammograms, Medically Necessary	100% (deductible does not apply)	80% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)	80% after deductible
Colorectal Cancer Screening	100% (deductible does not apply)	80% (deductible does not apply)
Prostate Cancer Screening	100% (deductible does not apply)	80% (deductible does not apply)
Nutritional Counseling	100% after \$10 copay (deductible does not apply)	80% after deductible
	Limit: 6 visits per benefit period. Covered for any diagnosis	
<b>Routine Pediatric</b>		
Physical Exams	100% (deductible does not apply)	80% after deductible
Pediatric Immunizations	100% (deductible does not apply)	80% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)	80% after deductible
<b>Emergency Services</b>		
Emergency Room Services	100% after \$100 copay (waived if admitted)	
Ambulance- Emergency(5)	100% (deductible does not apply)	100% (deductible does not apply)
Ambulance- Non-Emergency(5)	80% after deductible	80% after deductible
<b>Hospital and Medical / Surgical Expenses (including maternity)</b>		
Hospital Inpatient	100% after deductible	80% after deductible
Hospital Outpatient	100% after deductible	80% after deductible



<b>Benefit</b>	<b>In Network</b>	<b>Out of Network</b>
Maternity (non-preventive facility & professional services) including dependent daughter	100% after deductible	80% after deductible
Medical Care (including inpatient visits and consultations)/Surgical Expenses	100% after deductible	80% after deductible
<b>Therapy and Rehabilitation Services</b>		
Physical Medicine	100% after deductible limit: 36 visits/benefit period aggregate with speech therapy and occupational therapy	80% after deductible
Respiratory Therapy	100% after deductible	80% after deductible
Speech Therapy	100% after deductible limit: 36 visits/benefit period aggregate with occupational therapy and physical medicine	80% after deductible
Occupational Therapy	100% after deductible limit: 36 visits/benefit period aggregate with speech therapy and physical medicine	80% after deductible
Spinal Manipulations	100% after deductible limit: 18 visits/benefit period	80% after deductible
Cardiac Rehabilitation Therapy	100% after deductible limit: 3 sessions per week for 12 weeks per benefit period	80% after deductible
Infusion Therapy	100% after deductible	80% after deductible
Chemotherapy	100% after deductible	80% after deductible
Radiation Therapy	100% after deductible	80% after deductible
Dialysis	100% after deductible	80% after deductible
<b>Mental Health / Substance Abuse</b>		
Inpatient Mental Health Services	100% after deductible	80% after deductible
Inpatient Detoxification / Rehabilitation	100% after deductible	80% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	100% after \$20 copayment (deductible does not apply)	80% after deductible
Outpatient Substance Abuse Services	100% after \$20 copay (deductible does not apply)	80% after deductible
<b>Other Services</b>		
Allergy Extracts and Injections	100% after deductible	80% after deductible
Autism Spectrum Disorder Including Applied Behavior Analysis (6)	100% after deductible	80% after deductible
Assisted Fertilization Procedures (Limited to Artificial Insemination - 3 attempts per lifetime)	Not covered	Not covered
Dental Services Related to Accidental Injury	100% after deductible	80% after deductible
<b>Diagnostic Services</b>		
Advanced Imaging (MRI, CAT, PET scan, etc.)	100% after deductible	80% after deductible
Standard Imaging	100% (deductible does not apply) for services performed by a freestanding lab in Luzerne, Lackawanna, or Clinton counties of Pennsylvania 100% after deductible for all other providers	100% (deductible does not apply) for services performed by a freestanding lab in Allegheny County of Pennsylvania 80% after deductible for all other providers
Diagnostic Medical	100% (deductible does not apply) for services performed by a freestanding lab in Luzerne, Lackawanna, or Clinton counties of Pennsylvania 100% after deductible for all other providers	100% (deductible does not apply) for services performed by a freestanding lab in Allegheny County of Pennsylvania 80% after deductible for all other providers
Pathology/Laboratory	100% (deductible does not apply) for services performed by a freestanding lab in Luzerne, Lackawanna, or Clinton counties of Pennsylvania 100% after deductible for all other providers	100% (deductible does not apply) for services performed by a freestanding lab in Allegheny County of Pennsylvania 80% after deductible for all other providers



Benefit	In Network	Out of Network
Allergy Testing	100% (deductible does not apply) for services performed by a freestanding lab in Luzerne, Lackawanna, or Clinton counties of Pennsylvania 100% after deductible for all other providers	100% (deductible does not apply) for services performed by a freestanding lab in Allegheny County of Pennsylvania 80% after deductible for all other providers
Durable Medical Equipment, Orthotics and Prosthetics	100% after deductible	80% after deductible
Home Health Care	100% after deductible	80% after deductible
Hospice	100% after deductible limit: 180 days/ lifetime and respite care maximum of 5 days for every 3 months	80% after deductible
Infertility Counseling, Testing and Treatment (7)	100% after deductible	80% after deductible
Private Duty Nursing	100% after deductible limit: 240 hours/benefit period	80% after deductible
Skilled Nursing Facility Care	100% after deductible limit: 100 days/benefit period	80% after deductible
Transplant Services	100% after deductible	80% after deductible
Precertification Requirements (8)	Yes	Yes

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/ plan documents, as limitations and exclusions apply. The policy/ plan documents control in the event of a conflict with this benefits summary.

(1) Your group's benefit period is based on a Calendar Year which runs from January 1 to December 31.

(2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays and any qualified medical expense. Prescription drug expenses are subject to a separate prescription drug TMOOP.

(3) Services are provided for acute care for minor illnesses. Services must be performed by a Highmark approved telemedicine provider. Virtual Behavioral Health visits provided by a Highmark approved telemedicine provider are eligible under the Outpatient Mental Health benefit.

(4) Services are limited to those listed on the Highmark Preventive Schedule with enhancements (Women's Health Preventive Schedule may apply).

(5) Air Ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.

(6) Services for the treatment of Autism Spectrum Disorders are covered for eligible members to age 21. After initial evaluation, Applied Behavioral Analysis will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g. speech therapy, diagnostic services). Treatment for Autism Spectrum Disorders does not reduce visit/day limits.

(7) 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.

(8) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, First Priority Health or First Priority Life, all of which are independent licensees of the Blue Cross Blue Shield Association.

**Discrimination Is Against the Law**

The claims administrator complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The claims administrator does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The claims administrator:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the claims administrator has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CIVILRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

*Please note that your employer – and not the claims administrator – is entirely responsible for determining member eligibility and for the design of your plan/program; including, any exclusion or limitation described in the benefit Booklet.*

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

**ATENCIÓN:** Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语音协助服务。请拨打您的身份证背面的号码 (TTY: 711)。

**CHÚ Ý:** Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

**ВНИМАНИЕ:** Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY: 711).

**Geb Acht:** Wann du Deutsch schwetscht, kannscht du en Dolmetscher griege, un iss die Hilf Koschdefrei. Kannscht du die Nummer an deine ID Kard dahinner uffrufe (TTY: 711).

**알림:** 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

**ATTENZIONE:** se parla Italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

**ATTENTION:** Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

ધ્યાન આપશો: જો તમે ગુજરાતી ભાષા બોલતા હો, તો ભાષા સહાયતા સેવાઓ, મફતમાં તમને ઉપલબ્ધ છે. તમારા ઓળખપત્રના પાછળના ભાગે આંબેલા નંબર પર ફોન કરો (TTY: 711).

**UWAGA:** Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

**Kominike:** Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ប្រការចងចាំ៖ បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាភាសាជំនួយផ្នែកភាសា ដែលអាចផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ ។ សូមទូរស័ព្ទទៅលេខដែលមាននៅលើខ្នង កាតសម្គាល់របស់របស់លោកអ្នក (TTY: 711) ។

**ATENÇÃO:** Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua Identidade (TTY: 711).

**ATENSYON:** Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

**BAA ÁKONÍNÍZIN:** Diné k'chgo yánfti'go, language assistance services, éí t'áá nífk'eh, bee níká a'doowol, éí bee ná'ahóót'i'. ID bee nééhózingo nanitínígfí bine'dóóé' (TTY: 711) jí' hodílníh.

ध्यान दें: यदि आप हन्दी बोलते हैं, तो आपके लिये नःशुल्क भाषा सहायता सेवा उपलब्ध है। आपके सदस्य पहचान (ID) कार्ड के पीछे दिये गए नंबर पर फोन करें। (TTY: 711).

توجه فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ اپنے شناختی کارڈ کی پشت پر درج شدہ نمبر پر کال کریں (TTY: 711)۔

గమనిక: మీరు తెలుగు మాట్లాడితే, లాగివీక్ అసనవినసన సరవినసన, ధారణి లీకుండు, మీకు అందుటాటులే ఉనసాయి. మీ ఎంబర్ ఐడెంటిఫికేషన్ కార్డు (ఐడి) వినకు ఉనస నంబరుకు కాలి చేయండి (TTY: 711).

โปรดทราบ: หากพูดไทย, มีบริการช่วยเหลือด้านภาษาไทย ไม่มีค่าใช้จ่าย โทรไปแจ้ง หมายเลขที่อยู่ด้านหลังบัตรประชาชนของคุณ (TTY: 711)

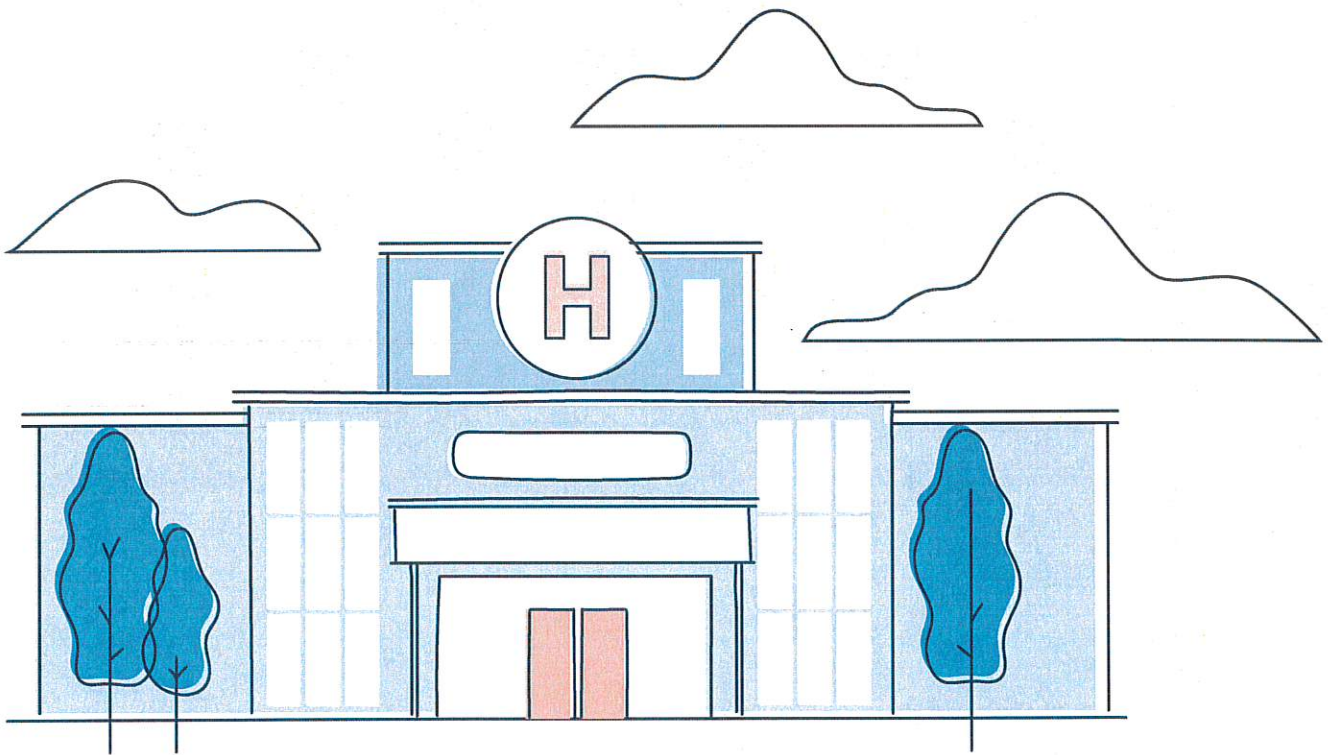
ध्यान दन्तुहोस्: यद तपाईं नेपाली भाषा बोलनुहुन्छ भने, तपाईंका लागि भाषा सहायता सेवाहरू नःशुल्क उपलब्ध हुन्छन्। तपाईंको आइडी कार्डको पछाडी भागमा रहेको नम्बर (TTY: 711) मा फोन गर्नुहोस्।

**Aandacht:** Indien u Nederlands spreekt, is de taaladviesdienst gratis beschikbaar voor u. Bel het nummer op de achterkant van uw Identificatie (ID) kaart (TTY: 711).



# Custom PPO Provider Network

PLANS: BlueCare® Custom PPO and BlueCare QHD Custom PPO



## Out-of-network

- BlueCard® PPO national network providers
- Any other non-participating providers

## The cost of care

- Costs will always be the lowest when using in-network doctors, hospitals, and health care providers.
- Coverage is provided for care out of the network but at higher out-of-pocket costs.

Custom PPO network	Out-of-pocket costs for care	
FPLIC PPO network providers and some providers just outside our 13-county service area are in network	<b>Lowest</b> cost (deductibles, copays, and coinsurance) for care from in-network providers	\$
BlueCard PPO network providers are out of network	You will pay <b>more</b> for care from BlueCard PPO network providers	\$\$\$
All other providers are out of network*	You can see providers <b>NOT</b> in the BlueCard PPO network, but you will pay the <b>most</b> out of pocket for your care	\$\$\$\$

\* Providers out of the Custom PPO and BlueCard PPO networks do not agree to accept Blue's discounted "allowable charge" as payment in full. They may bill for a bigger share of the cost for care.



Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

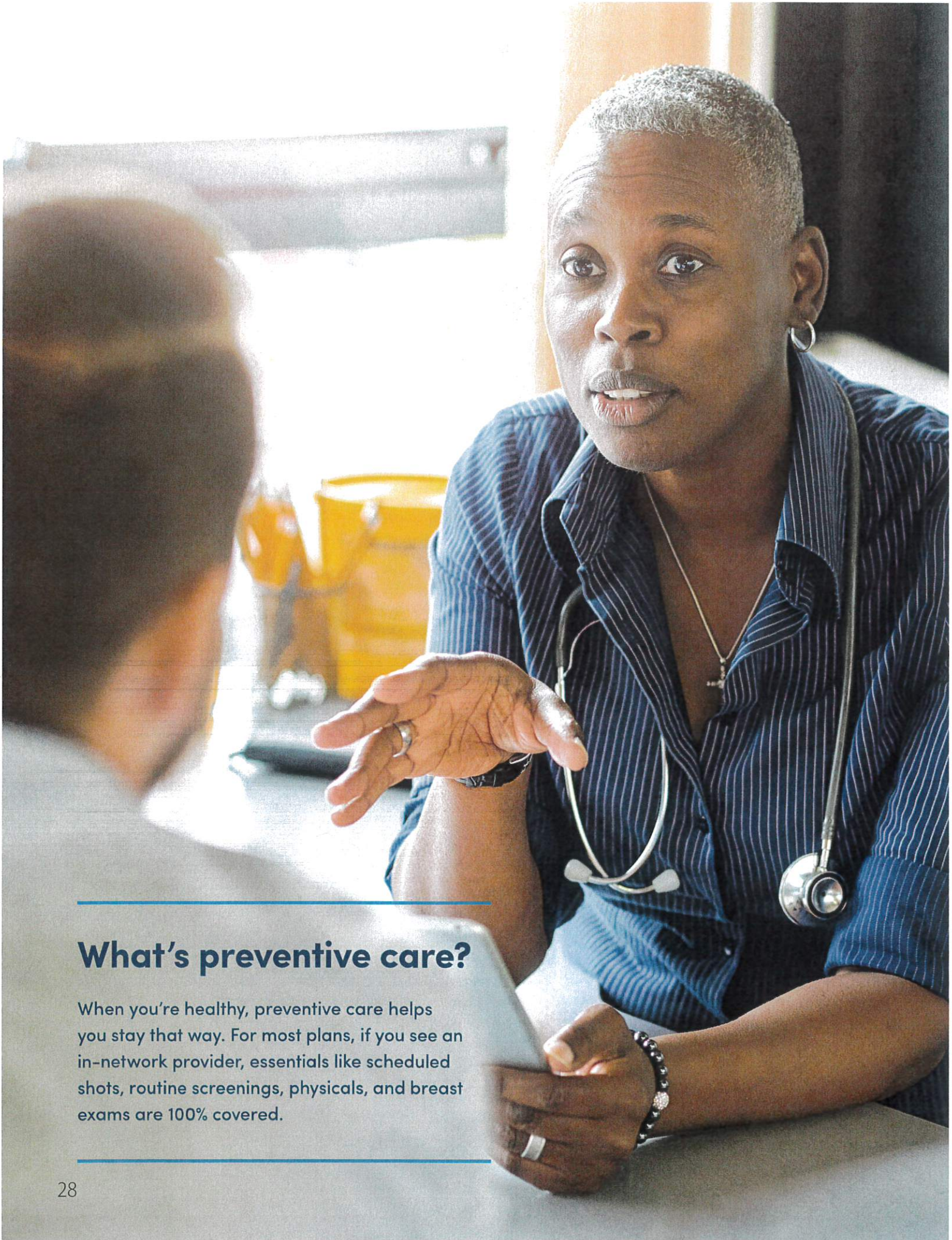
ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。



# Preventive Schedule





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## What's preventive care?

When you're healthy, preventive care helps you stay that way. For most plans, if you see an in-network provider, essentials like scheduled shots, routine screenings, physicals, and breast exams are 100% covered.

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# 2022 Preventive Schedule

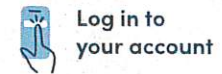
Effective 1/1/2022

## Plan your care: Know what you need and when to get it

Preventive or routine care helps us stay well or finds problems early, when they are easier to treat. The preventive guidelines on this schedule depend on your age, gender, health, and family history. As a part of your health plan, you may be eligible to receive some of these preventive benefits with little to no cost sharing when using in-network providers. Make sure you know what is covered by your health plan and any requirements before you receive any of these services.

Some services and their frequency may depend on your doctor's advice. That's why it's important to talk with your doctor about the services that are right for you. CHIP members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.





## Questions?













## Adults: Ages 19+



### GENERAL HEALTH CARE

 <b>Routine Checkup*</b> (This exam is not the work- or school-related physical)	<ul style="list-style-type: none"> <li>• Ages 19 to 49: Every 1 to 2 years</li> <li>• Ages 50 and older: Once a year</li> </ul>
 <b>Depression Screening</b>	Once a year
 <b>Illicit Drug Use Screening</b>	Once a year
 <b>Pelvic, Breast Exam</b>	Once a year






### SCREENINGS/PROCEDURES

 <b>Abdominal Aortic Aneurysm Screening</b>	Ages 65 to 75 who have ever smoked: One-time screening
 <b>Ambulatory Blood Pressure Monitoring</b>	To confirm new diagnosis of high blood pressure before starting treatment
 <b>Breast Cancer Genetic (BRCA) Screening</b> (Requires prior authorization)	Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk
 <b>Cholesterol (Lipid) Screening</b>	<ul style="list-style-type: none"> <li>• Ages 20 and older: Once every 5 years</li> <li>• High-risk: More often</li> </ul>
 <b>Colon Cancer Screening</b> (Including Colonoscopy)	<ul style="list-style-type: none"> <li>• Ages 45 and older: Every 1 to 10 years, depending on screening test</li> <li>• High-risk: Earlier or more frequently</li> </ul>
 <b>Certain Colonoscopy Preps With Prescription</b>	<ul style="list-style-type: none"> <li>• Ages 45 and older: Once every 10 years</li> <li>• High-risk: Earlier or more frequently</li> </ul>
 <b>Diabetes Screening</b>	High-risk: Ages 40 and older, once every 3 years
 <b>Hepatitis B Screening</b>	High-risk
 <b>Hepatitis C Screening</b>	Ages 18-79
 <b>Latent Tuberculosis Screening</b>	High-risk












\* Routine checkup could include health history; physical; height, weight, and blood pressure measures; body mass index (BMI) assessment; counseling for obesity, fall prevention, skin cancer, and safety; depression screening; alcohol and drug abuse, and tobacco use assessment; age-appropriate guidance, and intimate partner violence screening and counseling for reproductive age women.

# Adults: Ages 19+




## SCREENINGS/PROCEDURES

	<b>Lung Cancer Screening</b> (Requires prior authorization and use of authorized facility)	Ages 50 to 80 with 20-pack per year history: Once a year for current smokers, or once a year if currently smoking or quit within past 15 years
	<b>Mammogram</b>	Ages 40 and older: Once a year including 3D
	<b>Osteoporosis (Bone Mineral Density) Screening</b>	Ages 65 and older: Once every 2 years, or younger if at risk as recommended by physician
	<b>Cervical Cancer Screening</b>	<ul style="list-style-type: none"> <li>• Ages 21 to 65 Pap: Every 3 years, or annually, per doctor's advice</li> <li>• Ages 30 to 65: Every 5 years if HPV only or combined Pap and HPV are negative</li> <li>• Ages 65 and older: Per doctor's advice</li> </ul>
	<b>Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV, and Syphilis)</b>	<ul style="list-style-type: none"> <li>• Sexually active males and females</li> <li>• HIV screening for adults to age 65 in the general population and those at risk, then screening over age 65 with risk factors</li> </ul>

## IMMUNIZATIONS\*\*

	<b>Chicken Pox (Varicella)</b>	Adults with no history of chicken pox: One 2-dose series
	<b>Diphtheria, Tetanus (Td/Tdap)</b>	One dose Tdap, then Td or Tdap booster every 10 years
	<b>Flu (Influenza)</b>	Every year (Must get at your PCP's office or designated pharmacy vaccination provider; call Member Service to verify that your vaccination provider is in the Highmark network)
	<b>Haemophilus Influenzae Type B (Hib)</b>	For adults with certain medical conditions to prevent meningitis, pneumonia, and other serious infections; this vaccine does not provide protection against the flu and does not replace the annual flu vaccine
	<b>Hepatitis A</b>	At-risk or per doctor's advice: One 2- or 3-dose series
	<b>Hepatitis B</b>	At-risk or per doctor's advice: One 2- or 3-dose series
	<b>Human Papillomavirus (HPV)</b>	<ul style="list-style-type: none"> <li>• To age 26: One 3-dose series</li> <li>• Ages 27-45, at-risk or per doctor's advice</li> </ul>
	<b>Measles, Mumps, Rubella (MMR)</b>	One or two doses
	<b>Meningitis*</b>	At-risk or per doctor's advice
	<b>Pneumonia</b>	High-risk or ages 65 and older: One or two doses, per lifetime
	<b>Shingles</b>	Shingrix - Ages 50 and older: Two doses

## PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION

	<b>Aspirin</b>	<ul style="list-style-type: none"> <li>• Ages 50 to 59, to reduce the risk of stroke and heart attack</li> <li>• Pregnant women at risk for preeclampsia</li> </ul>
	<b>Folic Acid</b>	Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid
	<b>Chemoprevention drugs such as raloxifene, tamoxifen, or aromatase*** inhibitor</b>	At risk for breast cancer, without a cancer diagnosis, ages 35 and older




\* Meningococcal B vaccine per doctor's advice.

\*\* Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.


\*\*\* Aromatase inhibitors when the other drugs can't be used such as when there is a contraindication or they are not tolerated.





## PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION

	<b>Tobacco Cessation</b> (Counseling and medication)	Adults who use tobacco products
	<b>Low to Moderate Dose Select Generic Statin Drugs for Prevention of Cardiovascular Disease (CVD)</b>	Ages 40 to 75 years with 1 or more CVD risk factors (such as dyslipidemia, diabetes, hypertension, or smoking) and have calculated 10-year risk of a cardiovascular event of 10% or greater
	<b>Select PrEP Drugs and Certain Related Services for Prevention of HIV Infection</b>	Adults at risk for HIV infection, without an HIV diagnosis


## PREVENTIVE CARE FOR PREGNANT WOMEN

	<b>Screenings and Procedures</b>	<ul style="list-style-type: none"> <li>• Gestational diabetes screening</li> <li>• Hepatitis B screening and immunization, if needed</li> <li>• HIV screening</li> <li>• Syphilis screening</li> <li>• Smoking cessation counseling</li> <li>• Depression screening during pregnancy and postpartum</li> <li>• Depression prevention counseling during pregnancy and postpartum</li> <li>• Rh typing at first visit</li> <li>• Rh antibody testing for Rh-negative women</li> <li>• Tdap with every pregnancy</li> <li>• Urine culture and sensitivity at first visit</li> <li>• Alcohol misuse screening and counseling</li> <li>• Nutritional counseling for pregnant women to promote healthy weight during the pregnancy</li> </ul>
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## PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE

	<b>Adults with BMI 25 to 29.9 (overweight) and 30 to 39.9 (obese) are eligible for:</b>	<ul style="list-style-type: none"> <li>• Additional annual preventive office visits specifically for obesity and blood pressure measurement</li> <li>• Additional nutritional counseling visits specifically for obesity</li> <li>• Recommended lab tests:               <ul style="list-style-type: none"> <li>- ALT</li> <li>- AST</li> <li>- Hemoglobin A1c or fasting glucose</li> <li>- Cholesterol screening</li> </ul> </li> </ul>
	<b>Adults with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome</b>  <b>Adults with BMI 40 and over</b>	Nutritional counseling

## ADULT DIABETES PREVENTION PROGRAM (DPP)

	<b>Applies to Adults</b> <ul style="list-style-type: none"> <li>• Without a diagnosis of diabetes (does not include a history of gestational diabetes)</li> <li>• Overweight or obese (determined by BMI)</li> <li>• Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140-199mg/dl</li> </ul>	Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss
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# 2022 Preventive Schedule

## Plan your child's care: Know what your child needs and when to get it

Preventive or routine care helps your child stay well or finds problems early, when they are easier to treat. Most of these services may not have cost sharing if you use the plan's in-network providers. Make sure you know what is covered by your health plan and any requirements before you schedule any services for your child.

Services include Bright Futures recommendations. CHIP members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.

It's important to talk with your child's doctor. The frequency of services, and schedule of screenings and immunizations, depends on what the doctor thinks is right for your child.

### Questions?



Call Member Service



Ask your doctor



Log in to your account

## Children: Birth to 30 Months<sup>1</sup>

GENERAL HEALTH CARE	BIRTH	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M
Routine Checkup* (This exam is not the preschool- or day care-related physical.)	●	●	●	●	●	●	●	●	●	●	●
Hearing Screening	●										
SCREENINGS											
Autism Screening									●	●	
Critical Congenital Heart Disease (CCHD) Screening With Pulse Oximetry	●										
Developmental Screening						●			●		●
Hematocrit or Hemoglobin Anemia Screening							●				
Lead Screening**							●			●	
Newborn Blood Screening and Bilirubin	●										
IMMUNIZATIONS											
Chicken Pox									Dose 1		
Diphtheria, Tetanus, Pertussis (DTaP)			Dose 1	Dose 2	Dose 3				Dose 4		
Flu (Influenza)***						Ages 6 months to 30 months: 1 or 2 doses annually					
Haemophilus Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3			Dose 4			
Hepatitis A								Dose 1		Dose 2	
Hepatitis B	Dose 1	Dose 2			Dose 3						
Measles, Mumps, Rubella (MMR)								Dose 1			
Pneumonia			Dose 1	Dose 2	Dose 3			Dose 4			
Polio (IPV)			Dose 1	Dose 2	Ages 6 months to 18 months: Dose 3						
Rotavirus			Dose 1	Dose 2	Dose 3						

\* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. Additional: Instrument vision screening to assess risk for ages 1 and 2 years.

\*\* Per Bright Futures, and refer to state-specific recommendations as needed.

32\*\*\* Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.



# Children: 3 Years to 18 Years<sup>1</sup>

GENERAL HEALTH CARE	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y
<b>Routine Checkup*</b> (This exam is not the preschool- or day care-related physical)	●	●	●	●	●	●	●	●	Once a year from ages 11 to 18			
<b>Ambulatory Blood Pressure Monitoring**</b>												●
<b>Depression Screening</b>										Once a year from ages 12 to 18		
<b>Illicit Drug Use Screening</b>												●
<b>Hearing Screening***</b>		●	●	●		●		●		●	●	●
<b>Visual Screening***</b>	●	●	●	●		●		●		●	●	

## SCREENINGS

<b>Hematocrit or Hemoglobin Anemia Screening</b>	Annually for females during adolescence and when indicated											
<b>Lead Screening</b>	When indicated (Please also refer to your state-specific recommendations)											
<b>Cholesterol (Lipid) Screening</b>	Once between ages 9-11 and ages 17-21											

## IMMUNIZATIONS

<b>Chicken Pox</b>		Dose 2										If not previously vaccinated: Dose 1 and 2 (4 weeks apart)
<b>Diphtheria, Tetanus, Pertussis (DTaP)</b>		Dose 5							One dose Tdap			
<b>Flu (Influenza)****</b>	Ages 3 to 18: 1 or 2 doses annually											
<b>Human Papillomavirus (HPV)</b>									Provides long-term protection against cervical and other cancers. 2 doses when started ages 9-14. 3 doses, all other ages.			
<b>Measles, Mumps, Rubella (MMR)</b>		Dose 2										
<b>Meningitis*****</b>									Dose 1			Age 16: One-time booster
<b>Pneumonia</b>	Per doctor's advice											
<b>Polio (IPV)</b>		Dose 4										

## CARE FOR PATIENTS WITH RISK FACTORS

<b>BRCA Mutation Screening</b> (Requires prior authorization)	Per doctor's advice											
<b>Cholesterol Screening</b>	Screening will be done based on the child's family history and risk factors											
<b>Fluoride Varnish</b> (Must use primary care doctor)	Ages 5 and younger											
<b>Hepatitis B Screening</b>	Per doctor's advice											
<b>Hepatitis C Screening</b>												
<b>Latent Tuberculosis Screening</b>												
<b>Sexually Transmitted Disease (STD) Screenings and Counseling</b> (Chlamydia, Gonorrhea, HIV, and Syphilis)	For all sexually active individuals HIV routine check once between ages 15-18											
<b>Tuberculin Test</b>	Per doctor's advice											

\* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance; alcohol and drug abuse, and tobacco use assessment. \*\* To confirm new diagnosis of high blood pressure before starting treatment. \*\*\* Hearing screening once between ages 11-14, 15-17, and 18-21. Vision screening covered when performed in doctor's office by having the child read letters of various sizes on a Snellen chart. Includes instrument vision screening for ages 3, 4, and 5 years. A comprehensive vision exam is performed by an ophthalmologist or optometrist and requires a vision benefit. \*\*\*\* Must get at your PCP's office or designated pharmacy, vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network. \*\*\*\*\* Meningococcal B vaccine per doctor's advice. 33



# Children: 6 Months to 18 Years<sup>1</sup>

## PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION

Oral Fluoride

For ages 6 months to 16 years whose primary water source is deficient in fluoride

## PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE

Children with a BMI in the 85th to 94th percentile (overweight) and the 95th to 98th percentile (obese) are eligible for:

- Additional annual preventive office visits specifically for obesity
- Additional nutritional counseling visits specifically for obesity
- Recommended lab tests:
  - Alanine aminotransferase (ALT)
  - Aspartate aminotransferase (AST)
  - Hemoglobin A1c or fasting glucose (FBS)
  - Cholesterol screening

Age 18 with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome

Nutritional counseling

## ADULT DIABETES PREVENTION PROGRAM (DPP) AGE 18



Applies to Adults

- Without a diagnosis of diabetes (does not include a history of gestational diabetes)
- Overweight or obese (determined by BMI)
- Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140-199mg/dl

Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss



## Women's Health Preventive Schedule

### SERVICES

Well-Woman Visits

(Includes: preconception and first prenatal visit, urinary incontinence screening)

Up to 4 visits each year for developmentally and age-appropriate preventive services

Contraception (Birth Control) Methods and Discussion\*

All women planning or capable of pregnancy

### SCREENINGS/PROCEDURES

Diabetes Screening

- High-risk: At the first prenatal visit
- All women between 24 and 28 weeks pregnant
- Postpartum women without diabetes but with a history of gestational diabetes

HIV Screening and Discussion

All sexually active women: Once a year

Human Papillomavirus (HPV) Screening Testing

Beginning at age 30: Every 3 years

Domestic and Intimate Partner Violence Screening and Counseling

Once a year

Breast-feeding (Lactation) Support and Counseling, and Costs for Equipment

During pregnancy and/or after delivery (postpartum)

Sexually Transmitted Infections (STI) Discussion

All sexually active women: Once a year

Screening for Anxiety

The Women's Preventive Services Initiative recommends screening for anxiety in adolescent girls and adult women, including those who are pregnant or postpartum.

\* FDA-approved contraceptive methods may include sterilization and procedures as prescribed. One form of contraception in each of the 18 FDA-approved methods is covered without cost sharing. If the doctor recommends a clinical service or FDA-approved item based on medical necessity, there will be no cost sharing.



## Information About the Affordable Care Act (ACA)

This schedule is a reference tool for planning your family's preventive care, and lists items and services required under the Affordable Care Act (ACA), as amended. It is reviewed and updated periodically based on the advice of the U.S. Preventive Services Task Force, laws and regulations, and updates to clinical guidelines established by national medical organizations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your doctor is always your best resource for determining if you're at increased risk for a condition. Some services may require prior authorization. If you have questions about this schedule, prior authorizations, or your benefit coverage, please call the Member Service number on the back of your member ID card.

Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

### Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Information About Children's Health Insurance Program (CHIP)

Because the Children's Health Insurance Program (CHIP) is a government-sponsored program and not subject to ACA, certain preventive benefits may not apply to CHIP members and/or may be subject to copayments.

The ACA authorizes coverage for certain additional preventive care services. These services do not apply to "grandfathered" plans. These plans were established before March 23, 2010, and have not changed their benefit structure. If your health coverage is a grandfathered plan, you would have received notice of this in your benefit materials.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

CHỦ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

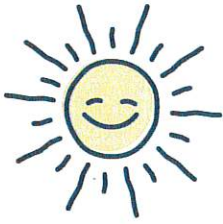
توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

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# Wellness

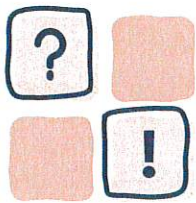




#### HEALTH COACHES

## Personalized support for health goals.

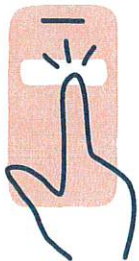
Looking to lose weight? Quit smoking? Be more active? A wellness coach can create a personalized plan for you, right over the phone, on your schedule. Sessions are free and confidential.



#### BABY BLUEPRINTS®

## Pregnancy advice, answers, and support.

Our maternity education program for mom-to-be questions and over-the-phone support from a nurse health coach that's available at no additional cost. Call 1-866-918-5267 to enroll.



#### SHARECARE®

## Say hello to your online health and wellness hub.

Find out your RealAge®, track your health habits, and monitor sleep, stress, and fitness — in real time. Visit [mycare.sharecare.com](https://mycare.sharecare.com).

# Health Tools & Resources



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## ONLINE TOOLS & MEMBER WEBSITE



## Your entire plan at your fingertips.

No more searching for old files or waiting on snail mail. Your digital ID card, Find a Doctor tool, deductible progress, and claims status are all available online at [highmarkbcbs.com](https://highmarkbcbs.com).

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## CARE COST ESTIMATOR



## See what care might cost you.

Before making an appointment for a test, scan, or procedure, Care Cost Estimator helps you estimate what that care may cost. Available on your member website, [highmarkbcbs.com](https://highmarkbcbs.com).

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## MY CARE NAVIGATOR<sup>SM</sup>



## Your appointments, booked for you.

It's as simple as calling the phone number on the back of your member ID card or from the Highmark app. We'll help you find the in-network doctor you need and reserve some space on their calendar for a checkup. Which means less on-hold music for you.

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## BLUE365<sup>®</sup>

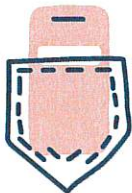


## Discounts to help you stay healthy and active.

From workout gear to gym memberships to healthy meal services, we'll take a little off the top while you're taking a little off your middle. Member-only deals are at [blue365deals.com](https://blue365deals.com).

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## HIGHMARK PLAN APP



## Your health plan in your pocket.

Get instant access to your digital member ID card, care-finding tools, and claims updates right on your mobile device. To start, just download the Highmark Plan app from the App Store or Google Play and set up your profile.

# **Additional Important Information**



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# Health care lingo, translated.

When you're reviewing plans, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones. (If you want the complete glossary, check your benefit booklet.)

## **CLAIM**

The request for payment that's sent to your health insurance company after you receive covered care.

## **COINSURANCE**

The percentage you owe, after your deductible. For example, if your plan pays 80%, you pay 20%.

## **COPAY**

The set amount you pay for a covered service, for example: \$20 for a doctor visit or \$30 for a specialist visit.

## **COVERED SERVICES**

All the care, drugs, supplies, and equipment that are paid for, at least in some part, by your health plan after you've met your deductible.

## **DEDUCTIBLE**

The set amount you pay for a health service before your plan starts paying.

## **EXCLUSIVE PROVIDER ORGANIZATION (EPO)**

A type of plan where services are usually only covered if you use in-network providers, except for emergencies or urgent care. If you travel, you'll have coverage for emergency or urgent care, but usually not for routine care.

## **IN-NETWORK PROVIDER**

A doctor, hospital, or other facility that has an agreement with your plan to accept your plan allowance and cost sharing as full payment. They won't bill you extra for covered services, but you could still have to pay your deductible, coinsurance, or copays.

## **MAXIMUM OUT-OF-POCKET**

The most you'd pay for covered care. If you hit this amount, your plan pays after that.

## **OUT-OF-NETWORK PROVIDER**

A provider that can charge more than your plan allowance for their services. If they do, you'll most likely be responsible for additional costs.

## **PLAN ALLOWANCE**

The set amount you and your plan will pay for a health service. In-network providers aren't allowed to bill you more than this amount.

## **PRECERTIFICATION**

A decision made ahead of time — by your health plan — that a service, treatment, or drug is medically necessary for you. It can be called prior authorization or prior approval, but it's not a promise that anything will be fully covered.

## **PREFERRED PROVIDER ORGANIZATION (PPO)**

A type of plan that offers more flexibility in choosing providers, usually with the added security of coverage for care you might need when you're away from home.

## **PREMIUM**

The monthly amount you or your employer pay so you have health coverage.

## **PROVIDER**

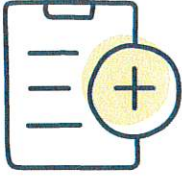
Whether it's your primary doctor, a lab technician, or a physical therapist, the person or facility where you get care is referred to as a health care provider.

## **RETAIL CLINIC**

Walk-in centers for less complex health needs, generally open in the evenings and on weekends.

## **URGENT CARE CENTER**

A walk-in center for when you have a condition that's serious enough to need care right away, but not serious enough for a trip to the emergency room.



## How we approve what's covered.

\*A prior authorization is not a guarantee of coverage, payment, or payment amount. All services are subject to contract exclusions and eligibility at the time the service is rendered.

# Determining care for coverage

We have a group of experts called Clinical Services. Their job is to make sure you're receiving care that is medically necessary and appropriate. What that means, generally, is that care is:

- **A standard medical practice.**
- **Proven to be effective.**
- **Not just done out of convenience for you or your doctor.**
- **Not more expensive than something else that would be just as effective.**

Most of the care covered by your plan meets these guidelines, so you can have it done and covered without needing to do anything else.

You are required to confirm that your provider obtained a prior authorization for any out-of-area services requiring authorization in advance of receiving the service. Beginning Aug. 8, 2021, this will also include advanced radiology and cardiac imaging. Call the Member Service number on the back of your member ID card or in the Highmark app to review your coverage and confirm if you need your provider to get a prior authorization.

If you're denied coverage because we determine care doesn't meet those qualifications, you always have the right to appeal that decision.

## How we keep your information safe.

You've trusted us with your personal information and we take protecting it very seriously. We follow very strict policies for handling and protecting Protected Health Information (PHI).

In the course of using your coverage, we sometimes share PHI for routine things like ensuring you're getting safe and effective treatments or doctors are receiving payment for the care you get.

If you're interested, you always have the right to see all the information in your medical records. The fastest way to access it is to ask your primary doctor.

That's the gist of how we make sure you're protected and getting appropriate, medically necessary care.

If you want to read the full legal descriptions of the policies we've summed up here, go to [discoverhighmark.com](https://discoverhighmark.com). Scroll to the bottom of the page, click on **Quality Assurance**, and enter your ZIP code.





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# Care and Case Management

**Programs for care support and complex condition management.**

## CARE MANAGEMENT PROGRAM

From person to person, care needs can be different and change over time. Our Care Management program focuses on connected care so we can help you get safe, effective, appropriate care right when you need it.

### Services under the Care Management Program:

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**Precertification Review**, starts before you get care and:

- Confirms you're eligible and have benefits for care
- Determines if care is medically necessary and appropriate
- Makes sure care happens at the right facility by the right provider
- Provides alternatives for care, if available
- Identifies if case or condition management could help the member

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**Concurrent Review**, happens during the course of treatment to:

- Assess the medical need to continue treatment
- Evaluate the right level of care for treatment
- Foresee any possible quality of care concerns
- Identify situations that require a physician consultation
- Determine potential case or condition management benefits
- Update and/or revise the discharge plan

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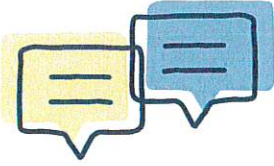
**Discharge Planning**, occurs throughout the course of treatment to:

- Promote alternative levels of care, when appropriate
- Make sure care is delivered in the appropriate setting
- Identify case or condition management program prospects early on
- Make timely referrals for intervention
- Develop and carry out appropriate discharge plans

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**Retrospective Review**, happens after services have been provided and:

- Evaluates the appropriateness of medical services
- Solely on information available at the time the medical care was provided



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## CASE MANAGEMENT PROGRAM

Based on the Case Management Society of America (CMSA) standards, the Case Management Program supports members with serious and complex medical conditions by helping them navigate the health care system and make informed care decisions. Regardless of the condition, the overall goal is to get members back to the highest possible level of functioning in their work, family, and social lives.

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### Individual Goals of Case Management

- Identify and resolve gaps in care
  - Assure the right care at the right time through appropriate facilities and providers
  - Increase members' understanding of their condition or situation
  - Reduce medication inconsistencies and ensure correct use of prescribed medications
  - Address any caregiver issues that may affect members' conditions
  - Improve members' ability to self-manage their conditions and wellness focus
  - Reduce potentially avoidable emergency room visits and hospital readmissions
  - The case manager assesses medication needs and consults with the Highmark pharmacy team as deemed necessary.
- 

### How the Case Management Program Works:

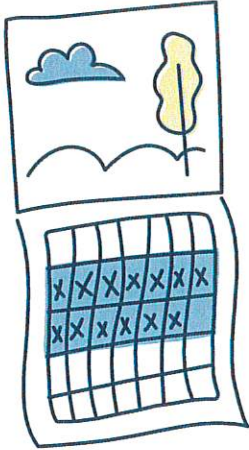
A Registered Nurse Case Manager collaborates with a multidisciplinary team, consisting of medical directors, pharmacists, behavioral health specialists, social workers, wellness specialists, and dietitians, to evaluate an individual's health needs in the following ways:

- Planning, coordinating, and monitoring care and progress toward health
  - Evaluating all of a member's options, resources and services
  - Identifying gaps and/or barriers to optimal care before inpatient admission and/or discharge
  - Helping members and caregivers to understand conditions and plans of care so they can manage their health
  - Educating on care coordination, support systems, medication, health, and wellness
  - Collaborating with a variety of providers, care facilities, and home health agencies to ensure appropriate care
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Case Management is voluntary. Members can end their involvement with the program any time.

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## Prior authorization for out-of-area services

You are required to confirm that your provider obtained a prior authorization for any out-of-area services requiring authorization *in advance of receiving the service*. Beginning Aug. 8, 2021, this will also include advanced radiology and cardiac imaging. A prior authorization just means that we work with your provider before you receive the proposed service to make sure that the procedure is medically necessary. Your out-of-area provider will be expected to reach out to us about that, but it is important that you stay in contact with them.

**If no prior authorization is received, you could be responsible for 100% of your bill.\***

Call Member Service, the number on the back of your identification card, to review your coverage and confirm if you need your provider to get a prior authorization.

\*A prior authorization is not a guarantee of coverage, payment, or payment amount. All services are subject to contract exclusions and eligibility at the time the service is rendered.

### Let's break this down a little more.

- 1** You and your provider agree on a service that you need.
- 2** Your provider lets Highmark know all of the details about the procedure. **You should stay in contact with your provider.**
- 3** Highmark will review your requested service.
- 4** We'll send you and your provider a prior authorization if the request is determined to be medically necessary.

# Enrollment Application





# HOW TO COMPLETE YOUR HIGHMARK BLUE CROSS BLUE SHIELD ENROLLMENT APPLICATION

FOLLOWING ARE INSTRUCTIONS FOR COMPLETING THE HIGHMARK BLUE CROSS BLUE SHIELD ENROLLMENT APPLICATION.  
ALL INFORMATION MUST BE COMPLETED AS INDICATED.

## EMPLOYEE INFORMATION

The first thirteen (13) items ask for information regarding the employee. The information you must complete includes:

- 1) Employer Name and Reason for Application
- 2) Employee First Name, Middle Initial, Last Name.
- 3) Employee Street Address
- 4) City
- 5) State
- 6) Zip Code
- 7) Employee Social Security Number
- 8) Effective Date of Coverage
- 9) Employee Status: Please check (✓) the appropriate box indicating whether you are an Active, Retired, Hourly or Salary employee. If retired, please indicate retirement date.
- 10) Employee Home Phone Number (including area code) – Please provide so that we may contact you if we have questions about your application and to better serve you.
- 11) Employee Work Phone Number (including area code)
- 12) Employee Hire Date (i.e., date employee first eligible to enroll for benefits) – Specify month/day/year. Required under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- 13) Check Type of Coverage for which you are enrolling, using the appropriate category (employee, two person or family).
- 14) To be completed by Account/Administrator only

Items 15 through 18 ask for important information about yourself and each eligible member of your family (15 yourself, 16 your spouse/ domestic partner, 17-18 your dependents). Please complete all requested information. If relationship is "other", please indicate the dependent's relationship to the employee according to the codes provided on the application.

- **First Name/Middle Initial/Last Name** — Complete the First Name, Middle Initial and Last Name for each eligible person listed.
- **Social Security Number** — Please include the Social Security Number of each person.
- **Do you have other insurance?** — If you or a family member have other medical insurance including Medicare, respond "yes". If not, you must respond "No".
- **Birth Date** (month/day/year)
- **Sex** (female or male)
- **Check if: Student over Maximum Regular Dependent Age, Disabled and/or Act 4 dependent** If your dependent is over the Maximum Regular Dependent Age and is a full time student or a disabled dependent of any age or an Act 4 dependent to the age of 30 (see your benefit administrator for eligibility), please check (✓) the appropriate column by that dependent's name.

**Physician of Record (POR) Information** — A Physician of Record is the physician selected by the member, who provides routine care and coordinates other specialized care. Please note that choosing a POR does not impact your benefits or claims payment in any way. Choosing a POR simply helps us to better serve you by connecting you to the practice where most of your health care is received.

- a) **Full Name of Physician of Record (POR) Group Practice** — Indicate the name of the POR Group Practice selected from the Online Provider Directory for yourself and each of your dependents. You and your dependents can each choose a different POR.
- b) **Physician of Record (POR) Number from Provider Directory** — Please indicate the corresponding number for the physician practice you or your dependent chose as a POR from the Online Provider Directory, Practice Information tab.
- c) **Are you an existing Patient of this POR?** — Please check "Yes" or "No" to indicate if you are currently a patient of the POR you chose for yourself or your dependents.

For online provider lookup, go to [www.highmarkbcbs.com](http://www.highmarkbcbs.com) and search under the "Find a Doctor or Rx" tab. If you need assistance with choosing a POR, please call Member Service at 1-800-241-5704.

**Disclaimer:** Please note that a provider number may not be available for providers that are located outside of the local servicing area. In this case, a POR cannot be chosen.

- 19) Needs to be completed if you, your spouse/domestic partner or one of your eligible dependents has other health insurance coverage or is eligible for Medicare. Please complete all information requested. Refer to your Medicare card to complete the Medicare Information section.
- 20) Should be completed by your Account Administrator.
- 21) You must sign and date the form where indicated.

**Once the form is completed, retain the last copy for your records.**

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# Our friends in the legal department asked us to include this. Enjoy all the nitty-gritty details.

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Sharecare is a registered trademark of Sharecare, Inc., an independent and separate company that provides a consumer care engagement platform for your health plan. Sharecare is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis or treatment. Sharecare does not endorse any specific product service or treatment. Health care plans and the benefits thereunder are subject to the terms of the applicable benefit agreement.

Livongo is an independent company that provides a diabetes management program on behalf of Highmark.

Lark is an independent company that manages digital health and wellness coaching programs on behalf of your health plan.

Best Doctors is an independent company that manage the virtual second medical consultation program on behalf of Highmark.

Sapphire Digital is an independent company that administers the SmartShopper program for your health plan. Pricing may not be available on all medical procedures, tests or healthcare providers.

American Well is an independent company that provides virtual health services. American Well does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its telemedicine services.

Baby Blueprints is a registered mark of the Blue Cross and Blue Shield Association.

Blue365 is a registered mark of the Blue Cross Blue Shield Association.

NaviNet is a registered trademark of NaviNet, Inc., which is an independent company that provides a secure, web-based portal between providers and health care insurance companies.

Express Scripts is an independent company that administers your prescription drug benefit for your health plan.

Davis Vision is an independent company that provides the network and administers vision benefits for Highmark members.

Blue Distinction® Specialty Care is a registered mark of the Blue Cross Blue Shield Association. Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. Total Care ("Total Care") providers have met national criteria based on provider commitment to deliver value-based care to a population of Blue members. Total Care+ providers also met a goal of delivering quality care at a lower total cost relative to other providers in their area. Program details are displayed on [www.bcbs.com](http://www.bcbs.com). Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction, Total Care, or other provider finder information or care received from Blue Distinction, Total Care, or other providers.

Blues On Call is a service mark of the Blue Cross Blue Shield Association.

Blue Cross Blue Shield Global® Core is a registered mark of the Blue Cross Blue Shield Association.

BlueCard is a registered mark of the Blue Cross Blue Shield Association. Statics regarding coverage are according to the Blue Cross Blue Shield Association.

Blue High Performance Network is an in-network only, Exclusive Provider Organization (EPO), single-tier network in most markets. However, there are exceptions in these two markets: New Jersey and Philadelphia. Please contact your client manager for additional information on the two-tier in-network model in these markets. Blue High Performance Network is a service mark of the Blue Cross Blue Shield Association.

The programs discussed herein are not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions or concerns regarding a medical condition. Health plan coverage is subject to the terms of your health plan benefit agreement.

\*This is not a contract.





## Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

If you speak English, language assistance services, free of charge, are available to you. Call 1-800-876-7639.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-800-876-7639.

如果您说中文，可向您提供免费语言协助服务。請致電 1-800-876-7639。

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-800-876-7639.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. 1-800-876-7639 로 전화.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyonang tulong sa wika. Tumawag sa 1-800-876-7639.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-800-876-7639.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم 1-800-876-7639.

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-800-876-7639.

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-800-876-7639.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-800-876-7639.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-800-876-7639.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-800-876-7639.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-800-876-7639.

日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。 1-800-876-7639 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماس با شماره 1-800-876-7639 .

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- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card. (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación. (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。  
请拨打您的身份证背面的号码 (TTY: 711)。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị. (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오. (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card. (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств) (TTY: 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية المتاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لأدري صمودت السمع والنطق: 711).

Kominike: Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticher, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la. (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité. (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego. (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade. (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità. (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。IDカードの裏に明記されている番号に電話をおかけください。(TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

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