

State System of Higher Education PPOBlue Benefit Summary

With your PPO, or Preferred Provider Organization, if you receive services from a provider who is in the PPO network, you'll receive the highest level of benefits. If you receive services from a provider who is not in the PPO network, you'll receive the lower level of benefits. In either case, you coordinate your care. There is no requirement to select a Primary Care Physician (PCP) to coordinate your care. Below are specific benefit levels that apply during your benefit period.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Calendar Year	
Deductible <i>Per Benefit Period</i>	None	\$250 Individual \$500 Family Aggregate
Payment Level <i>Based on Provider's Reasonable Charge (PRC)</i>	100% PRC	80% PRC after deductible until out-of-pocket limit is met; then 100% PRC
Out-of-Pocket Limit <i>Includes Coinsurance, certain exclusions may apply</i>	Not Applicable	\$1,500 Individual \$3,000 Family Aggregate
Autism Spectrum Disorders Maximum (per person) ①	\$36,000/benefit period	
Lifetime Maximum	Unlimited	\$1,000,000/person
Ambulance	100% PRC	80% PRC after deductible
Applied Behavior Analysis for Autism Spectrum Disorders ②	100% PRC	80% PRC after deductible
Assisted Fertilization Procedures	Not Covered	Not Covered
Dental Services Related to an Accidental Injury	100% PRC	80% PRC after deductible
Diabetes Treatment	100% PRC	80% PRC after deductible
Diagnostic Services (including routine and pre-admission testing) <i>Advanced Imaging (MRI, CAT scan, PET scan, etc.)</i>	100% PRC	80% PRC after deductible
<i>Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)</i>	100% PRC	80% PRC after deductible
Durable Medical Equipment, Orthotics and Prosthetics	100% PRC	80% PRC after deductible
Elective Abortion	Not Covered (except in cases of rape, incest, or to avert the death of the mother)	Not Covered (except in cases of rape, incest, or to avert the death of the mother)
Emergency Room Services	100% PRC after \$50 Copay – waived if admitted	
Enteral Formulae	100% PRC	80% PRC no deductible
Home Health Care <i>Excludes Respite Care</i>	100% PRC	80% PRC after deductible
Hospice <i>Includes Respite Care</i>	100% PRC	80% PRC after deductible
Hospital Expenses <i>Inpatient and Outpatient</i>	100% PRC	80% PRC after deductible
Infertility Counseling, Testing and Treatment <i>Treatment includes coverage for the correction of a physical or medical problem associated with infertility.</i>	100% PRC	80% PRC after deductible
Maternity <i>Excludes Dependent Daughters</i>	100% PRC	80% PRC after deductible
Medical Care <i>Includes Inpatient Visits and Consultations</i>	100% PRC	80% PRC after deductible
Mental Health <i>Inpatient</i>	100% PRC	80% PRC after deductible
Mental Health <i>Outpatient</i>	100% PRC	80% PRC after deductible
Office Visits <i>Primary Care Physician</i> <i>Specialty Care Physician</i>	100% PRC after \$15 Copay 100% PRC after \$15 Copay	80% PRC after deductible 80% PRC after deductible

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Oral Surgery	100% PRC	80% PRC after deductible
Physical Medicine <i>Outpatient</i>	100% PRC after \$15 Copay	80% PRC after deductible
Preventive Care <i>Adult Preventive Care Schedule includes:</i> <i>Routine Physical Exam</i> <i>Immunizations</i> <i>Colorectal Cancer Screening, routine and medically necessary</i> <i>Routine Diagnostic Screening</i> <i>Mammography, routine and medically necessary</i> <i>Routine Gynecological Exam & Pap Test</i>	100% PRC after \$15 Copay 100% PRC 100% PRC 100% PRC 100% PRC 100% PRC after \$15 Copay	80% PRC after deductible 80% PRC after deductible 80% PRC after deductible 80% PRC after deductible 80% PRC after deductible 80% PRC no deductible/lifetime maximum
<i>Pediatric Preventive Care Schedule includes:</i> <i>Routine Physical Exams</i> <i>Pediatric Immunizations</i> <i>Routine Diagnostic Screening</i>	100% PRC after \$15 Copay 100% PRC 100% PRC	80% PRC after deductible 80% PRC no deductible/lifetime maximum 80% PRC after deductible
<i>Highmark's preventive care schedule is updated periodically based on changes in clinical practice guidelines.</i>		
Private Duty Nursing	100% PRC	80% PRC after deductible
Skilled Nursing Facility Care	100% PRC	80% PRC after deductible
Speech & Occupational Therapy <i>Outpatient</i>	100% PRC after \$15 Copay	80% PRC after deductible
Spinal Manipulations	100% PRC after \$15 Copay	80% PRC after deductible
Substance Abuse <i>Detoxification</i>	100% PRC	80% PRC after deductible
Substance Abuse <i>Inpatient Rehabilitation</i>	100% PRC	80% PRC after deductible
Substance Abuse <i>Outpatient</i>	100% PRC	80% PRC after deductible
Surgical Expenses <i>Includes Assistant Surgery, Anesthesia, Sterilization and Reversal Procedures, Excludes Neonatal Circumcision</i>	100% PRC	80% PRC after deductible
Therapy and Rehabilitation Services <i>Chemotherapy, Radiation Therapy, Dialysis, Infusion Therapy, Respiratory Therapy</i>	100% PRC	80% PRC after deductible
Transplant Services	100% PRC	80% PRC after deductible
Precertification Requirements for Inpatient Admissions <i>No Penalty for Non-compliance. If Highmark Blue Shield is not contacted prior to a non-emergency out-of-network inpatient admission and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, the member will be responsible for any costs not covered.</i>	Performed by Network Provider	Performed by Member
Condition Management	Case Management, Blues on Call, and Disease State Management	

① Coverage for eligible members to age 21. Services will be paid according to the benefit category (e.g. speech therapy). Treatment for autism spectrum disorders does not reduce visit/day limits.

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This exhibit provides only general information. More detailed information about benefits and eligibility are contained in the Benefit Booklet. If there is a difference between this summary and the Benefit Booklet, the Benefit Booklet will govern.