



COMMUNITY BLUE FLEX PPO

GIVES YOU CARE ACCESS AND CHOICE

What is Community Blue Flex PPO?

Community Blue Flex PPO is a tiered benefit design that maintains choice and gives you a greater opportunity for cost savings by offering two levels of in-network benefits: Enhanced Value Benefits and Standard Value Benefits. At both benefit levels, you receive high-quality care. With "Enhanced Value Benefits," you have lower cost-sharing when you receive care from in-network quality and cost-effective providers. When you receive care from other in-network providers, you have higher cost-sharing ("Standard Value Benefits"). You also can choose out-of-network coverage at the highest level of cost-sharing.

And you do not need a referral to see a specialist.

What care is covered at the Enhanced Value Benefits level?

All Community Blue Flex PPO providers must meet high quality standards. With Enhanced Value Benefits, you have lower cost-sharing when you receive care from in-network quality and cost-effective providers. Preventive and emergency care are always covered at the Enhanced Value Benefits level.

Where is Community Blue Flex PPO being offered?

Highmark Blue Cross Blue Shield is offering Community Blue Flex PPO across the following 29 western Pennsylvania counties:

- Allegheny
- Centre
- Greene
- Somerset
- Armstrong
- Clarion
- Huntingdon
- Venago
- Beaver
- Clearfield
- Indiana
- Warren
- Bedford
- Crawford
- Jefferson
- Washington
- Blair
- Elk
- Lawrence
- Westmoreland
- Butler
- Erie
- McKean
- Cambria
- Fayette
- Mercer
- Cameron
- Forest
- Potter

What hospitals are in the Community Blue Flex PPO network?

The following hospitals on **page 2** are in the Community Blue Flex PPO network. Those that provide care at the Enhanced Benefits level are indicated with a blue circle. Those that provide care at the Standard Benefits level are indicated with an orange circle.

What hospitals are out-of-network for Community Blue Flex PPO?

The following western Pennsylvania hospitals are out-of-network for this product:

- Magee Womens Hospital of UPMC
- UPMC East
- UPMC McKeesport
- UPMC Mercy
- UPMC Presbyterian-Shadyside
- UPMC St. Margaret
- UPMC Passavant

What network physicians/professional providers will provide care at the Enhanced Value Benefits level?

All network doctors **with the exception of** the following who will offer care at the Standard Value Benefits level:

- Community Blue network providers who do not have privileges to an Enhanced facility
- UPMC wholly owned providers with privileges to both an in-network (Enhanced and Standard) and an out-of-network facility
- Ancillary providers that are jointly owned by a Community Blue network facility and UPMC or those owned by a Standard Facility
- All Cancer Centers that are not independently owned or wholly/jointly owned by an Enhanced facility

As always, you should verify a provider's network status with the provider and Highmark member service before receiving services.

How will provisions of the Highmark-UPMC Consent Decree impact Community Blue Flex PPO?

Provisions of the UPMC Consent Decree will be applied at the Standard Value benefit level except for emergency which will be at the Enhanced Value benefit level.



ALLEGHENY

- Allegheny General Hospital
- Allegheny Valley Hospital
- Children’s Hospital of Pittsburgh of UPMC
- Forbes Hospital
- Heritage Valley Sewickley
- Jefferson Hospital
- Ohio Valley General Hospital
- St. Clair Hospital
- West Penn Hospital
- Western Psychiatric Institute and Clinic

ARMSTRONG

- Armstrong County Memorial Hospital

BEAVER

- Heritage Valley Beaver

BEDFORD

- UPMC Bedford Memorial

BLAIR

- Nason Hospital
- Tyrone Hospital
- UPMC Altoona

BUTLER

- Butler Memorial Hospital

CAMBRIA

- Conemaugh Memorial Medical Center
- Conemaugh Miners Medical Center

CLARION

- Clarion Hospital

CLEARFIELD

- Clearfield Hospital
- Dubois Regional Medical Center

CRAWFORD

- Meadville Medical Center
- Titusville Area Hospital

ELK

- Elk Regional Health Center

ERIE

- Corry Memorial Hospital
- Millcreek Community Hospital
- Saint Vincent Hospital

- **UPMC Hamot**

FAYETTE

- Highlands Hospital
- Uniontown Hospital

GREENE

- Southwest Regional Medical Center

HUNTINGDON

- J. C. Blair Memorial Hospital

INDIANA

- Indiana Regional Medical Center

JEFFERSON

- Brookville Hospital
- Punxsutawney Area Hospital

LAWRENCE

- Ellwood City Hospital
- Jameson Memorial Hospital

MCKEAN

- Bradford Regional Medical Center
- Kane Community Hospital

MERCER

- Edgewood Surgical Hospital
- Grove City Medical Center
- Sharon Regional Health System
- **UPMC Horizon**

POTTER

- Charles Cole Memorial Hospital

SOMERSET

- Conemaugh Meyersdale Medical Center
- Somerset Hospital
- Windber Medical Center

VENANGO

- UPMC Northwest

WARREN

- Warren General Hospital

WASHINGTON

- Advanced Surgical Hospital
- Canonsburg Hospital
- Monongahela Valley Hospital
- Washington Hospital

WESTMORELAND

- Excelsa Frick Hospital
- Excelsa Latrobe Area Hospital
- Excelsa Westmoreland Hospital

● **Enhanced**

● **Standard**

What if a member is currently in the middle of an episode of care which would be covered at the Standard Value Benefits level? Can the member continue to receive care from this provider?

Yes. Care covered at the Standard Value Benefits level is high-quality care from an in-network provider. If you choose to switch to receive care at the Enhanced Value Benefits level, you will incur a lower cost-sharing/higher benefits level. As long as you continue to get in-network care, you cannot be billed the difference between the provider’s charge and the allowance for the covered charge.

How can I find out if my care – including the care received from an independent provider – is covered at the Enhanced or Standard Value Benefits level?

The online Provider Directory will be updated in January 2015 to show you this information. To locate a health care provider whose care is covered at the Enhanced or Standard Value Benefits level, just visit www.highmarkbcbs.com, click on “Find a doctor or Rx,” then select “Community Blue Flex PPO.”



What happens when Community Blue Flex PPO members receive care outside of western Pennsylvania?

Outside of the 29 western Pennsylvania counties:

- In Pennsylvania: Care outside the 29 western Pennsylvania counties is covered at the Enhanced Value Benefits level, with the following exceptions.

These hospitals offer care at the Standard Value Benefits level:

- **Berwick Hospital Center**-owned facilities: Includes the hospital, long-term care, home health care and hospice.
- **Carlisle Regional Medical Center**-owned facilities: Includes the hospital, rehab, cancer and surgical centers.
- **Easton Hospital**: Includes the hospital only.
- **Geisinger Health System**-owned facilities: Includes hospitals, home health care, psychiatric and hospice as well as acute care hospitals that are part of the Geisinger Health System (Bloomsburg Hospital, Shamokin Area Community Hospital and Janet Weis Children's Hospital).
- **Outside Pennsylvania**: You enjoy the Enhanced Value Benefits level from all physicians and hospitals that participate with the local Blue Plan PPO. Across the United States, the Blue Plan network will accept your *Community Blue Flex PPO* coverage.

Does Community Blue Flex include Enhanced Level access in-network to any UPMC-owned or affiliated hospitals?

Yes. To ensure *Community Blue Flex PPO* members have access to a full range of services throughout Pennsylvania, care received from the following UPMC facilities is covered at the Enhanced Value Benefits level:

- Children's Hospital of Pittsburgh of UPMC
- UPMC Altoona in Blair County
- UPMC Bedford Memorial in Bedford County
- UPMC Northwest in Venango County
- Western Psychiatric Institute and Clinic
- Kane Community Hospital

Are UPMC jointly owned facilities such as cancer centers in the Community Blue network?

Yes. Among the jointly owned (UPMC and community hospital) facilities included in the *Community Blue* network are UPMC/Heritage Valley Health System (HVHS) Cancer Center, UPMC/St. Clair Hospital Cancer Center and The Regional Cancer Center in Erie. Members can check the online provider directory to see which providers are in-network. Care received from those facilities that are in-network are covered at the Enhanced Value Benefits level.

Will Community Blue Flex members be "balance billed" if they seek services at an out-of-network UPMC provider?

Yes. However, due to the provisions of the Consent Decree, UPMC cannot balance bill you for more than 60 percent of charges. Just remember that when you use non-network providers, out-of-network cost-sharing applies. That means these expenses would be subject to higher out-of-network deductible and coinsurance, as outlined in the benefit plan.

Of course, if members need emergency care, it will be covered at the Enhanced Value Benefits level – even if it is received from an out-of-network provider.



SAMPLE BENEFITS GRID FOR COMMUNITY BLUE FLEX PPO:

		IN-NETWORK		Out-of-Network
		Enhanced Value Benefits	Standard Value Benefits	
Deductible	Individual	\$500	\$1,500	\$3,000
	Family	\$1,000	\$3,000	\$6,000
Coinsurance		100%	70%	50%
Out-of-Pocket	Individual	N/A	\$2,500	\$5,000
	Family	N/A	\$5,000	\$10,000
Total Maximum Out-of-Pocket*	Individual	\$6,600	\$6,600	N/A
	Family	\$13,200	\$13,200	N/A
Primary Care Provider Office Visit		\$20 copayment	\$40 copayment	50% after deductible
Specialist Office Visit		\$20 copayment	\$40 copayment	50% after deductible
Preventive Care (adult & pediatric)		100% (deductible does not apply)	100% (deductible does not apply)	50% after deductible
Therapy Services		\$15	\$30	50% after deductible
Emergency Room Services		100% after \$75 copayment (waived if admitted)	100% after \$75 copayment (waived if admitted)	100% after \$75 copayment (waived if admitted)
Physical, Speech, Occupational Therapy (limit 20 visits/benefit period)		\$20 copayment	\$40 copayment	50% after deductible
Diagnostic Services (advanced and standard imaging, medical and lab services)		100% after deductible	70% after deductible	50% after deductible
Hospital Services Inpatient		100% after deductible	70% after deductible	50% after deductible
Outpatient		100% after deductible	70% after deductible	50% after deductible

*Includes: deductible, coinsurance, copays and other qualified medical expense (in-network only). Once met, the plan pays 100% of covered services for the rest of the benefit period.

*Information is subject to change.

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