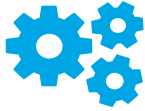


Catastrophic

# Major Events Blue PPO 6600

*a Community Blue Plan*

**Benefit Period: January 1, 2015 to December 31, 2015**



## Are you under 30 and looking for some of the lowest cost coverage?

If you are under 30 (or if you meet financial hardship requirements), Major Events plans provide basic coverage. And you get the protection you need in case of an emergency.



If you are looking for additional plan details, each plan's Summary of Benefits and Coverage is available online at [HighmarkBCBS.com/SBC/BCBS](http://HighmarkBCBS.com/SBC/BCBS). With this information, you'll be able to shop and compare with confidence. If you do not have online access, you can get a paper copy of any Summary of Benefits free of charge by calling toll-free 1-855-329-3004.



## Questions



[HighmarkBCBS.com](http://HighmarkBCBS.com)

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Highmark Blue Cross Blue Shield does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

Highmark Blue Cross Blue Shield is a Qualified Health Plan issuer in the Health Insurance Marketplace.

# Major Events Blue PPO 6600

## a Community Blue Plan Explained



Plan Details	In Network	Out of Network
	You Pay <sup>1</sup>	You Pay
Deductible – Individual	\$6,600	\$12,700
Deductible – Family	\$13,200*	\$26,400*
Coinsurance	0%	0%
Out-of-Pocket Limit – Individual	\$6,600	\$12,700
Out-of-Pocket Limit – Family	\$13,200	\$26,400
Network	Community Blue	
Preventive Care <sup>2</sup> – Annual deductible and coinsurance <u>do not apply</u> to the Preventive Care services		
Routine Annual Physical Exam Routine Annual Gynecological Exam Immunizations – Adult and Pediatric Routine Mammogram Screenings Preventive Medications <sup>3</sup>	0%	100%
Illness or Injury Care		
Primary Care Office/Clinic Visit**	3 visits prior to deductible at no cost	0% after deductible
Specialist Office/Urgent Care Visit	0% after deductible	0% after deductible
Emergency Room Visit	0% after in-network deductible	0% after in-network deductible
Prescription Drugs <sup>4</sup>	Open HCR Comprehensive Formulary 0% after deductible	100%
Maternity Services	0% after deductible	0% after deductible
Inpatient Hospital Services	0% after deductible	0% after deductible
Medical/Surgical Expenses	0% after deductible	0% after deductible
Diagnostic Services <sup>5</sup> (Basic and Advanced Diagnostic Services)	0% after deductible	0% after deductible
Therapy and Rehabilitation Services <sup>6</sup>	0% after deductible	0% after deductible
Mental Health/Substance Abuse Services	0% after deductible	0% after deductible
Routine Eye Exam (Every 24 months)	0%	100%
Pediatric Dental	Exam/Cleaning: 0%; All other benefits: 0% after deductible	100%
Pediatric Vision	Exam: 0%; Frames/Lenses: 0%	100%

<sup>1</sup>You are responsible for out-of-pocket costs each Benefit Period up to a maximum amount shown. Thereafter, the Plan pays 100% of the Provider's Allowable Charge during the remainder of the Benefit Period. This amount does not include amounts in excess of the Provider's Allowable Charge.

<sup>2</sup>The Highmark Preventive Service Schedule is reviewed and updated periodically based on the requirements of the Patient Protection and Affordable Care Act of 2010, as amended, and the advice of the American Academy of Pediatrics, U.S. Preventive Service Task Force, the Blue Cross and Blue Shield Association and Medical Consultants. Accordingly, the frequency and eligibility of services is subject to change.

<sup>3</sup>Certain limited prescriptions and over-the-counter drugs prescribed for preventive purposes.

<sup>4</sup>The plan utilizes the HCR Comprehensive Formulary on the Premier 2012 network. Mail order available.

<sup>5</sup>Basic Diagnostic Services include four types of service: Standard Imaging Services, Laboratory and Pathology, Diagnostic Medical and Allergy Testing. Advanced Diagnostic Services include but are not limited to CAT Scan, CTA, MRI, MRA, PET Scan and PET/CT Scan.

<sup>6</sup>Therapy visit limits include in and out-of-network visits. Physical medicine is limited to 30 visits per contract year combined for Rehabilitative and Habilitative services. Speech therapy and occupational therapy are a combined 30 visit limit per contract year combined for Rehabilitative and Habilitative services.

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

\*\*The Major Events/Catastrophic plans include 3 PCP visits prior to satisfaction of the deductible/NOT SUBJECT TO DEDUCTIBLE per Benefit Period.