Highmark Health Insurance Company Medical Plans for Small Employers in Central Pa - January 2011

Deduct.	ible (coi	usurance OOF	kax family) Lx family)	etime Max	Loon Copay	OA Cobasi	_		Incentive Rx Options			
IN/OON	IN/OON	IN/OON	IN/OON		PCP/Spec	Option A		Option B		Option C		
						Retail	Mail	Retail	Mail	Retail [©]	Mail [©]	
\$250/\$500	100%/80%	\$0/\$5,000	Unlimited	\$75	\$20/\$20	\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$50/\$75	\$20/\$125/\$190	\$8/50%/30%	\$16/50%/30%	
\$250/\$500	90%/70%	\$1,000/\$2,500	Unlimited	\$75	\$20/\$20	\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$50/\$75	\$20/\$125/\$190	\$8/50%/30%	\$16/50%/30%	
\$250/\$500	80%/60%	\$1,000/\$2,500	Unlimited	\$75	\$20/\$20	\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$50/\$75	\$20/\$125/\$190	\$8/50%/30%	\$16/50%/30%	
\$500/\$1,000	100%/80%	\$0/\$2,500	Unlimited	\$100	\$20/\$30	\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$50/\$75	\$20/\$125/\$190	\$8/50%/30%	\$16/50%/30%	
\$500/\$1,000	90%/70%	\$1,000/\$4,000	Unlimited	\$100	\$25/\$35	\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$50/\$75	\$20/\$125/\$190	\$8/50%/30%	\$16/50%/30%	
\$500/\$1,000	80%/60%	\$2,500/\$5,000	Unlimited	\$100	\$25/\$35	\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$50/\$75	\$20/\$125/\$190	\$8/50%/30%	\$16/50%/30%	
\$1,000/\$2,000	100%/80%	\$0/\$2,000	Unlimited	\$100	\$20/\$30	\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$50/\$75	\$20/\$125/\$190	\$8/50%/30%	\$16/50%/30%	
\$1,000/\$2,000	80%/60%	\$1,500/\$3,000	Unlimited	\$100	\$25/\$35	\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$50/\$75	\$20/\$125/\$190	\$8/50%/30%	\$16/50%/30%	
\$1,500/\$3,000	100%/80%	\$0/\$2,000	Unlimited	\$100	\$20/\$35	\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$50/\$75	\$20/\$125/\$190	\$8/50%/30%	\$16/50%/30%	
\$2,000/\$4,000	100%/80%	\$0/\$2,000	Unlimited	\$100	\$20/\$35	\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$50/\$75	\$20/\$125/\$190	\$8/50%/30%	\$16/50%/30%	
\$3,000/\$6,000	100%/80%	\$0/\$2,000	Unlimited	\$100	\$20/\$35	\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$50/\$75	\$20/\$125/\$190	\$8/50%/30%	\$16/50%/30%	
\$0/\$500	90%/70%	\$500/\$1,500	Unlimited	90%	90%	\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$50/\$75	\$20/\$125/\$190	\$8/50%/30%	\$16/50%/30%	
\$0/\$750	80%/60%	\$2,500/\$5,000	Unlimited	80%	80%	\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$50/\$75	\$20/\$125/\$190	\$8/50%/30%	\$16/50%/30%	
\$1,500/\$3,000	80%/60%	\$2,500/\$5,000	Unlimited	80%	80%	\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$50/\$75	\$20/\$125/\$190	\$8/50%/30%	\$16/50%/30%	
\$2,000/\$4,000	80%/60%	\$2,500/\$5,000	Unlimited	80%	80%	\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$50/\$75	\$20/\$125/\$190	\$8/50%/30%	\$16/50%/30%	
Plans ³ (fed	erally qualif	ied to coexist wi	ith a BlueA	ccount TM	HSA)	integrated						
\$1,250	100%/80%	\$3,750/\$7,500	Unlimited	\$100	\$20/\$35	\$8/\$35/\$50						
\$1,500	100%/80%	\$3,500/\$7,000	Unlimited	\$100	\$20/\$35	\$8/\$35/\$50						
\$2,600	100%/80%	\$2,400/\$4,800	Unlimited	\$100	\$20/\$35	\$8/\$35/\$50						
\$3,500	100%/80%	\$1,500/\$3,000	Unlimited	\$100	\$15/\$25	\$8/\$35/\$50						
\$1,500	100%/80%	\$0/\$1,500	Unlimited	100%	100%	100%						
	\$250/\$500 \$250/\$500 \$250/\$500 \$250/\$500 \$500/\$1,000 \$500/\$1,000 \$1,000/\$2,000 \$1,000/\$2,000 \$1,500/\$3,000 \$2,000/\$4,000 \$3,000/\$6,000 \$0/\$750 \$1,500/\$3,000 \$2,000/\$4,000 Plans (fed. \$1,250 \$1,500 \$2,600 \$3,500	IN/OON IN/OON \$250/\$500 100%/80% \$250/\$500 90%/70% \$250/\$500 80%/60% \$500/\$1,000 100%/80% \$500/\$1,000 90%/70% \$500/\$1,000 80%/60% \$1,000/\$2,000 100%/80% \$1,000/\$2,000 80%/60% \$1,500/\$3,000 100%/80% \$2,000/\$4,000 100%/80% \$0/\$500 90%/70% \$0/\$750 80%/60% \$1,500/\$3,000 80%/60% \$2,000/\$4,000 80%/60% \$1,250 100%/80% \$1,500 100%/80% \$2,600 100%/80% \$3,500 100%/80%	IN/OON IN/OON IN/OON \$250/\$500 100%/80% \$0/\$5,000 \$250/\$500 90%/70% \$1,000/\$2,500 \$250/\$500 80%/60% \$1,000/\$2,500 \$500/\$1,000 100%/80% \$0/\$2,500 \$500/\$1,000 90%/70% \$1,000/\$4,000 \$500/\$1,000 80%/60% \$2,500/\$5,000 \$1,000/\$2,000 100%/80% \$0/\$2,000 \$1,500/\$3,000 100%/80% \$0/\$2,000 \$2,000/\$4,000 100%/80% \$0/\$2,000 \$3,000/\$6,000 100%/80% \$0/\$2,000 \$0/\$750 80%/60% \$2,500/\$5,000 \$1,500/\$3,000 80%/60% \$2,500/\$5,000 \$1,250 100%/80% \$3,750/\$7,500 \$1,500 100%/80% \$3,500/\$7,000 \$2,600 100%/80% \$2,400/\$4,800 \$3,500 100%/80% \$1,500/\$3,000	IN/OON IN/OON IN/OON IN/OON \$250/\$500 100%/80% \$0/\$5,000 Unlimited \$250/\$500 90%/70% \$1,000/\$2,500 Unlimited \$250/\$500 80%/60% \$1,000/\$2,500 Unlimited \$500/\$1,000 100%/80% \$0/\$2,500 Unlimited \$500/\$1,000 80%/60% \$1,000/\$4,000 Unlimited \$1,000/\$2,000 80%/60% \$1,500/\$3,000 Unlimited \$1,500/\$3,000 100%/80% \$0/\$2,000 Unlimited \$1,500/\$3,000 100%/80% \$0/\$2,000 Unlimited \$2,000/\$4,000 100%/80% \$0/\$2,000 Unlimited \$0/\$500 90%/70% \$500/\$1,500 Unlimited \$0/\$750 80%/60% \$2,500/\$5,000 Unlimited \$1,500/\$3,000 80%/60% \$2,500/\$5,000 Unlimited \$1,500/\$3,000 80%/60% \$2,500/\$5,000 Unlimited \$1,500/\$3,000 80%/60% \$2,500/\$5,000 Unlimited \$1,500/\$3,000 80%/60% \$2,500/\$5,000 Unli	S250/\$500	IN/OON IN/OON IN/OON IN/OON IN/OON PCP/Spec	IN/OON	N/OON	N/OON N/OON N/OON N/OON N/OON N/OON PCP/Spec Option Retail Mail Retail	N/OON N/O	N/OON	

PPOBlue 2600 QHDHP 100/80

PPOBlue 2600 QHDHP 90/70

2 Network office visits, and outpatient therapies are not subject to deductible.

\$2,600

\$2,600

3 Deductible and out-of-pocket levels are for an employee only plan. Family plan deductibles and out-of-pocket limits are 2x the employee only plan.

\$0/\$1,500

\$1,000/\$2,000

Unlimited

Unlimited

100%

90%

100%

90%

100%

90%

- Medical and prescription drug copayments apply after the deductible.
- © Percentage reflects member payment. The maximum member payment is \$250 per retail prescription and \$500 per mail prescription.

100%/80%

90%/70%



① Available with a BlueAccount HRA