

**Highmark Blue Shield (Central Region)
PPOBlue HDHP Web Site Benefit Grid
\$1,200 Deductible – Medically Underwritten**

Revised 10/05/07

Services	PPOBlue, An Individual Comprehensive Major Medical Preferred-Provider High-Deductible Plan – \$1,200 Deductible Medically Underwritten	
	Network	Out-of-Network
Benefit Period	Contract Year	Contract Year
Type of Coverage	Medically Underwritten	Medically Underwritten
Deductible-Individual	\$1,200 – includes out-of-network benefits	Choice of network deductible applies to out-of-network benefits
Deductible-Family	\$2,400 – Includes out-of-network benefits Family deductible must be met in full before benefits are payable	Choice of network deductible applies to out-of-network benefits
Out of Pocket Maximum - Individual	\$1,000	\$2,000
Out of Pocket Maximum – Family	\$2,000	\$4,000
Coinsurance (only applied after any applicable deductibles have been met)	90%	70%
Lifetime Policy Maximum	\$5,000,000 Includes out-of-network payments	\$300,000 Included as part of network maximum
Benefit Period Maximum	\$1,000,000 Includes out-of-network payments	Included as part of network maximum
Hospital Facility Expense – Inpatient	90% Includes maternity	70% Includes maternity Limited to 90 days/benefit period
Emergency Room Care	90%	90%
Office/Home Visits	90%	70%
Medical/Surgical Expenses (except office visits)	90%	70%
Preventive Care	Routine Physicals, Gynecological Exam, Pap Test, Mammogram and Pediatric Immunizations. Deductible does not apply. – 90%	Not Covered
Diagnostic Services (x-ray, lab and other tests)	90%	70%
Physical Medicine	90% 15 visits per contract year	70% Included as part of network visits
Occupational and Speech Therapy	90% Combined 15 visits per contract year	70% Included as part of network visits
Spinal Manipulations	90% 10 visits per contract year	70% Included as part of network visits
Mental Health Service	Not Covered	Not Covered
Substance Abuse - Rehabilitation	Not Covered	Not Covered
Substance Abuse - Detoxification	Not Covered	Not Covered
Prescription Drug	90% \$50,000 contract year maximum	Not Covered
Discounts on Health-Related Services - Fitness Centers & Spas - Massage Therapy - Nutritional Counseling - Personal Trainers	Covered	Covered
Blues On Call - Health Information and Support Toll-Free Hotline	Covered	Covered
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**Highmark Blue Shield (Central Region)
PPOBlue HDHP Web Site Benefit Grid
\$2,600 Deductible – Medically Underwritten**

Revised 10/05/07

Services	PPOBlue, An Individual Comprehensive Major Medical Preferred-Provider High-Deductible Plan – \$2,600 Deductible Medically Underwritten	
	Network	Out-of-Network
Benefit Period	Contract Year	Contract Year
Type of Coverage	Medically Underwritten	Medically Underwritten
Deductible-Individual	\$2,600 – Includes out-of-network benefits	Choice of network deductible applies to out-of-network benefits
Deductible-Family	\$5,200 – Includes out-of-network benefits Family deductible must be met in full before benefits are payable	Choice of network deductible applies to out-of-network benefits
Out of Pocket Maximum - Individual	\$1,200	\$2,400
Out of Pocket Maximum – Family	\$2,400	\$4,800
Coinsurance (only applied after any applicable deductibles have been met)	90%	70%
Lifetime Policy Maximum	\$5,000,000 Includes out-of-network payments	\$300,000 Included as part of network maximum
Benefit Period Maximum	\$1,000,000 Includes out-of-network payments	Included as part of network maximum
Hospital Facility Expense – Inpatient	90% Includes maternity	70% Includes maternity Limited to 90 days/benefit period
Emergency Room Care	90%	90%
Office/Home Visits	90%	70%
Medical/Surgical Expenses (except office visits)	90%	70%
Preventive Care	Routine Physicals, Gynecological Exam, Pap Test, Mammogram and Pediatric Immunizations. Deductible does not apply – 90%	Not Covered
Diagnostic Services (x-ray, lab and other tests)	90%	70%
Physical Medicine	90% 15 visits per contract year	70% Included as part of network visits
Occupational and Speech Therapy	90% Combined 15 visits per contract year	70% Included as part of network visits
Spinal Manipulations	90% 10 visits per contract year	70% Included as part of network visits
Mental Health Service	Not Covered	Not Covered
Substance Abuse - Rehabilitation	Not Covered	Not Covered
Substance Abuse - Detoxification	Not Covered	Not Covered
Prescription Drug	90% \$50,000 contract year maximum	Not Covered
Discounts on Health-Related Services - Fittesse Centers & Spas - Massage Therapy - Nutritional Counseling - Personal Trainers	Covered	Covered
Blues On Call - Health Information and Support Toll-Free Hotline	Covered	Covered
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**Highmark Blue Shield (Central Region)
PPOBlue HDHP Web Site Benefit Grid
\$3,500 Deductible – Medically Underwritten**

Revised 10/05/07

Services	PPOBlue, An Individual Comprehensive Major Medical Preferred-Provider High-Deductible Plan – \$3,500 Deductible Medically Underwritten	
	Network	Out-of-Network
Benefit Period	Contract Year	Contract Year
Type of Coverage	Medically Underwritten	Medically Underwritten
Deductible-Individual	\$3,500 – Includes out-of-network benefits	Choice of network deductible applies to out-of-network benefits
Deductible-Family	\$7,000 – Includes out-of-network benefits Family deductible must be met in full before benefits are payable	Choice of network deductible applies to out-of-network benefits
Out of Pocket Maximum - Individual	\$1,500	\$3,000
Out of Pocket Maximum – Family	\$3,000	\$6,000
Coinsurance (only applied after any applicable deductibles have been met)	90%	70%
Lifetime Policy Maximum	\$5,000,000 Includes out-of-network payments	\$300,000 Included as part of network maximum
Benefit Period Maximum	\$1,000,000 Includes out-of-network payments	Included as part of network maximum
Hospital Facility Expense – Inpatient	90% Includes maternity	70% Includes maternity Limited to 90 days/benefit period
Emergency Room Care	90%	90%
Office/Home Visits	90%	70%
Medical/Surgical Expenses (except office visits)	90%	70%
Preventive Care	Routine Physicals, Gynecological Exam, Pap Test, Mammogram and Pediatric Immunizations. Deductible does not apply – 90%	Not Covered
Diagnostic Services (x-ray, lab and other tests)	90%	70%
Physical Medicine	90% 15 visits per contract year	70% Included as part of network visits
Occupational and Speech Therapy	90% Combined 15 visits per contract year	70% Included as part of network visits
Spinal Manipulations	90% 10 visits per contract year	70% Included as part of network visits
Mental Health Service	Not Covered	Not Covered
Substance Abuse - Rehabilitation	Not Covered	Not Covered
Substance Abuse - Detoxification	Not Covered	Not Covered
Prescription Drug	90% \$50,000 contract year maximum	Not Covered
Discounts on Health-Related Services - Fittesse Centers & Spas - Massage Therapy - Nutritional Counseling - Personal Trainers	Covered	Covered
Blues On Call - Health Information and Support Toll-Free Hotline	Covered	Covered
		Get A Quote