

PCI Insurance, Inc.
Group 5 Select

PPOBlue High Deductible Health Plan C3020 90/70 Benefit Summary

If you receive services in the Plan Service Area from a Network Provider or in the Highmark Managed Care Network Service Area from a Preferred Professional Provider, Participating Facility Provider or Contracting Supplier, you will receive the highest level of benefits. If you choose to obtain medical care through another provider or a provider outside of the Plan Service Area or outside the Highmark Managed Care Network Service Area, you will receive the lower level of benefits.¹ There is no need to select a Primary Care Physician (PCP). No referrals are needed for specialty care.

BENEFITS	NETWORK	OUT-OF-NETWORK
Benefit Period	Contract Year Twelve consecutive months beginning on the contract date	
Deductible Per Benefit Period	\$2,600 Individual Plan \$5,200 Family Plan	
Payment Level Based on Provider's Reasonable Charge (PRC)	90% PRC after deductible until out-of-pocket limit is met; then 100% PRC	70% PRC after deductible until out-of-pocket limit is met; then 100% PRC
Out-of-Pocket Limit Includes Coinsurance and Prescription Drug Expenses Excludes Deductible, Amounts over Usual & Customary	\$1,000 Individual Plan \$2,000 Family Plan	\$2,000 Individual Plan \$4,000 Family Plan
Lifetime Maximum Includes Mental Health, Substance Abuse and Prescription Drug Expenses	\$5,000,000/person	
Ambulance	90% PRC after deductible	70% PRC after deductible
Assisted Fertilization Procedures	Not Covered	Not Covered
Dental Services Related to an Accidental Injury	Not Covered	Not Covered
Diabetes Treatment	90% PRC after deductible	70% PRC after deductible
Diagnostic Services Lab, X-ray, and Medical Tests	90% PRC after deductible	70% PRC after deductible
Durable Medical Equipment, Orthotics and Prosthetics	90% PRC after deductible	70% PRC after deductible
Emergency Room Services Facility Services	90% PRC after deductible	
Enteral Formulae 2	90% PRC after deductible	70% PRC after deductible
Hearing Care Services	Not Covered	Not Covered
Home Health Care Excludes Respite Care	90% PRC after deductible	70% PRC after deductible 90 visits/benefit period
Hospice Includes Respite Care	90% PRC after deductible	70% PRC after deductible
Hospital Expenses Inpatient and Outpatient	90% PRC after deductible	70% PRC after deductible
Infertility Counseling, Testing and Treatment Treatment includes coverage for the correction of a physical or medical problem associated with infertility.	90% PRC after deductible	70% PRC after deductible
Maternity Includes Dependent Daughters	90% PRC after deductible	70% PRC after deductible
Medical Care Includes Inpatient Visits and Consultations	90% PRC after deductible	70% PRC after deductible
Mental Health Inpatient 3 Includes Partial Hospitalization (2 for 1 trade)	90% PRC after deductible 30 days/ benefit period (up to 30 for serious mental illness)	70% PRC after deductible
Mental Health Outpatient 3	90% PRC after deductible 30 visits/ benefit period (up to 60 for serious mental illness)	70% PRC after deductible
Office Visits Primary Care Physician Specialty Care Physician	90% PRC after deductible 90% PRC after deductible	70% PRC after deductible 70% PRC after deductible
Oral Surgery	90% PRC after deductible	70% PRC after deductible
Physical Medicine Outpatient	90% PRC after deductible	70% PRC after deductible
	20 visits/ benefit period	
Preventive Care Adult Preventive Care Schedule includes: Routine Physical Exam Immunizations Routine Diagnostic Screening Screening, Mammography Routine Gynecological Exam & Pap Test	90% PRC no deductible 90% PRC after deductible 90% PRC after deductible 90% PRC no deductible 90% PRC no deductible/lifetime maximum	70% PRC after deductible 70% PRC after deductible 70% PRC after deductible 70% PRC after deductible 70% PRC no deductible/lifetime maximum
Pediatric Preventive Care Schedule includes: Routine Physical Exams Pediatric Immunizations	90% PRC no deductible 90% PRC no deductible/lifetime maximum	70% PRC after deductible 70% PRC no deductible/lifetime maximum

BENEFITS	NETWORK	OUT-OF-NETWORK
Routine Diagnostic Screening	90% PRC after deductible	70% PRC after deductible
Highmark's preventive care schedule is updated periodically based on changes in clinical practice guidelines.		
Private Duty Nursing	90% PRC after deductible 240 hours/ benefit period	70% PRC after deductible
Skilled Nursing Facility Care	90% PRC after deductible 100 days/ benefit period	70% PRC after deductible
Speech & Occupational Therapy Outpatient	90% PRC after deductible	70% PRC after deductible
12 visits/contract year per type of therapy		
Spinal Manipulations	90% PRC after deductible	70% PRC after deductible
20 visits/ benefit period		
Substance Abuse Detoxification	90% PRC after deductible	70% PRC after deductible
7 days/admission; 4 admissions/lifetime		
Substance Abuse Inpatient Rehabilitation Includes Partial Hospitalization (2 for 1 trade)	90% PRC after deductible	70% PRC after deductible
30 days/ benefit period; 90 days/lifetime		
Substance Abuse Outpatient	90% PRC after deductible	70% PRC after deductible
60 visits/ benefit period; 120 visits/lifetime		
Surgical Expenses Includes Assistant Surgery, Anesthesia, Sterilization and Reversal Procedures, Excludes Neonatal Circumcision	90% PRC after deductible	70% PRC after deductible
Therapy and Rehabilitation Services Chemotherapy, Radiation Therapy, Dialysis, Infusion Therapy, Respiratory Therapy	90% PRC after deductible	70% PRC after deductible
Transplant Services	90% PRC after deductible	70% PRC after deductible
Precertification Requirements for Inpatient Admissions 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.	Performed by Network Provider	Performed by Member
Condition Management	Case Management, Blues on Call, and Disease State Management	
Premier Prescription Drug Program 4 Defined by Premier Gold III Pharmacy Network, not the Physician Network	Retail Drugs 90% PRC after Deductible 31-day supply	Not Covered
	Maintenance Drugs through Mail Order 90% after Deductible 90-day supply	Not Covered

Certain benefits may be subject to day, visit, and/or hour limits. In connection with such benefits, all services received by a Member during a Benefit Period will reduce the remaining number of days, visits, and/or hours available under that benefit, regardless of whether the Member has satisfied his or her Deductible.

- The Plan Service Area includes all counties in Pennsylvania, except for 29 counties in western Pennsylvania. To obtain services at the maximum benefit level within the 29 western Pennsylvania counties, providers within the Highmark Managed Care Network must be used. To find a provider with the Highmark Managed Care Network, call the member services number on the back of your identification card.
- The deductible may, or may not apply to enteral formulae, pending the outcome of Pennsylvania state legislation.
- State mandated benefits (30 inpatient days and 60 outpatient visits annually) **may** apply for serious diagnosis. Serious diagnosis includes schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, obsessive-compulsive disorder, panic disorder, anorexia nervosa, bulimia nervosa and delusional disorder.
- At a retail or mail order pharmacy, you pay the entire cost for your prescription drug at the discounted rate Highmark has negotiated. Your prescription information will be submitted to Highmark to determine if your deductible has been met. If your deductible has not been met, then the amount you paid for your prescription will be applied to your deductible. If your deductible has been met, Highmark will reimburse you based on the benefit level indicated above.
- Your group's benefit period is based on a contract year. The contract year is a consecutive 12-month period beginning on your effective date.
- The individual deductible only applies for a member with individual coverage. For a member with family coverage, the family deductible must be met by one or more members of the family before benefits will be paid.
- The individual out-of-pocket limit only applies for a member with individual coverage. For a member with family coverage, the family out-of-pocket limit must be met by one or more members of the family before benefits are payable at 100%.
- Other cost sharing provisions and/or limits may apply to specific benefits, i.e., physical medicine, therapies, diagnostic services, mental health/substance abuse visits.