

GUIDING YOU TO KNOW:

- who's in the network and who's out
- what happens in an emergency
- how to find in-network providers

➤ Why choose in-network providers?

Choosing in-network providers makes your life easier because the providers file the claims for you and get any necessary approvals. Additionally, they coordinate your care so that any referrals will be kept in-network. Plus, it saves you money when you use in-network providers.

➤ Need help finding in-network providers?

- Call My Care Navigator at **1-888-258-3428** for help finding a new doctor, scheduling priority appointments, transferring medical records and understanding your Highmark plan coverage. Call toll-free, Monday to Friday, 8 a.m. to 8 p.m. EST.
- Click **Find a Doctor or Rx** at highmarkbcbs.com to search for in-network doctors, hospitals, pharmacies, eye care providers and dentists near you.
- Meet with a representative in person at one of 13 **Highmark Direct stores** throughout Pennsylvania (visit highmarkdirect.com to find a store near you).
- Meet doctors at a Highmark-hosted **Meet Dr. Right event**. These unique community events let you meet 20 – 30 local primary care and specialty physicians face to face, make a personal connection, and schedule priority appointments. Go to meet-dr-right.com to register for an event near you.

➤ Follow us on Facebook, Twitter and more

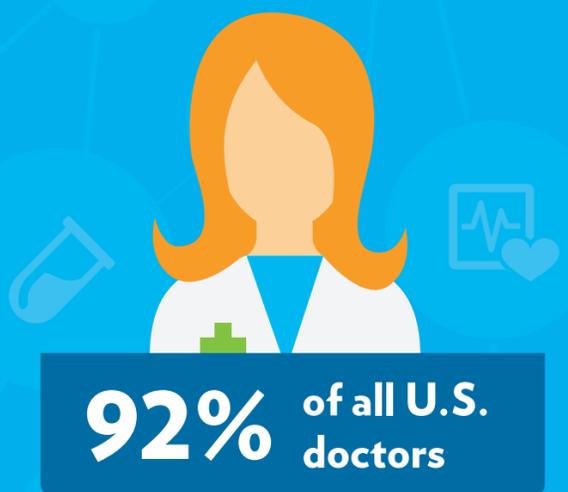
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Visit Us on Social Media.



➤ You have access to the national Blue Cross Blue Shield network, which includes more than:



➤ Including more than 1,500 health care facilities designated as Blue Distinction® centers for excellence in delivering superior outcomes in advanced specialty care.

What Is the Consent Decree?

UPMC terminated most of its commercial contracts with Highmark on December 31, 2014. The Commonwealth of Pennsylvania facilitated a Consent Decree to allow members limited access to UPMC in certain circumstances, through June 30, 2019, when the Consent Decree ends.

The specific terms of coverage will be according to the member's benefit plan and covered claims from UPMC providers may process at a lower level of benefits.

➤ Understand how and when you can access UPMC providers

Oncology/Cancer Services

Members who have been diagnosed with cancer have in-network access to all UPMC services, facilities, doctors and joint ventures for oncology covered services through June 2019. This also includes care for any illnesses/complications resulting from cancer treatment such as endocrinology, orthopedics and cardiology. (The member's physician must determine that the member should be treated by a UPMC provider who renders oncology services.)

Highmark members in the *Community Blue Flex* products and *Connect Blue* can access UPMC facilities on an in-network basis at the standard level of benefits for cancer services.

ER Access

Members who seek care at any UPMC emergency room will be covered at in-network rates, at the highest level of benefits, including any inpatient admission through discharge.

- Any related follow-up care will be covered at the level of benefits provided by your benefit plan.

Emergency room and related inpatient care is covered at the Enhanced Value Level of Benefits for *Community Blue Flex* products and at the Preferred Value Level of Benefits for *Connect Blue*. Follow up care will be at the standard level of benefits.

Access for Seniors

Highmark members (excluding *Community Blue Medicare Advantage HMO*) who are age 65 or older, and covered by or eligible for Medicare, will have access to all UPMC providers on an in-network benefit level. This in-network access also applies to CHIP and Medicaid members.

Continuation of Care

Members who were in a continuing course of treatment for a chronic or persistent condition in 2013, 2014 or 2015 (through 6/30/2016 at UPMC Mercy) with a UPMC provider or an independent provider and received care for that condition at UPMC can receive care from those providers at the in-network level of benefits through June 2019 if the care is related to your chronic or persistent condition. Routine, preventive and acute care that is received during treatment for your chronic or persistent condition will also be at the in-network level of benefits. Otherwise, routine and preventive care will not be covered on an in-network basis.

You cannot be referred to or treated by a new UPMC doctor on an in-network basis for care related to your chronic or persistent condition or other conditions you might have or develop. A "new" UPMC doctor means a doctor you have not seen in the past.

Members who were treated at UPMC or by a UPMC physician for a confirmed pregnancy in 2015 (through 6/30/2016 at UPMC Mercy) may continue to access UPMC on an in-network basis for maternity care, delivery and post-partum care related to that pregnancy.

Highmark members in the *Community Blue Flex* products and *Connect Blue* can access UPMC facilities on an in-network basis for Continuation of Care at the standard value level of benefits.

Balance Billing Protection

Out-of-network UPMC providers can only balance bill Highmark members up to the difference between the plan's payment and 60 percent of the UPMC provider's billed charges for covered services.

➤ Access to Exceptional Cancer Care

You can receive care for all types of cancer at any Allegheny Health Network (AHN) hospital and at more than 50 AHN Cancer Institute centers ... as well as at many community hospitals within the Highmark network.

AHN ranks among the best in the country for its exceptional survival rates and outcomes for every type of cancer and for implementing "best practices" in caring for cancer patients. AHN has also established a formal collaboration with the Johns Hopkins Kimmel Cancer Center for clinical collaborations, medical education and a broad range of research activities.

➤ Access for Emergency Care Anywhere

Emergency care is covered at the in-network benefit level at any hospital. That includes UPMC emergency rooms. And, if you need to be admitted to the hospital, any related inpatient care will also be covered at the in-network benefit level. Any related follow up care will be covered at the level of benefits provided by your benefit plan.

Emergency room and any related inpatient care is covered at the Enhanced Value Level of Benefits for *Community Blue Flex* products and at the Preferred Value Level of Benefits for *Connect Blue*. Follow up care will be at the standard level of benefits.

TOP QUALITY CARE

Highmark's provider network

Among top 10% in the nation in these specialties:

- Cancer care
- Cardiac care
- Cardiac surgery
- Coronary bypass surgery
- Heart attack treatment
- Gall bladder removal
- Gastrointestinal care
- General surgery
- Heart failure treatment
- Heart transplant
- Hip fracture repair
- Joint replacement
- Major bowel procedure
- Neurological care
- Organ transplants
- Orthopedic care and surgery
- Pneumonia care
- Pulmonary care
- Stroke care
- Trauma care
- Vascular surgery
- Women's health

Comparison Medical Analytics 2016

Source: Quantros CareChex 2016 National Quality Rating Database: FFY 2012, 2013 and 2014.

➤ In-network access to UPMC physicians includes:

- All UPMC physicians outside the five-county Greater Pittsburgh area (Allegheny, Beaver, Butler, Washington, Westmoreland)
- All UPMC physicians when they are practicing at any of the UPMC hospitals that continue to be in-network or at community hospitals
- All UPMC oncology providers
- All UPMC pediatricians at in-network facilities
- All UPMC behavioral health providers at in-network facilities

➤ These UPMC facilities and the physicians who practice there are in-network:

UPMC FACILITY	CONTRACT EXPIRES:
Children's Hospital of Pittsburgh of UPMC	6/30/2022
Western Psychiatric Institute and Clinic	6/30/2019
Hillman Cancer Center	6/30/2019
UPMC Altoona	6/30/2019
UPMC Bedford	6/30/2019
UPMC Hamot and its affiliate Kane Community Hospital	6/30/2019
UPMC Horizon	6/30/2019
UPMC Northwest	6/30/2019

Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, developed with input from the medical community. A Local Blue Plan may require additional criteria for facilities located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable health care. Each facility's cost of care is evaluated using data from its Local Blue Plan. Facilities in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. Blue Distinction Total Care (BDTC) providers met BDTC national criteria. National criteria for BDC, BDC+, and BDTC are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。