

**Pinnacle Select
EPO Blue Benefit Summary**

On the chart below, you'll see what your plan pays for specific services. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

Benefit	Pinnacle Facility Providers Highmark Premier Blue Physician Providers (PHO – 092, 207 and Gap List)	Highmark Facilities and Highmark Premier Blue Professional Providers (IN)
General Provisions		
Benefit Period(1)	Contract Year	
Deductible (per benefit period)	None	
Individual	None	
Family	None	
Plan Pays – payment based on the plan allowance	Facility - 100%	Facility – Not Covered
	Professional – 100%	
Out-of-Pocket Limit (Includes medical copayments). Once met, plan pays 100% for the rest of the benefit period)		
Individual	\$1,500	
Family	\$3,000	
Total Maximum Out-of-Pocket (Includes medical copayments) (2) Once met, the plan pays 100% of covered medical services for the rest of the benefit period.		
Individual	\$1,500	
Family	\$3,000	
Office/Clinic/Urgent Care Visits		
Retail Clinic Visits	100% after \$20 copayment - one copay/provider/date of service	
Primary Care Provider Office Visits	100% after \$20 copayment - one copay/provider/date of service	
Specialist Office & Virtual Visits	100% after \$40 copayment - one copay/provider/date of service	
Virtual Visit Originating Site Fee	100%	
Urgent Care Center Visits	100% after \$40 copayment - one copay/provider/date of service	
Preventive Care(3)		
Routine Adult		
Physical exams	100%	
Adult immunizations	100%	
Colorectal cancer screening	100%	
Routine gynecological exams, including a Pap Test	100%	
Mammograms, annual routine	Facility - 100%	Facility – Not Covered
Includes Tomo Breast Exams	Professional – 100%	
Mammograms, medically necessary	Facility - 100% after \$20 Copay - one copay/provider/date of service (up to the \$500 combined copayment maximum per benefit period)	Routine - Facility – Not Covered
Includes Tomo Breast Exams	Professional - 100% after \$20 copayment - one copay/provider/date of service (up to the \$500 combined copayment maximum per benefit period)	
Tomo Breast Exams – Medical Policy X-21 Pinnacle will cover the following codes under their plan design. CPT codes 77061, 77062, 77063 & HCPCS code G0279. Highmark medical policy X-21 considers these procedures experimental and investigational. Pinnacle will cover these procedures and special pricing has been created.		
Diagnostic services and procedures	Facility - 100%	Facility – Not Covered
	Professional – 100%	
Routine Pediatric		
Routine physical exams	100%	
Pediatric immunizations	100%	
Diagnostic services and procedures	Facility - 100%	Facility – Not Covered
	Professional – 100%	
Hospital and Medical/Surgical Expenses (including Maternity)		
Hospital Inpatient (8)	100% after \$500 Inpatient copay, applied once per benefit period	Not Covered
Acute Inpatient Rehab	Facility - 100%	Facility – Not Covered
	60 days/benefit period	
	Professional – 100%	
Hospital Outpatient	Facility - 100%	Facility - Not Covered
	Professional – 100%	
Maternity (non-preventive facility & professional services)	Facility - 100%	Facility - Not Covered
Includes Dependent Daughter (8)	Professional – 100%	
Medical Care (except office visits)	Facility - 100%	Facility - Not Covered

Includes Inpatient Visits and Consultations	Professional – 100%	
Surgical Expenses (except office visits) Includes Assistant Surgery, Anesthesia, Sterilization and Reversal Procedures. and Neonatal Circumcision	Facility - 100%	Facility - Not Covered
	Professional – 100%	
Emergency Services		
Emergency Room Services	100% after \$125 copayment (waived if admitted)	
Ambulance (Emergency and Non-Emergency)	Facility - 100% after \$50 copayment per trip	Facility - Not Covered
	Professional - 100% after \$50 copayment per trip	
Mental Health/Substance Abuse		
Inpatient Mental Health (7)	Covered by Quest Behavioral Health	
Inpatient Detoxification/Rehabilitation (7)		
Outpatient Mental Health (7)		
Outpatient Substance Abuse (7)		
Therapy and Rehabilitation Services		
Physical Medicine, Respiratory Therapy, Speech & Occupational Therapy	Facility - 100% after \$20 Copayment - one copay/provider/date of service (up to the \$500 combined copayment maximum per benefit period)	Facility - Not Covered
	Respiratory Therapy/Speech Therapy: Unlimited/benefit period Physical Medicine/Occupational Therapy: 20 visits/benefit period	
	Professional - 100% after \$20 copayment - one copay/provider/date of service (up to the \$500 combined copayment maximum per benefit period)	
	Professional - Unlimited visits/benefit period	
Outpatient		
Spinal Manipulations- when provided by physician (Chiropractors not covered)	Facility - 100% after \$20 Copayment - one copay/provider/date of service (up to the \$500 combined copayment maximum per benefit period)	Facility - Not Covered
	Unlimited visits/benefit period	
	Professional - 100% after \$20 copayment - one copay/provider/date of service (up to the \$500 combined copayment maximum per benefit period)	
Professional - Unlimited visits/benefit period		
Other Therapy Services - Cardiac Rehabilitation, Chemotherapy, Radiation Therapy, Dialysis and Infusion Therapy	Facility - 100%	Facility - Not Covered
	Professional – 100%	
Other Services		
Acupuncture – when performed by a physician	100% after \$20 copayment - one copay/provider/date of service	
Allergy Extracts and Injections	100%	
Autism Spectrum Disorders including Applied Behavior Analysis(4)	Facility - 100%	Facility – Not Covered
	Professional – 100%	
Assisted Fertilization Procedures (9) (\$25,000 Med/Rx Total Lifetime Maximum)	100%	Not Covered
Dental Services Related to Accidental Injury	Facility - 100%	Facility – Not Covered
	Professional – 100%	
Diabetes Treatment	Facility - 100%	Facility – Not Covered
	Professional – 100%	
Diagnostic Services Advanced Imaging (MRI, CAT, PET scan, etc.)	Facility - 100% after \$20 Copay - one copay/provider/date of service (up to the \$500 combined copayment maximum per benefit period)	Facility – Not Covered
	Professional - 100% after \$20 copayment - one copay/provider/date of service (up to the \$500 combined copayment maximum per benefit period)	
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing) BRCA Testing - Codes: 81211, 81212, 81213, 81214, 81215, 81216, 81217 should always process at the highest level (Tier 1) regardless of provider	Facility - 100% after \$20 Copay - one copay/provider/date of service (up to the \$500 combined copayment maximum per benefit period)	Facility – Not Covered
	Professional - 100% after \$20 copayment - one copay/provider/date of service (up to the \$500 combined copayment maximum per benefit period)	
Durable Medical Equipment, Orthotics and Prosthetics Wigs - \$300 lifetime limit (Chemo only)	100%	
Hearing Care Services; one hearing aid per ear, every three (3) years with a \$2,500 per ear benefit maximum	Facility - 100%	Facility – Not Covered
	Professional – 100%	
Hearing Screening	Facility - 100%	Facility – Not Covered
	Professional – 100%	

Home Health Care	100%	
	90 visits/benefit period	
Hospice (8)	100%	
Infertility Counseling, Testing and Treatment(5) (\$25,000 Med/Rx Total Lifetime Maximum)	Facility - 100%	Facility – Not Covered
	Professional – 100%	
	\$12,500 Medical lifetime maximum	
Oral Surgery	Facility - 100%	Facility – Not Covered
	Professional – 100%	
Private Duty Nursing	Facility - 100%	Facility – Not Covered
	Professional – 100%	
	240 hours per benefit period	
Routine Vision Exam	100%	
	One exam per benefit period	
Skilled Nursing Facility Care (8)	100%	
	100 days/benefit period	
Transplant Services (7)	Facility - 100%	Facility – Not Covered
	Professional – 100%	
	Covered by Optum once transplant authorized	
Precertification Requirements(6)	Yes	
Unique Benefits		
Weight Loss – Medical Policy G-24	Pinnacle Group Specific Policy Provision created to bypass medical policy G-24 limits for follow-up visits after weight loss surgery. Pinnacle Policy allows for follow-up visits after surgery for 3 months, 6 months, 12 months, then 1 per year (lifetime) to maintain their weight loss REGARDLESS if the member is morbidly obese or not.	

(1) Your group's benefit period is based on a Contract Year. The Contract Year is a consecutive 12-month period beginning on your employer's effective date. Contact your employer to determine the effective date applicable to your program.

(2) Effective with plan years beginning on or after January 1, 2017 the Network Total Maximum Out-of-Pocket as mandated by the federal government must include deductible, coinsurance, copays, and any qualified medical expenses. The combined Total Maximum Out of Pocket cannot be more than \$7,150 for individual and \$14,300 for two or more persons.

(3) Services are limited to those listed on the Highmark Blue Shield Preventive Schedule with Enhancements and Women's Health Preventive Schedule.

(4) Coverage for eligible members to age 21. Services will be paid according to the benefit category (e.g. speech therapy). Treatment for autism spectrum disorders does not reduce visit/day limits.

(5) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.

(6) Highmark Blue Shield Medical Management & Policy (MM&P) must be contacted prior to a planned inpatient admission or within 48 hours of an emergency or maternity-related inpatient admission. Be sure to verify that your provider is contacting MM&P for precertification. If this does not occur and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, you will be responsible for payment of any costs not covered.

(7) These benefits are administered through a separate vendor. For Mental Health/Substance Abuse benefits please contact Quest Behavioral Health at 1-800-364-6352. For Transplant benefits please contact Optum Health at 1-800-367-4436, extension 65934

(8) Inpatient Admission benefit level deductible must be combined with Inpatient Hospital, Maternity, Skilled Nursing Facility Care. The Inpatient Admission deductible applies to Inpatient Maternity Admissions and Inpatient Hospice Admissions, not the professional service.

(9) Applies to providers, 000796963 and 002574713

EPOC106NG/Customized

Discrimination is Against the Law

The claims administrator complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The claims administrator does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The claims administrator:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the claims administrator has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Please note that your employer – and not the claims administrator - is entirely responsible for determining member eligibility and for the design of your plan/program; including, any exclusion or limitation described in the benefit Booklet.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

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)。

CHỦ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств) (TTY: 711).

Geb Acht: Wann du Deutsch schwetzsch, kannst du en Dolmetscher griege, un iss die Hilf Koschdefrel. Kannscht du die Nummer an deinre ID Kard dahinner uffrufe (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

تنبیه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجالية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

ધ્યાન આપશો: જો તમે ગુજરાતી ભાષા બોલતા હો, તો ભાષા સહાયતા સેવાઓ, મફતમાં તમને ઉપલબ્ધ છે. તમારા ઓળખપત્રના પાછળના ભાગે આવેલા નંબર પર ફોન કરો (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ប្រការចងចាំ : បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសា ដែលអាចផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ ។ សូមទូរស័ព្ទទៅលេខដែលមាននៅលើផ្ទៃ កាន់សម្គាល់របស់លោកអ្នក (TTY: 711) ។

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. یا شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

BAA ÁKONINÍZIN: Diné k'ehgo yánilti'go, language assistance services, éi t'áá níik'eh, bee níká a'doowól, éi bee ná'ahóó'i'. ID bee nééhózingo nanitinígíí bine'déé' (TTY: 711)jí' hodíilnih.

ध्यान दें: यदि आप हिनदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवा उपलब्ध है। आपके सदस्य पहचान (ID) कार्ड के पीछे दिए गए नंबर पर फोन करें। (TTY: 711).

توجه فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ اپنے شناختی کارڈ کی پشت پر درج شدہ نمبر پر کال کریں (TTY: 711)۔

గమనిక: మీరు తెలుగు మాట్లాడితే, లాగివక అనునవనన సరవినన, ధారిత లికండా, మీకు అందుబాటులే ఉననాయే. మీ మంబర వడంబికిషన కారడం (వడి) వెనక ఉనన నంబరుకు కాలే డియండ్ (TTY: 711).

โปรดทราบ: หากพูดไทย, มีบริการช่วยเหลือด้านภาษาให้ฟรีโดยไม่คิดค่าบริการโปรด หมายเลขที่ด้านหลังบัตรประจำตัวประชาชนของคุณ (TTY: 711)

ध्यान दनुहोस्: यदि तपाईं नेपाली भाषा बोलनुहुन्छ भने, तपाईंका लागि भाषा सहायता सेवाहरू निःशुल्क उपलब्ध हुन्छन्। तपाईंको आइडी कार्डको पछाडि भागमा रहेको नम्बर (TTY: 711) मा फोन गर्नुहोस्।

Aandacht: Indien u Nederlands spreekt, is de taaladviesdienst gratis beschikbaar voor u. Bel het nummer op de achterkant van uw identificatie (ID) kaart (TTY: 711).