

## Pinnacle Select Plus PPO Blue Home Host 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	PinnacleHealth Facilities and Highmark Premier Blue Professional Providers (Tier 1) PHO	Highmark Facilities and Highmark Premier Blue Professional Providers (Tier 2) IN	Out-of-Network Facilities and Professional Providers (Tier 3) OUT
<b>General Provisions</b>			
Benefit Period(1)	Contract Year		
Deductible (per benefit period)	Cross-Accumulation		
Individual	\$300	\$900	\$1,500
Family	\$600	\$1,800	\$3,000
Plan Pays – payment based on the plan allowance	Facility - 100% after deductible	Facility - 70% after deductible	Facility - 50% after deductible
	Professional – 100% after Tier 1 deductible		Professional – 50% after deductible
Out-of-Pocket Limit (Includes coinsurance. Once met, plan pays 100% coinsurance for the rest of the benefit period.)			
Individual	None	\$3,000	\$6,000
Family	None	\$6,000	\$12,000
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period.			
Individual	\$4,000		None
Family	\$8,000		None
<b>Office/Clinic/Urgent Care Visits – one copay/provider/date of service</b>			
Retail Clinic Visits	100% after \$20 copayment	100% after \$20 copayment	50% after deductible
Primary Care Provider Office Visits	100% after \$20 copayment	100% after \$20 copayment	50% after deductible
Specialist Office & Virtual Visits	100% after \$40 copayment	100% after \$40 copayment	50% after deductible
Virtual Visit Originating Site Fee	100% after deductible	70% after deductible	50% after deductible
Urgent Care Center Visits	100% after \$40 copayment	100% after \$40 copayment	50% after deductible
<b>Preventive Care(3)</b>			
<b>Routine Adult</b>			
Physical exams	100% no deductible	100% no deductible	50% after deductible
Adult immunizations	100% no deductible	100% no deductible	50% no deductible
Colorectal cancer screening	100% no deductible	100% no deductible	50% after deductible
Routine gynecological exams, including a Pap Test	100% no deductible	100% no deductible	50% no deductible
Mammograms, annual routine and medically necessary	Routine: 100% no deductible	Routine: 100% no deductible	Routine: 50% no deductible
Includes Tomo Breast Exams	Medically necessary: 100% after deductible	Medically Necessary: 100% after Tier 1 deductible	Medically necessary: 50% after deductible
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	100% no deductible	100% no deductible	50% after deductible
<b>Routine Pediatric</b>			
Physical exams	100% no deductible	100% no deductible	50% after deductible
Pediatric immunizations	100% no deductible	100% no deductible	50% no deductible
Diagnostic services and procedures	100% no deductible	100% no deductible	50% after deductible

<b>Benefit</b>	<b>PinnacleHealth Facilities and Highmark Premier Blue Professional Providers (Tier 1) PHO</b>	<b>Highmark Facilities and Highmark Premier Blue Professional Providers (Tier 2) IN</b>	<b>Out-of-Network Facilities and Professional Providers (Tier 3) OUT</b>
<b>Emergency Services</b>			
Emergency Room Services	100% after \$125 copayment (waived if admitted)		
Ambulance (Emergency and Non-Emergency)	100% after \$50 copayment per trip	100% after \$50 copayment per trip	100% after \$50 copayment per trip
<b>Mental Health/Substance Abuse</b>			
Inpatient Mental Health (7)	Covered by Quest Behavioral Health		
Inpatient Detoxification/Rehabilitation (7)			
Outpatient Mental Health (7)			
Outpatient Substance Abuse (7)			
<b>Hospital and Medical/Surgical Expenses (including maternity)</b>			
Hospital Inpatient	100% after deductible	70% after deductible	50% after deductible
Acute Inpatient Rehabilitation	100% after deductible	70% after deductible	50% after deductible
	60 days/benefit period		
Hospital Outpatient	100% after deductible	70% after deductible	50% after deductible
Maternity (non-preventive facility & professional services) Includes Dependent Daughter	100% after deductible	Facility - 70% after deductible	50% after deductible
	Professional – 100% after Tier 1 deductible		
Medical Care (except office visits) Includes Inpatient Visits and Consultations	100% after deductible	Facility - 70% after deductible	50% after deductible
	Professional – 100% after Tier 1 deductible		
Surgical Expenses (except office visits) Includes Assistant Surgery, Anesthesia, Sterilization and Reversal Procedures and Neonatal Circumcision	100% after deductible	Facility - 70% after deductible	50% after deductible
	Professional – 100% after Tier 1 deductible		
<b>Therapy and Rehabilitation Services – one copay/provider/date of service</b>			
Physical Medicine & Occupational Therapy Outpatient	100% after \$20 copayment	100% after \$20 copayment	50% after deductible
	20 visits per therapy/benefit period		
Respiratory Therapy	100% after \$20 copayment	100% after \$20 copayment	50% after deductible
	20 visits/benefit period		
Spinal Manipulations- when provided by physician (Chiropractors not covered)	100% after \$20 copayment	100% after \$20 copayment	50% after deductible
	20 visits/benefit period		
Speech Therapy Outpatient	100% after \$20 copayment	100% after \$20 copayment	50% after deductible
	12 visits/benefit period		
Other Therapy Services - Cardiac Rehabilitation, Chemotherapy, Radiation Therapy, Dialysis and Infusion Therapy	100% after deductible	Facility - 70% after deductible	50% after deductible
	Professional – 100% after Tier 1 deductible		
<b>Other Services</b>			
Acupuncture – when performed by a physician	100% after deductible	100% after deductible	50% after deductible
Allergy Extracts and Injections	100% after deductible	100% after Tier 1 deductible	50% after deductible
Autism Spectrum Disorders including Applied Behavior Analysis(4)	100% after deductible	Facility - 70% after deductible	50% after deductible
	Professional – 100% after Tier 1 deductible		
Assisted Fertilization Procedures (\$25,000 Med/Rx Total Lifetime Maximum)	100% after deductible	70% after deductible	50% after deductible
	\$12,500 <b>Medical</b> lifetime maximum		
Dental Services Related to Accidental Injury	100% after deductible	Facility - 70% after deductible	50% after deductible
	Professional – 100% after Tier 1 deductible		
Diabetes Treatment	100% after deductible	Facility - 70% after deductible	50% after deductible
	Professional – 100% after Tier 1 deductible		

<b>Benefit</b>	<b>PinnacleHealth Facilities and Highmark Premier Blue Professional Providers (Tier 1) PHO</b>	<b>Highmark Facilities and Highmark Premier Blue Professional Providers (Tier 2) IN</b>	<b>Out-of-Network Facilities and Professional Providers (Tier 3) OUT</b>
<b>Diagnostic Services</b> Advanced Imaging (MRI, CAT, PET scan, etc.)	100% after deductible	Professional: 100% after Tier 1 deductible Facility: 70% after Tier 2 deductible	50% after deductible
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	100% after deductible	Professional: 100% after Tier 1 deductible Facility: 70% after Tier 2 deductible	50% after deductible
Durable Medical Equipment, Orthotics and Prosthetics Wigs – \$300 limit per lifetime (Chemo only)	100% after deductible	100% after Tier 1 deductible	50% after deductible
	\$15,000 annual maximum for Orthotic Devices		
Hearing Care Services; one hearing aid per ear, every three (3) years with a \$2,500 per ear benefit maximum	100% after deductible	Facility - 70% after deductible	50% after deductible
	Professional – 100% after Tier 1 deductible		
Hearing Screening	100% after deductible	Facility - 70% after deductible	50% after deductible
	Professional – 100% after Tier 1 deductible		
Home Health Care (Excludes Respite Care)	100% after deductible	100% after Tier 1 deductible	50% after deductible
	90 visits/benefit period		
Hospice (Includes Respite Care)	100% after deductible	100% after Tier 1 deductible	50% after deductible
Infertility Counseling, Testing and Treatment(5) (\$25,000 Med/Rx Total Lifetime Maximum)	100% after deductible	70% after deductible	50% after deductible
	\$12,500 Medical lifetime maximum		
Oral Surgery	100% after deductible	Facility - 70% after deductible	50% after deductible
	Professional – 100% after Tier 1 deductible		
Private Duty Nursing	100% after deductible	100% after Tier 1 deductible	50% after deductible
	240 hours per benefit period		
Routine Vision Exam	100% after deductible	100% after Tier 1 deductible	50% after deductible
	One exam per benefit period		
Skilled Nursing Facility Care	100% after deductible	100% after Tier 1 deductible	50% after deductible
	100 days/benefit period		
Transplant Services (7)	100% after deductible	Facility - 70% after deductible	50% after deductible
	Professional – 100% after Tier 1 deductible		
	Covered by Optum once member is placed on a Transplant list		
Precertification Requirements(6)	Yes		
<b>Unique Benefits</b>			
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 expense. Also included in the Total Maximum Out-of-Pocket is any prescription drug cost sharing, which is through a separate vendor. 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.

NSHOMEHOST/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）。

CHÚ 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, kannsch du en Dolmetscher griege, un iss die Hilf Koschdefrei. Kannsch du die Nummer an deine 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).

تليبه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لثوي 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 આપેલા 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៖ បើលោកអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាភាសាជំនួយផ្នែកភាសា ដែលអាចផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខដែលមាននៅលើខ្នង កាតសម្គាល់របស់របស់លោកអ្នក (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 ÁKONÍNZIN: Dinè k'ehgo yánilti'go, language assistance services, éi t'áa niik'eh, bee níka a'doowol, éi bee ná'ahóot'i'. ID bee néehózingo nanitinígíi bine'déq' (TTY: 711) jí' hodíilnih.

ध्यान दें: यदि आप हिन्दी 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, లాగివేక అసినతినన సరివినన, ధారితి లెకుండా, మీకు అందుబాటులే ఉననాయి. మీ మింబరి బదిలెవీకిషున కారిడు (బడి) వినకు ఉనన సంబుడు కాలే వీయండి (TTY: 711).

โปรดทราบ: หากพูดไทย, มีบริการช่วยเหลือด้านภาษาให้ฟรีโดยไม่มีค่าใช้จ่าย โทรไปขอ หมายเลขที่อยู่ที่ด้านหลังบัตรประจำตัวประชาชนของคุณ (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).