

Summary of Community Blue PPO Benefits Plan B

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.

SEIU Healthcare Pennsylvania Health & Welfare Plan (Plan B)

As of 07/01/2014

Benefit	Network	Out-of-Network
Deductible (See Footnote #1)		
Individual	\$350	\$500
Family	\$700	\$1,500
Payment Level/Coinsurance	90% after deductible until out-of-pocket maximum is met; then 100%	50% after deductible until out-of-pocket maximum is met; then 100%
Out-of-Pocket Maximums	\$500 Individual \$1,500 Family	\$3,000 Individual \$9,000 Family
Lifetime Maximum	Unlimited	Unlimited
Total Maximum Out of Pocket (Includes deductible, coinsurance, copays and other qualified medical expenses, Network only) Once met, plan pays 100% of covered services for the rest of the benefit period.		
Individual	\$6,350	NA
Family	\$12,700	
Physician Office Visits	100% after \$20 copayment	50% after deductible
Preventive Care		
Adult		
Routine physical exams	100% (deductible does not apply)	Not Covered
Adult immunizations	100% (deductible does not apply)	50% after deductible
Routine gynecological exams, including a PAP Test	100% (deductible does not apply)	50% (deductible does not apply)
Mammograms, as required	100% (deductible does not apply)	50% after deductible
Diagnostic services and procedures	100% (deductible does not apply)	50% after deductible
Pediatric		
Routine physical exams	100% (deductible does not apply)	Not Covered
Pediatric immunizations	100% (deductible does not apply)	50% (deductible does not apply)
Emergency Room Services	90% after deductible after \$100 copayment (waived if admitted)	
Ambulance	90% after in-network deductible	50% after deductible
Hospital Expenses		
Inpatient	90% after deductible	50% after deductible
Outpatient	90% after deductible	50% after deductible
Maternity	90% after deductible	50% after deductible
Infertility Counseling, Testing and Treatment (See Footnote #2)	90% after deductible	50% after deductible
Assisted Fertilization Procedures	Not Covered	
Medical/Surgical Expenses (Except Office Visits)	90% after deductible	50% after deductible
Spinal Manipulations	90% after deductible	50% after deductible Limit: 20 visits/calendar year
Diagnostic Services (Lab, X-Ray and other tests)	90% after deductible	50% after deductible

Benefit	Network	Out-of-Network
Physical Medicine	90% after deductible	50% after deductible
Speech Therapy	90% after deductible	50% after deductible
Occupational Therapy	90% after deductible	50% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	90% after deductible	50% after deductible
Skilled Nursing Facility Care	90% after deductible	50% after deductible
Home Health Care	90% after deductible	50% after deductible
Private Duty Nursing	90% after deductible	50% after deductible
Hospice	90% after deductible	50% after deductible
Mental Health		
Inpatient	90% after deductible	50% after deductible
Outpatient	90% after deductible	50% after deductible
Substance Abuse (PA Mandated Benefit)		
<i>Inpatient</i>		
Detoxification	90% after deductible	50% after deductible
Rehabilitation	90% after deductible	50% after deductible
<i>Outpatient</i>	90% after deductible	50% after deductible
Precertification Requirements	Performed by Provider	Performed by Member (See Footnote #3)

QUESTIONS? Call 1-800-215-7865

Footnotes:

- (1) For Plan Years 2014 and 2015, if the wellness program criterion is met by October 31 of the preceding Plan Year then the in network deductible will be \$0 for individual and \$0 for family.
- (2) 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 groups' prescription drug program.
- (3) Member is required to contact Highmark Health Care Management Services prior to a planned inpatient admission or within 48 hours of an emergency or maternity—related admission. If this does not occur and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, the patient will be responsible for payment of any costs not covered.