BLUE COVERAGE TO MEET YOUR NEEDS

GET THE QUALITY YOU EXPECT WITH EPO BLUE
YOU’RE LIKELY TO PREFER EPO BLUE
FIND OUT WHY

**Freedom to make your own health care decisions** by being able to go to the network physician or hospital of your choice and still enjoy benefits for eligible services.

**Convenient care** with no requirement for physician referrals.

**Access to thousands of primary care physicians and specialists** in the local Blue Plan Preferred-Provider Organization (PPO) provider network.

**Benefits coverage for preventive care** services that can help keep you in charge of your health.

**Blue Plan discounts** to reduce your out-of-pocket care costs.

**Total support no matter what your health status** including an exceptional range of health education offerings, online tools to help you make appropriate, informed care choices and 24-hour access to confidential health information and care decision support.

**The assurance no matter where you travel** across the state and around the world, you have access to covered care.

Your *EPO Blue* coverage may be issued or administered by Highmark Blue Cross Blue Shield or Highmark Health Insurance Company, a wholly-owned subsidiary of Highmark Inc. Highmark Blue Cross Blue Shield Blue Shield and Highmark Health Insurance Company are independent licensees of the Blue Cross and Blue Shield Association.
WHAT KIND OF HEALTH CARE PROGRAM IS EPO BLUE?

_EPO Blue_ is an Exclusive Provider Organization (EPO) that provides you with coverage for a wide range of services when they are received from network providers and facilities. Except for emergencies, there are no benefits payable under this program for services received from non-network providers.

_EPO Blue_ gives you access to thousands of primary care physicians and specialists in the local Blue Plan PPO network wherever you work or live, and you have comprehensive benefits, so you can feel confident that your care will be covered. You’re covered for physician services, specialty care, hospital services and more. While you never need a referral from a primary care physician, it’s a good idea to choose a doctor to become your “family doctor” – to provide your primary care. He or she will have your health history and will therefore, be better able to coordinate your medications and treatments.

When you receive health care within the local Blue Plan PPO network, you enjoy maximum coverage and maximum convenience. You present your identification (ID) card to the provider who submits your claim to the local Blue Cross and Blue Shield plan. The local plan works with Highmark to ensure prompt and accurate claims payment.

To locate a network provider near you, or to learn whether your current physician is in the network, go to [www.highmarkbcbs.com](http://www.highmarkbcbs.com) and click on “Find a doctor, hospital or other medical provider.”

**PLEASE NOTE:** All inpatient hospital care (except maternity care) must be precertified to assure it is covered. A toll-free precertification phone number is included on the ID card you will receive after you enroll to make this precertification convenient.

Some programs require members to precertify other services, so please refer to the specific coverage information you will receive after you enroll.
BLUE DISTINCTION®: THE SIGN OF QUALITY SPECIALTY CARE

If you’re facing a serious medical procedure or surgery, look for the Blue Distinction designation of quality. The Blue Cross and Blue Shield Association awards the Blue Distinction designation to hospitals that deliver superior outcomes for high-risk, high-cost procedures, such as cardiac care, complex/rare cancers, knee/hip replacements, spine surgery and transplants.

Blue Distinction Centers are available nationwide, so you can find quality care wherever you live, work or travel.

To find a Blue Distinction Center, use the online address or Member Service number found on the back of your Member ID card, or go to www.bcbs.com/bluedistinction/bdcfinder.

NOTE: Designation as Blue Distinction Centers® means these facilities’ overall experience and aggregate data met objective criteria established in collaboration with expert clinicians’ and leading professional organizations’ recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facilities, please contact your local Blue Cross and/or Blue Shield Plan; and call your provider before making an appointment, to verify the most current information on its Network participation and Blue distinction status. Neither Blue Cross and Blue Shield Association nor any of its Licensees are responsible for any damages, losses, or non-covered charges that may result from using Blue Distinction or other provider finder information or receiving care from a Blue Distinction or other provider. To find out more, contact your local Blue Plan.

Blue Distinction is registered service mark of the Blue Cross and Blue Shield Association.
YOU GET A RANGE OF COVERED CARE

_EPO Blue_ provides comprehensive health care coverage. You’re covered for everything from sick care to inpatient and outpatient hospital care. The following are some of your coverage highlights:

**Preventive Care**
This vital care can help you stay on top of your medical needs and establish a healthy lifestyle. That’s why we encourage members to take advantage of the _EPO Blue_’s excellent preventive care benefits. Women are also covered for routine gynecological exams and Pap tests. Refer to your _Summary of Benefits_ for the specifics on your coverage.

**Emergency Care**
More than anything, you want the reassurance of knowing that you’re covered when you need care most. _EPO Blue_ covers emergency care received within or outside the PPO provider network. Emergency care received at an out-of-network provider is covered at the network level. This flexibility is critical when you need care immediately. So in true emergency situations when you must be treated immediately, go directly to your nearest hospital emergency room or urgent care center, or call “911” or your area’s emergency number.

_You should use emergency services only when appropriate._ In some situations, such as strains or sprains, fevers and sore throats, it may make sense to contact a network doctor, go to the nearest urgent care center or go to your local network retail health clinic (typically found in pharmacies).

**Prescription Drug Program**
If your program includes prescription drugs, your prescriptions are covered when purchased through our large network of participating pharmacies. This network includes major pharmacy chains and independent drug stores, so you’re sure to find a location that’s convenient for you.

It’s easy to purchase your prescription drugs. Just take your prescription to any network pharmacy, and they’ll tell you how much you need to pay. In most cases, you’ll save money by choosing a generic drug instead of a brand name drug. Your prescription drug benefit also includes quality control services to ensure that your use of prescription drugs is both safe and effective. You can also have your long-term medications (those taken for three months or more) delivered to your home or office through the Medco mail order pharmacy. Refer to your _Summary of Benefits_ for your program’s specific prescription drug program.

**Please note:** Some services are not covered under this program. You may be financially responsible for total payment to the provider for any services not covered by your program. Please refer to the information that you will receive after you enroll for a detailed list of services covered and not covered under your program.
Worldwide Care
It’s reassuring to know that no matter where you travel, you are covered for your critical and urgent care. **EPO Blue** provides all of the services of the **BlueCard Worldwide® Program**. These services include access to a worldwide network of care providers. Medical assistance services are included as well. You access these services by calling 1-800-810-BLUE. Remember, the Cross and Shield symbols on your ID card are recognized around the world – that’s important protection.
YOU GET SERVICE & SUPPORT WHENEVER YOU NEED IT

Make the most of your health coverage and make strides towards real health improvement! Take advantage of the many tools and resources available to you.

MAKE INFORMED CARE DECISIONS AND LIVE A HEALTHY LIFESTYLE: GET THE INFORMATION YOU NEED ONLINE OR BY PHONE

WebMD®
Begin by logging into www.highmarkbcbs.com.

Enjoy a healthier lifestyle with resources powered by WebMD, a trusted name in online health and wellness.

- **Wellness Profile** – Take a few minutes to take this comprehensive health assessment on your member website. This confidential questionnaire covers all aspects of your health, including nutrition, weight management, physical activity, stress, injury prevention, skin protection, immunizations, and health measures such as blood pressure and cholesterol. Data from the profile is used to generate a personalized action plan that helps you to identify areas in need of health improvement and includes online health and wellness programs and activities.

- **Health and Wellness Programs** – You have a wide selection of online programs to help you lead a healthy lifestyle. Check out all your available programs to help you eat healthy, get active, manage stress, lose weight, and quit smoking. And if you have a chronic health condition, such as asthma and diabetes, there are programs to help you better manage all aspects of your condition.

- **Health Education Tools** – You have thousands of online educational resources! You can look up articles on health conditions, surgeries, procedures, medications and more. You can review care treatment options, check out a comprehensive health library and connect to recent health news articles.
• **Compare Costs and Save** – The Care Cost Estimator lets you compare prices and quality for different health care providers. You can research 359 procedures, including inpatient, outpatient, surgical, laboratory and diagnostics. Do side-by-side comparisons for quality ratings, convenience and cost-effectiveness.

The cost estimates include all services related to a procedure – like a physician fees, supplies and medications. It uses your own specific coverage to calculate what your out-of-pocket costs will be. Your own deductible, coinsurance and copay amounts are taken into account.

Other online health tools help you make informed health care decisions. With reliable cost and quality information, they are easy to find and simple to understand.

• **Personal Health Record** pulls together your history of health conditions, office visits, procedures, tests, medications and immunizations in one location.

• **Compare Prescription Costs** shows you how to save money by using generics.

• **The Provider Directory** helps you select health care professionals based on their quality, experience, location and more.

• **Patient Experience Ratings** let you see how other people rate doctors and medical facilities.

• **Online Plan Activity Statement** combines the claims information with spending account information into one, user-friendly document.

• Coming in 2014, an interactive, online experience that consolidates medical, dental, vision and pharmacy activity and spending account summaries. Everything is in one place on the member website, making it easy to track claims and medical spending.

• **Member Discounts** – As a member, you’ll enjoy discounts on a wide range of health-related products and services, fitness club memberships, plus over-the-counter medications. You can save money on diet programs, and even wellness therapies. Just log onto your member website for all the details.

• **Not Yet Registered on your Member Website?**
  If you are not yet registered on your member website, take a few minutes to establish your password and register online.

• **Want to “Go Mobile”?**
  If you have a web-enabled phone you can access many of the same online features via phone. Use the same registration process and the same member ID and password. Just type [www.highmarkbcbs.com](http://www.highmarkbcbs.com) in your mobile browser to be directed to the site.
If you are pregnant, you’ll want to join the free Baby Blueprints® Maternity Education and Support Program. Enrolling in Baby Blueprints gives you access to online information on all aspects of pregnancy and childbirth. And you’ll receive individualized support from a nurse Health Coach throughout your pregnancy and after your child is born. To enroll in Baby Blueprints, just call toll-free 1-866-918-5267.

Tell us more about you!
As part of your health care coverage, you’re eligible for lots of “extras” to help you make sure you get all the information you need – in the way you prefer – by telling us about your preferences and other important member and family information. Go to www.highmarkbcbs.com to tell us which phone number is best for us to call, and give us your preferences for other communications. If you need special help, because English is not your native language or you belong to a racial, ethnic or cultural group that has not always received the appropriate quality of care, let us know.

The race, ethnicity and language information you provide won’t affect your benefits or coverage, how much you pay or how we pay your claims. We are committed to protecting your personal information and handling it with respect and integrity. Providing this information is voluntary, but we encourage you to consider helping us help you to take charge of your health.
ENGLISH
If you need benefit information in a language other than English or someone to interpret, we’re here to help! If you are a member, call the number on the back of your identification card. The language assistance services are free. A printed copy is available for request.

FRENCH
Si vous avez besoin d’informations concernant les prestations dans une langue autre que l’anglais ou si vous souhaitez faire appel à un interprète, nous sommes là pour vous aider ! Si vous êtes membre, veuillez composer le numéro de téléphone qui figure au dos de votre carte d’identification. Les services d’aide linguistique sont gratuits. Une copie imprimée est disponible sur demande.

ARABIC
إذا كنت بحاجة إلى معلومات عن منافعك بلغة غير الإنجليزية أو كنت بحاجة إلى شخص يقوم بالترجمة، نحن هنا للمساعدة! إذا كنت عضوا، اتصل بالرقم الموجود على ظهر بطاقة هوتنك. تقدم خدمات المساعدة اللغوية مجانا. توجد نسخة مطبوعة متاحة عند الطلب.

GERMAN
Wenn Sie Informationen über die Versicherungsleistungen in anderen Sprachen als Englisch wünschen oder einen Dolmetscher benötigen, helfen wir Ihnen gerne weiter! Mitglieder rufen die auf der Rückseite der Ausweiskarte aufgeführte Telefonnummer an. Die Übersetzungsdienste stehen kostenlos zur Verfügung. Eine gedruckte Ausfertigung ist auf Anfrage erhältlich.

GREEK
Εάν χρειάζεστε πληροφορίες για παροχές ασφάλισης σε μια άλλη γλώσσα εκτός από τα αγγλικά, ή χρειάζεσθε διερμηνέα, είμαστε εδώ να σας εξυπηρετήσουμε! Εάν είστε μέλος, καλέστε τον αριθμό που βρίσκεται στο πίσω μέρος της κάρτας συνδρομής σας. Οι υπηρεσίες γλωσσικής υποστήριξης είναι δωρεάν. Διατίθενται σε έντυπη μορφή κατόπιν αιτήματος.

GUJARATI
જો તમને હાલે સંબંધિત માહિતી અંગે સિવાય લોક્યચી કોઈ ભાષામાં જોઈતી હોય અથવા કોઈ વ્યક્તિ તમને માહિતીનું અર્થધરતન કરી આપે તેવું દર્શાવતા હો, તો અમે મદદ થવા અથવા અહી હજુર છીએ! જો તમે સખ્ત હો, તો તમારા ઓફિશિયલ પન્ને (આઇ.ડી. કાર્ડની) પાછળ આપેલ નંબર પર કોન કરો. ભાષા સહાય સેવાઓ મદદ આપવામાં આવે છે. વ્યક્તિ કરવાધી છે. અણેલી નકલ ઉપલંધ છે.
HINDI
यदि आपको लाभों के संबंध में जानकारी अंग्रेजी के अलावा किसी अन्य भाषा में चाहिए या समझाने के लिए कोई व्यक्ति चाहिए, तो हम आपकी सेवा में उपस्थित हैं! यदि आप एक सदस्य हैं तो अपने पहचान-पत्र के पीछे दिए गए नंबर पर फोन करें। भाषा सहायता सेवा निशुल्क दी जाती हैं। अनुरोध करने पर छपी हुई प्रति उपलब्ध है।

KOREAN
보험혜택에 관한 정보를 한국어로 받고 싶으시거나 설명이 필요하시면, 저희들이 도와드리겠습니다! 이미 가입하신 분은 보험 카드 뒷 면에 있는 번호로 전화하십시오. 통역 서비스는 무료입니다. 요청하신 분에게는 인쇄본을 보내드립니다.

POLISH
Jeżeli potrzebujesz informacji o świadczeniach w języku innym niż angielski, lub potrzebujesz tłumacza, chętnie Ci pomожemy! Jeżeli jesteś członkiem, zadzwoń pod numer wskazany na odwrocie swojej karty identyfikacyjnej. Usługi dotyczące pomocy językowej są bezpłatne. Wersja papierowa dostępna jest na żądanie.

PORTUGUESE
Se necessita de informações sobre os benefícios noutro idioma, que não inglês, ou de um intérprete, estamos aqui para o ajudar! Se já é membro, telefone para o número no verso do seu cartão de identificação. Os serviços de assistência de idiomas são gratuitos. Está disponível uma cópia impressa a pedido.

TAGALOG/FILIPINO
Kung kailangan mo ng impormasyon sa benepisyo sa anumang wika maliban sa Ingles o kung kailangan mo ng tigasalin ng wika, narito kami para tumulong! Kung ikaw ay isang miyembro, tumawag sa numero sa likuran ng iyong card ng pagkikilanlan. Ang mga serbisyo sa tulong sa wika ay libre. Maaaring makakuha ng naka-print na kopya kapag hiniling.

SPANISH
Si necesita información en español sobre beneficios o alguien que le sirva de intérprete, estaremos para ayudarle. Si es un miembro, llame al número que se encuentra al reverso de su tarjeta de identificación. Los servicios de asistencia de idioma son gratuitos. Una copia impresa está disponible a petición.

CHINESE MANDARIN
如果您需要索取中文福利信息或者需要有人为您翻译，我们可以帮助您！如果您是会员，请拨您的会员卡背面的电话号码。语言协助服务免费。如您需要福利小册，请跟我们索取。
ITALIAN
Se avete bisogno di informazioni in italiano o di qualcuno che vi faccia da interprete, siamo qui per aiutarvi! Se siete soci, chiamate il numero sul retro della vostra tessera identificativa. I servizi di assistenza linguistica sono gratuiti. Una copia stampata è disponibile su richiesta.

RUSSIAN
Если Вам необходима информация на русском языке о льготах или нужна помощь переводчика, то мы Вам поможем! Если Вы уже являетесь участником нашей программы, позвоните по номеру телефона, приведенному на обороте Вашей идентификационной карточки участника. Услуги языковой помощи бесплатны. Письменный экземпляр предоставляется по запросу.

VIETNAMESE
Nếu quý vị cần thông tin về quyền lợi bằng tiếng Việt hoặc cần một người thông dịch, chúng tôi có mặt để giúp quý vị! Nếu quý vị là hội viên, hãy gọi số ghi ở phía sau thẻ ID của quý vị. Dịch vụ hỗ trợ ngôn ngữ là miễn phí. Có sẵn bản in nếu yêu cầu.

THAI
หากคุณต้องการรับประโยชน์จากข้อมูลในภาษามิตรกิ้นนอกเหนือจากภาษาย่อมต้องการที่จะได้รับให้เข้าถึงครับ! หากคุณเป็นสมาชิก โปรดโทรศัพท์ไปตามเลขหมายที่อยู่ด้านหลังของบัตรประจำตัวของคุณ บริการช่วยเหลือด้านภาษาเป็นบริการฟรี ส่งเสริมให้เข้าถึงบริการดังกล่าวได้เมื่อต้องการ.

JAPANESE
あなたが英語以外の言語で記載されている給付情報が必要な場合、または誰かに通訳をしてもらう必要がある場合、私たちがお手伝いできます！あなたがメンバーである場合、あなたのIDカードの裏に記載されている番号までお電話をかけてください。言語支援サービスは無料です。印刷されたコピーは、要求に応じて提供されています。

URDU
اگر آپ کو نئی اطلاعات یا خدمات بیان کررہے ہوں یا اس کے لئے ایک شخص کو نتیجہ کی ضرورت ہے تو، تم مدد کی لئی موجود ہیں! اگر آپ متعدد تجویزات بین تو، آپ نعتیہ کارڈ کی یک بھڑکی بر مبین کریں، زبان سے بیان متعلق مدد کی خدمات مفت ہوں، درخواست کریں، بر ایک چھوٹی بونی گپتی، دستیاب ہے.
ADDITIONAL IMPORTANT INFORMATION

DETERMINING YOUR CARE COVERAGE

For benefits to be paid under your program, services and supplies must be considered “Medically Necessary and Appropriate.”

Medical Management + Policy (MM&P) is responsible for determining that care is medically necessary and provided in the appropriate setting.

MM&P will review your care to assure it is “medically necessary and appropriate,” that is:

- in accordance with generally accepted standards of medical practice;
- clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient’s illness, injury or disease; and
- not primarily for the convenience of the patient, physician, or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.

HOW WE PROTECT YOUR RIGHT TO CONFIDENTIALITY

We have established policies and procedures to protect the privacy of our members’ protected health information from unauthorized or improper use.

As permitted by law, we may use or disclose protected health information for treatment, payment and health care operations, such as: claims management, routine audits, coordination of care, quality assessment and measurement, case management, utilization review, performance measurement, customer service, credentialing, medical review and underwriting. With the use of measurement data, we are able to manage members’ health care needs, even targeting certain individuals for quality improvement programs, such as health, wellness and disease management programs.

If we ever use your protected health information for non-routine uses, we will ask you to give us your permission by signing a special authorization form, except with regard to court orders and subpoenas. You have the right to access the information your doctor has been keeping in your medical records and any such request should be directed first to your network physician.

You have the right to access the information your doctor has been keeping in your medical records and any such request should be directed first to your network physician.
You benefit from the many safeguards we have in place to protect the use of data we maintain. This includes requiring our employees to sign statements in which they agree to protect your confidentiality, using computer passwords to limit access to your protected health information, and including confidentiality language in our contracts with doctors, hospitals, vendors and other health care providers.

We provide aggregate information to employer groups whenever possible. In those instances where protected health information is required, the employer group will be required to sign an agreement before the information is released.

Our Privacy Department reviews and approves policies regarding the handling of confidential information.

Recognizing that you have a right to privacy in all settings, we even inspect the privacy of examination rooms when we conduct on-site visits to doctors’ offices. It’s all part of assuring that your protected health information is kept confidential.
MEMBER RIGHTS & RESPONSIBILITIES

You have the right to:

1. Receive information about Highmark Blue Cross Blue Shield, its products and services, and members’ rights and responsibilities.
2. Be treated with respect and recognition of your dignity and right to privacy.
3. Participate with practitioners in decision making regarding your health care. This includes the right to be informed of your diagnosis and treatment plan in terms that you understand and participate in decisions about your care.
4. Have a candid discussion of appropriate and/or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage.
5. Voice a complaint or appeal about your Plan or the care provided, and receive a reply within a reasonable period of time.
6. Make recommendations regarding the Members’ Rights and Responsibilities policies.

You have the responsibility to:

1. Supply to the extent possible, information that the organization needs in order to make care available to you, and that its practitioners and providers need in order to care for you.
2. Follow the plans and instructions for care that you have agreed on with your practitioners.
3. Communicate openly with the physician you choose. Ask questions and make sure you understand the explanations and instructions you are given, and participate in developing mutually agreed upon treatment goals. Develop a relationship with your doctor based on trust and cooperation.

Blue Cross, Blue Shield, BlueCard, BlueCard Worldwide, Baby Blueprints and the Cross and Shield symbols are registered services marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

EPO Blue is a service mark of the Blue Cross and Blue Shield Association.

Highmark is a registered service mark of Highmark Inc.

(01/14)