MORE THAN JUST COVERAGE

GET A HEALTHY ADVANTAGE WITH PPO BLUE
YOUR COVERAGE OFFERS MORE:

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

Convenient care with no requirement for physician referrals.

Access to the area’s largest provider network with thousands of primary care physicians and specialists.

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

Your PPO Blue coverage may be issued or administered by Highmark Blue Cross Blue Shield or Highmark Health Insurance Company, a wholly-owned subsidiary of Highmark Health Services. Highmark Blue Cross Blue Shield and Highmark Health Insurance Company are independent licensees of the Blue Cross and Blue Shield Association.
ENJOY THE ADVANTAGES OF PPO BLUE COVERAGE

PPO Blue gives you access to a large network of providers.

- You can receive care from the network provider of your choice. PPO Blue does not require that you select a primary care provider to receive covered care. Instead, it gives you access to a large network of physicians, hospitals and other providers. For a higher level of benefits coverage, you must receive care from a network provider.

- To locate a network provider near you, or to learn whether your current physician is in the PPO Blue network, go to www.highmarkbcbs.com and click on the “Find a doctor, hospital or other medical provider.” You can also call myCare Navigator at 1-888-BLUE-428.

PPO Blue gives you control over your care.

- PPO Blue puts you in charge and gives you control over your care. You decide who provides your care. And you determine the level of coverage you receive. That means, for most services, you can receive care from an out-of-network provider and still be covered. However, services will be reimbursed at a lower benefit level.

No referrals needed.

- PPO Blue does not require you or your dependents to choose or receive initial care through a primary care physician. Instead, you can decide for yourself where to obtain care. 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 be better able to coordinate medications and treatments since he or she will have your health history.
HOW YOUR PPO BLUE PROGRAM WORKS

**PPO Blue** lets you get the medically necessary and appropriate care you want from the provider you select. When you or a covered family member needs medical care, you can choose between two levels of health care services: Network or Out-of-Network.

**Network Care is care you receive from providers in the PPO Blue network.**

This network includes primary care providers and a range of specialists, as well as hospitals and a variety of treatment facilities.

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

**Out-of-Network Care is care you receive from providers who are not in the PPO Blue network.**

Even when you do not go to a network provider, you will still be covered for most eligible services. In these instances, you will be covered at your program’s lower level of benefits. Refer to your Summary of Benefits for your program’s specific coverage.

You may also be responsible for paying any difference between the provider’s actual charge and the plan’s allowed amount.

When you receive care from an out-of-network provider, coverage is paid at the lower level – even if you were directed to the out-of-network provider by a network provider. That’s why it is important, in all cases, to check to see that your provider is in the network before you receive care.

Finally, you may need to file your own claims and obtain precertification for inpatient care.

**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.
YOU GET A RANGE OF COVERED CARE

_PPO 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 _PPO 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. _PPO Blue_ covers emergency care received within or outside the _PPO Blue_ 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).

Mental Health & Substance Abuse Care
_PPO Blue_ also provides coverage for a range of mental health and substance abuse services, including counseling and treatment services. To assure members get responsive, appropriate care, the program offers a choice of mental health and substance abuse professional providers, so you can get the level and type of care appropriate to your situation. Note: _Inpatient mental health and substance abuse care must be precertified to assure it is covered._

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.
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.

Worldwide Care
It’s reassuring to know that no matter where you travel, you are covered for your critical and urgent care. Your PPO Blue program 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.
**Terms That You Should Know**

*To understand your program, you should understand these program and coverage terms.*

**Allowed Amount** -- The maximum amount on which payment is based for covered health care services.

**Coinsurance** -- The percentage of the allowed amount for covered services that the plan pays. You pay the remaining percentage.

**Copayment** -- The fixed dollar amount you pay for certain covered services, usually when you receive the service.

**Deductible** -- The amount you are responsible to pay each benefit period for covered health care services before your health plan begins to pay.

**Network Care** -- Care that you receive from facilities, providers and suppliers your health plan has contracted with to provide health care services.

**Out-of-Network Care** -- Care that you receive from providers who do not have a contract with your health plan to provide health care services. This care is usually covered at the lower level of benefits.

**Out-of-Pocket Limit** -- The most you pay during a benefit period (usually a year) before your plan begins to pay 100% of the allowed amount. The out-of-pocket limit usually does not include copayments, deductibles, prescription drug expenses or amounts over the allowed amount.

**Retail Clinic** -- A small retail-based clinic that provides basic and preventive health care services seven days a week, including evenings and weekends. These centers are typically located in drug stores and are generally staffed by Certified Registered Nurse Practitioners who diagnose and treat common health problems, such as colds, the flu or rashes.

**Urgent Care Center** -- A freestanding, full-service, walk-in health care clinic that is open 12 hours a day, Monday through Friday and eight hours each on Saturday and Sunday with no appointment required. Urgent Care Centers are generally staffed by physicians and provide the same services as a family or primary medical care physician, such as treatment of minor illnesses and injuries, physicals and immunizations as well as some common testing services, including x-rays and blood tests.
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.

**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.

Call 1-888-BLUE-428 (1-888-258-3428) to take advantage of:

**Blues On CallSM**

One toll-free phone call connects you to all kinds of health information and support. This dedicated member service puts you in touch with a specially-trained Health Coach who can discuss, in confidence, any health topic that concerns you – a rash, an earache, a recent diagnosis, medications, a schedule medicine test or surgery. If you are caring for children or a senior citizen, the Health Coach can help you with questions about their care. Maybe you have an appointment to see your doctor and aren’t sure what questions to ask. Your Health Coach can help.

You don’t have to be ill to talk to your Health Coach. You can learn about available programs and resources that address all aspects of health and wellness, including stress management, personal nutrition, weight management, physical activities and more…to help you stay healthy and active.

Best of all, once you’ve established a relationship with your Health Coach, she or he is then familiar with your concerns or health conditions. Of course, you can always speak with any Health Coach at any time. Blues On Call knows how hectic your daily schedule can be, so Health Coaches are available when you have the time, early in the morning or late at night, 24 hours a day, as often as you want.

**myCare NavigatorSM**

Navigating the health care system shouldn’t be like walking through a maze, getting caught in endless twists, turns and dead ends. It shouldn’t take multiple phone calls and tons of paperwork for you to get the care services you need. It should be a lot quicker and easier. Now it is! You and your family members have a built-in guide who can navigate the ins and outs of the health system for you. Getting your care questions answered and problems solved is as easy as dialing 1-888-BLUE-428 and waiting for the myCare Navigator prompt.
Through myCare Navigator, you can:

- Locate a convenient health care provider
- Have a prompt appointment scheduled
- Learn about wellness services such as eldercare or special needs care
- Understand your prescription drug coverage
- Learn how to better manage your care costs

**IF YOU ARE PREGNANT, ENROLL IN BABY BLUEPRINTS®**

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.

**MEMBER SERVICE**

**Call the toll-free number on the back of your ID card to get questions answered, any time you need help.**

Our Member Service Representatives are ready to help you understand your claims or coverage. Please collect all relevant data before you call, including your member ID number, claim number, date of service, bills and Explanation of Benefits form. We can also determine if a treatment is covered by your plan and what your out-of-pocket costs will be. Just get the name of the procedure and diagnosis code from your doctor before you call.

*WebMD Health Services is a registered trademark of WebMD, LLC., an independent and separate company that supports your health plan online wellness services. WebMD Health Services is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis or treatment. WebMD Health Services does not endorse any specific product, service or treatment.*
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.
If you need information about benefits in a language other than English, or if you need help understanding, we can help! If you are already a member, please call the number on the back of your membership card. Language assistance services are free. A printed copy is available upon request.
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 của quý vị. Dịch vụ hỗ trợ ngôn ngữ là miễn phí. Có sẵn bản in nếu yêu cầu.

THAI
หากคุณต้องการรับประโยชน์จากข้อมูลในภาษาอื่นนอกจากภาษาไทยหรือต้องการผู้ที่จะตีความให้ เราอยู่ที่นี่แล้วเพื่อช่วยคุณ! หากคุณเป็นสมาชิก โปรดโทรศัพท์ไปตามหมายเลขที่อยู่ด้านหลังของบัตรประจำตัวของคุณ บริการช่วยเหลือต้นทางนี้เป็นบริการฟรี ส่งงานแนบพิมพ์ออกให้ได้เมื่อเร็วที่สุด

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 بچھت (وظیفہ) سے متعلق معلومات انگریزی کی علاوہ کسی دوسرا یا اسے سمجھیے کے لئے کسی شخص کی ضرورت ہے تو، مدد کے لئے موجودہ مالی کارکان کی آپ کو معاہدہ بنو اور بالینی سی کے اپنے بھت بھت کی خدمات مفت ہے۔ درخواست کریں یا ایک جھیلی بنی۔
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.

CARE & CASE MANAGEMENT

Care Management Process
Recognizing each member has different needs at different times, Care Management represents an integrated, comprehensive approach to providing care support and assuring care is responsive and appropriate. Services listed below are part of a total care management program:

- **Pre-certification Review**, which begins once treatment information is received, is designed to:
  - verify member eligibility for services and benefits;
  - assess medical necessity and appropriateness of care;
  - establish care is being rendered at an appropriate site by an appropriate provider;
  - initiate alternative levels of care when feasible;
  - identify members who will benefit from case management or condition management.
• **Concurrent Review**, which may occur during the course of ongoing treatment, is designed to:
  o evaluate a member’s current medical status to determine need for service continuation;
  o evaluate appropriate level of care for treatment;
  o identify any potential quality of care concerns;
  o identify situations that require a physician consultation;
  o identify cases that may benefit from case management or condition management;
  o update and/or revise the discharge plan.

• **Discharge Planning**, an integral part of the inpatient review process, often begins prior to a scheduled admission and continues throughout the course of treatment to:
  o promote, when appropriate, the use of alternative levels of care;
  o arrange for the provision of care in an appropriate setting;
  o provide early identification of members who may benefit from case management or condition management programs;
  o collaboratively develop and implement appropriate discharge plans.

• **Retrospective Review**, the process of assessing the appropriateness of medical services after the services have been provided, is based solely on the medical information available to the attending physician or ordering provider.

**Case Management**
Case Management helps members to better navigate the health care system and make more informed care decisions:

• **Outreach Case Management** focuses on addressing gaps and/or barriers to care either prior to an inpatient admission or following discharge from a hospital. The case manager educates members on care coordination, support systems, medication knowledge, health and wellness, and on understanding and managing their condition.

• **Intensive Case Management** supports members who may have experienced a serious injury or illness. The case manager collaborates with members, their families, significant others and providers to assess, plan, implement, coordinate, monitor and evaluate the options and services required to meet an individual’s health needs using assessment tools, education and community resources.
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 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.
NON-COVERED SERVICES

Some services are not covered under program. **Those services include, but are not limited to, those listed below.** Covered and non-covered services may vary by program. Please keep in mind that you could be financially responsible for total payment to the provider for any services not covered by your program. For additional information, please refer to the benefit booklet you will receive after you enroll.

- Personal hygiene and convenience items
- Operations for cosmetic purposes done to improve the appearance of any portion of the body and from which no improvement in physiological function can be expected, except as otherwise provided by your program; other exceptions include a) surgery to correct a condition resulting from an accident; b) surgery to correct congenital birth defect; and c) surgery to correct a functional impairment which results from a covered disease or injury
- Custodial care, domiciliary care, residential care, protective and supportive care including educational service, rest cures and convalescent care
- Services that are experimental/investigative in nature
- Palliative or cosmetic foot care, except when related to the treatment of diabetes
- Services which are not medically necessary or appropriate
- Any care related to hyperkinetic syndromes, learning disabilities, behavioral problems, mental retardation and autism spectrum disorder that extends beyond traditional medical management
- Correction of myopia, hyperopia or presbyopia including, but not limited to corneal microsurgery, such as keratomileusis, keratophakia, radial keratotomy, corneal ring implants, Laser-Assisted in Situ Keratomileusis (LASIK) and all related services
- Services eligible for coverage under motor vehicle insurance, Pennsylvania Motor Vehicle Financial Responsibility Law, workers’ compensation act or occupational disease law
- Services rendered by a provider who is a member of your immediate family
- Any treatment leading to or in connection with transsexual surgery, except for sickness or illness resulting from such treatment or surgery
- Any food including, but not limited to, Enteral Formulae, infant formulas, supplements, substances, products, enteral solutions or compounds used to provide nourishment through the gastrointestinal tract whether ingested orally or provided by tube, whether utilized as a sole supplement source of nutrition and when provided on an outpatient basis. This does not include Enteral Formulae prescribed solely for the therapeutic treatment of phenylketonuria, branched-chain ketonuria, galactosemia and homocystinuria
- Services directly related to the care, filling, removal or replacement of teeth, the treatment of injuries to or diseases of the teeth, gums or structures directly supporting or attached to the teeth
- Immunizations required for foreign travel or employment
- Treatment of sexual dysfunction that is not related to organic disease or injury
- For outpatient therapy and rehabilitative services for which there is no expectation of restoring or improving a level of function or when no additional functional progress is expected to occur, unless medically necessary and appropriate
- For routine or periodic physical examinations, the completion of forms, and the preparations of specialized reports solely for insurance, licensing, employment or other non-preventive purposes except as required by law
- For methadone hydrochloride treatment for which no additional functional progress is expected to occur
Blues On Call is a service mark of the Blue Cross and Blue Shield Association. Baby Blueprints is a registered mark of the Blue Cross and Blue Shield.

WebMD Health Services is a registered trademark of WebMD, LLC., an independent and separate company that supports your health plan online wellness services. WebMD Health Services is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis treatment. WebMD Health Services does not endorse any specific product, service or treatment.

Highmark Blue Cross Blue Shield and Highmark Health Insurance Company are independent licensees of the Blue Cross and Blue Shield Association.

Blue Cross, Blue Shield, BlueCard, BlueCard Worldwide, Baby Blueprints and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association.

Highmark is a registered mark of Highmark Inc.