

Health Insurance Benefits For:

Example

PRESENTED BY:

HART, MCCONAHY & MARTZ, INC.

prepared on:
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Highmark Health Ins Co	Participating Providers											Nonparticipating Providers					
	Plan Name/Metal Level	PCP Office Visit enhanced / standard	Specialist Visit enhanced / standard	Deductible enhanced / standard (family 2X)	Co-insurance (after ded) enhanced / standard	Out of Pocket Max Single/Family	Emergency Room Copay	Urgent Care Center Copay enhanced / standard	Outpatient Diagnostic X-ray/Lab enhanced / standard	Outpatient Advanced Imaging enhanced/standard	Outpatient Surgery enhanced/standard after deductible	InPatient Hospital enhanced/standard after deductible	Deductible Single/Family	Co-Insurance	Out of Pocket Max Single/Family	Monthly Cost	Annual Cost
PLATINUM																	
Comprehensive Care \$500 - PPO (1)	10% after ded		\$500	90%	\$1650/\$3300								\$1000/\$20000	80%	\$3300/\$6600		\$0.00
GOLD																	
Community Blue Flex Balance \$500 - PPO (2)	\$20 / \$40	\$40 / \$80	\$500 / \$1250	90% / 70%	\$2400/\$4800	\$125	\$40 / \$80	\$40 / \$80	\$100 / \$200				\$2500/\$5000	50%	\$4800/\$9600		\$0.00
Community Blue Flex Shared Cost \$1200 - PPO (2)	\$20 / \$50	\$30 / \$60	\$1200 / \$3000	80% / 60%	\$3700/\$7400	20% after ded	\$40 / \$80	\$20 / \$50	20%/40% after ded				\$6000/\$12000	50%	\$7400/\$14800		\$0.00
Community Blue Total Health \$1200 - PPO (2)	PCMH \$25 / NON \$55	20% after ded	\$1,200	80%	\$3000/\$6000								\$3000/\$6000	80%	\$6000/\$12000		\$0.00
Shared Cost \$1500 - PPO (2)	\$20	\$40	\$1,500	90%	\$4000/\$8000	10% after ded	\$40	\$20	10%				\$3000/\$6000	70%	\$8000/\$16000		\$0.00
Health Savings \$1300 - PPO (3)	10% after ded		\$1,300	90%	\$2300/\$4600								\$2600/\$5200	70%	\$4600/\$9200		\$0.00
Mountain Community Blue Flex \$1200 - PPO (2) **	\$20 / \$50	\$30 / \$60	\$1200 / \$2400	80% / 60%	\$3600/\$7200	20% after ded	\$30 / \$60	\$20 / \$50	20%/40% after ded				\$4800/\$9600	40%	\$7200/\$14400		\$0.00
Penn Highland Community Blue Flex \$1200 - PPO (2)	\$20 / \$50	\$30 / \$60	\$1200 / \$2400	80% / 60%	\$3600/\$7200	20% after ded	\$30 / \$60	\$20 / \$50	20%/40% after ded				\$4800/\$9600	60%	\$7200/\$14400		\$0.00
Care Guide Blue \$500 - HMO (Off only) (2)	\$15	\$40	\$500/\$1000	80%	\$5000/\$10000	\$100	\$40	\$40 / \$15	\$80				N/A	N/A	N/A		\$0.00
SILVER																	
Community Blue Flex Balance \$1000 - PPO (2)	\$40 / \$80	\$70 / \$140	\$1000 / \$2500	80% / 60%	\$6600/\$13200	\$200 + 20%	\$70 / \$140	\$70 / \$140	\$200 / \$400				\$5000/\$10000	40%	\$13200/\$26400		\$0.00
Comprehensive Care \$1500 - PPO (2)	\$35	\$70	\$1,500	80%	\$6350/\$12700	20% after ded	\$70	\$40	20%				\$3000/\$6000	60%	\$12700/\$25400		\$0.00
Community Blue Flex Shared Cost \$2650 - PPO (2)	\$40 / \$60	\$60 / \$80	\$2650 / \$5300	70% / 50%	\$6350/\$12700	30% after ded	\$60 / \$80	\$40 / \$60	30% / 50%	30%	30% / 50%		\$5300/\$10600	40%	\$12700/\$25400		\$0.00
Shared Cost \$3200 - PPO (2)	\$30	\$70	\$3,200	80%	\$6350/\$12700	20% after ded	\$70	\$40	20%				\$6400/\$12800	60%	\$12700/\$25400		\$0.00
Health Savings \$2500 - PPO (3)	10% after ded		\$2,500	90%	\$3500/\$7000								\$5000/\$10000	70%	\$7000/\$14000		\$0.00
Community Blue Flex Health Savings \$2750 - PPO (4)	20% / 40% after ded		\$2750 (combined)	80% / \$60	\$4000/\$8000	20% after ded			20% / 40%				\$5500/\$11000	50%	\$8000/\$16000		\$0.00
BRONZE																	
Health Saving \$3400 - PPO (5)	30% after ded		\$3,400	70%	\$6350/\$12700				30%				\$6800/\$13600	50%	\$12700/\$25400		\$0.00
Shared Cost Blue \$5500 - PPO (6)	\$50	\$90	\$5500/\$11000	60%	\$6350/\$12700	40% after ded	\$90	\$50	40%				\$11000/\$22000	50%	\$12700/\$25400		\$0.00
Community Blue Flex Shared Cost \$5500 - PPO (6)	\$50 / \$75	\$90 / \$115	\$5500 (combined)	60% / 40%	\$6350/\$12700	40% after ded	\$90 / \$115	\$50 / \$75	40% / 60%				\$11000/\$22000	30%	\$12700/\$25400		\$0.00
CATASTROPHIC																	
Community Blue Major Events \$6000 - PPO (7) (available up to age 30)	\$0 X 3 visits then 100% after deductible	100% after ded	\$6600/\$13200	100%	\$6600/\$13200				100%				\$12700/\$26400	100%	\$12700/\$26400		\$0.00
** Mountain only available in the following counties: Armstrong, Crawford, Indiana, Lawrence and McKean																	
Prescription drug: (1) 5/20/45-C (2) 8/45-P (3) 10% after deductible-C (4) 20% after deductible-C (5) 30% after deductible-C (6) 40% after deductible-C (7) 100% after deductible-C																	
C = Comprehensive Formulary - soft generic - generic dispensed unless DAW (dispense as written) P = Progressive Formulary - hard generic - generic always dispensed - if brand request member pays brand copay plus difference in cost																	

UPMC	Participating Providers											Nonparticipating Providers			Premium Network Monthly Cost	Partner Network Monthly Cost
	Plan Name/Metal Level	PCP Office Visit	Specialist Visit	Deductible Single/Family	Co-insurance (after deductible)	Out Of Pocket Max Single/Family	Emergency Room Copay	Urgent Care Center Copay	Outpatient Diagnostic X-ray / Lab	Outpatient Advanced Imaging	Outpatient Surgery	InPatient Hospital	Deductible Single/Family	Co-insurance		
PLATINUM																
Advantage PPO \$250 (2)	\$20	10% after ded	\$250 / \$500	90%	\$1500/\$3000								\$1500/\$3000	50%	\$10000/\$20000	
GOLD																
Advantage PPO \$500 (1)	\$15	\$50	\$500/\$1000	80%	\$3000/\$6000	20% after ded	\$50	20% after ded / \$30					\$1500/\$3000	50%	\$10000/\$20000	
Advantage PPO \$750 (1)	\$10	\$45	\$750/\$1500	90%	\$3000/\$6000	10% after ded	\$45	10% after ded / \$30					\$1500/\$3000	50%	\$10000/\$20000	
SILVER																
Advantage PPO \$0 (4)	\$50	\$100	None	100%	\$6600/\$13200	\$600	\$100	\$300 / \$45	\$500	\$1,000	\$4,000	\$2500/\$5000	50%	\$10000/\$20000		
Advantage PPO \$1750 (1)	\$30	\$80	\$1750/\$3500	80%	\$6600/\$13200	20% after ded	\$80	20% after ded / \$20					\$3500/\$7000	50%	\$10000/\$20000	
Advantage PPO \$3250 (1)	\$10	\$70	\$3250/\$6500	100%	\$6600/\$13200	\$500	\$70	\$75 after ded / \$30	\$200 after ded		100% after deductible	\$6500/\$13000	50%	\$10000/\$20000		
Advantage PPO HSA \$2000 (3)	20% after ded		\$2000/\$4000	80%	\$3500/\$7000							\$4000/\$8000	50%	\$10000/\$20000		
BRONZE																
Advantage PPO \$5500 (6)	\$40	30% after ded	\$5500/\$11000	70%	\$6600/\$13200								\$10000/\$20000	50%	\$10000/\$20000	
Advantage PPO \$8000 (5)	\$25	100% after ded	\$6000/\$12000	100%	\$6600/\$13200								\$10000/\$20000	50%	\$10000/\$20000	
Advantage Catastrophic \$6600 (7)	3 X \$30 then 100% after ded	100% after ded	\$6600/\$13200	100%	\$6600/\$13200								\$10000/\$20000	50%	\$10000/\$20000	

NOTE: the "Partner Network" is an EPO - there are no out of network benefits.

Prescription Drug Plans: (1) 8/45/90/50% (2) 8/45/90/50% - specialty subject to deduct (3) 8/45/90/50% after deduct (4) 15/45/90/50% (5) 15/30%/50%/50% generic not subject to deduct (6) 8/30%/50%/50% generic not subject to deduct (7) 100% after deduct

Health America	Participating Providers											Nonparticipating Providers			Monthly Cost	Annual Cost
	Plan Name/Metal Level	PCP Office Visit	Specialist Visit	Deductible Single/Family	Co-insurance (after deductible)	Out Of Pocket Max Single/Family	Emergency Room Copay	Urgent Care Center Copay	Outpatient Diagnostic X-ray/Lab	Outpatient Advanced Imaging	Outpatient Surgery	InPatient Hospital	Deductible Single/Family	Co-insurance		
GOLD																
\$5 Copay - HMO (1)	\$5	\$40	\$1400/\$2800	80%	\$5000/\$10000	\$250 after ded	\$75						N/A	N/A	N/A	\$0.00
SILVER																
\$10 Copay - HMO (2)	\$10	\$75	\$3750/\$7500	70%	\$6600/\$13200	\$500 after ded	\$75	30% after ded	\$250 after ded then 30%		\$500/admit after ded then 30%		N/A	N/A	N/A	\$0.00
\$5 Copay \$2570 - HMO (3)	\$5	\$75	\$2750/\$5500	70%	\$6000/\$12000	\$500 after ded	\$75						N/A	N/A	N/A	\$0.00
BRONZE																
\$20 Copay - HMO (4)	\$20	\$50 after ded	\$5750/\$11500	100%	\$6600/\$13200	\$250 after ded	\$60 after ded	\$100 / 100% after ded	\$250 after ded	\$250 after ded	\$250/admit after ded		N/A	N/A	N/A	\$0.00
Deductible Only HSA Eligible - HMO (5)	100% after ded		\$6300/\$12600	100%	\$6300/\$12600								N/A	N/A	N/A	\$0.00

Prescription Drug Plans: (1) \$250 ded - 3/10 generic no ded - 35/70/30%/50% after ded (2) \$500 ded - 5/15 generic no ded - 45/75/40%/50% after ded (3) integrated/med ded - 5/15 generic no ded - 45/75/40%/50% after ded (4) integrated/med ded - \$15 generic no ded - 45/75/40%/50% after ded (5) integrated/med ded - all drugs 100% after ded

Assurant Health	Participating Providers											Nonparticipating Providers					
	Plan Name/Metal Level	PCP Office Visit	Specialist Visit	Deductible Single/Family	Co-insurance (after deductible)	Out Of Pocket Max Single/Family	Emergency Room Copay	Urgent Care Center Copay	Outpatient Diagnostic X-ray/Lab	Outpatient Advanced Imaging	Outpatient Surgery	InPatient Hospital	Deductible Single/Family	Co-insurance	Out of Pocket Max Single/Family	Monthly Cost	Annual Cost
PLATINUM																	
Platinum Plan 002 (1)	\$25	\$25	None	75%	\$2000/\$4000	\$100 then 25%				25%			\$5000/\$10000	60%	\$10000/\$20000		\$0.00
GOLD																	
Gold Plan 002 (2)	\$25	\$25	None	75%	\$6350/\$12700	\$100 then 25%				25%			\$5000/\$10000	50%	\$10000/\$20000		\$0.00
SILVER																	
Silver Plan 001 (3)	100% after ded		\$3500/\$7000	100%	\$3500/\$7000	\$100 + ded				100% after ded			\$10500/\$21000	100%	\$10500/\$21000		\$0.00
Silver Plan 002 (2)	\$30 x 10 visits then ded + 50%		\$2000/\$4000	50%	\$6350/\$12700	\$100 + 50% after ded				50% after ded			\$6000/\$12000	30%	\$19050/\$38100		\$0.00
Silver Plan 003 (off only) (3)	50% after ded		\$1250/\$2500	50%	\$5000/\$10000	\$100 + 50% after ded	50% after ded	1st \$500 no ded then 50% after ded		50% after ded			\$3750/\$7500	30%	\$15000/\$30000		\$0.00
Silver Plan 004 (off only) (2)	\$30 x 10 visits then ded + 50%		\$1850/\$3700	50%	\$6350/\$12700	\$100 + 50% after ded	50% after ded	1st \$500 no ded then 50% after ded		50% after ded			\$5500/\$11000	30%	\$19050/\$38100		\$0.00
BRONZE																	
Bronze Plan 001 (3)	100% after ded		\$6000/\$12000	100%	\$6000/\$12000	\$100 + ded				100% after ded			\$18000/\$36000	100%	\$18000/\$36000		\$0.00
Bronze Plan 002 (3)	\$35	\$35	\$5000/\$10000	75%	\$6350/\$12700	\$100 + 25% after ded				25% after ded			\$15000/\$30000	55%	\$19050/\$38100		\$0.00
Bronze Plan 003 (off only) (3)	50% after ded		\$2800/\$5200	50%	\$6350/\$12700	\$100 + 50% after ded				50% after ded			\$7800/\$15600	30%	\$19050/\$38100		\$0.00
Bronze Plan 004 (off only) (4)	25% after ded		\$5000/\$10000	75%	\$6350/\$12700	\$100 + 25% after ded				25% after ded			\$15000/\$30000	55%	\$19050/\$38100		\$0.00
Bronze Plan 005 (off only) (4)	50% after ded		\$3500/\$7000	50%	\$6350/\$12700	\$100 + 50% after ded				50% after ded			\$10500/\$21000	30%	\$19050/\$38100		\$0.00

Prescription Drug Plans: (1) 10/30/50 (2) 15/35/60 (3) medical deduct & coins (4) 25/50/75 with \$500 brand deductible

Community Blue Flex Enhanced Hospitals - by county

Allegheny

- > Allegheny General Hospital
- > Allegheny Valley Hospital
- > Children's Hospital of Pittsburgh of UPMC
- > Forbes Hospital
- > Heritage Valley Sewickley
- > Jefferson Hospital
- > Ohio Valley General Hospital
- > St. Clair Hospital
- > West Penn Hospital
- > Western Psychiatric Institute & Clinic

Armstrong

- > Armstrong County Memorial Hospital

Beaver

- > Heritage Valley Beaver

Bedford

- > UPMC Bedford Memorial

Blair

- > Altoona Hospital
- > Neson Hospital
- > Tyrone Hospital

Butler

- > Butler Memorial Hospital

Cambria

- > Conemaugh Memorial Medical Center
- > Conemaugh Miners Medical Center

Clarion

- > Clarion Hospital

Clearfield

- > Clearfield Hospital
- > DuBois Regional Medical Center

Crawford

- > Meadville Medical Center
- > Titusville Area Hospital

Erie

- > Corry Memorial Hospital
- > Millcreek Community Hospital
- > St. Vincent Hospital

Fayette

- > Highland Hospital
- > Uniontown Hospital

Green

- > Southwest Regional Medical Center

Huntingdon

- > J.C. Blair Memorial Hospital

Indiana

- > Indiana Regional Medical Center

Jefferson

- > Brookville Hospital
- > Punxsutawney Area Hospital

Lawrence

- > Ellwood City Hospital
- > Jameson Memorial Hospital

McKean

- > Bradford Regional Medical Center
- > Kane Community Hospital

Mercer

- > Edgewood Surgical Hospital
- > Grove City Medical Center
- > Sharon Regional Health System

Potter

- > Charles Cole Memorial Hospital
- > St. Vincent Hospital

Somerset

- > Conemaugh Meyersdale Medical Center
- > Somerset Hospital
- > Windber Medical Center

Venango

- > UPMC Northwest

Warren

- > Warren General Hospital

Washington

- > Advance Surgical Hospital
- > Canonsburg General Hospital
- > Monongahela Valley Hospital
- > Washington Hospital

Westmoreland

- > Frick Hospital
- > Latrobe Area Hospital
- > Westmoreland Regional Hospital

Community Blue Flex Standard Hospitals

- > UPMC Hamot
- > UPMC Horizon

UMPC Inside Advantage Hospitals

Level 1

- > UPMC Hamot
- > Kane Community Hospital
- > Warren General Hospital
- > UPMC Horizon
- > UPMC Northwest
- > Grove City Medical Center
- > ALL UPMC owned facility
- > ALL UPMC contracted physicians

Level 2

- > Remainder of UPMC contracted facility

Eligible for Care Concierge Service

- > Children's Hospital of Pittsburgh of UPMC
- > Eye and Ear Institute
- > Magee-Womens Hospital of UPMC
- > Magee-Womens Centers
- > UPMC Mercy
- > The Children's Institute
- > UPMC Montefiore
- > UPMC Presbyterian
- > UPMC Shadyside
- > UPMC Passavant
- > Hillman Cancer Center
- > Western Psychiatric Institute and Clinic of UPMC

DISCLAIMER:

Hart, McConahy & Martz Inc is providing you with insurance options, including the plans and an estimate of the potential tax credit or subsidy for which you may be eligible through the government exchange. These options and estimates are dependent on the accuracy of the information that you provide to Hart, McConahy & Martz Inc. Many variables can affect health plan and tax credit or subsidy eligibility. In addition, changing circumstances, such as an increase or decrease in income additional dependents, can alter eligibility for plans and the tax credit/subsidy. While we can advise you on complicated insurance issues and assist you with selecting the plan that best meets your specific needs, official exchange plan or tax credit/subsidy eligibility can only be determined by the government's Health Insurance Marketplace.