BLUEADVANTAGE® PPO HRA $1,500/$3,000 100/70

WITH A HEALTH REIMBURSEMENT ARRANGEMENT (HRA) OPTION

PLAN YEAR DEDUCTIBLES[1] (Combined In/Out of Network)	IN NETWORK BENEFITS	OUT OF NETWORK BENEFITS
Individual	$1,500	$1,500
Family	$3,000	$3,000
Plan Year Coinsurance Limit	Individual/Family $1,500/$3,000	Individual/Family $3,500/$7,000
PREVENTIVE MEDICAL SERVICES	**IN NETWORK BENEFITS**	**OUT OF NETWORK BENEFITS**
Periodic Physical Exams	Covered at 100%	Covered at 70%
Routine Annual GYN Exam	Covered at 100%	Covered at 70%
Routine Mammogram	Covered at 100%	Covered at 70%
Routine Sigmoidoscopy & Colonoscopy	Covered at 100%	Covered at 70%
Routine Pap Smear	Covered at 100%	Covered at 70%
Routine Well-Child Care	Covered at 100%	Covered at 70%
Immunizations	Covered at 100%	Covered at 70%
Routine Vision Exams	Covered at 100%	Covered at 70%
Routine Hearing Exams	Covered at 100%	Covered at 70%
Prostate Screening Antigen Test	Covered at 100%	Covered at 70%
Lead Poisoning Screening Test	Covered at 100%	Covered at 70%
TREATMENT OF ILLNESS OR INJURY	**IN NETWORK BENEFITS**	**OUT OF NETWORK BENEFITS**
Primary Doctor's Office Visits for Diagnosis & Treatment	Covered at 100%[1]	Covered at 70%[1]
Specialist/Referral Care	Covered at 100%[1]	Covered at 70%[1]
Laboratory Services		
– Independent	Covered at 100%[1]	Covered at 70%[1]
– Hospital based	Covered at 100%[1]	Covered at 70%[1]
Imaging & Machine Testing Services		
– Independent	Covered at 100%[1]	Covered at 70%[1]
– Hospital based	Covered at 100%[1]	Covered at 70%[1]
Outpatient High Tech Radiology Independent and Hospital Based (i.e. MRI, MRA, CT, CTA, PET scan)	Covered at 100%[1]	Covered at 70%[1]
Chiropractic (up to 30 visits per Plan year)	Covered at 100%[1]	Covered at 75%[1]
Physical & Occupational Therapy (30 visits combined per Plan year)	Covered at 100%[1]	Covered at 70%[1]
Speech Therapy (30 visits per Plan Year)	Covered at 100%[1]	Covered at 70%[1]
Radiation Therapy and Chemotherapy	Covered at 100%[1]	Covered at 70%[1]
Inpatient Hospital		
– Semiprivate Room (including intensive care, if medically necessary)	Covered at 100%[1]	Covered at 70%[1]
– Physician's & Surgeon's Services	Covered at 100%[1]	Covered at 70%[1]
– Other Medical Professional Services	Covered at 100%[1]	Covered at 70%[1]
Maternity (hospital, birthing center, pre-natal and post-natal care)	Covered at 100%[1]	Covered at 70%[1]
Outpatient Surgical Facility		
– Outpatient Ambulatory	Covered at 100%[1]	Covered at 70%[1]
– Outpatient Hospital	Covered at 100%[1]	Covered at 70%[1]

BLUEADVANTAGE® PPO HRA $1,500/$3,000 100/70 CONTINUED

WITH A HEALTH REIMBURSEMENT ARRANGEMENT (HRA) OPTION

EMERGENCY SERVICES	IN NETWORK BENEFITS	OUT OF NETWORK BENEFITS
Emergency Room	Covered at 100%[1]	Same as In Network
Urgent Care Centers / Medical Aid Units	Covered at 100%[1]	Covered at 70%[1]
Ambulance	Covered at 100%[1]	Covered at 100%[1]
OTHER SERVICES	**IN NETWORK BENEFITS**	**OUT OF NETWORK BENEFITS**
Inpatient Private Duty Nursing (up to 240 hours per 12 month period)	Covered at 100%[1]	Covered at 70%[1]
Durable Medical Equipment (DME)	Covered at 75%[1]	Covered at 50%[1]
Skilled Nursing Facility (up to 120 days per confinement)	Covered at 100%[1]	Covered at 70%[1]
Home Health Care (up to 100 visits per Plan Year)	Covered at 100%[1]	Covered at 70%[1]
Alcohol and Substance Abuse Treatment[2]	Covered Same as Medical	Covered Same as Medical
Serious Mental Health Care[2]	Covered Same as Medical	Covered Same as Medical
Other Mental Health Care		
– Inpatient and Partial Hospitalization (up to 31 inpatient days or 62 partial hospitalization days per Plan Year. Two partial hospitalization days reduce inpatient days by one day. One inpatient day reduces partial hospitalization days by two days.)	Covered at 100%[1]	Covered at 70%[1]
– Outpatient (up to 20 visits per Plan Year)	Covered at 100%[1]	Covered at 70%[1]
PRESCRIPTION DRUGS		
Prescription Drugs	See "Your Prescription on Drug Program"	

See Note below. You should obtain professional legal or tax advice regarding a Health Reimbursment Arrangement (HRA).

[1]Benefits are subject to a Plan Year deductible.

[2]Delaware law defines serious mental illness as nine diagnostic classes. Benefits for serious mental illness and substance abuse treatment are covered at the same levels as other medical care.

If individual coverage is elected, the individual deductible will apply. Benefits are then covered at the indicated percentage for each service until the coinsurance totals the individual coinsurance limit. Benefits will then be paid at 100% of the allowable charge for the individual for the remainder of the Plan Year.

If family coverage is elected, the family deductible will apply. The entire family deductible must be satisfied before benefits will be paid for any family member. Benefits are then covered at the indicated percentage for each service until the coinsurance totals the family coinsurance limit. Benefits will then be paid at 100% of the allowable charge for all family members for the remainder of the Plan Year.

When calculating deductible or coinsurance expenses, only the allowable charges are considered. All percentages listed above apply to Highmark Blue Cross Blue Shield Delaware's allowable charge.

Note: The plan includes reduced coverage for bariatric surgeries and preferred coverage for organ transplants performed at Blue Distinction Centers for Transplants (BDCT). For transplants performed at participating but non-BDCT facilities, charges are covered at a reduced benefit level. Transplants performed at non-participating facilities are not covered.

This Benefits Summary presents plan highlights only. It is not a contract. Please refer to your benefits booklet (or contact your marketing representative to request a copy) for complete information. All percentages are based on Highmark Delaware's allowable charge.

HIGHMARK. Delaware | Blue Advantage