PENNSTATE HERSHEY
Milton S. Hershey Medical Center

Highmark Blue Shield PPO
Penn State Hershey Medical Center Group Health Plan
2014

Benefit	Medical Plan
Facts	No pre-existing condition clause Benefits are effective immediately
Eligible Employees	Regular full-time and part-time employees working at least 40 hours per pay period (2 weeks).
Eligible Dependents	Spouse or Domestic Partner (Registration Statement and proof required) Children/step children under age 26 Children under age 26 who you and/or your spouse have legally adopted or have court appointed guardianship Unmarried children/step children of any age who are physically or mentally disabled prior to age 26 and claimed on employee's most recent tax return. Certification of disability established by medical carrier.
Definitions	**Deductible:** A specified dollar amount you must pay for covered services each calendar year before the group health plan begins to provide payment for benefits subject to the deductible. Office visits and preventive services do not apply to the deductible. Diagnostic services such as labs, x-rays, MRIs, inpatient and outpatient surgical procedures all apply to the deductible. **Co-insurance:** The specific percentage of the provider's reasonable charge for services that is your responsibility after applicable deductible has been met. **Health Reimbursement Account (HRA):** An account set up and funded by PSHMC each calendar year to help employees pay their deductible. Contribution amount is based on your coverage tier. Unused dollars roll over from year to year.
Features	Deductible - $1,000/$2,000/$3,000 depending on your coverage tier Contributions - $550/$1,300/$2,050 depending on your coverage tier
Networks	One medical plan option with three (3) networks: Home Network (PSHMC facilities) – Services received here are paid at highest level of coverage – 100% after applicable in-network deductible has been met Highmark Network – Services received at a Highmark participating provider, but not at PSHMC will be paid at a lower level of coverage – 80% after applicable in-network deductible has been met Out-of Network – Services received at a non-participating provider will be paid at the lowest level coverage – 60% after applicable out-of-network deductible has been met
Network Access	Coverage at Home Network Level, which is the highest level of coverage will be applied to the Highmark Network Level if one of the following occurs: Your zip code is outside of the Home Network Coverage area – list of zip codes within home network is available on the PSHMC Benefits website or by contacting PSHMC Benefits Administration at 717-531-6089. Medical services covered under the PSHMC group health plan are not available at PSHMC Medical services covered under the PSHMC group health plan are not available at PSHMC within the medically necessary time frame specified by the referring physician.

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Medical Plan Design			
	PSHMC Home Network	**Highmark Network**	**Out-of-Network**
Preventive Care	Zero co-pay	Zero co-pay	40% co-insurance
Primary Care Physician Co-pay	$15.00	$15.00	40% co-insurance after out-of-network deductible has been met
Specialist Co-pay	$20.00	$35.00	40% co-insurance after out-of-network deductible has been met
Emergency Room Co-pay	$75.00	$75.00	$75.00
Labs/X-Rays/MRIs/Inpatient & Outpatient procedures	Covered in full after in-network deductible has been met	20% co-insurance after in-network deductible has been met	40% co-insurance after out-of-network deductible has been met

Deductibles and HRA

PSHMC Home Network and Highmark Blue Shield Network

Coverage Tier	Annual Deductible	HRA Contribution	Your Out-Of-Pocket Expense	
			Home Network Deductible	Highmark Network Co-insurance
Employee	$1,000	$550	$450	+20%
Employee + Child(ren)	$2,000	$1,300	$700	+20%
Employee + Spouse	$2,000	$1,300	$700	+20%
Employee + Domestic Partner	$2,000	$1,300	$700	+20%
Employee + Family	$3,000	$2,050	$950	+20%
Employee + Child(ren) + Domestic Partner	$3,000	$2,050	$950	+20%

Annual Out-Of-Pocket Maximums

PSHMC Home Network and Highmark Blue Shield Network

Coverage Tier	PSHMC Home Network	Highmark Blue Shield Network
		Home Network Deductible Highmark Network Co-insurance
Employee	$1,000	$2,500
Employee + Child(ren)	$2,000	$5,000
Employee + Spouse	$2,000	$5,000
Employee + Domestic Partner	$2,000	$5,000
Employee + Family	$3,000	$7,500
Employee + Child(ren) + Domestic Partner	$3,000	$7,500

Note: Out-of-pocket maximums include deductible and co-insurance. They do not include co-pays.

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Benefit	Prescription Drug Plan (Must elect medical coverage to get prescription coverage)
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Facts	Since the medical center is recognized federally as a qualified health center, the PSHMC pharmacy can purchase drugs at a significantly lower cost and can pass those savings on to employees if they meet certain criteria. The Health Services and Resource Administration determine what drugs are on the list and the price of each drug. List of drugs and pricing can change quarterly.
Criteria to purchase through PSHMC Pharmacy	Patients (employees and dependents) must be covered under the PSHMC group health plan AND Have a relationship with the main campus of the medical center. This means patient must have had a visit on the main campus within the past year through a visit to one of the following: Main Hospital (including ER), University Physician Center (including Ophthalmology), and East Campus buildings OR at a qualifying offsite Penn State Hershey Medical Group location (i.e. Middletown, Palmyra, Fisburn). Lab and Radiology encounters and certain offsite locations do not qualify. OR Schedule a visit with the Medication Management Clinic (531-8550)
Definitions	**Co-insurance:** The specific percentage of the provider's allowable price for covered medications that are your responsibility. **Medication Management Clinic:** Free 20 minute appointment with a PSHMC Pharmacist to discuss medication history. Patient must meet with PSHMC Pharmacist in person one time per year and have a telephone conversation with PSHMC Pharmacist every 6 month intervals. **Maintenance Medications:** Medications taken for a prolonged period of time. These medications must be purchased through our pharmacy. **Acute Medications:** Medications taken for a short period of time. These medications may
Cost	Employees who purchase through our pharmacy will experience a significant savings for most medications.

For additional benefit offerings, view ***Summary of Benefits for Full-Time Employees or Part-Time Employees***, whichever applies to your employment status.
Note: This document is a summary of plan provisions to give you a preview of the medical and prescription benefit offerings at PSHMC. You will receive detailed information when you attend New Employee Orientation.