

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 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/\$1,100/\$1,650 depending on your coverage tier
Networks	One medical plan option with three (3) networks: Home Network (PSHMC and St Joseph facilities) – Services received in the home network are paid at 90% after applicable in-network deductible has been met up to home network out-of-pocket maximum. Highmark Network – Services received at a Highmark participating provider, but not at home network will be paid at a lower level of coverage – 75% 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 of 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

**Highmark Blue Shield PPO
Penn State Hershey Medical Center Group Health Plan
2016**

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	\$25.00	\$35.00	40% co-insurance after out-of-network deductible has been met
Emergency Room Co-pay	\$150.00	\$150.00	\$150.00
Labs/X-Rays/MRIs/Inpatient & Outpatient procedures	10% co-insurance after in-network deductible has been met	25% co-insurance after in-network deductible has been met	40% co-insurance after out-of-network deductible has been met

Deductibles and HRA

Home Network and Highmark Blue Shield Network

Coverage Tier	Annual Deductible	HRA Contribution	Your Out-Of-Pocket Expense		
			Home Network Deductible	Home Network Co-insurance	Highmark Network Co-insurance
Employee	\$1,000	\$550	\$450	+10%	+25%
Employee + Child(ren)	\$2,000	\$1,100	\$900	+10%	+25%
Employee + Spouse	\$2,000	\$1,100	\$900	+10%	+25%
Employee + Family	\$3,000	\$1,650	\$1,350	+10%	+25%

Annual Out-Of-Pocket Maximums

Home Network and Highmark Blue Shield Network

Coverage Tier	Home Network	Highmark Blue Shield Network
		Home Network Deductible Highmark Network Co-insurance
Employee	\$2,500	\$3,000
Employee + Child(ren)	\$5,000	\$6,000
Employee + Spouse	\$5,000	\$6,000
Employee + Family	\$7,500	\$9,000

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

**Highmark Blue Shield PPO
Penn State Hershey Medical Center Group Health Plan
2016**

Benefit	Prescription Drug Plan (Must elect medical coverage to get prescription coverage)
Eligible Employees	Regular full-time and part-time employees working at least 40 hours per pay period (2 weeks).
Eligible Dependents	Spouse 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.
Facts	All covered employees and dependents pay flat copay based on formulary status of drug. Employee may view formulary at www.highmarkblueshield.com .
Definitions	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 be purchased at our pharmacy or any participating retail pharmacy.
Cost	Employees who purchase through our pharmacy will pay lower copay than at a retail pharmacy.
<p>For additional benefit offerings, view <i>Summary of Benefits for Full-Time Employees or Part-Time Employees</i>, whichever applies to your employment status.</p> <p>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.</p>	