

HIGHMARK PRODUCTS

Highmark offers products under various corporate entities in our service areas in Pennsylvania, Delaware, and West Virginia. We recognize that there are specific differences between the regions that we serve and offer a variety of medical plans that are supported by our provider networks. Different strategies, such as provider partnerships, are used to develop products that allow members to receive the most cost-effective, highest quality care within their own communities.

VARIETY OF BENEFIT PLANS OFFERED TO MEET THE NEEDS OF GROUPS AND INDIVIDUALS

Through various product offerings, Highmark serves a wide array of large and small businesses, individuals, retirees, and governmental agencies.

- Large employer group plans can accommodate national accounts with employees living in our service areas and also nationwide. In addition, plans are available that are designed specifically for local large employers whose employees live and work within our service areas.
- Small employer group plans offer small businesses in our service areas options to fit their needs and budgets while providing the core set of 10 essential health benefits as required under the Affordable Care Act (ACA).
- A broad range of plan options to fit each person's budget are available for individuals and families who are without coverage under a group plan and pay for their own coverage. These individual products are ACA-compliant and made available through the Healthcare Marketplace exchanges and directly from Highmark in all of our service areas.
- Medicare Advantage (Part C) and standalone prescription drug coverage (Part D) plans are offered in Pennsylvania and West Virginia for Medicare eligible individuals. Highmark's Medicare Advantage plans replace Medicare and cover all that Medicare covers along with additional benefits and programs.
- A variety of Medicare complementary and supplemental plans, which help pay for some of the expenses not paid by Medicare, are offered in all of our service areas.
- The Federal Employee Program (FEP) plans provide health insurance benefits for federal government employees and qualified retirees.
- Highmark makes health care programs available to uninsured children in Pennsylvania through the subsidized Children's Health Insurance Program (CHIP). This program is administered by Highmark on behalf of the Commonwealth of Pennsylvania Department of Human Services.

TYPES OF PRODUCTS

While Highmark's product offerings vary based on our service areas, the basic types of products currently offered include the following:

- PPO -- Preferred Provider Organization plans, the most widely popular type of plans, provide members in-network coverage at the higher level of benefits and the option of choosing out-of-network care at a higher out-of-pocket cost.
- EPO -- Exclusive Provider Organization plans provide coverage for services within the network, except for covered emergency care. Standard EPO plans generally use the same network as our PPO plans.
- HMO -- Health Maintenance Organization plans, with a narrower network of health care providers, provide coverages for services within the network only, except for covered emergency care. A primary care provider oversees a member's care.

NETWORK STRATEGIES APPLIED TO PRODUCT DESIGNS

Highmark's networks are comprised of health care facilities, physicians, practitioners, and other provider types that provide medical services and supplies to members in specific benefit plans that utilize the network. As health care continues to transition, Highmark has been moving from a broad network access model to other network strategies to allow our members to obtain the most efficient, high-quality care. Products range from those with open network access to nearly all providers to those with narrower low-cost, high-quality networks based on regional customization.

TIERED PRODUCT STRUCTURE

Highmark has always given members coverage they can trust, along with guidance to help them make more informed health care decisions. Members are offered patient-focused, coordinated care at every level of savings. As our product designs evolve, we are using network strategies as a basis for many products. These products can include two or three in-network "tiers" for certain services. For example, a three-tiered product offers three levels of in-network benefit coverage for certain services: preferred value, enhanced value, and standard value levels. When members receive services from providers who offer care at the preferred value level, they will pay the least out of pocket.

QUALIFIED HIGH DEDUCTIBLE HEALTH PLANS

Highmark offers qualified high-deductible health plans that may be coupled with a Health Savings Account (HSA), which provide tax savings. Other than preventive care, the member pays most costs until the deductible is met. After that, Highmark pays for most covered in-network care for the remainder of the benefit period, except for the member's coinsurance responsibility. The HSA allows the member to put money aside to pay for out-of-pocket deductible and coinsurance expenses and to also save money for future health care expenses.

BLUECARD®

Highmark gives members a better health care experience with the convenience of high quality care locally as well as nationwide through BlueCard®. BlueCard is a national Blue Cross Blue Shield Association program that enables members of one Blue Plan to obtain services at their home plan's in-network benefit levels while traveling or living in another Blue Plan's service area. The program links independent Blue Plans through a single electronic network for claims processing and reimbursement, allowing providers to submit claims for out-of-area Blue Plan members directly to their local Plan.

BENEFIT PLAN PROGRAMS

In addition to medical benefits, most Highmark members have access to a wide range of readily available health education tools and support services including, but not limited to, the following:

- Blues On Call connects members to Health Coaches who are specially-trained registered nurses, dietitians, and therapists who can help members to make more informed health care decisions.
- myCare Navigator is 24/7 support that provides dedicated health care advocates to members who help them find the right care, the right doctor, and wellness services.
- Baby Blueprints® is a free maternity education and support program for Highmark members who are expectant mothers. It provides access to online information on all aspects of pregnancy and childbirth.
- Highmark offers condition management and case management programs to help members with acute or chronic conditions.

“DISCOVER” OUR PRODUCTS ON OUR REGIONAL PUBLIC WEBSITES

Our regional public websites offer product information for individuals and families and for Medicare eligible individuals who buy their own insurance. By selecting **Discover** from the options on the top menu bar, they can learn about the available options in the service area in which they live. The sites also provide information on available products for small and large businesses in our Plans’ service areas. The regional sites are located at the following web addresses:

- Highmark Blue Cross Blue Shield: <https://www.highmarkbcbs.com/home/>
- Highmark Blue Shield: <https://www.highmarkblueshield.com/home/>
- Highmark Blue Cross Blue Shield Delaware: <https://www.highmarkbcbsde.com/home/>
- Highmark Blue Cross Blue Shield West Virginia: <https://www.highmarkbcbswv.com/home/>



WHERE TO FIND THIS INFORMATION ON THE PROVIDER RESOURCE CENTER

To learn more about Highmark’s products and programs, please see the following resources on the Provider Resource Center:

- Chapter 2 of the *Highmark Provider Manual* includes seven units, each dedicated to different types of benefit plans, benefit programs, and also the telemedicine services available to members. The manual can be accessed quickly by clicking on **MANUALS** on the **Quicklinks Bar** located across the top of the Provider Resource Center.
- The *Provider News* newsletter informs you of new products and changes to existing products as a new year approaches. Also watch for articles on new programs and initiatives throughout the year. Current and past issues of *Provider News* are available on the Provider Resource Center. Select **NEWSLETTERS/NOTICES** from the main menu on the left, and then click on **Provider News**.
- And as the end of each calendar year approaches, watch for product news for the upcoming year to be announced on the rolling banner and **Hot Topics**, both available on the Provider Resource Center homepage.

And providers are reminded to always verify a member’s eligibility and their specific benefit plan via NaviNet® prior to rendering services. Highmark’s provider portal in NaviNet provides extensive, detailed benefit information for members with all types of benefit plans.