

	Highmark PPOBlue (Preferred Provider Organization)		Health Maintenance Organization (HMO)	Highmark Indemnity
	In-Network	Out-of-Network		
General Features	In-network providers accept Highmark allowance as payment in full.	Services performed by out-of-network providers are paid at 80% of allowance after a deductible. Providers can bill employees for charges above allowances.	Payment in full to participating providers for medically necessary surgery, diagnostic services and inpatient services. Services must be authorized by HMO primary care physician. Covered services vary by HMO. No payment for services out of the HMO network. Must select a primary care physician.	Participating providers accept Highmark allowance as payment in full for the service-employee is responsible for the appropriate deductible and co-insurance amounts. Non-participating providers can bill members for charges above the allowance. Covers medically necessary surgery, diagnostic services, therapy, inpatient services, office visits, and medical equipment. Eligible medical expenses are covered at 80% after the deductible. Not necessary to select a primary care physician.
	Covers medically necessary surgery, diagnostic services, therapy, inpatient services and preventive benefits. Not necessary to select a primary care physician.			
Deductibles	No deductible.	\$250 per person/\$500 per family deductible per year.	No deductible.	Applies to all services - \$750 per person/\$2250 per family deductible aggregate per year.
Co-payments and/or Co-Insurance	\$15 for office visits and for physical, speech and occupational therapy and chiropractic visits.	After deductible, employee pays 20% until \$1500 per person/\$3000 per family out-of-pocket maximum is paid.	\$5 to \$15 for primary care physician visit. Co-payments for other services vary by HMO.	Applies to all services - In addition to deductible employee pays 20% until \$750 per person out-of-pocket maximum is paid/\$2250 per family.
Lifetime Maximum	Unlimited.	\$1,000,000/person.	Unlimited.	Unlimited.
Physical Exams and Health Guidance	\$15 office visit co-payment. Includes routine physical examinations for adults and children along with certain diagnostic screenings. Pediatric immunizations, gynecological exams and Pap tests are covered.	Employee pays 20% after deductible for adult and pediatric exams and certain preventive care. Deductibles do not apply for gynecological exams, Pap tests, and pediatric immunizations.	Preventive care is covered after office visit co-payment and includes routine physical examinations for adults and children, pediatric immunizations, gynecological exams and Pap test. Diagnostic screenings vary by HMO.	Routine adult physical examination are covered at 100%; no deductible. Employee pays 20% for state mandated pediatric immunizations, routine mammograms, and gynecological exams and Pap tests with no deductible.
Emergency Room Services	\$50 co-payment. Co-payment waived if admitted.		Co-payments vary by HMO. Covered if considered a medical	Employee pays 20% after deductible.

			emergency as defined by the HMO. Co-payment may be waived if admitted.	
Mental Health-Inpatient	Unlimited.	Employee pays 20% after deductible.	Coverage varies by HMO. See HMO literature.	Employee pays 20% after deductible.
Mental Health-Outpatient	\$15 office visit co-payment.	Employee pays 20% after deductible.		Employee pays 20% after deductible.
Prescription Drug Coverage-same for all plans	No deductible; \$0/\$15/\$30 co-payment for 30-day supply at retail; \$0/\$30/\$60 co-payment for 90-day supply through mail order.			

Pennsylvania State System of Higher Education Group Health Program
2010 - 2011 Health Plan Comparison

This summary highlights the Pennsylvania State System of Higher Education Health Program. Information is provided for general purposes only. Legal Plan Documents will govern any discrepancies that may arise. For additional information concerning these benefits, contact your human resource office. Additional information is also available at <http://www.passhe.edu/executive/HR/SystemHR/Benefits/Pages/Coverage.aspx>