Summary of Benefits – High-Deductible Health Plan with PPO

Congregational Employee Plan (CEP) for Brethren in Christ

Medical benefits under this plan are provided through the Highmark Blue Cross Blue Shield Preferred Provider Organization (PPO) Program. It is your responsibility to make sure that a health care provider is a network provider before medical treatment is received. The health care provider that you select can assist with this information.

Plan Requirements	In-Network	Out-of-Network[1]
Deductible options:		
• Calendar-year deductible	• $2,000 for single (self-only) coverage; $4,000 for family coverage.	• $4,000 for single (self-only) coverage; $8,000 for family coverage.
• Calendar year deductible	• $3,000 for single (self-only) coverage; $6,000 for family coverage.	• $6,000 for single (self-only) coverage; $12,000 for family coverage.
• Calendar year deductible	• $4,000 for single (self-only) coverage; $8,000 for family coverage.	• $8,000 for single (self-only) coverage; $16,000 for family coverage.
Calendar-year coinsurance	Not applicable.	
Lifetime maximum benefit	$2 million for each covered person.	
Precertification	You are responsible to contact Highmark Health Care Management Services 7-10 days prior to a planned inpatient admission or within 48 hours of an emergency admission.	
Filing claims	PPO provider files claims.	You are responsible to file claims.

Medical Benefits	In-Network	Out-of-Network[1]
Inpatient Facility Services		
• Hospital services[2]	You pay in-network deductible.	You pay out-of-network deductible.
• Skilled nursing facility care[2], up to 100 days per calendar year	You pay in-network deductible.	You pay out-of-network deductible.
Outpatient Services		
• Physician/specialist services • Allergy testing and shots • Chemotherapy, radiation therapy, and kidney dialysis • Maternity care (physician fees) • Home health care • Health education programs • Medical supplies and equipment • Cardiac rehabilitation programs • Durable medical equipment and prosthetics • Outpatient surgery in hospital, outpatient surgical center, or physician office • X-ray, lab, and diagnostic services • Spinal manipulations, up to 20 visits per year • Physical medicine, up to 20 visits per year • Speech therapy, up to 20 visits per year • Occupational therapy, up to 20 visits per year	You pay in-network deductible.	You pay out-of-network deductible.

Medical Benefits	In-Network	Out-of-Network[1]
Emergency Services		
• Ambulance • Hospital emergency room care	You pay in-network deductible.	
Adult Preventive Care Services[3]		
• Routine physical exams • Routine gynecological exam and pap test • Routine diagnostic screening • Mammograms • Immunizations	Plan pays 100%.	No plan benefit.
Pediatric Preventive Care Services[3]		
• Routine physical exams • Pediatric immunizations • Routine diagnostic screening	Plan pays 100%.	No plan benefit.
Hospice Services		
• Inpatient services[2] • Outpatient services	You pay in-network deductible.	You pay out-of-network deductible.
Mental Health Services		
• Inpatient treatment[2] • Outpatient treatment	You pay in-network deductible.	You pay out-of-network deductible.
Substance Abuse Services		
• Inpatient detoxification[2] • Inpatient rehabilitation[2] • Outpatient treatment	You pay in-network deductible.	You pay out-of-network deductible.
Premier Prescription Drug Program[4] (Defined by Premier Gold Pharmacy Network – Not Physician Network)		
• Retail drugs[5]	You pay in-network deductible; 31-day supply.	No plan benefit.
• Maintenance drugs[5] through mail order	You pay in-network deductible; 90-day supply.	No plan benefit.

[1]Plan payments for services received from an out-of-network provider are based on the allowable charge for the type of care, service, or treatment received. If the provider's charges are more than the allowable charge, you will be responsible for paying the difference. Any of these extra amounts you have to pay will not count toward your calendar-year deductible requirement.

[2]Precertification required. If this does not occur and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, the patient will be responsible for payment of any costs not covered.

[3]The schedule of covered preventive services is outlined in Highmark's preventive care schedule, which is updated periodically based on changes in clinical practice guidelines.

[4]At a participating retail or mail order pharmacy, you pay the entire cost for your prescription drug, at the discounted rate Highmark has negotiated, until your deductible is met.

[5]Generic drugs are mandatory when available. After your deductible has been met, if you purchase a brand-name drug when a generic drug has been authorized by the physician, you will be responsible to pay the difference in cost between the generic drug and the brand-name drug.