



Health Care **PROGRAMS** BASED ON INCOME



FOR UNINSURED CHILDREN, TEENS AND ADULTS



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An Independent Licensee of the Blue Cross and Blue Shield Association



Health Care Programs

that offer

LOWER COST COVERAGE

Highmark Blue Shield offers three health care programs with reduced rates for central Pennsylvania residents who qualify. Eligibility for these programs is based in part on household income. The programs include the Children's Health Insurance Program (CHIP), SpecialCareSM and adultBasic.

What do the programs cover?

These programs cover most care you get from doctors, hospitals, labs and emergency rooms. All three programs also cover emergency care you get from out-of-network doctors or hospitals. CHIP covers drugs, dental, vision and mental health care.

Where do I go for care?

For CHIP and adultBasic, you can use any PremierBlueSM Shield network doctor and hospital. You can also use a doctor who is not in the network; however, you will be responsible for paying any difference between the provider's charges and the Highmark payment amount. Uncovered amounts for out-of-network care may be significant.

CHIP members enrolled in PPOPlus are required to use their Primary Care Physician (PCP) for preventive health visits and immunizations.

For SpecialCare, you can use any SpecialCare Participating Provider. Most SpecialCare doctors are also in the PremierBlue Shield network. So even if you have children who have CHIP and you have SpecialCare or adultBasic, you and your children can usually choose the same providers.

Do I qualify for these programs?

Your annual household income determines if you qualify for one of these programs. You cannot be enrolled in other insurance or eligible for Medical Assistance. Please see the Income Guidelines for Eligibility on the enclosed rate sheet to see if your income qualifies. Read about each of the programs in this brochure for other requirements. **For SpecialCare, children and teens cannot be eligible for CHIP, Medical Assistance, Medicare or any other government program, or enrolled in any private health insurance. Highmark Blue Shield will refer all SpecialCare applicants under age 19 to CHIP and Medical Assistance. Children eligible for CHIP or Medical Assistance are not eligible for SpecialCare.**

What if my income is too high for these programs?

CHIP is available to all uninsured children and teens up to age 19, regardless of household income. If your household income is too high for SpecialCare or adultBasic, you can enroll in one of the Highmark individual guaranteed issue or medically underwritten programs. To learn about these other programs, please call 1-888-269-8412. Hearing-impaired TTY users, please call 1-800-862-0709. A Member Service representative can help you review our programs.

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CHIP

Can I get CHIP for my child?

To be eligible for CHIP, brought to you by Highmark, children must be Pennsylvania residents, not be eligible for Medical Assistance* or enrolled in other health insurance, be under age 19 and meet citizenship requirements. For most families, CHIP is free.** New applicants who are eligible for Low-Cost or Full-Cost CHIP levels must be uninsured for six months, unless the children are under the age of two, have lost health insurance because a parent lost their job or the children are moving from another public insurance program.



What does CHIP cover?

CHIP offers comprehensive PPO coverage.***

Any health condition your child had before enrolling in CHIP will be covered. Emergency care is covered everywhere. See the chart on page 5 for a comparison of CHIP, adultBasic and SpecialCare benefits.



Free CHIP has no copayments. Low-Cost and Full-Cost CHIP have copayments for certain services. See the chart on page 6.

CHIP covers:

- Preventive care and immunizations
- Dental, vision and hearing care****
- Mental health and substance abuse treatment (with limits)
- Prescription drugs
- Emergency care
- Hospitalization for 90 days/calendar year
- Inpatient/outpatient services
- Physician services
- Diagnostic services (such as lab work and x-rays)
- Durable medical equipment (such as wheelchairs and oxygen)
- Maternity care (if not eligible for Medical Assistance)
- Newborn care for the first 31 days
- Outpatient rehabilitation and therapy services (with limits)
- Home health care (with limits)
- Skilled nursing facility care (with limits)

* Children who appear to be eligible for Medical Assistance will be referred to the County Assistance Office using the enclosed CHIP/SpecialCare application.

** Cost sharing is eliminated for American Indians and Alaskan natives.

*** **Medical care is provided by PremierBlue Shield. This plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered. If you have any questions, please call 1-866-727-5437.**

**** Dental coverage is provided by United Concordia Companies, Inc. Vision coverage is provided by Davis Vision, Inc. United Concordia Companies, Inc. and Davis Vision, Inc. are independent companies that do not provide Highmark Blue Shield products or services. These companies are solely responsible for the products they provide.



adultBasic

Can I get adultBasic?

AdultBasic covers uninsured adults ages 19 through 64. You must be without health care coverage for at least 90 days before the date you enroll. You do not have to wait 90 days if you or your spouse is no longer employed. You do not have to wait 90 days if you received CHIP or Medical Assistance right before applying for adultBasic and you had no other health care coverage. You cannot be eligible for Medicare or Medical Assistance, and you must meet the income guidelines on the enclosed rate sheet.



Currently, there is a waiting list for this program. Adults on the waiting list are enrolled on a first-come, first-served basis. While on the waiting list for adultBasic, you can buy adultBasic at full cost. Buying adultBasic at full cost will not change your position on the waiting list. You may cancel your full-cost adultBasic coverage at any time without losing your place on the waiting list.

What is the difference between SpecialCare & adultBasic

SpecialCare is a Highmark program for uninsured central Pennsylvanians. There is no waiting list to enroll in SpecialCare. You can usually enroll within 30 days. AdultBasic is a Commonwealth of Pennsylvania program. You must be without health care coverage (including SpecialCare) for at least 90 days before you are eligible for adultBasic, unless you or your spouse have lost a job. AdultBasic has a waiting list. You can buy adultBasic at full cost while you are on the waiting list.

Both SpecialCare and adultBasic cover preventive care, doctor visits, emergency care, hospital stays, inpatient/outpatient services and more. AdultBasic requires a 10 percent coinsurance, up to a \$1,000 annual out-of-pocket maximum, for all services that do not require a copayment (except visits for preventive care). The chart on page 5 compares SpecialCare, adultBasic and CHIP benefits.

SpecialCare

Can I get SpecialCare?

SpecialCare offers coverage for uninsured residents who are not eligible for Medicare, CHIP or Medical Assistance and are not enrolled in private insurance. Your income cannot be higher than the income guidelines on the enclosed rate sheet.

SpecialCare Includes a Pre Existing Condition Clause

If you are a new customer, SpecialCare has limits. It will **not** cover services received during the first 12 months for any condition, illness or injury that a physician treated or gave advice for during the 12 months before your SpecialCare contract went into effect.

If you are a current Highmark Blue Cross and/or Blue Shield group member and are thinking about switching your health care plan to SpecialCare, SpecialCare **may** waive limits for pre-existing conditions. This means that a condition you have before you enroll in SpecialCare may be covered, beginning on the date your SpecialCare coverage goes into effect.



Note: Highmark Blue Shield shall not be required to issue a conversion policy covering any person who is eligible for similar benefits under any arrangement of coverage for individuals in a group whether on an insured or uninsured basis.

When Will My Coverage Begin?

For CHIP – Do not send a payment with your application. For most families, CHIP is free. We will let you know when your coverage begins and when your payment is due for Low-Cost or Full-Cost CHIP. No payment is required for Free CHIP.

For SpecialCare – Return your application in the enclosed reply envelope. If you need coverage in the next 30 days, complete the payment boxes on the cover of the application and send your premium. If your application is complete and we receive it by the last day of the month, your coverage will start on the first day of the following month. If you need help, please call 1-888-269-8412.

For adultBasic – Please do not use the enclosed CHIP/SpecialCare application to apply for adultBasic. To request an application for adultBasic, please contact our adultBasic Eligibility and Enrollment Unit toll-free at 1-866-727-5437, Monday through Friday, from 8:30 a.m. until 4:30 p.m. Hearing-impaired TTY users, please call 1-866-727-4938.

HIPAA Eligibility

You may be able to get health care that covers health conditions you already have, if you meet certain requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please call a Customer Service representative at 1-888-269-8412 for information on the benefits and rates of our special program (ClassicBlue® Comprehensive) for HIPAA eligibles.

Benefit Comparison Chart

	CHIP	SPECIALCARE	ADULTBASIC
Pre-existing Condition Limitations	None	Not covered for pre-existing medical conditions, illnesses or injuries during the first 12 months	None
Coinsurance	None	None	10% up to \$1,000 out-of-pocket maximum per benefit period
Doctor Office Visits	Covered for 50 visits per benefit period	Covered for four visits per year for illness or injury only	Covered
Preventive Care	Covered	Covered for pediatric immunizations, mammograms (one per year), and gynecological exams/PAP tests (one per year)	Covered
Emergency Care	Covered	Covered	Covered
Inpatient Hospital	Covered for 90 days per year (combined with Mental Health and Skilled Nursing Facility)	Covered for 21 days per benefit period*	Covered after 10% coinsurance; limited to 2 admissions per benefit period
Maternity Care	Covered if not eligible for Medical Assistance	Covered	Covered after 10% coinsurance, if not eligible for Medical Assistance
Newborn Care	Covered for first 31 days**	Covered for first 31 days**	Covered after 10% coinsurance for first 31 days
Diagnostic Services	Covered	Covered up to maximum \$1,000 per calendar year each for hospital and medical/surgical benefits	Covered after 10% coinsurance
Outpatient Rehabilitation and Therapy Services	Covered with limitations	Not covered	Covered after 10% coinsurance with limitations
Durable Medical Equipment (e.g., oxygen, wheelchair)	Covered	Not covered	Limited coverage*** after 10% coinsurance
Diabetic Supplies and Insulin	Covered	Not covered	Covered after 10% coinsurance
Skilled Nursing Facility Care	Covered with limitations (90 days combined with Mental Health and Inpatient Hospital)	Not covered	Covered after 10% coinsurance with limitations and in lieu of hospitalization
Mental Health Treatment	Covered with limitations (90 days combined with Inpatient Hospital and Skilled Nursing Facility)	Not covered	Not covered
Substance Abuse Treatment	Covered with limitations	Not covered	Not covered
Prescription Drugs	Covered	Not covered	Not covered except for diabetic supplies, insulin, immunosuppressants and autism spectrum disorder drugs
Dental Care****	Covered for exams, cleanings and fillings	Not covered	Not covered
Vision****	Covered for exams and eyeglasses	Covered for one exam every 24 months, plus 50% discount on eyewear	Not covered
Hearing Exams and Aids	Covered with limits	Not covered	Not covered
Autism Spectrum Disorder (Act 62)	Covered up to \$36,000 per benefit period	Not covered	Covered after 10% coinsurance for members under age 21 up to \$36,000 per benefit period

Medical care for CHIP and adultBasic is provided by PremierBlue Shield. Medical care for SpecialCare is provided by Blue Shield professional providers and hospital care is provided by participating SpecialCare facilities. These plans may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered.

- * After 90 days out of the hospital, the benefit period resets and another 21 days are available.
- ** CHIP members who give birth receive 31 days of coverage for the newborn. After 31 days, the mother can apply for CHIP or Medical Assistance for the newborn. To continue SpecialCare coverage beyond the first 31 days, a parent must apply for the newborn as a dependent or an individual within the initial 31-day period for SpecialCare pre-existing condition limitations to be waived.
- *** Durable medical offered only for diabetes-related orthotics; mastectomy-related prosthetics, and oxygen in a home health setting.
- **** Dental coverage is provided by United Concordia Companies, Inc. Vision coverage is provided by Davis Vision, Inc. United Concordia Companies, Inc. and Davis Vision, Inc. are separate companies that do not provide Highmark Blue Shield products or services. These companies are solely responsible for the products they provide.

Copayments

	DOCTOR VISIT	SPECIALIST VISIT	EMERGENCY CARE	GENERIC DRUGS	BRAND NAME DRUGS
Free CHIP	\$0	\$0	\$0	\$0	\$0
Low-Cost CHIP	\$5*	\$10	\$25**	\$6	\$9
Full-Cost CHIP	\$15	\$25***	\$50**	\$10	\$18
SpecialCare	\$10****	\$10****	\$0	No coverage	No coverage
adultBasic*****	\$10	\$20	\$50**	No coverage*****	No coverage

* No copayments required for well-child visits.

** Copayment waived if admitted.

*** Members with Full-Cost CHIP owe a specialist copayment for outpatient mental health services.

**** Limited to four doctor and/or specialist visits per benefit period for illness or injury.

***** Member pays 10% coinsurance up to \$1,000 out-of-pocket maximum per benefit period, except for preventive care and services that require a copayment.

***** Diabetic supplies, insulin and immunosuppressants related to transplants are covered in full. Autism spectrum disorder drugs covered up to \$36,000 combined medical/drug limit per benefit period.

Terms **You Should Know...**



Here are the definitions of some terms included in this brochure:

Benefit Period

Period of time starting with the date you are admitted as an inpatient to an approved health care facility and ending after 90 days in a row have gone by during which you are not an inpatient in any approved health care facility. Applies only to SpecialCare.

Calendar Year

The 12-month period beginning on January 1 and ending on December 31.

Copayment

The fixed dollar amount you pay for certain covered services at the time you receive the services.

Covered Services

The services and supplies paid for by your health care program.

Effective Date

The date, as shown in health care program records, on which your health care coverage begins.

PPO (Preferred Provider Organization)

A health care program that offers two levels of benefits. If you receive covered services from a physician or facility that is in the network, you'll receive the higher level of benefits. If you receive services from a physician or facility that is not in the network, you'll receive the lower level of benefits.

Network or Participating Providers

Health care providers and facilities that have signed an agreement with Highmark Blue Shield (for SpecialCare) or PremierBlue Shield (for CHIP and adultBasic). This agreement means that these providers and facilities agree to accept the amount that Highmark Blue Shield or PremierBlue Shield will pay for covered services as payment in full. They also file claims for you.

Non Participating Providers

These providers and facilities do not have an agreement with Highmark Blue Shield (for SpecialCare) or PremierBlue Shield (for CHIP and adultBasic). The SpecialCare program described in this brochure does not cover services you get from non-participating providers, except in an emergency.



For More Information & Help Applying

For CHIP and adultBasic

Please call 1-866-727-5437, Monday through Friday, between 8:30 a.m. and 4:30 p.m. Hearing-impaired TTY users, please call 1-866-727-4938.

For SpecialCare

Please call 1-866-442-8234, Monday through Friday, between 9:00 a.m. and 9:00 p.m. Hearing-impaired TTY users, please call 1-800-862-0709.

You may also stop in one of the Highmark Blue Shield Customer Service Centers listed below, Monday through Friday, between 8:30 a.m. and 4:30 p.m. You can also visit our Highmark Direct store during the hours listed below.

Allentown Customer Service Center
7248 Tilghman Street
Allentown, PA 18106

Camp Hill Customer Service Center
Bldg. #1 Level 1-A
1800 Center Street
Camp Hill, PA 17011

State College Customer Service Center
2040 Sandy Drive
State College, PA 16803

Highmark Direct
Silver Spring Square
6416 Carlisle Pike
Suite 1500
Mechanicsburg, PA 17050
Hours: Monday through
Saturday
10:00 a.m. to 7:00 p.m.

This brochure is a brief introduction to CHIP, SpecialCare and adultBasic programs. The information can help you select the coverage that's best for your health care needs and lifestyle. This is not a contract. A complete description of benefits, terms and conditions of coverage, and any limitations can be found in the Subscriber Agreement you get when you enroll.



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PremierBlue is a service mark of the Blue Cross and Blue Shield Association.

SpecialCare is a service mark of Highmark Inc.

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Rate Sheet for Programs Based on Income For Children and Teens

Do You Have Children or Teens?

Uninsured children under 19 years will be evaluated for CHIP using the SpecialCare application. For many families, CHIP is free. To find out which CHIP coverage is available to your child, follow these steps:

1. Find the row that equals the number of people in your household.
2. In that row, find the box that matches the age of the child **and** your current annual household income before taxes. (This includes wages and other income from you, your spouse and any other adults living with you who provide income to the household.)
3. If your income is lower than the ranges shown, your child may qualify for Medical Assistance.

Income Guidelines for CHIP Coverage*														
Your Household Size**	Free CHIP						Low-Cost CHIP 1		Low-Cost CHIP 2		Low-Cost CHIP 3		Full-Cost CHIP	
	Ages 0 to 1		Ages 1 through 5		Ages 6 up to 19		Ages 0 up to 19		Ages 0 up to 19		Ages 0 up to 19		Ages 0 up to 19	
	Income Range		Income Range		Income Range		Income Range		Income Range		Income Range		Income Range	
1	\$20,036	\$21,660	\$14,404	\$21,660	\$10,830	\$21,660	\$21,661	\$27,075	\$27,076	\$29,783	\$29,784	\$32,490	\$32,491	No Limit
2	\$26,955	\$29,140	\$19,379	\$29,140	\$14,570	\$29,140	\$29,141	\$36,425	\$36,426	\$40,068	\$40,069	\$43,710	\$43,711	No Limit
3	\$33,874	\$36,620	\$24,353	\$36,620	\$18,310	\$36,620	\$36,621	\$45,775	\$45,776	\$50,353	\$50,354	\$54,930	\$54,931	No Limit
4	\$40,793	\$44,100	\$29,327	\$44,100	\$22,050	\$44,100	\$44,101	\$55,125	\$55,126	\$60,638	\$60,639	\$66,150	\$66,151	No Limit
5	\$47,712	\$51,580	\$34,301	\$51,580	\$25,790	\$51,580	\$51,581	\$64,475	\$64,476	\$70,923	\$70,924	\$77,370	\$77,371	No Limit
6	\$54,631	\$59,060	\$39,275	\$59,060	\$29,530	\$59,060	\$59,061	\$73,825	\$73,826	\$81,208	\$81,209	\$88,590	\$88,591	No Limit

These guidelines are effective March 1, 2009.

* Income guidelines change annually around March 1.

** Call us if your family size is not listed.

How Much Does CHIP Cost Per Month?

	One Child	Two Children	Three Or More Children
Free CHIP	No Cost	No Cost	No Cost
Low-Cost CHIP 1	\$45.42	\$90.84	\$136.26
Low-Cost CHIP 2	\$63.59	\$127.18	\$190.77
Low-Cost CHIP 3	\$72.68	\$145.36	\$218.04
Full-Cost CHIP	\$255.72	\$511.44	\$767.16

Rates subject to change upon approval by Pennsylvania Insurance Department.



For more information about CHIP, please call toll-free 1-866-727-5437.

See other side for programs for uninsured adults.

Rate Sheet for Programs Based on Income For Adults

Do You Qualify For SpecialCareSM or adultBasic?

To see if you qualify for SpecialCare or adultBasic, check the Income Guidelines chart below:

1. Find the row that equals the number of people in your household.
2. Find your annual household income for the current year (this includes wages or other income from you, your spouse, and any children under the age of 19 living with you who provide income to the household). Income from both spouses is required, even if only one is applying for SpecialCare or adultBasic. Adults age 19 and over should include income from their spouse and any children under the age of 19 living with them in the household.
3. Many adults will be eligible for both SpecialCare and adultBasic. If your income is lower than the range shown, you may qualify for Medical Assistance.



Income Guidelines for Coverage[^]

Your Household Size ^{^^}	SpecialCare	adultBasic
	Ages Birth through 64	Ages 19 through 64
	Income Range	Income Range
1	Less than \$21,660	\$5,100 \$21,660
2	Less than \$29,140	\$5,300 \$29,140
3	Less than \$36,620	\$5,600 \$36,620
4	Less than \$44,100	\$6,800 \$44,100
5	Less than \$51,580	\$8,100 \$51,580

These guidelines are effective March 1, 2009.

[^] Income guidelines change annually around March 1.

^{^^} Call us if your family size is not listed.

How Much Do SpecialCare and adultBasic Cost Per Month?

	One Person	One Parent & Child	One Parent & Children	Husband & Wife	Two Parents & Child	Two Parents & Children
SpecialCare*	\$130.00	\$193.75	\$257.55	\$260.15	\$323.90	\$387.65
adultBasic	\$36.00**	N/A	N/A	\$72.00	N/A	N/A

Rates subject to change upon approval by Pennsylvania Insurance Department.

* You can enroll in SpecialCare and enroll your children in CHIP at the same time.

** \$600.00 per adult at cost if you are on the waiting list. Effective July 1, 2010, the at-cost rate will increase to \$629.00 per adult.

For more information about SpecialCare, please call toll-free 1-866-442-8234.

For more information about adultBasic, please call toll-free 1-866-727-5437.

See other side for programs for uninsured children and teens.



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