

YOUR HIGHMARK BLUE CROSS BLUE SHIELD TRANSITION GUIDE

CHANGES EFFECTIVE UPON YOUR GROUP'S 2016 RENEWAL





Highmark Inc. and Blue Cross of Northeastern Pennsylvania have worked together for decades to bring you the quality health care benefits and services that you and your family have come to rely on.

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Highmark and Blue Cross of Northeastern Pennsylvania have merged, and we'll continue to serve the 13 counties of northeastern and north central Pennsylvania as Highmark Blue Cross Blue Shield.

As we complete this transition, we continue to build on our long-standing relationship to enhance the benefits and services you and your family receive. Over time, we will introduce new products and services, expand our high quality provider networks and develop new resources to help you manage your health.

This guide gives you an overview of some of the changes that you'll experience as a Highmark member, starting when your plan renews. Your employer or plan administrator will tell you more about the health plan choices that are available for 2016 during open enrollment. This is when you will learn more about the specific benefits and services that are covered under your Highmark health plan, including medical care, prescription drugs, dental and vision care services, wellness programs and health spending accounts.

Once you are enrolled as a Highmark member, you will want to register for Highmark's member website at highmarkbcbs.com. This is where you'll find valuable online tools that can help you manage your health care costs and get the most from your coverage. Once registered, log in anytime to check the status of claims, find a provider and get tips for healthy living.

You can also sign up to receive "paperless" communications like Explanation of Benefits (EOBs) statements and health alerts, member newsletters, notices of wellness services and member discounts and more.

ENROLLMENT

ID CARDS

You and your covered family members will receive new Highmark ID cards. You'll see some differences from your current ID cards:

- The name Highmark Blue Cross Blue Shield has replaced Blue Cross of Northeastern Pennsylvania.
- The three letters in front of your member ID number have changed.
- If your plan name has changed, the new name will be on your cards.
- If member service or other important phone numbers have changed, these new numbers will be on the back of your cards.

Use your new Highmark ID card whenever you receive care.

It's just as important as ever that you show your ID card to your doctor, at other health care providers (like where you have blood drawn or have an X-ray taken) and at pharmacies. This will help to make sure your claims are filed quickly and accurately, with no delays.

A sample ID card



COVERED BY MORE THAN ONE PLAN?

When you get your new ID card, you'll be asked if you or a family member is covered by more than one health plan. For example, you may be covered through your spouse's health insurance plan as well as your employer's plan. To make sure your claims are paid correctly, please tell us whether you or one of your covered dependents has this dual coverage.

Your new ID cards will have a sticker on the front with the toll-free number to call us with this information.

A sample COB sticker

For accurate claims processing, please tell us today - Yes or No - if you or your dependents have other health insurance. Call 1-800-236-9553 or visit our website (see back of this card.)

EXPLANATION OF BENEFITS (EOB) STATEMENTS

The EOB statement is a document (not a bill) we send to you after we receive and process a medical claim. You will receive an EOB only if you have paid money or owe money for the claim. The EOB lists how much you owe the doctor and how much your health care coverage has paid. Highmark EOBs include similar information, but will look different than what you see today.

Use the member website at highmarkbcbs.com to receive your EOBs electronically—and eliminate all that paper! From the **Member Home** page, click on **Other Member Information**, and then select **Contact Preferences**. We'll send you an email each time a new EOB has posted.

CUSTOMER SERVICE

PHONE NUMBERS

Many of the Customer Service numbers will be changing Jan. 1, 2016, but you can use the current phone numbers on the back of your ID card until your plan renews in 2016. The new phone number for member service will be on the back of your Highmark ID card.



YOUR PLAN NAME AND NETWORK

The name of your health plan may change with your 2016 coverage. You may also see changes in covered and non-covered services. These will be discussed by your employer or plan administrator during open enrollment and are fully explained in the enrollment and member materials you'll receive.

You may also see a change in the provider network that is used by your health plan. Be sure to read all of the information you receive from your employer or plan administrator, along with what's included in the member materials and ask if you have any questions. To find providers in the network for your health plan, click on **Find a Doctor** at highmarkbcbs.com.

HEALTH SPENDING ACCOUNT PLANS

If you have an HSA, HRA or FSA, the health care spending account administrator will change in 2016 from HealthEquity to Highmark (with Bank of America as custodian). Health care spending accounts are explained in the enrollment and member materials you'll receive and will be discussed by your employer or plan administrator during open enrollment.

HEALTH MANAGEMENT

As with your current health plan, Highmark's health management programs help to ensure you get the proper care in the right setting, at the appropriate cost and are most likely to lead to positive outcomes. Our Medical Management & Policy team reviews services, supplies and medications before your benefits pay to make sure they are medically necessary and appropriate. This review process is called authorization, prior approval or precertification.

AUTHORIZATION (PRIOR APPROVAL/ PRECERTIFICATION) REQUIREMENTS

As with your current coverage, certain services need prior approval. If you use a network provider, the provider will take care of your authorization requests. Highmark reviews these services to help ensure that you get care that has been proven to be effective and safe for your specific condition.

Your Highmark coverage includes new authorization requirements for certain outpatient services, durable medical equipment (DME) and advanced imaging tests like MRIs and CT scans. Services that need authorization are continually reviewed and may change, and we keep network providers informed of changes as they occur.

CARE MANAGEMENT

Starting with your plan's renewal, services that you currently receive with Blue Health SolutionsSM will be offered under Highmark's Case and Condition Management programs. Just as with your current program, teams of licensed clinical professionals coordinate care and work with you to identify and resolve any gaps in care, help you find the most appropriate providers and facilities, reduce return hospital stays, learn about disease conditions and give you resources to help you better manage your care.

In addition, to help support your health care decisions, Highmark offers **Blues On CallSM**, a 24-hour nurse line.

HEALTH AND WELLNESS PROGRAMS

Highmark offers a robust variety of health and wellness programs. These are similar to the Blue Health Solutions programs you are familiar with, but have different names and include even more resources.

Through a partnership with WebMD®, Highmark offers the following programs and resources to help you meet your specific health care needs:

- The **Wellness Profile** (health assessment) is an online survey that identifies health strengths and weaknesses and provides recommendations for health improvement.
- **Member Programs**, including lifestyle improvement classes, smoking cessation programs and health management programs for chronic conditions such as asthma, COPD, congestive heart failure, coronary artery disease, depression, diabetes, high blood pressure and high cholesterol.
- Online tools are available to help you make wise health care choices. These include **Health Trackers**, **Symptom Checker**, **Personal Health Record** and **Health Education & Information** tools. In addition, **My Health Assistant** provides self-guided programs that you can use to create your own customized wellness program based on your health interests and how much or little you want to participate.
- A **Wellness Rewards** program is also available with some plans. Your employer or plan administrator will give you more information about any rewards that are available to you during open enrollment.

Highmark also gives you access to these valuable wellness resources:

- Women who are pregnant can join **Baby Blueprints®**, a maternity and education program that helps expectant mothers take good care of themselves and their babies.
- A **Wellness Discount Program** offers special savings and discounts up to 30 percent on non-covered wellness products and services from leading national companies in a wide range of categories.
- Some plans offer a **Telemedicine** benefit which can help you to resolve minor medical issues. Be sure to ask if this benefit is included in your plan.

PHARMACY BENEFITS

PHARMACY NETWORK

When your coverage renews, your prescription drug benefits will continue to be administered by Express Scripts®, Inc. (ESI), but you'll use the Highmark National Network.

Remember: Just as with your current health plan, Walgreens Retail Pharmacies are NOT included in this network.

There will be some differences from your current pharmacy network, so be sure to check that the pharmacy you use is a network provider under your new Highmark plan. To find network pharmacies, visit highmarkbcbs.com and select the **Find a Doctor or Rx** tab. You can also call the member service number on the back of your new Highmark ID card.

Please note that this is a change. Highmark's Member Service representatives can answer most pharmacy questions and will transfer your call to ESI if needed.

Remember: Show your new Highmark ID card to the pharmacist before filling your first prescription under your new coverage plan in 2016. This will ensure your claims are processed accurately and on time.

PHARMACY FORMULARY

Your pharmacy formulary will also change when your plan renews. You'll get details about which formulary your new coverage uses from your employer during open enrollment.

Then, you can review the appropriate Highmark formulary at highmarkbcbs.com. Click on the **Find a Doctor or Rx** tab at the top of the page.

PRIOR AUTHORIZATIONS

If you are using medications that have been previously approved, you can continue to take those medications and the prior authorizations will transfer to Highmark. However, some drugs may have different standards for coverage, and the length of time for authorizations may be different.

In addition:

- Some medications may need a new prior authorization before coverage is approved. These drugs are noted on Highmark's formulary with the letters "PA."
- Authorizations for compound medications will not transfer to Highmark. Compounds may no longer be covered depending on your plan.

If changes to the prior authorization process affect the medications you take, you will receive a letter with more information.

STEP THERAPY

If you have step therapy history for medications, that history will also transfer. In general, with Highmark coverage, step therapy applies for considerably fewer drugs. These drugs are also noted on Highmark's formulary with the letters "PA."

If changes to the step therapy process affect the medications you take, you will receive a letter with more information.

QUANTITY LIMITS

Highmark coverage, like your current prescription drug benefits, has quantity limits on certain drugs, although they may be different from your current quantity limits. These drugs are noted on the Highmark formulary with the letters "QL."

HOME DELIVERY

If you currently use the Select Home Delivery program, you'll enjoy similar convenience under the Highmark Active Choice program. Once your plan renews, your information will transfer automatically to the Active Choice program. If you are taking a maintenance medication and don't use Select Home Delivery, you will receive a letter from ESI about the benefits of Active Choice.

SPECIALTY DRUGS/PHARMACY

Highmark uses Walgreens Specialty Pharmacy® for specialty drugs, which are indicated on its website with the letters “SP.” If you are currently using a specialty drug, you will need to get these drugs from Walgreens Specialty Pharmacy—which is different from Walgreens retail pharmacies. You may also receive a letter from Highmark with more information.

PHARMACY COPAYS

Your new Highmark coverage will continue to help you get the prescription medications you need at an affordable price. Depending on your new plan’s specific benefit design and drug formulary, you may pay more or less for your medications than you do today.

Here is the general copay information for prescription drugs:

- Tier \$0 will be replaced with a low-cost generic copay program. There will be more prescription drugs in this category than are currently in Tier \$0, but not all drugs that are currently in Tier \$0 will be included in the low-cost generic copay program.

- All home delivery copays will be two times the retail copay amounts. For example, if you currently pay \$20 for a 30-day retail supply, you will pay \$40 for a 90-day home delivery supply.

You’ll get more information about your 2016 prescription drug coverage, including copays, during open enrollment.

ADDITIONAL PHARMACY CHANGES

When your coverage renews, a number of medications currently covered under your pharmacy benefit will instead be covered under your medical benefit. This means you will not be able to get them at retail pharmacies, but will need to get them from your doctor. These are medications that are not commonly used, such as enzyme therapies and hemophiliac factor products. If you are currently using any of these medications, you will be notified by mail.

In addition, when your coverage renews, most vaccines will be covered under Highmark’s medical benefit. This means you won’t be able to get a flu or allergy shot at some retail pharmacies. Instead, you should ask your doctor about the vaccines that are right for you and get those shots at your doctor’s office.



TOOLS AND RESOURCES

MEMBER MATERIALS

When your plan renews, you'll receive new information about what's covered, how to access care, find a doctor and much more. These documents may look a little different from what you have received in the past, but they will continue to contain valuable information. Please review this information and keep it in a safe place for future reference.

MEMBER WEBSITE

To get the most value from your health plan, register for Highmark's member website at highmarkbcbs.com. Here you'll find online tools that make it convenient and easy to manage your care and your health. Once you receive your new ID card, register and log in to gain access to personalized information about coverage and claims, search for a provider, sign up for special programs and learn more about staying healthy.

The member website has five key sections:

Coverage—Includes a summary of benefits, including vision, health & wellness, member discounts, and other health plan resources. You can even download a benefits booklet to learn more about how your coverage works.

Claims—Review your claims in real time, see your progress toward your deductible, view your accounts and messages and check the information on your EOBs.

Spending—If you have a spending account, you can submit new claims, track account activity, view the balance and manage your debit card all in one convenient location.

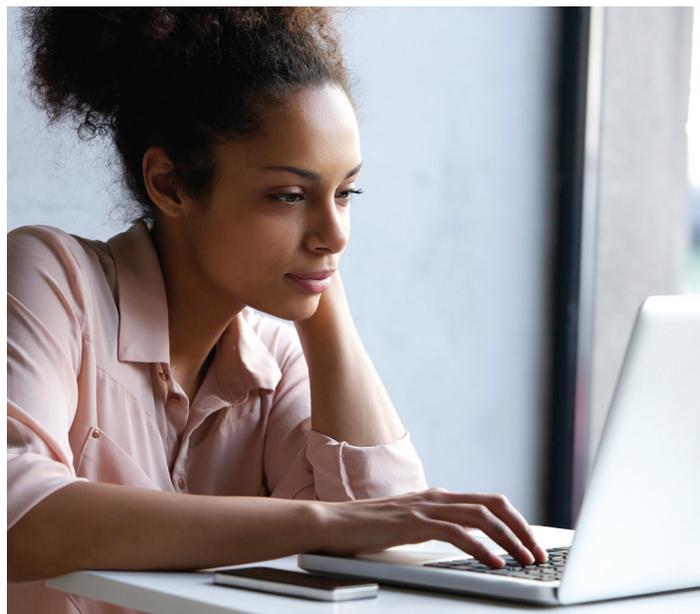
Find a Doctor or Rx—With the **Find a Provider** tool, you can compare providers' quality ratings and search for convenient locations. Write your own **Patient Experience Reviews** for providers and facilities, and read what others have to say.

Health & Wellness—This is where you can search for conditions, treatments and healthy living topics. Use the symptom checker and search through the medical encyclopedia. You'll also have access to a large variety of other wellness tools and resources.

COST & QUALITY TOOLS

Highmark offers a variety of online tools and information that you can use to make smart health care decisions.

- Compare providers' quality of care ratings and search for convenient locations with the **Find a Provider** tool.
- Write **Patient Experience Reviews** for the doctors and facilities you have seen, and read what others have to say.
- Use the **Care Cost Estimator*** to search and compare the costs for medical procedures and services. The Care Cost Estimator uses real time data and takes into account how much you've met toward your deductible and what your cost share (copays and coinsurance) is—so you get a more accurate estimate of your out-of-pocket cost.
- Keep track of your health care costs with the **Claims and Spending** tabs. These show you how to budget funds by tracking your spending and claims activity for medical, prescription drug, dental and vision coverage and health spending accounts.



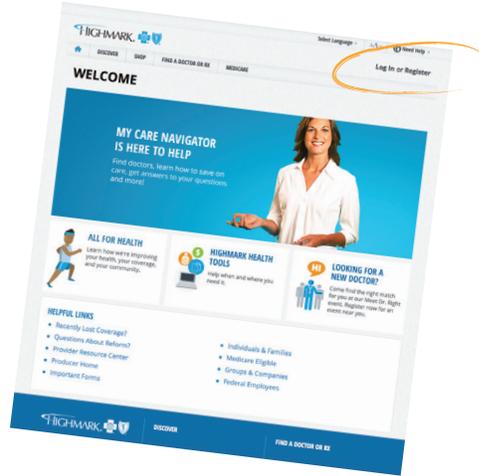
*The Care Cost Estimator is not currently available with BlueCare® HMO and BlueCare HMO Plus plans.

MEMBER SELF-SERVICE AT BCNEPA.COM

Until your plan renews for 2016, you can continue to access your specific 2015 health plan benefits, including deductibles and claim history, using Member Self-Service at bcnepa.com. Member Self-Service at bcnepa.com will be available until the end of 2016, so you'll be able to look back at your 2015 claim history.

MEMBER ALERTS & NEWSLETTERS

Highmark's member website provides many new features to help you better manage your health. Be sure to register at highmarkbcbs.com to receive personalized emails containing information tailored to your specific needs and interests. Once you log in at highmarkbcbs.com, sign up to receive "paperless" communications like email alerts, along with electronic health statements, wellness tips, discounts and the *Looking Healthward* newsletter. From the **Member Home** page, click on **Other Member Information**, and then select **Contact Preferences**.



GENERAL BENEFIT CHANGES

OUT-OF-POCKET MAXIMUM

If you are covered by a BlueCare® HMO or BlueCare HMO Plus plan that renews in 2016, you will now have a combined out-of-pocket (OOP) maximum amount for both your medical and prescription drug services. This means you will no longer have two separate OOP maximum amounts for medical and prescription drug services.

BENEFIT PERIOD FOR DEDUCTIBLES, COINSURANCE, OUT-OF-POCKET MAXIMUM AND VISIT LIMITS

Many features of your coverage depend on your plan's specific "benefit period." For coverage that renews in January, the benefit period is Jan. 1 through Dec. 31. Coverage that renews at another time may have a "calendar year" or "benefit year" benefit period.

If your coverage has a "calendar year" benefit period and **renews other than on Jan. 1**, any annual benefit features (such as your annual deductible) will **not** start over when your coverage renews in 2016. Instead, they will carry over from 2015. For example, if your plan renews July 1, 2016 and has a "calendar year" benefit plan, the benefit period for your deductible, coinsurance maximum and any visit limits, which started July 1, 2015, will extend through Dec. 31, 2016.

If your coverage has a "benefit year" benefit period and renews other than Jan. 1, any annual benefit features (such as your deductible) will reset and start over when your 2016 plan year renews.

Your employer or plan administrator will give you more information about this benefit feature during open enrollment.

PREVENTIVE SCHEDULE

When your plan renews, if you are covered under PPOBlue, PPOBlue Qualified High Deductible Health Plan, EPOBlue or ClassicBlue plan, your coverage will use Highmark's Preventive Health Schedule, which is very similar to your current health plan preventive schedule.

If you're not renewing to one of these plans, your coverage will continue to use your current Blue Cross of Northeastern Pennsylvania's Preventive Health Schedule.

You'll learn more about the Preventive Health Guidelines during open enrollment. You can also call member service if you have any questions.

YOUR POLICY/CONTRACT

This document is a brief summary of the health plan benefits you'll receive as a member of a Highmark health plan. You will receive more detailed information from your employer or plan administrator once you enroll for coverage for 2016.

And remember, your Policy/Contract is the final say as to what is covered and not covered, the process you have to follow to get care and what you have to pay for your care.



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Blue Cross Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross Blue Shield Association.

Express Scripts, Inc. is a registered trademark of Express Scripts Holding Company. Express Scripts is an independent company that administers pharmacy services and is not affiliated with the Blue Cross Blue Shield Association.

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Baby Blueprints is a registered mark of the Blue Cross Blue Shield Association.

Blues On Call is a service mark of the Blue Cross Blue Shield Association.

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Please note that self-funded group benefits may be different from the benefits and services described here.

Highmark Blue Cross Blue Shield provides FSAs, HRAs and HSAs that are administered by Health Equity, Inc., an independent personal health care financial services company not affiliated with the Blue Cross Blue Shield Association.

Bank of America is an independent company that is the custodian of Highmark health spending accounts (HSA). Highmark does not offer banking, investment or financial services. HSA funds are maintained in accounts under the custody of Bank of America, a separate company that does not offer Blue Cross and/or Blue Shield products or services.

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