

Benefits News

Important Announcements

For Eligible Managers; Faculty; Security, Police and Fire Professionals of America (SPFPA); Nurses; and Non-faculty Athletic Coaches

April 2010

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This Benefits News addresses Open Enrollment, **and important topics which impact your health care coverage.** Please take the time to read the entire newsletter and if you have questions, contact your university human resources office.

Employee Health Care Contribution * Increase for July 1, 2010

Effective July 1, 2010, the employee's portion of the health care premium cost-sharing is increasing.

Employees who are covered under a Highmark plan (the PPO or the Indemnity Plan) and who have completed the participation requirements for Phase 3 of Healthy U will contribute **15%** towards the cost of their healthcare premiums, via their bi-weekly payroll contributions. Those Highmark covered employees who choose not to participate in Healthy U will contribute **25%** towards the cost of their healthcare premiums. Prior to July 1, 2010, these contribution rates were 10% (for Healthy U participants) and 20% (for Healthy U non-participants). The increase in contributions will be reflected on the pay check dated July 2, 2010.

Employees who have elected coverage under one of the HMO options will contribute 15% toward the cost of their healthcare premiums. There is no wellness program currently associated with the HMO plan options. Prior to July 1, 2010, the employee contribution rate applicable to the HMO coverage was 10% of the premium cost.

If you are a Highmark member, you can reduce your bi-weekly healthcare payroll deductions by participating in Healthy U! To qualify to pay the 15% contribution rate for the plan year beginning July 1, 2010, you must complete your Healthy U participation requirements by May 31, 2010. Don't miss this opportunity to save yourself money! If you and your covered spouse/same-sex domestic partner have not yet completed your participation, please see the Healthy U alert on page 5 of this document for more information.

* Non-faculty athletic coaches' contribution will also increase from 1.0% to **1.5%** of salary for Healthy U participants and from 2.0% to **3.0%** of salary for coaches who choose not to participate in Healthy U.

Time to Review Your Health Care Plan

PASSHE continues to offer you and your eligible dependents comprehensive medical coverage through various health care options. Open enrollment is your annual opportunity to choose the right health care plan for you and your family and to add or delete dependents from your contract. To determine which plans are available to you, check the Plan Service Areas and Contacts on Page 11 of this newsletter.

For details on each plan, see Page 10 of this newsletter or refer to the “Indemnity Benefit Summary” and “PPO Benefit Summary” at PASSHE’s website at www.passhe.edu/openenrollment. Keep in mind the Indemnity Plan is “CLOSED” to new enrollments – it is available only for employees who are currently enrolled in the plan.

IMPORTANT INFORMATION FOR INDEMNITY PLAN MEMBERS

Significant changes will occur effective July 1, 2010 to the Highmark Indemnity Plan as follows:

\$750 Annual Deductible (individual); \$2,250 Annual Deductible (family)

This represents an increase from the current deductible levels of \$500 individual/\$1,500 family. This up-front deductible is applied to most services, including hospital services, physician services and most other covered services. This deductible is your financial responsibility for the first \$750 in applicable services you receive in a calendar year.

Annual Out-of-Pocket Limit of \$750 (individual); \$2,250 (family)

In addition to the deductible outlined above, the member will pay 20% of the cost of applicable medical services incurred (after satisfying the deductible) until the member has reached the out-of-pocket limit of \$750. After that point, the plan will pay in full. This is an increase over the current out-of-pocket limit of \$425 per member.

Any medical expenses that you have incurred previously in calendar year 2010 toward your deductible and/or out-of-pocket maximum will be carried forward and applied towards these new limits, and you would only be responsible for the incremental expenses to reach the new deductible and out-of-pocket maximums. For example, if in calendar year 2010 you have already met a \$500 deductible, you would be responsible for the first \$250 in medical expenses incurred after July 1 to meet the new annual deductible of \$750.

Healthcare rates overall have continued to climb at a rate that far exceeds inflation on an annual basis. Specifically, costs within the Indemnity Plan have experienced explosive growth in the past year. Claims costs for medical services and prescription drugs have exceeded the premiums paid by both PASSHE and employees. In response to these factors, the changes to the design of the Indemnity Plan outlined above have been made in order to keep the increases in employee payroll contributions to a more moderate level.

Please carefully review and compare the Indemnity Plan to the other plan choices available. Open enrollment is your annual opportunity to make a change in your healthcare coverage – make the choice that’s best for you and your family!



State Employees Assistance Program (SEAP)

As an employee of PASSHE, you and your family members can receive no-cost, confidential help for stress, relationship problems, financial or legal concerns, depression, work-related problems, and chemical dependency. SEAP can provide up to three free sessions to evaluate your concerns and issues and refer you for continued counseling services. You may reach SEAP by calling 1-800-692-7459. SEAP counselors are available 24 hours every day and are experienced in helping people identify the nature of their problems and find the right resource to address them.

Reminder of Your Responsibility as a PASSHE Employee

As an employee of PASSHE, it is your responsibility to ensure accurate information is on file with your Human Resources Office with respect to your personal information (i.e., address changes) and your dependents, reporting changes as they occur (i.e., marriage, birth or adoption, divorce, full-time student who has graduated or no longer meets the eligibility criteria) in a timely fashion (within 60 days of event). This includes the timely submission of student certification with the appropriate support documentation.

Rules for Making Changes to your PASSHE Coverage:

You must make a plan option change within 60 days of a qualifying life event.

If you do not submit a PASSHE enrollment/change form to your university Human Resources office within 60 days of the qualifying life event, you will not be able to make a plan change until the next Open Enrollment for a coverage effective date of July 1. This change in rules is being made to comply with tax code regulations governing the pre-tax employee contributions.

You must make a plan option change within 60 days of the following qualifying life events, or else wait until the next Open Enrollment:

- You lose other health coverage under your spouse's plan
- You move to an area outside of your current plan's service area
- You move to an area where a different plan option is available
- You are enrolled in a plan option that is no longer available because the plan ceases to be offered, the plan's service area is reduced or there is a substantial reduction in providers in the plan's network

Adding Eligible Dependents:

You may add a dependent for PASSHE health coverage due to a qualifying life event. The change must be made within 60 days of the qualifying life event. If you do not submit a PASSHE enrollment/change form to your university Human Resources office within 60 days, you will not be able to add your dependent until the next Open Enrollment period for a coverage effective date of July 1.

You may add a dependent to PASSHE coverage for the following qualifying life events:

- You gain a dependent through birth or adoption
- You get married or enter into a qualifying domestic partnership
- Your dependent loses coverage under another employer's plan, other than for failure to pay premiums or other cause
- Your dependent loses eligibility for coverage in a Medicare plan, a Medicaid plan or a state children's health insurance program

Removing Dependents:

You are required to remove a dependent from coverage when your dependent is no longer eligible for PASSHE coverage. Examples include:

- You lose a dependent through divorce, termination of a domestic partnership or death. Two related points:
 - Separation is not a qualifying life event in Pennsylvania; and
 - You are not permitted to remove a spouse from coverage until a divorce is final or until the next Open Enrollment
- Your dependent child no longer meets the requirement for PASSHE coverage.

(Continued on page four)

Failure to notify your Human Resources Office may result in loss of continuation of PASSHE coverage (COBRA benefits not being offered), and/or loss of retroactive premium refund if the event results in a change to the tier in coverage (i.e., family to 2-party contract). In addition, if claims are incurred and paid on a dependent that was not terminated within 60 days of event (your university Human Resources Office was not notified), you as our employee will be liable for any claim payments made that cannot be recouped from the insurance vendor. PASSHE policy requires that active or retired employees, who receive overpayments in employee benefits, whether through administrative error or oversight, repay the amount of overpayment.

For all mid-year benefit changes that are made retroactively, the retroactive portion of the payroll deductions will be made on a post-tax basis – the prospective payroll contributions will continue to be made on a pre-tax basis. The effective date of the benefit change will be the date of the “event” (i.e., date of birth, date of marriage, etc.)

Dependent Coverage Eligibility

Recently, there has been a lot of information in the news regarding national healthcare reform and its impact on employer benefit plans. In particular, there has been much discussion on the ability for parents to cover their dependent children on their medical benefits for a longer period of time.

Many of these changes driven by healthcare reform will not begin to impact PASSHE’s plans until 2011. In particular, the changes with respect to coverage of older dependent children will not be effective for PASSHE medical plans until July 1, 2011.

As a reminder, generally the following individuals are currently eligible for coverage under PASSHE medical plans:

- Employees
- Legal spouse
- Same-sex domestic partner and the child/children of a domestic partner (applies only to faculty, non-faculty coaches, and managers)
- Unmarried dependent child under 19 (includes step-children, legally adopted children or children for whom the employee is the legal guardian and who meet certain requirements)
- Unmarried dependent child 19 to 25 years of age who is a full-time student
- Unmarried dependent child who is disabled

In addition, for the bi-annual student certification, you may anticipate receiving communication from your university Human Resources office as follows:

⇒ In mid-August with a deadline to return the student certification form (with the appropriate support documentation) by September 30th. Failure to return the applicable form by the deadline of September 30th will result in the student’s health coverage being retroactively terminated effective August 1st and COBRA benefits being offered for election. You will be required to wait until the next Open Enrollment to re-enroll the student as a dependent on your coverage.

AND

⇒ In mid-January with a deadline to return the student certification form (with the appropriate support documentation) by February 28th. Failure to return the applicable form by the deadline of February 28th will result in the student’s health coverage being retroactively terminated effective January 1st and COBRA benefits being offered for election. You will be required to wait until the next Open Enrollment to re-enroll the student as a dependent on your coverage.



Healthy U Phase 3 – Participation Alert Participation Deadline – **May 31, 2010**

The participation deadline for Phase 3 of the Healthy U wellness program is May 31, 2010. Don't wait until the last minute to complete your participation requirements! **The financial rewards for participation are significant** – Healthy U participants will pay substantially lower payroll contributions than non-participants for their healthcare coverage for the plan year beginning July 1, 2010. For example, if you have elected family coverage under the PPO plan, your participation in Healthy U will result in annual healthcare contribution **savings of over \$1,600!**

For Phase 3, both you and your covered spouse/same-sex domestic partner will need to accumulate a minimum of **70 Healthy U points each** by the deadline of May 31, 2010. There are a wide variety of activities and programs that individuals can choose from to earn Healthy U points. If you have not yet started Phase 3, the first two steps you will need to complete are taking the Pledge, and completing the Wellness Profile (worth 30 points). You can access both of these items at www.highmarkblueshield.com.

Need More Information or Assistance with Healthy U?

- Call Highmark's Member Services 1-866-727-4935 for general assistance
- Call Highmark's Technical Support 1-877-298-3918 for website or login issues
- For more detailed information, check out the PASSHE Healthy U website [http://www.passhe.edu/executive/HR/System HR/Benefits/healthyu/Pages/GettingStarted.aspx](http://www.passhe.edu/executive/HR/System%20HR/Benefits/healthyu/Pages/GettingStarted.aspx)

TO MAKE CHANGES TO YOUR HEALTH CARE PLAN, WAIVE COVERAGE, OR ADD DEPENDENTS:

Open enrollment period is April 26, 2010 to May 7, 2010.

You must submit a completed PASSHE Enrollment/Change Form no later than May 7, 2010. Forms are available from your Human Resources Office or visit PASSHE's website at www.passhe.edu/openenrollment.

The plan you choose is effective July 1, 2010 through June 30, 2011.

To continue with your current plan, no action is necessary.

Mental Health Parity and Addiction Equity Act of 2008

A new federal law was recently enacted that affects coverage of mental health and substance abuse services. The law, called the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHP), requires that all benefit plans that offer Mental Health and Substance Abuse benefits, provide these services at the same level as the medical/surgical benefits. The Mental Health Parity and Addiction Equity Act requires that the PASSHE health plan pay for mental health and substance abuse services the same as the plan does for other medical services. The legislation eliminates any financial limits or treatment limits on mental health or substance abuse services.

What does this mean to you?

Effective July 1, 2010, there will be no visit limits or restrictions on the number of mental health or substance abuse services you receive.

For the specific changes to your PASSHE health plan, please refer to the comparison chart on page 10 of this newsletter.

Members are still responsible for any cost sharing provisions (i.e., copayments, deductibles, or coinsurance) when using mental health or substance abuse services.

If you have any questions about these changes to your mental health and substance abuse benefits, please contact Highmark Blue Shield's Customer Service Department at 1-866-727-4935 or your HMO provider (see HMO contact information on page 11 of this newsletter). A service representative will be happy to assist you.

Mandatory Insurer Reporting Law

Social Security numbers are required for employees and dependents – effective immediately, PASSHE will not enroll a dependent without a Social Security Number, except for a newborn. The new Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) requires all insurers to report the Social Security and Medicare health insurance claims numbers of its members who meet certain reporting criteria to the Centers for Medicare and Medicaid Services (CMS).

PASSHE has identified over 1,600 dependents in their system that do not have a Social Security Number listed. We will be reaching out to impacted employees through the university human resources offices requesting this information. If employees do not provide the required information, the dependent will be removed from coverage.

If a dependent is not eligible for a Social Security Number, the employee will be required to provide a letter of explanation from the Social Security Administration. Employees in this situation or with any questions should contact their university human resources office.

Important Health Care Coverage Notification

The Women's Health and Cancer Rights Act requires that health care plan members receive annual notification of the coverage provided for mastectomy patients who elect reconstructive surgery.

Your PASSHE coverage provides benefits for reconstruction of the breast on which the mastectomy is performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications for all states of mastectomy, including lymphedemas. These services are elective and should be chosen by consulting your physician. Benefits are subject to any deductible and co-insurance provisions.





IMPORTANT NOTICE

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan - as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

For Pennsylvania – Medicaid:

Website: <http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm>

Phone: 1-800-644-7730

For more information on special enrollment rights, or for information on other states, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

Employee Contributions (Effective July 1, 2010)

Managers, Faculty, SPFPA and Nurses - Deductions Based on 26 pays

SINGLE CONTRACT	Highmark PPO Blue	Highmark Indemnity	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO	UPMC HMO
FULL-TIME EMPLOYEES						
Healthy U Participant (15% of cost)	\$34.34	\$47.77	\$36.36	\$45.64	\$44.92	\$39.01
Non-Participant Healthy U (25% of cost)	\$57.24	\$76.14	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED			
PART-TIME EMPLOYEES						
Healthy U Participant (57.5% of cost)	\$131.65	\$168.37	HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES			
Non-Participant Healthy U (62.5% of cost)	\$143.10	\$182.55				
TWO-PARTY CONTRACT	Highmark PPO Blue	Highmark Indemnity	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO	UPMC HMO
FULL-TIME EMPLOYEES						
Healthy U Participant (15% of cost)	\$76.14	\$105.89	\$80.12	\$92.83	\$92.39	\$86.43
Non-Participant Healthy U (25% of cost)	\$126.90	\$168.80	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED			
PART-TIME EMPLOYEES						
Healthy U Participant (57.5% of cost)	\$291.88	\$373.26	HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES			
Non-Participant Healthy U (62.5% of cost)	\$317.26	\$404.72				
FAMILY CONTRACT	Highmark PPO Blue	Highmark Indemnity	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO	UPMC HMO
FULL-TIME EMPLOYEES						
Healthy U Participant (15% of cost)	\$93.31	\$129.78	\$98.31	\$134.92	\$127.49	\$105.94
Non-Participant Healthy U (25% of cost)	\$155.52	\$206.88	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED			
PART-TIME EMPLOYEES						
Healthy U Participant (57.5% of cost)	\$357.71	\$457.46	HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES			
Non-Participant Healthy U (62.5% of cost)	\$388.81	\$496.01				



HIPAA PRIVACY NOTICE

As required by the Health Insurance Portability and Accountability Act (HIPAA), the Pennsylvania State System of Higher Education is required to notify employees of the availability of the HIPAA Privacy Notice. A copy of the HIPAA Privacy Notice can be obtained from your Human Resources Office.

Employee Contributions (Effective July 1, 2010)

Faculty - Deductions Based on 20 pays

SINGLE CONTRACT	Highmark PPO Blue	Highmark Indemnity	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO	UPMC HMO
FULL-TIME EMPLOYEES						
Healthy U Participant (15% of cost)	\$44.65	\$62.09	\$47.27	\$59.34	\$58.39	\$50.72
Non-Participant Healthy U (25% of cost)	\$74.41	\$98.98	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED			
PART-TIME EMPLOYEES						
Healthy U Participant (57.5% of cost)	\$171.15	\$218.88	HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES			
Non-Participant Healthy U (62.5% of cost)	\$186.03	\$237.32				
TWO-PARTY CONTRACT	Highmark PPO Blue	Highmark Indemnity	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO	UPMC HMO
FULL-TIME EMPLOYEES						
Healthy U Participant (15% of cost)	\$98.98	\$137.66	\$104.16	\$120.68	\$120.11	\$112.36
Non-Participant Healthy U (25% of cost)	\$164.97	\$219.44	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED			
PART-TIME EMPLOYEES						
Healthy U Participant (57.5% of cost)	\$379.44	\$485.24	HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES			
Non-Participant Healthy U (62.5% of cost)	\$412.44	\$526.14				
FAMILY CONTRACT	Highmark PPO Blue	Highmark Indemnity	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO	UPMC HMO
FULL-TIME EMPLOYEES						
Healthy U Participant (15% of cost)	\$121.31	\$168.72	\$127.80	\$175.40	\$165.73	\$137.72
Non-Participant Healthy U (25% of cost)	\$202.18	\$268.95	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED			
PART-TIME EMPLOYEES						
Healthy U Participant (57.5% of cost)	\$465.02	\$594.69	HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES			
Non-Participant Healthy U (62.5% of cost)	\$505.46	\$644.81				

Non-Faculty Athletic Coaches

	Highmark PPO Blue	Highmark Indemnity	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO	UPMC HMO
FULL-TIME EMPLOYEES Single, Two-Party and Family Contracts						
Healthy U Participant	1.5% of salary		PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED			
Non-Participant Healthy U	3% of salary					
PART-TIME EMPLOYEES			HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES			
Single	\$114.48	\$147.08	Plus 1.5% for employees participating in Healthy U OR 3% if Non-Participant in Healthy U			
Two-Party	\$253.81	\$326.08				
Family	\$311.05	\$399.63				

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

	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 emergency as defined by the HMO. Co-payment may be waived if admitted.	Employee pays 20% after deductible.
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.			

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>

Plan Service Areas and Contacts

HIGHMARK PPOBLUE (866) 727-4935 www.highmarkblueshield.com	Offered in all counties in Pennsylvania
GEISINGER HEALTH PLAN HMO (800) 631-1656 Pre-enrollment questions (800) 447-4000 Current members www.thehealthplan.com	Offered in the following counties: Adams, Bedford *, Berks, Blair, Bradford, Cambria, Cameron, Carbon, Centre, Clearfield, Clinton, Columbia, Cumberland, Dauphin, Elk *, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming and York * DENOTES PARTIAL COUNTY
KEYSTONE HEALTH PLAN CENTRAL HMO (800) 669-7061 www.capbluecross.com	Offered in the following counties: Adams, Bedford *, Berks, Bucks *, Carbon *, Centre, Chester *, Clearfield *, Clinton *, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon *, Juniata, Lancaster, Lebanon, Lehigh, Luzerne *, Lycoming *, Mifflin, Monroe *, Montgomery *, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Sullivan *, Union and York * DENOTES PARTIAL COUNTY
KEYSTONE HEALTH PLAN EAST HMO (800) 626-8144 www.ibx.com	Offered in the following counties: Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton and Philadelphia
UPMC HMO (800) 644-1046 Pre-enrollment questions (888) 876-2756 Current members www.upmchealthplan.com	Offered in the following counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington and Westmoreland
HIGHMARK INDEMNITY (closed to new enrollments) (866) 727-4935 www.highmarkblueshield.com	Offered in all counties in Pennsylvania
HIGHMARK PRESCRIPTION DRUG – MEDCO HEALTH (included with all medical plans) (866) 727-4935 (Highmark Customer Service number) www.highmarkblueshield.com	Offered in all counties in Pennsylvania

Questions about your health?

Highmark's **Blues on Call** program offers free assistance to all Highmark members. Their Health Guides are registered nurses who are trained to assist members with their general health questions, medical emergencies, chronic conditions and case management needs. After a relationship has been established, members will always speak with the same Health Guide.

Highmark's **Blues on Call** program offers free services that focus on health promotion, disease prevention and care management services that address members' health care needs. If you would like to lose weight, increase your physical activity level, better manage your stress, or stop smoking, the Blues on Call wellness coaches will provide you with one-on-one support.

Blues on Call 1-888-258-3428 (available 24/7)



Revised Process for Prescription Drug Overrides

Effective March 8, 2010, the procedure for requesting prescription drug overrides has been revised. This is being done in an effort to eliminate protected health information (PHI) an employee/annuitant needs to share with PASSHE or the universities in order to request the prescription drug override.

Whenever possible, if the employee/annuitant has sufficient lead time, they should be encouraged to use the mail order feature through Medco to obtain up to three (3) months of prescriptions.

The new procedure will be as follows:

- 1) When a PASSHE member needs to request an Rx override, they should call the Highmark Member Services toll free number located on their Identification cards and indicate that they need an override (as opposed to either contacting their campus Benefit Coordinator or the System Human Resources Office with specifics).
- 2) The Highmark representative will obtain the required override details from the member, who should be prepared with the needed information. This information will include:
 - a. Employee/annuitant name
 - b. Highmark identification number (located on their Identification card)
 - c. Name of member taking the medication
 - d. Name of the medication, including strength and dosage
 - e. Name of pharmacy
 - f. Date leaving the country
 - g. Date returning
- 3) After gathering all of the override details, the Highmark representative will then send a secure email to a designated PASSHE contact person who will research eligibility for the requested time period, and respond back to Highmark. The Highmark representative will need to have approval from PASSHE before proceeding with the override.
- 4) The Highmark representative will then contact the member to confirm that the authorization is on file and when the medications can be picked up or ordered through Medco Mail Order if the member uses the mail order feature to fill their prescriptions.
- 5) The maximum amount of time an override will be approved will be six (6) months or 180 days.