

## Health Insurance Coverage

As of July 1, 2008, the State System of Higher Education renewed its contract with Highmark Blue Shield as the health vendor for the Comprehensive Indemnity and Preferred Provider Organization (PPO) programs for faculty and coach members.

New faculty and coach members will have two types of health plans to choose from when selecting their health plan coverage. These are as follows: (1) Preferred Provider Organization (PPO) and (2) contracted Health Maintenance Organizations (HMO) – based on residence and availability. Those current faculty and coach members who continued their enrollment in the Comprehensive Indemnity Plan will begin under a new benefit structure where in the past there was only a \$500 deductible for Major Medical expenses this deductible will apply to almost all medical services. Once a member and spouse (plus one dependent) satisfies the first \$500 in medical expenses for the calendar year, the Indemnity Plan will begin to reimburse providers for 80% of the contracted allowance. The member, spouse or one dependent will be responsible for the 20% co-insurance on all eligible medical services until the individual reaches \$425. Maximum annual outlay per member (up to 3 per family) is \$925. Once this maximum outlay is reached, the individual will begin to have eligible medical services reimbursed at 100% of the contracted allowance.

Pre-certification is required under the Highmark's health plans. Pre-certification has three components: pre-surgical certification, pre-admission and admission certifications.

Highmark's health plans require pre-certification of all elective surgical, medical and psychiatric in-hospital admissions. Pre-certification is required except for urgent and emergency in-hospital admissions which need to receive admission certification within 48 hours after admission occur or as soon as reasonably possible.

The following are the non-emergency elective surgeries, which require pre-surgical certification:

- Hysterectomy
- Prostrate Surgery
- Knee Surgery
- Cholecystectomy (removal of gall bladder)
- Tonsillectomy-Adenoidectomy
- Spinal and Vertebral Surgery
- Hemorrhoidectomy
- Cataract Surgery
- Coronary Artery By-Pass
- Bunionectomy
- Ligation and Stripping of Varicose Veins
- Submucous Resection (repair of deviated septum)
- Herniorrhaphy (hernia repair)

The toll-free number for providers and hospital/facilities to use to contact the Health Management Services who conduct precertification review is 1-866-727-4935.

### **Highmark Blue Shield (HOSPITAL) – Comprehensive Indemnity Plan**

The Blue Shield hospital/facility contract covers those charges that are incurred by you, your spouse/same-sex domestic partner and/or dependents as an in-patient. If the hospital/facility participates with the Blue Cross/Blue Shield association network, the hospital/facility will be directly reimbursed and the amount will be accepted as payment in full minus any of the annual deductible and/co-insurance. If the hospital/facility\* does not participate, the subscriber/patient will receive direct payment and subscriber/employee will be liable for any balance over the allowance for the services rendered. These charges may be submitted to your major medical plan for consideration.

\*certain facilities must be participating – see benefit handbook for clarification

**Highmark Blue Shield (MEDICAL-SURGICAL) – Comprehensive Indemnity Plan**

The medical-surgical contract covers physician services (i.e., in-office surgeries), laboratory tests, x-rays, and etc. If the physician/laboratory charges incurred are with a participating provider (under contract with a BC/BS association network), the amount reimbursed will be sent directly to the provider and will be accepted as payment in full minus any of the annual deductible and/co-insurance. If the physician/lab is not a participating provider, the subscriber/patient is liable for any balance over the Blue Shield allowance for the services rendered. The reimbursement will be made payable directly to the subscriber/employee. These charges may be submitted to your major medical plan for consideration.

**Highmark Blue Shield (Major Medical) – Comprehensive Indemnity Plan**

There is additional benefits that can be reimbursed directly to the subscriber under the Major Medical portion of your plan. Doctor's office visit (participating), including medical, chiropractic and psychiatric, will be billed electronically to Highmark Blue Shield and will be review and directly reimbursed. The amount will be accepted as payment in full minus any of the annual deductible and/co-insurance. Those non-participating charges will need to be paid directly to the provider and submitted to major medical by the subscriber/employee.

The following are some of the services reimbursed under Major Medical:

- Whole Blood Components
- Artificial Limbs and Eyes
- Emergency Ambulance Service (Independently owned)
- Allergy Testing
- In-office Physician Fees (diagnosis required)
- Psychiatric Visits
- Chiropractic Care (annual 30 visit limit)

Please remember that the above-referenced benefits/services represent only a partial listing and do not reflect the total range of benefits/services available to the State System of Higher Education/APSCUF faculty and coach members.

**HEALTHY U PROGRAM**

All faculty and coaches enrolled under the PPO or Comprehensive health plans must participate in this wellness program to retain the base employee contribution stated in the current contract. Those who choose not to participate will be assessed an additional amount as required by the contract. Please contact your Human Resource office or check out APSCUF web site at [www.apscuf.org](http://www.apscuf.org).

**HEALTH MAINTENANCE ORGANIZATION (HMO)**

The State System of Higher Education has contracted with several HMO's across the Commonwealth. Most services are paid in full when using the primary care physician (PCP). If an individual uses medical services without obtaining approval from their PCP, no reimbursement will be made.

Health benefit coverage varies from HMO to HMO. HMO's typically cover the following: in and out patient facility services, medical/surgical services, preventative services and office visits. Co-payments for certain services obtained may be applicable. These co-payments vary from service to service and from HMO to HMO.

**Preferred Provider Organization (PPO)**

As of July 1, 2004, faculty and coach members were offered enrollment in Highmark's PPO plan for health coverage. The PPO is a type of managed care program without having to select a gate-keeper or primary care physician. Referrals are not required. However, unlike an HMO, a PPO does provide for "self-referred" or "out-of-network" reimbursement. If an individual uses medical services outside the network, the PPO will reimburse 80% of the contracted allowance (in-network) after the \$250.00 individual/family \$500 deductible is satisfied.

For current information, please refer to the latest edition of the employee benefits handbook provided by your employer. If you have any questions, please contact your local human resource office. In addition, if you have enrollment questions or problems with any of the Highmark Blue Shield plans, the State System has a dedicated customer service line for its employees, toll-free nationwide, 1-866-727-4935. For customer service numbers for the HMO plans, please refer to the employees benefit handbook.

**HIGHMARK/MEDCO PRESCRIPTION DRUG PROGRAM**

As of January 1, 2007, all faculty, spouses and dependent children enrolled in the Classic Blue Traditional Indemnity Plan, Highmark's PPO Plan and the HMO's Plans, began to be covered under a carved-out prescription drug program under Highmark/Medco. Effective January 1, 2008, the annual deductible was eliminated and co-pays now \$0 (generic), \$15 brand (on formulary) and \$30 brand (off formulary). Mail order is 2 times the retail for a 90 day supply (\$0, \$30, and \$60). If a member/dependent requires/desires a brand name drug, his/her provider must write "brand medically necessary" on the prescription in order for the member not to be charged the difference between the generic equivalent and brand drug. Your Benefits Coordinator in your local human resources office is also available to answer questions.

**STATE EMPLOYEE ASSISTANCE PROGRAM (SEAP)**

All faculty, coaches, their spouses/same-sex domestic partners and dependents are eligible to participate in this no cost program. All services are provided in a totally confidential manner. To talk with a skilled counselor, all you need to do is call 800-692-7459 or TDD 800-824-4306. The program provides a wide range of services to help treat a broad range of problems. SEAP is for everyone in the family and any family member may access the program. All SEAP counselors have a clinical master's degree with at least four (4) years of actual clinical experience. Please note that some counselors may not be considered and eligible provider under Highmark Blue Shield, if the sessions extend beyond the "free" session. To obtain a brochure describing the services provided by the SEAP program, you may visit your local Human Resource office.