

IMPORTANT HIGHMARK MEDICAL & PRESCRIPTION PLAN CHANGES

Below please find a summary of changes that apply to PPO Blue, PPO Blue Qualified High Deductible Health Plan, and Classic Blue plans effective **July 1, 2017** (please note, this document is intended to be a summary only).

- **Emergency / Non-Emergency Ambulance Services:** Expand coverage to include wheelchair van transport as a covered service.
- **Gender Reassignment Surgery:** Coverage will be provided for gender reassignment surgery at the same cost-sharing as other surgical procedures, subject to medical necessity.
- **Generic Drug Pricing Policy and Total Maximum Out-of-Pocket (TMOOP) Application:** The cost difference a claimant pays will apply to TMOOP to comply with ACA regulations. These amounts were previously excluded from TMOOP.
- **Metabolic Formulas:** Benefits for amino acid-based elemental formulas are exempt from plan deductible requirements.
- **Oral Chemotherapy Mandate:** PA Act 73 prohibits cost-sharing for oral chemotherapy medications to be less favorable than cost-sharing for intravenously administered or injected chemotherapy medication under the pharmacy benefit.
 - All products, except QHDHP, will not apply any deductible, coinsurance or copayment for oral chemotherapy medications.
 - QHDHP products will apply the deductible only for oral chemotherapy medications. Any additional cost sharing (copays or coinsurance) under the plan design will not apply.
- **Preventive:** All plans will use the Highmark Preventive Package. Changes to preventive benefits are as follows:
 - Prostate screenings are not considered preventive; participant cost-sharing will apply.
 - Nutritional therapy is covered with no cost share for a diagnosis of obesity.
 - Mammograms performed out of network will be subject to the deductible.
 - Schedule will be gender neutral. Current gender edits will be removed.
 - Age requirements will be modified to reflect the least restrictive age when age limitations are specified.
- **Residential Treatment Centers:** Residential Treatment Centers are added as an eligible treatment setting for mental health and substance abuse services. This is not a change in product benefits but rather an addition of an eligible place of service.
- **Teledermatology:** Highmark's agreement with DermatologistOnCall expired December 31, 2016. Discussions of a future relationship are continuing and should a member use this service, calculation of member cost-sharing will still be based on the Highmark allowance.
 - Teledermatology remains an eligible service that falls within existing Outpatient (specialist) Office Visit benefit; Specialist Office Visit member cost-sharing (& limits, if applicable) would apply to Highmark participating providers that provided teledermatology services to their patients.
- **Total Maximum Out-of-Pocket Limitation (TMOOP):**
 - The annual limitation on in-network out-of-pocket maximums for non-qualified plans increases to \$7,150 for self-only coverage and \$14,300 for family coverage in 2017.