

Silver

Health Savings Blue EPO 3000



How it works

Health Savings Blue EPO 3000 helps keep your monthly expenses lower with a higher deductible. Here's how: When you enroll, you set up a Health Savings Account (HSA) and pay into that account. When you go in for medical care, you pay 100% of the cost of most covered services out of your HSA until you reach the deductible of \$3,000 for individuals or \$6,000 for families. Then, you pay a lower percentage of the cost for covered services until you reach the out-of-pocket maximum for the year. That amount is the same as your individual or family deductible for the year. After that, Highmark Blue Cross Blue Shield Delaware covers all your medical expenses when you receive covered health care services from network providers.



Where to turn for help



[HighmarkBCBSDE.com](https://www.HighmarkBCBSDE.com)

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Highmark Blue Cross Blue Shield Delaware is a Qualified Health Plan issuer in the Health Insurance Marketplace.

Health Savings Blue EPO 3000 Explained

Plan Details	Network		Out-of-Network	
	Plan Pays	You Pay ¹	Plan Pays	You Pay
Deductible – Individual	N/A	\$3,000	N/A	N/A
Out-of-Pocket Limit – Individual	N/A	\$3,000	N/A	N/A
Deductible – Family²	N/A	\$6,000	N/A	N/A
Out-of-Pocket Limit – Family	N/A	\$6,000	N/A	N/A
Coinsurance plan pays after deductible	100%	0%	N/A	N/A
Preventive Care ³ – Annual deductible and coinsurance <u>do not</u> apply to the Preventive Care services listed below				
Routine Annual Physical Exam	100%	0%	Not Covered	100%
Routine Annual Gynecological Exam	100%	0%	Not Covered	100%
Immunizations – Adult and Pediatric	100%	0%	Not Covered	100%
Routine Mammogram Screenings	100%	0%	Not Covered	100%
Preventive Medications⁴	100%	0%	Not Covered	100%
Illness or Injury Care				
Primary Care Office/Clinic Visit	100% after deductible	0% after deductible	Not Covered	100%
Specialist Office Visit	100% after deductible	0% after deductible	Not Covered	100%
Emergency Room Visit	100% after deductible	0% after deductible	100% after deductible	0% after deductible
Urgent Care Visit	100% after deductible	0% after deductible	Not Covered	100%
Prescription Drugs⁵	100% after deductible	0% after deductible	Not Covered	100%
Maternity Services	100% after deductible	0% after deductible	Not Covered	100%
Ambulance Services	100% after deductible	0% after deductible	100% after deductible	0% after deductible
Inpatient Hospital Services	100% after deductible	0% after deductible	Not Covered	100%
Medical/Surgical Expenses	100% after deductible	0% after deductible	Not Covered	100%
Diagnostic Services⁶ (Lab, X-ray and other services)	100% after deductible	0% after deductible	Not Covered	100%
Therapy and Rehabilitation Services⁷	100% after deductible	0% after deductible	Not Covered	100%
Spinal Manipulations⁸	100% after deductible	0% after deductible	Not Covered	100%
Skilled Nursing Facility Care	100% after deductible	0% after deductible	Not Covered	100%
Mental Health Services	100% after deductible	0% after deductible	Not Covered	100%
Substance Abuse – Rehabilitation	100% after deductible	0% after deductible	Not Covered	100%
Substance Abuse – Detoxification	100% after deductible	0% after deductible	Not Covered	100%
Routine Eye Exam (Every 24 months)	100%	0%	Not Covered	100%
Pediatric Dental	Exam/Cleaning: 100%; All other benefits: 100% after deductible	Exam/Cleaning: 0%; All other benefits: 0% after deductible	Not Covered	100%
Pediatric Vision	Exam: 100%; Frames/Lenses: 100% after deductible	Exam: 0%; Frames/Lenses: 0% after deductible	Not Covered	100%

¹ You are responsible for out-of-pocket costs each Benefit Period up to a maximum amount shown. Thereafter, the Plan pays 100% of the Provider's Allowable Charge during the remainder of the Benefit Period. This amount does not include amounts in excess of the Provider's Allowable Charge.

² Health Savings Family Deductible: For an Agreement covering more than one (1) family member, the ENTIRE family deductible must be met (within a benefit period) before Highmark will pay for covered services for ANY family member. The family deductible can be satisfied by an individual family member or a combination of one or more family members.

³ The Highmark Delaware Preventive Service Schedule is reviewed and updated periodically based on the requirements of the Patient Protection and Affordable Care Act of 2010, as amended, and the advice of the American Academy of Pediatrics, U.S. Preventive Service Task Force, the Blue Cross and Blue Shield Association and Medical Consultants. Accordingly, the frequency and eligibility of services is subject to change.

⁴ Certain limited prescriptions and over-the-counter drugs prescribed for preventive purposes.

⁵ The plan utilizes the HCR Comprehensive Formulary on the Premier network. Mail order available.

⁶ Laboratory and Diagnostic Services require one copay per date of service and type of service. Advanced Imaging includes but is not limited to CAT Scan, CTA, MRI, MRA, PET Scan and PET/CT Scan.

⁷ Therapy visit limits include in and out-of-network visits. Physical medicine is limited to 30 visits per contract year each for Rehabilitative and Habilitative services (60 visits total per contract year). Speech therapy and occupational therapy are a combined 30 visit limit per contract year each for Rehabilitative and Habilitative services (60 visits total per contract year).

⁸ Spinal manipulations are limited to 30 services per contract year.