

The Pennsylvania State University Faculty/Staff - 2017

Reduced Medical Cost-Sharing for Members with Chronic Conditions

If you or one of your family members have a chronic condition, you know that managing of your condition can lead to healthier outcomes—both in the present and the future. If cost is an obstacle in managing your condition, you'll be pleased to know that your employer has added a high-value services benefits where you can receive reduced or waived cost-sharing for care associated with certain health conditions. If you have the following chronic condition(s), you are eligible to participate and would receive the condition-specific benefits listed below at the "Enhanced" benefit level.

This applies to the PPO Blue Plan design ONLY -- Diabetic supplies must be submitted to the Medical Plan by DME Supplier (this is not a pharmacy benefit).

Diabetes

Benefits	Enhanced Benefits Network ⁽¹⁾	Standard Benefits	
		In-Network	Out-of-Network
Deductible (per benefit period)			
Individual	Waived	\$375	\$750
Family	Waived	\$750	\$1,500
Plan Payment Level – Based on the provider's reasonable charge (PRC)	100% (deductible waived)	90% after deductible	70% after deductible
Out-of-Pocket Maximums (Once met, plan payment level becomes 100%)			
Individual	Not Applicable	\$1,250	\$2,500
Family	Not Applicable	\$2,500	\$5,000
Primary Care Physician Office Visits	100% (copayment waived)	100% after \$20 copayment	70% after deductible
Specialist Office Visits	100% (copayment waived)	100% after \$30 copayment	70% after deductible
Lipid Panel	100% (deductible waived)	90% after deductible	70% after deductible
Hemoglobin A1c Test	100% (deductible waived)	90% after deductible	70% after deductible
Microalbumin Urine Test	100% (deductible waived)	90% after deductible	70% after deductible
Liver Function Test	100% (deductible waived)	90% after deductible	70% after deductible
Dilated Retinal Exam performed by a physician	100% (copayment waived)	100% after \$20 copayment	70% after deductible
Dilated Retinal Exam performed by a specialist	100% (copayment waived)	100% after \$30 copayment	70% after deductible
Stress Test	100% (deductible waived)	90% after deductible	70% after deductible
Basic Metabolic Panel	100% (deductible waived)	90% after deductible	70% after deductible
Glucometer/test strips/needles/syringes by a DME provider	100% (deductible waived)	90% after deductible	70% after deductible
Insulin Pump and Insulin Pump Supplies	100% (deductible waived)	90% after deductible	70% after deductible
Diabetes Education (up to 10 hours)	100% (deductible waived)	90% after deductible	70% after deductible
Nutrition Counseling Visits (Hospital-based)	100% (deductible waived)	90% after deductible	70% after deductible
Blood Glucose Test	100% (deductible waived)	90% after deductible	70% after deductible
Routine Foot Exam performed by a Primary Care Physician	100% (copayment waived)	100% after \$20 copayment	70% after deductible
Routine Foot Exam performed by a Specialist	100% (copayment waived)	100% after \$30 copayment	70% after deductible
Creatinine Clearance Test	100% (deductible waived)	90% after deductible	70% after deductible

(1) Enhanced benefits only apply to condition-specific services received from a network provider. Services received out-of-network will be reimbursed at the same out-of-network benefit level as standard benefits. Standard drug cost share applies.

Discrimination is Against the Law

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Plan will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Plan will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator. If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you speak English, language assistance services, free of charge, are available to you. Call 1-888-269-8412.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-888-269-8412.

如果您说中文，可向您提供免费语言协助服务。
請致電 1-888-269-8412。

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-888-269-8412.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-888-269-8412.

Wann du Deutsch schwetzsch, kantscht du en Dolmetscher griege, un iss die Hilf Koschdefrei. Kantscht du 1-888-269-8412 uffrufe.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다.
1-888-269-8412 로 전화.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-888-269-8412.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم
. 1-888-269-8412

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-888-269-8412.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-888-269-8412.

જો તમે ગુજરાતી ભાષા બોલતા હો, તો તમને ભાષા સહાયતા સેવાઓ, મફતમાં ઉપલબ્ધ છે. 1-888-269-8412 નંબર પર ફોન કરો.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-888-269-8412.

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-888-269-8412.

បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដែលអាចផ្តល់ជូន លោកអ្នកដោយឥតគិតថ្លៃ។ ការហៅ 1-888-269-8412 ។

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-888-269-8412.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tumawag sa 1-888-269-8412.

日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。 1-888-269-8412 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان
با تماس با شماره 1-888-269-8412 .

Diné k'ehgo yánílti'go, language assistance services, éi t'áá níik'eh, bee níká a'doowoł, éi bee ná'ahóót'i'. Kojji' hodíilnih 1-888-269-8412.