

Summary of Bronze 8000 EX Benefits

Benefit	In-Network	Out-of-Network
General Provisions		
Benefit Period	Plan Year	
Provider Network	WNY HMO/POS 200 Network locally; Primary Care Physician required, access to our national PPO network	
Deductible Individual Family	\$7,500 \$15,000	N/A N/A
Coinsurance	0% after deductible	N/A
Out-of-Pocket Maximum Individual Family	\$7,500 \$15,000	N/A N/A
Deductible & Out-of-Pocket Max Administration	Embedded	
Domestic Partner and Children	Includes coverage for Domestic Partner and Children	
Office Visits		
Primary Care Provider Office & Telehealth Visits	0% after deductible	N/A
Specialist Office & Telehealth Visits	0% after deductible	N/A
Telemedicine (Well360 Virtual Health)	0% after deductible	Not Covered
Allergy Testing & Injections	0% after deductible / 0% after deductible	N/A
Prenatal and Postnatal Care Cost-share applies to initial visit only	0% after deductible	N/A
Preventive Care		
Immunizations	Covered in full	N/A
Colorectal cancer screening	Covered in full	N/A
Mammograms	Covered in full	N/A
Routine Physical exams	Covered in full	Not Covered
Routine Gynecological exams	Covered in full	N/A
Routine Diagnostic services	Covered in full	N/A
Well Child Visits	Covered in full	Not Covered
Hospital Services		
Inpatient Hospital	0% after deductible	N/A
Inpatient Maternity	0% after deductible	N/A
Outpatient Surgery Facility	0% after deductible	N/A
Skilled Nursing Facility	0% after deductible Limit: None	N/A
Emergency & Urgent Care Services		
Emergency Room	0% after deductible	Covered as In-Network
Ambulance	0% after deductible	Covered as In-Network
Urgent Care Center	0% after deductible	Covered as In-Network
Therapy, Rehabilitative and Habilitative Services		
Chiropractic Care	0% after deductible	N/A

Benefit	In-Network	Out-of-Network
Physical, Occupational, & Speech Therapies Rehabilitative and Habilitative	0% after deductible	N/A
Therapies Benefit Maximum	60 combined PT/OT/ST Visits per condition per plan year	
Respiratory Therapy	0% after deductible	N/A
Mental Health/Substance Abuse		
Inpatient Mental Health	0% after deductible	N/A
Inpatient Substance Abuse Detoxification & Rehabilitation	0% after deductible	N/A
Outpatient Mental Health	0% after deductible	N/A
Outpatient Substance Abuse Detoxification & Rehabilitation	0% after deductible	N/A
Diagnostic Services		
Advanced Imaging (MRI, CAT, PET scan, etc.)	0% after deductible	N/A
Radiology (X-ray, Diagnostic testing)	0% after deductible	N/A
Laboratory Testing & Pathology	0% after deductible	N/A
Other Services		
Diabetic Drugs, Equipment, & Supplies Includes Test strips, Syringes, etc	0% after deductible	N/A
Diabetes Care Management Program	Covered in full	Not Covered
Insulin Cap Mandate	Yes Cost-sharing for Prescription Insulin Drugs is \$0	
Dialysis	0% after deductible	N/A
Outpatient Chemotherapy	0% after deductible / 0% after deductible	N/A
Durable Medical Equipment	0% after deductible	N/A
Orthotics & Prosthetics	0% after deductible	N/A
Home Health Care	0% after deductible / 0% after deductible	N/A
	Limit: 40 aggregate visits per year Aggregate of Visiting Nurse/Home Infusion/Home Health	
Hospice	0% after deductible	N/A
	limit: none	
Wellness Card	\$250 per contract	
	Benefit allowance accessible through the use of a debit card, at participating providers for exercise centers, fitness clubs, & gyms	
Prescription Drugs		

This is not intended as a contract of benefits. It is designed purely as a reference of the many benefits available under your program.
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Benefit	In-Network	Out-of-Network
Prescription Drug	Retail Drugs (30-day Supply) \$0 after deductible \$0 after deductible \$0 after deductible	
	Mail Order Drugs (90-day Supply) \$0 after deductible \$0 after deductible \$0 after deductible	
Pediatric Vision Services - Davis Vision National Network		
Exam	covered in full after deductible	Not Covered
Pediatric frame selection	Covered in full after deductible	Not Covered
Standard eyeglass lenses (per pair)	Covered in full after deductible	Not Covered
Pediatric Dental Services - United Concordia Elite Prime Network		
Preventive Services	\$25 copay after deductible	Not Covered
Basic Services	0% after deductible	Not Covered
Major Services	0% after deductible	Not Covered
Medically Necessary Orthodontics	0% after deductible	Not Covered

Discrimination is Against the Law

The Claims Administrator/Insurer 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 Claims Administrator/Insurer 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 Claims Administrator/Insurer 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 Claims Administrator/Insurer 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 Claims Administrator/Insurer:

- 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 Claims Administrator/Insurer 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>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하지는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعانة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لنوي صعوبات السمع والنطق: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：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。IDカードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

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