WHAT HAPPENS IN 2015?

Some of the current contracts between Highmark and the University of Pittsburgh Medical Center (UPMC) will expire on December 31, 2014.

The recent “Consent Decree” protects your access to UPMC providers.

AS A HIGHMARK MEMBER, YOU’LL HAVE:

ACCESS FOR CANCER CARE
You’ll have access – on an in-network benefit level – to all UPMC services for oncology care, including the Hillman Cancer Center. This also includes care for any illnesses/complications resulting from cancer treatment such as endocrinology, orthopedics and cardiology.

CONTINUATION OF CARE
If you are in the midst of a course of treatment with any UPMC provider, you can continue to receive in-network coverage for your care – no matter what the diagnosis.

“SAFETY NET”
If you received care from any UPMC provider in 2014 and cannot find an alternative physician in your area, you can continue to receive care from that same provider in 2015 on an in-network benefit level.

ACCESS FOR EMERGENCY CARE AT UPMC
You can receive care at a UPMC emergency room on an in-network benefit level. If you need to be admitted to the hospital, the inpatient care will be covered at the in-network benefit level.

ACCESS FOR SENIORS, CHIP AND MEDICAID MEMBERS
If you’re 65 or older and covered by or eligible for Medicare, you will have access to all UPMC providers on an in-network benefit level. This in-network access also applies to CHIP and Medicaid members.

CAN I KEEP MY DOCTOR?

WHAT IF I NEED CANCER CARE?

WHAT ABOUT SENIORS?

WHAT HAPPENS IN AN EMERGENCY?

KEEP YOUR HIGHMARK COVERAGE AND YOUR UPMC PROVIDERS

WHAT IF I NEED CANCER CARE?

ACCESS FOR EMERGENCY CARE AT UPMC

IN-NETWORK ACCESS TO CERTAIN UPMC PROVIDERS, INCLUDING:
• Children’s Hospital of Pittsburgh of UPMC and all UPMC pediatricians
• Hillman Cancer Center and all UPMC oncologists
• UPMC Mercy
• Western Psychiatric Institute and Clinic and all UPMC behavioral health providers
• All UPMC hospitals outside the five-county Greater Pittsburgh area and UPMC physicians when practicing at these hospitals

PROTECTION AGAINST “BALANCE BILLING”
If you choose to receive care from UPMC providers – even though you don’t qualify for in-network benefits based on one of the other provisions of the Consent Decree – you will be responsible for the out-of-network cost-sharing according to your specific benefit design. But UPMC can only “balance bill” you up to 60 percent of their actual charge. That’s important protection that could save you money. Here’s an example:

UPMC Charge = $1,000

Highmark allowance for out-of-network services (paid directly to the member).
Member is responsible for an out-of-network deductible, coinsurance and/or copayments.
Amount that can’t be billed.
Maximum amount UPMC will receive, per Consent Decree provision.

The Consent Decree provisions are not included in Community Blue Medicare Advantage HMO. In-network access to UPMC will continue for seniors enrolled in all other current Highmark Medicare Advantage products, including those in a risk or fee-for-service plan. Whether Medicare is primary or secondary, in 2015, commercial Community Blue plan members may have higher cost-sharing for services at some UPMC facilities.

*This does not include Community Blue Medicare Advantage HMO.
WE’RE HERE TO HELP!

Our members are important to us, and we want to make sure you have the help you need as we all get ready for 2015. With the Consent Decree, we believe that many of our members will not need to change doctors at this time. But Highmark is ready to help if you:

- Have questions about the Consent Decree
- Want to know which doctors will be in our network for 2015
- Need help now finding a new doctor

IN SOCIAL MEDIA
Follow us on Facebook, Twitter and more

IN THE MEDIA
Highmark is interacting with our members in new and different ways. If you use Facebook, Twitter and other social media, you’ll want to visit our pages to stay on top of changes, learn what other members are saying and get helpful information to make the most of your health care coverage.

TALK TO YOUR DOCTOR, TOO!
Choosing your health care providers is an important decision. Should you continue to receive care from UPMC physicians? Where should you receive oncology care? Should you look for a new health care provider now? These are decisions that are best made by you and your doctor. So talk with your doctor before you decide.

KNOW YOUR RIGHTS!
Remember, both UPMC and Highmark are required to comply with the Consent Decree. So you can keep your Highmark coverage and still have access to your UPMC physicians. No need to change your coverage. We’re committed to helping our members through this transition. If you believe your rights are not being protected, you can register a complaint at the Pennsylvania Insurance Department’s website, www.insurance.pa.gov. Under the “Online Resources” tab, choose “Download a Complaint Form.”

UPMC: WHO’S IN AND WHO’S OUT OF THE 2015 HIGHMARK NETWORK?

These UPMC hospitals and the physicians who practice there continue to be in-network:
- Children’s Hospital of Pittsburgh of UPMC
- UPMC Alseda
- UPMC Bedford
- UPMC Hamot and its affiliate Kane Community Hospital
- UPMC Horizon
- UPMC Mercy*
- UPMC North Shore
- Western Psychiatric Institute and Clinic

These UPMC hospitals will be out of network:
- Magee-Womens Hospital of UPMC
- UPMC East
- UPMC McKeesport
- UPMC St. Margaret
- UPMC Passavant
- UPMC Presbyterian-Shadyside

* This list does not apply for Community Blue Medicare Advantage HMO
** Not included in Community Blue network

ONLINE
Use this new website to find a network provider

To confirm that your doctor will be in our network in 2015 – or find a new doctor – you can use the online directory at YourNetwork2015.com.

ON THE PHONE
Call myCare Navigator℠

If you’d prefer to talk with a Member Service representative, you can call myCare Navigator at 1-888-BLUE-428. This unique service is designed to help you navigate the health care system. Representatives can answer your questions, help you find a doctor, transfer your medical records and even make appointments.

~ Consent Decree

"THE NEED … SHALL BE DETERMINED, IN THE FIRST INSTANCE, BY THE PATIENT’S TREATING PHYSICIAN ACTING IN CONSULTATION WITH AND IN ACCORDANCE WITH THE WISHES OF THE PATIENT OR THE PATIENT’S REPRESENTATIVE."

“You and your physician.”

ONCOLOGY CARE? CONTINUITY OF CARE? SAFETY NET? WHO DECIDES IF I QUALIFY?