

## Muhlenberg College Health Insurance as of January 1, 2009

### Highmark Blue Shield Preferred Provider Organization (PPO)

Provides coverage both in and out of the network

Coverage	Within Preferred Provider Network (In Network)	Outside Preferred Provider Network (Out-of-Network)
<b>Office Visit</b> (Primary or Specialist)	\$15 for Primary Physician and Specialist	80%** of PRC
<b>Outpatient Surgery</b>	100%**	80%** of PRC
<b>Emergency Room</b>	\$50, waived if admitted	\$50, waived if admitted
<b>Hospital Care</b>	100%**	80%** of PRC
<b>Psychiatric/Inpatient</b>	100%*	80% professional PRC* 80%facility PRC*
<b>Psychiatric/Outpatient</b>	\$15 Copay per visit	50%* of PRC
<b>Substance Abuse Care</b>	100%*	Not Covered
<b>RX Drugs</b>	At Pharmacy: \$10 generic/\$25 preferred brand/\$40 non-preferred brand. <b>Mandatory generic plan.***</b>	
	Mail Order: Maintenance Rx available for twice the regular co-pays for a 90-day supply.	
<b>Vision/Prescription Lens Coverage</b>	Highmark Blue Shield Vision Savings on eyeglasses and contact lenses	
<b>Co-Insurance</b>	N/A	80% / 20%
<b>Annual Deductible</b>	\$250/person+, \$500/family	\$500/person, \$1,000/family
<b>Co-Insurance Limit/Yr</b>	N/A	\$3,000/person \$6,000/family
<b>Lifetime Maximum</b>	Unlimited	
<b>Monthly Premium, Employee Share</b>	<b>Individual = \$92      2 Party = \$198      Family = \$274</b>	

#### LEGEND

\* = Subject to co-payments/deductible and/or number of days/visits  
 + = Individual **\$250** in-network deductible expense is reimbursable for employees earning \$30,000 or less annually.  
 \*\* = After satisfying the deductible  
 N/A = Not applicable  
 PRC = Provider's Reasonable Charge

**Shaded boxes are changes from 2008.**

\*\*\* **Mandatory Generic:** If there is a generic equivalent and you obtain the brand name drug instead, even if this is at your doctor's request, you pay the difference between the cost of the generic and the brand name PLUS the brand co-pay. If there is no generic available, you pay just the brand name co-pay for the brand name drug.

*Please note: This summary is not intended to replace or supercede the insurer's certificate of coverage. Be sure to examine the handbook provided by the insurer for complete details, restrictions and exclusions.*

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