

Patient Protection Disclosure

2022 Plan Year

The University of Scranton requires the designation of a primary care provider in the BlueCare HMO Plus offering. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from The University of Scranton or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For information on how to select a primary care provider, obtain a listing of participating primary care physicians, or for a list of participating health care professionals, who specialize in obstetrics or gynecology, contact BethAnn McCartney at bethann.mccartney@scranton.edu or call (570) 941-7767.

How to select a Primary Care Physician and to find a Network Provider

<https://www.highmarkbcbs.com/home/>

To find a provider in the Highmark network, you may visit Highmark on line at :

<https://www.highmarkbcbs.com/home/>. On the home page, select “Find a Doctor or RX” tab on the top of the page. When the window opens, select “Find a Doctor, Hospital or other Medical Provider”. In the “Find Doctors & Hospitals” tab, type **BCBS PPO** and/or **BlueCare HMO Plus** and enter the information found on your Highmark card in the appropriate spaces. You are then able to browse hospitals, clinics, doctors etc.

However, the list that is provided on-line is subject to change. In order to ensure that your provider is in network, I recommend that you contact Highmark Customer Service by calling 800-241-5704 for PPO plan and 800-822-8753 for HMO Plus plan. Highmark will be able to confirm whether the provider is currently “in” or “out” of network for you prior to receiving service. Also, please contact the provider in advance to share your health coverage information.

Below, please find additional information about Highmark plans:

HMO Plus:

With your health care program, you need to select a primary care physician (PCP) to help manage your care and ensure you're getting the most from your coverage. PCPs usually specialize in internal medicine, family medicine or pediatrics. You should see your PCP for primary health care services, such as yearly physicals and medical tests, to oversee care when you are ill or injured and to treat any chronic health problems or diseases. In most cases, your PCP can provide the care you need, but your PCP may also recommend network specialists and other health care providers. You do not need a referral.

You have access to a large HMO Plus managed care network of doctors, hospitals and other providers in the local 13-county service area. For your care to be covered, you need to use a network provider. To locate a network provider near you, or to learn whether your current doctor is in the network, log in to your Highmark member website, **highmarkbcbs.com**.

You do not have coverage for care outside of the HMO Plus and BlueCard network, EXCEPT in emergency situations.

If you have care from an out-of-network provider without prior approval from First Priority Health, you will have to pay all charges. Providers out of the HMO network may charge more for your care.

Network Care

Network care is care you receive from providers in the network.

When you or a covered family member needs certain medical services, including the following, you must use a network provider:

- Primary care physician office visits
- Specialist office visits
- Physical, speech and occupational therapy
- Diagnostic services
- Inpatient and outpatient hospital services
- Home health or hospice care

Out-of-Network Care

There is no coverage for services received from out-of-network providers, except for emergency care and emergency ambulance services. This is true even if you are directed to an out-of-network provider by a network provider. That's why it is critical - in all cases - that you check to see that your provider is in the network before you receive care.

If you need care that cannot be provided by a network specialist or facility, your doctor must submit and Outpatient Non-Participating Provider Request form to First Priority Health for approval before you receive services outside the network. **If you receive care from an out-of-network provider without prior approval from First priority Health, you will have to pay all charges.** Providers out of the HMO network may charge more for your care.

Remember: When scheduling appointments or checking into a hospital, ask to be sure your doctor is in the network and uses network providers and hospitals for your care.

Even though a hospital may be in our network, not every doctor providing services in that hospital is in the network. For example: If you are having surgery, make sure that all of your providers, including surgeons, anesthesiologists and radiologists, are in the network.

PPO:

You are not required to select a primary care physician to receive covered care. You have access to a large provider network of physicians, hospitals, and other providers in the Highmark service area, as well as providers across the country who are part of the local Blue Cross and Blue Shield PPO network. For a higher level of coverage, you need to receive care from one of these

network providers. However, you can go outside the network and still receive care at the lower level of coverage.

Network Care

When you receive health care within the PPO network, you enjoy maximum coverage and maximum convenience. You present your ID card to the provider who submits your claim.

Out-of-Network Care

Even when you go outside the network, you will still be covered for eligible services. However, your benefits generally will be paid at the lower, out-of-network level. Additionally, precertification may be required from Highmark before services are received. For specific details, see your Summary of Benefits.

You may be responsible for paying any difference between the provider's actual charge and the PPO Blue program's payment.

When you receive care from an out-of-network provider, coverage is almost always paid at the lower level - *unless it is an emergency or you are referred by Highmark to an out-of-network provider because the non-emergency service is not available from a network provider. That's why it is critical - in all cases - that you check to see that your provider is in the network before you receive care.*

FOR ALL PLANS:

Prescription Drug coverage is provided by the National Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.

Remember:

If you want to enjoy the higher level of coverage, it is *your* responsibility to ensure that you receive network care. You may want to double-check any provider recommendations to make sure the doctor or facility is in the network.

To locate a network provider near you, or to learn whether your current physician is in the network, call the Member Service toll-free telephone number on the back of your ID card, or log onto your Highmark member website, www.highmarkbcbs.com.