Working well together

STATE OF DELAWARE

CDH GOLD PLAN

2016–2017

Effective July 1, 2016

HIGHMARK® Delaware

HIGHMARKBCBSDE.COM

Customer Service: 1-800-633-2563

AN INNOVATIVE, COST-SAVING PLAN

For State of Delaware Employees

CDH GOLD PLAN FROM HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE

Consumer-directed health (CDH) plans combine health coverage with the convenience of a health spending account. These innovative plans are an increasingly popular option because they allow employers to offer quality health care coverage at an attractive rate, while helping employees cover their out-of-pocket costs through a spending account.

As a State of Delaware employee, you have the option to select a CDH plan during open enrollment. Called the CDH Gold Plan, it provides you with comprehensive, reliable coverage at an affordable monthly rate. Additionally, most preventive care and well-visits are covered in full—with no deductible—if you use an in-network doctor.

HOW YOUR CDH GOLD PLAN WORKS

- The first $1,250 ($2,500 for families) in deductible expenses is covered by your employer-supported HRA Fund.
- Once you reach $1,250 ($2,500 for families), you are financially responsible for the remaining $250 ($500 for families) of your deductible.
- Once you satisfy your deductible, you then share the cost of care with your Plan—your Plan pays 90 percent for in-network services. If there are no remaining dollars in your HRA Fund, you pay the remaining 10 percent (called coinsurance) for in-network services until you reach your coinsurance maximum of $3,000 ($6,000 for families). For out-of-network services, you pay the remaining 30 percent until you reach your coinsurance maximum of $6,000 ($12,000 for families).*
- After you reach the maximum, your Plan pays 100 percent for covered benefits.
- Any unused HRA Fund dollars will be rolled over into your next plan year and can be applied to future deductible or coinsurance expenses.

The CDH Gold Plan gives you access to the largest provider network in Delaware, and more than 96 percent of hospitals and 92 percent of doctors nationwide. That means the majority of your health care can be provided in-network. To access a list of providers, log in to www.highmarkbcbsde.com and click"Find a Doctor."

WHAT IS THE CDH GOLD PLAN?

The CDH Gold Plan has many of the popular features of our Preferred Provider Organization (PPO) health benefits plans with two important differences. First, the CDH Gold Plan has an employer-funded Health Reimbursement Account, or HRA Fund. Second, the plan has a higher deductible than standard plans.

An HRA Fund is an employer-funded account that provides employees with dollars to pay for plan-covered expenses that apply to their deductibles and/or coinsurance. During your 2016-2017 plan year, the State of Delaware will contribute more than 80 percent of your deductible through the HRA Fund. For individuals, the HRA Fund contribution is $1,250; for family coverage, the HRA Fund contribution is $2,500.

HOW YOU GET YOUR CARE

Step 1: You receive your eligible health care services just as you always do, showing your Highmark Delaware ID card to your health care provider.**

Step 2: Your network provider submits the claim to Highmark Delaware (or local Blue Plan) for processing.

Step 3: If your deductible has not been met, payment from your HRA Fund is automatically sent to your provider.

Step 4: After your deductible is satisfied, you share, in part, the cost of your medical care. Your Plan pays 90 percent for services from network providers and 70 percent for out-of-network providers.

Step 5: You are protected by a coinsurance maximum, which is the most you would pay in a given year toward coinsurance. If you reach your maximum, your benefits are covered at 100 percent for the remainder of the plan year.

Step 6: Any balance remaining in your HRA Fund rolls over into your next plan year and can be applied to future deductible or coinsurance expenses.

* In- and out-of-network coinsurance amounts accumulate together. Please note that HRA Fund contribution amounts depend on participation dates and are pro-rated for members whose plan benefits start later in the plan year or who change their level of coverage mid-year. The deductible is not pro-rated.

** Highmark Delaware has negotiated discounts with doctors, hospitals and other health care professionals in our network. This usually translates into lower out-of-pocket costs for you. By using an in-network provider, the provider agrees to accept payments for your covered services based on the "allowed amount" (the maximum Highmark Delaware will pay for covered services), so your coinsurance is based on this lower amount.

HOW CDH GOLD PLAN CAN WORK FOR YOU

CDH Gold plans are suitable for members with a variety of health care needs. Here are some examples of how the plan works — and how it could help reduce your health care costs.

CDH GOLD PLAN EXAMPLES

Example 1: Jack, Tanya, Sarah and Ben are enrolled at the "family" level and see their doctors routinely for preventive care. The family members may catch the occasional cold or flu, but are otherwise in good health. As with any family, sometimes accidents happen. While practicing with her cheerleading team, 7-year-old Sarah breaks her wrist.

THEIR CDH GOLD PLAN:	**$3,000 family deductible** $2,500 funded by employer into their HRA Fund $500 family responsibility toward the deductible
Annual expenses for preventive care, screenings and well-visits:	**$440.** No cost to the family–the $440 is covered in full by their CDH Gold Plan (preventive services do not reduce HRA Fund, first-dollar coverage; no deductible)
Annual expenses for sick visits and other services:	**$1,200**, which includes Sarah's three doctor visits for the flu and services related to Sarah's broken wrist (medical aid unit visit, X-ray, physician visit and cast). No cost to the family—the $1,200 is reimbursed from their employer-paid HRA Fund and payment is sent directly to the providers they have seen.
Their annual financial responsibility:	**$1,137.36 in premiums** Since the family used only $1,200 from the employer-paid HRA Fund, the remaining $1,300 rolls over and can be used for deductible and coinsurance expenses in the following year.

Example 2: Susan is enrolled at the "employee" level, is in her mid-40s and is an avid biker. She is healthy and rarely misses work due to illness. She goes to her doctor(s) for routine check-ups and recommended preventive screenings. During one of her monthly trips, Susan falls in a biking accident.

HER CDH GOLD PLAN:	**$1,500 individual deductible** $1,250 funded by employer into her HRA Fund $250 individual responsibility toward the deductible
Annual expenses for preventive care, screenings and well-visits:	**$160. No cost to Susan**–the $160 is covered in full by her CDH Gold Plan (preventive services do not reduce HRA Fund, first-dollar coverage; no deductible)
Annual expenses for sick visits and other services:	**$2,500** as a result of her biking accident (emergency department visit, MRI, physician charges, 10 stitches and follow-up care). **$1,250** is reimbursed from her HRA Fund. She pays **$250** to satisfy her deductible. Of the remaining **$1,000** cost, Susan pays **$100** (10 percent coinsurance) while her CDH Gold Plan pays the balance of **$900** (90 percent).
Her annual financial responsibility:	**$431.76 in premiums** $250 toward satisfying her deductible + $100 coinsurance from the biking accident Total: $781.76

ACCESS YOUR HRA FUND AND CARE SPENDING CONVENIENTLY ONLINE

You can access your HRA Fund using the same member website you use to manage your health coverage. Simply log in to **www.highmarkbcbsde.com** and click "Your Spending." You can quickly and easily:

- Look up your most recent transactions and payments to providers from your HRA fund.
- Sign up to receive an email reminder each time an account transaction occurs.

You can also track and manage all of your personal care spending information online at your Highmark Delaware member website.

To locate the network care provider nearest you, just click on "Find a Doctor" on your member website's home page. You can locate primary care physicians, hospitals, labs and other health care providers.

YOUR HEALTH CARE BENEFITS AT A GLANCE

SPENDING ACCOUNT INFORMATION	INDIVIDUAL	FAMILY
Employer-sponsored HRA Fund	$1,250	$2,500

BENEFIT DETAILS	IN-NETWORK	OUT-OF-NETWORK
Deductible (Individual/Family)	$1,500/$3,000	$1,500/$3,000
Coinsurance	Plan pays 90%*	Plan pays 70%*
Total Maximum Out-of-Pocket Expenses (TMOOP) includes deductible and coinsurance	$4,500/$9,000	$7,500/$15,000
Preventive and Well-Child Care	Plan pays 100% (no deductible)	Plan pays 70% (no deductible)
Office Visit	Plan pays 90%*	Plan pays 70%*
Laboratory/Radiology		
Hospital Care		
Emergency Department Care	Plan pays 90%*	Plan pays 90%*

PREVENTIVE CARE SAVES LIVES

A preventive exam helps find health conditions before they become serious. It helps you to know if you are at risk for a health problem. It considers your family history, any existing conditions and lifestyle behaviors.

A preventive exam may include screenings. The screenings tell your numbers for blood pressure, cholesterol, blood glucose and more. Knowing these can help you and your doctor make changes to improve your health and reduce your risk.

Most preventive care is covered at 100 percent if you see a network provider. There may be fees for certain services or procedures during your preventive care visit. Remind your doctor that you are there for the routine preventive exam so your visit is properly billed.

PREVENTIVE CARE OR DIAGNOSTIC CARE — WHAT'S THE DIFFERENCE?

Basically, the difference is the reason for the visit. With preventive care, you go to a doctor for a routine checkup. You do not have symptoms of illness or a medical condition that requires treatment.

With diagnostic care, you go to a doctor to find out what is wrong or to treat your condition. Most preventive care is covered at 100 percent. Diagnostic care involves cost sharing and is subject to your plan's deductible or coinsurance.

LEARN MORE

Review the list of recommended preventive exams and screenings for adults and children. Your plan's preventive care schedule can be found by logging in to your member website at highmarkbcbsde.com. To learn more, talk to your doctor. Or contact a Blues on Call health coach at 1-888-BLUE-428.

PLEASE NOTE:

Starting June 15, 2016, your Customer Service number is 1-844-459-6452.

QUESTIONS DURING OPEN ENROLLMENT? WE'RE HERE TO HELP

Answers are just a phone call away at 1-800-633-2563. Speak directly with a Customer Service Representative during weekday business hours, 8 a.m.–7 p.m.

CDH GOLD — AND BLUE: A WINNING COMBINATION

When you choose the CDH Gold Plan, you're choosing a plan from the most trusted name in health care. Highmark Delaware offers the largest network of doctors, labs and hospitals in Delaware. And you're covered when you travel in the United States throughout the Blue Card® national network.

To locate a care provider outside your plan's service area, call 1-800-810-BLUE or visit the Blue Cross and Blue Shield Association website at **bcbsa.com.**

THE CDH GOLD PLAN OFFERS THE FOLLOWING ADVANTAGES:

- Lower premium costs than traditional health plans.
- Most preventive and well-visits covered at 100 percent — with no deductible.
- All the benefits of a Blue Plan, including access to any doctor or specialist in the Blue Card® network — without a referral.
- Highmark Delaware network provider savings — access to health care services at a lower cost when you stay in-network.
- Automatic claims payments from your HRA Fund to network providers. Available funds are automatically withdrawn from your HRA Fund for deductible expenses and sent to the provider.
- Convenient online account management via your Highmark Delaware member website at **highmarkbcbsde.com**. You have one secure place to track and manage all of your health care spending.

* Plan pays 90% after the deductible for in-network services and 70% after the deductible for out-of-network services, then pays 100% for benefits once your coinsurance maximum is reached.

** Prescriptions are provided through the prescription benefits manager; Express Scripts copays are not applicable to the medical deductible or out-of-pocket maximum.

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association.

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