

2016
HEALTH INSURANCE PLANS
FOR INDIVIDUALS AND FAMILIES



Get the coverage you need and unbeatable value
with Highmark Blue Cross Blue Shield

- Largest networks of doctors and hospitals, anywhere
- Lowest costs for care from in-network doctors and hospitals
- The Essential Health Benefits you need and more
- Unbeatable value that only comes from Blue



PLANS OFFERED BY FIRST PRIORITY LIFE®





IT'S BETTER WITH HIGHMARK



Since 1938, Blue Cross of Northeastern Pennsylvania has been the most trusted name for health insurance. Today we've joined Highmark Blue Cross Blue Shield to continue to offer the coverage, services, wellness solutions and the networks of trusted health care providers that you and your family have come to rely on. All with the security and peace of mind that only comes with Blue Cross and Blue Shield health insurance.

More features
and savings—
only with **Blue**

A sample ID card

			
MEMBER IDENTIFICATION			
FIRSTNAME M			
LASTNAME			
ODA109465762001			
Group	XXXXXXXX	Medical Copays	
Cov Eff Date	MM-DD-YYYY	Office Visit	\$XX
BC/BS Plan	363/865	Specialist Visit	\$XX
RxGrp	HMRK001	Emergency Room	\$XX
RxBin	610014		
GOLD			
		 	

Only with Highmark Blue Cross Blue Shield, you get:

Coverage that's easy to use...with NO claim forms, NO referrals and NO hassles!

Just show your Highmark ID card for the best coverage and top quality care from the most respected doctors and hospitals. You'll always pay less when you use network doctors and hospitals!

The best coverage

You get preventive care at no cost, low-cost doctor visits, prescription drugs and hospital stays. And, to help you save money, you can pair a health savings account with a qualified high deductible plan for tax-free savings.

The largest networks of doctors and hospitals—ANYWHERE

Highmark has the largest networks of the most respected doctors and hospitals, at home and anywhere you travel. Blue networks nationwide include 92% of all U.S. doctors and 97% of all U.S. hospitals—including Blue Distinction® Centers, recognized for a proven history of quality care and fewer avoidable complications.

Lower costs for care from network doctors and hospitals

When you see network doctors and hospitals, you always pay less. That's because network providers charge Blue members less. In fact, we've negotiated better rates than competitors. This means you always pay less for your care with a Blue plan.

Coverage anywhere you go—WORLDWIDE

With BlueCard® doctors and hospitals in every ZIP across the U.S. and in 200 countries worldwide—Blue members have access to top-quality health care and coverage, EVERYWHERE! In some cases, you'll pay the same for care as you would at home.

Rewards for wellness

Only with a Blue plan—you get exclusive discounts on fitness classes, nutrition counseling, massages, travel and more. You'll have your own personal health coach to help you manage a chronic condition or stress, offer tips and more.

Learn more to make an informed choice

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HOW HEALTH INSURANCE WORKS

With health insurance, you pay a monthly “premium.” You have to pay your monthly premium on time to your insurer to keep your health insurance. Your health insurance will, in most cases, pay most of the cost of your care. You have to pay for some of the costs of your care when you receive it.



1 Before you meet your deductible

Each plan year begins with a new deductible. Your deductible is how much you must pay when you get care (such as lab services, X-rays and physical therapy), before your health insurance will start to pay for your covered medical care.

2 After you meet your deductible

Once you’ve paid care costs up to your deductible amount, you won’t pay any more toward your deductible that year. Your coverage will then pay for most of the cost of your care, and you will only need to pay a small part of the cost for your care (copays and coinsurance). You’ll continue to pay copays and coinsurance for care until you reach your plan’s out-of-pocket max for the year.

Family Deductible—If you have family members covered on your plan, all family members contribute to meet a family deductible—double the amount of the individual deductible. This means that if you and your family members combined, pay for care costs up to the amount of the family deductible, no one in your family has to pay anything more toward their individual deductible for the rest of the year.

- The higher the deductible, the lower your monthly premium will be.
- Deductibles for care from in-network doctors will always be less than deductibles for care out of the network.

Copay—A flat fee you must pay for covered care (like office visits and prescription drugs). For example, if your plan has a \$20 copay for office visits, you will pay \$20 each time you see your doctor.

Coinsurance—This is your share (%) of the cost for covered care (like hospital stays and outpatient services). For example, your health insurance may cover 80% of charges for a hospital stay. You have to pay the other 20%. This 20% is your coinsurance.

- Coinsurance for care from in-network doctors will always be less than coinsurance for care out of the network.

Out-of-pocket costs for care

Out-of-pocket costs include deductibles, copays and coinsurance. How much you have to pay when you receive care differs by plan and by the doctors you choose to see for care.

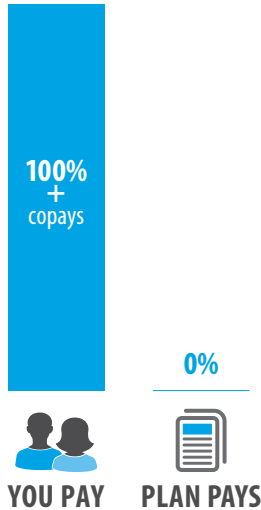
Most health insurance plans have **three different stages** that determine how much you pay for care:

Before you meet your deductible

After you meet your deductible

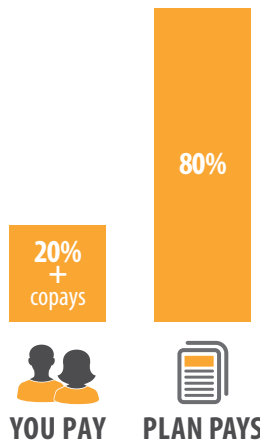
When you reach your out-of-pocket maximum

1 YOU HAVE A \$1,000 DEDUCTIBLE



For example: If your plan has a \$1,000 deductible and you pay \$800 in covered medical costs, you must spend \$200 more in medical fees to meet your \$1,000 deductible before your plan will pay for your care. Copays do not go toward meeting your deductible.

2 YOU HAVE 20% COINSURANCE



For example: Let's say you visit the doctor after you've met your deductible, and your plan has a \$20 office visit copay and 20% coinsurance. That means you pay a fixed \$20 fee (your copay) for your visit. If your doctor performs a special service, such as a blood test, you may also pay 20% of that cost (your coinsurance).

3 YOU HAVE REACHED YOUR OUT-OF-POCKET MAX



For example: If your plan has a \$6,350 out-of-pocket max and you spend \$6,350 in covered medical services, your plan pays for 100% of your covered network care for the rest of the plan year. You'll still need to keep paying your monthly premium after you meet your out-of-pocket max.

3 When you reach your out-of-pocket max

Your out-of-pocket max is the most you will be asked to pay for care during any plan year. This means that once the amount you spend on deductibles, copays and coinsurance combined, reaches the max amount, you will NOT have to pay for covered medical care. Your care will be covered at 100% for the rest of the year.

Family out-of-pocket max—If you have family members covered on your plan, this is the most you and all your covered family members combined, have to pay out of pocket for covered services within the year. This amount is typically double the individual out-of-pocket max. This means that once the amount you and covered family members spend on deductibles, copays and coinsurance combined, reaches the family max, you and all covered family members will NOT have to pay for covered medical care for the rest of the year—even if individual family members have not yet met their individual out-of-pocket max.

- The out-of-pocket max for care from in-network doctors will always be less than the out-of-pocket max for care from doctors out of your plan's network.

HEALTH INSURANCE PROTECTS YOUR HEALTH—AND YOUR SAVINGS

Having health insurance protects your family's health and your savings. If you get sick, or if a family member needs serious medical care and you don't have health insurance, you could face huge medical expenses—and a lot of debt. Doctor visits, X-rays, prescription drugs and ER visits are costly. With health insurance, you have to pay for some of the cost of your care, and your health insurance will, in most cases, pay for most of the cost of your care. And you'll have coverage for preventive services like vaccines, screenings and regular checkups—all at no cost to you.

How health insurance covers most of the cost of your care

Harry had surgery and physical therapy. Harry has health insurance with Highmark Blue Cross Blue Shield, so he paid less than half of what he would have without insurance.



The cost for Harry's knee injury is **\$12,150**, but Harry only pays **\$2,870**.

Network providers always charge Blue members less than their normal rate for care.

Since no deductible or coinsurance applies, Harry pays only the copay.

If Harry used a provider out of the network, he may be charged an additional \$1,500, the difference between the cost of service and Highmark's discounted allowable charge.

Harry's annual deductible has been met. He will now have to pay only copays and coinsurance costs.

Office visit, primary care doctor	
Cost of visit	\$150
The network doctor accepts Highmark's allowable charge	\$110
Harry pays his copay	-\$20
Highmark pays the rest	\$90
Harry's cost	\$20

Knee surgery, in network	
Cost of service	\$10,000
The network provider accepts Highmark's allowable charge	\$8,500
Harry's plan has a \$1,000 deductible. He must pay this amount, before his health insurance will pay for his care.	-\$1,000
Harry also pays a 20% coinsurance	-\$1,500
Highmark pays the rest	-\$6,000
Harry's cost	\$2,500

Physical therapy, 12 sessions, in network	
Cost of service	\$2,000
Highmark's allowable charge	\$1,750
Harry pays a 20% coinsurance	\$350
Highmark pays the rest	\$1,400
Harry's cost	\$350

These examples are for illustrative purposes only. They do not reflect any actual situations or payments involving members.

Sources:

* fairhealthconsumer.org, June, 2015

† newchoicehealth.com, June, 2015

- A quick visit to the ER can cost anywhere from \$560 to \$800.*
- The average cost of surgery to remove a gallbladder is \$12,700.†
- A bone MRI can cost up to \$1,050.†
- The average price of cataract eye surgery is \$4,700.†

THERE'S NEVER BEEN A BETTER TIME TO GET COVERED

Open Enrollment for 2016 begins November 1, 2015, and ends January 31, 2016. Coverage for 2016 starts January 1, 2016.



About the Affordable Care Act (ACA), known as Health Care Reform

- Everyone is guaranteed health insurance. You cannot be turned down, regardless of health status or pre-existing conditions—even if you've been turned down in the past.
- Our plans include all of the Essential Health Benefits—without annual or lifetime dollar limits.
- Your cost for health insurance depends on the plan you pick and where you live. It varies based only on your family size, age and tobacco use.
- You will never pay more for your coverage just because you are, or if you get, sick.
- Premium tax credits and cost-share reductions are available from the federal government to help you, if you qualify, pay for your health insurance.
- You can buy health insurance only during Open Enrollment, unless you have a qualifying life event.
- Almost everyone has to have health insurance—it's the law.

A single 26-year-old earning \$16,000 may receive a \$1,646 tax credit to help pay for the cost of health insurance. He/She may pay \$539 a year for health insurance. **That's only \$45 a month!**

Source: the Kaiser Family Foundation: <http://kff.org/interactive/subsidy-calculator/>

Avoid a tax penalty

If you don't have health insurance through your employer and you do not qualify for government-sponsored health insurance (such as Medicaid), you need to enroll in a health insurance plan by January 31, 2016. If you don't have coverage, you will pay a tax penalty, the higher amount of:



- **2016 penalty:** \$695 per person or 2.5% of your income
- **2017 and beyond:** the penalty will be adjusted each year to reflect changes in the cost of living

People with income below the federal tax filing threshold or those with certain religious beliefs may not have to pay the tax penalty. Learn more on the Internal Revenue Service (IRS) website at irs.gov.

COMPARE HIGHMARK PLAN OPTIONS

Highmark has the coverage you and your family need

All of the Highmark Blue Cross Blue Shield 2016 individual and family plans offer a different way to manage your health care costs—ranging from coverage with higher monthly premium costs but less out-of-pocket costs when you receive care, to the lowest monthly premium costs but higher out-of-pocket costs when you receive care.

Level	Gold 	Silver 	Bronze 	Catastrophic 
Monthly cost	\$\$\$	\$\$	\$	\$
Cost when you get care	\$\$	\$\$\$	\$\$\$\$	\$\$\$\$\$
Does this sound like you?	Typically need health care services and/or take medications. Willing to spend more on a monthly premium to keep costs low when you have care.	Typically use an average amount of health care services and preventive care. Want to balance your monthly premium with the out-of-pocket costs.	Typically do not use a lot of health care services. Want a very low monthly cost plan.	Typically don't use health care services, but want the peace of mind just in case you might need to.
Then these plans might be a good choice.	myBlue Access LP* \$1,500	myBlue Access \$1,500 myBlue Access LP* \$3,500	myBlue Access \$4,000 myBlue Access LP* \$4,600	myBlue Access \$6,850

*LP – Lower Premium High Deductible Plan. These qualified high deductible (QHD) plans offer low and no copays only after the combined medical, drug and dental (if applicable) deductible has been met.

You can see most of Highmark's 2016 health insurance plans at DiscoverHighmark.com/individuals-families/. You can find all of our plans on the Marketplace at HealthCare.gov.

The Catastrophic plan provides "just in case" coverage to protect those under 30 (or those over 30, who are exempt from the individual mandate due to an extreme financial hardship) from major unexpected medical costs. The Catastrophic plan has a very low monthly premium and provides limited coverage—three office visits are paid in full. Essential Health Benefits are covered, but you will pay out of your own pocket up to \$6,850, before your insurance will pay.

MYBLUE ACCESS COVERAGE FITS YOUR NEEDS

We have six myBlue Access plans to choose from

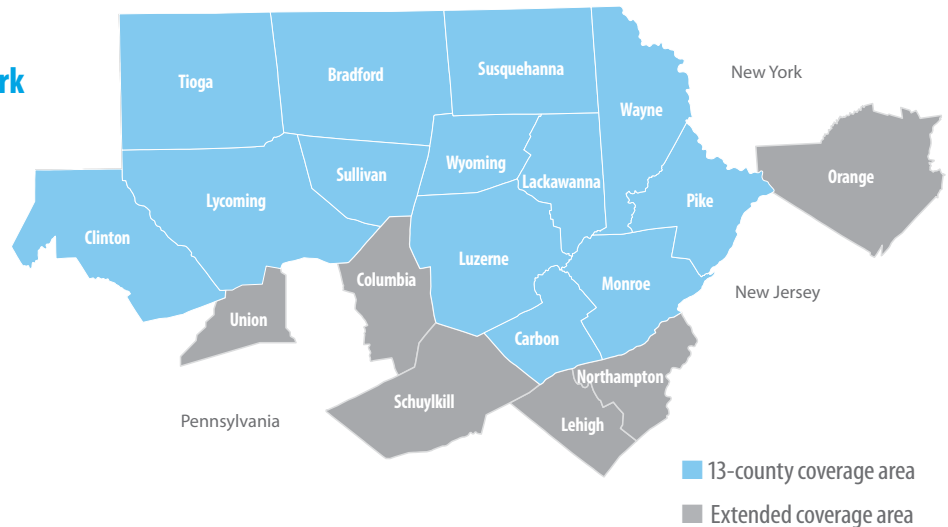
All Highmark Blue Cross Blue Shield plans come with no-cost preventive care, low-cost doctor visits and hospital stays, low-cost prescription drugs and more. myBlue Access also gives you:

- Coverage for all of the **Essential Health Benefits**
- **The freedom of our Custom PPO network**, all with the lowest out-of-pocket costs for care from network providers
- **Coverage anywhere you travel**, worldwide with the BlueCard® PPO national network

- **24/7 access to health coaches** so you'll have the support you need to stay healthy, anytime with Blues On Call
- **A choice from Gold, Silver and Bronze metal plans** so you can choose how you want to pay for your health care costs
- **A plan option that includes dental care** with coverage for kids and adults
- **Three qualified high deductible options**, which can be tied to a health savings account for tax and savings advantages
- **A Catastrophic plan** for those under 30 who want the lowest cost "just-in-case" coverage

The freedom of our Custom PPO network

All myBlue Access plans offer our Custom PPO provider network, the largest network in our 13-county service area. You also have expanded in-network coverage with providers just outside our 13-county service area—at the same low in-network cost for care. And, you can use doctors and hospitals out of the Custom PPO network—you'll just have to pay more for your care.



To find doctors and hospitals in our PPO networks, use our online directory at highmarkbcbs.com and click on Find a Doctor or RX, then select the plan you're considering.

If you need more information about doctors or want to see if your doctor is part of our networks, call Customer Service at **1-888-728-3840** or **(TTY) 1-866-280-0486**, weekdays, between 8 a.m. and 5 p.m.

MYBLUE ACCESS PLAN OPTIONS



Gold

Compare your 2016 plan options

This chart shows your costs for care. All plans are categorized by metal level (Gold, Silver, Bronze and Catastrophic), each offering a different way to manage health care costs.

Here's how it works:

LOW

premium plans

Keep your monthly premium low by paying higher costs when you need care.

HIGH

out-of-pocket cost

HIGH

premium plans

You'll pay a little more each month in order to keep your costs down when you need care.

LOW

out-of-pocket cost

To make the right choice for your needs consider things like how often you might need medical care and where you choose to get your care.

Plan Options	myBlue® Access LP** \$1,500
Out-of-pocket costs	
In-network /out-of-network	
Individual deductible	\$1,500 /\$3,000
Family deductible	\$3,000 /\$6,000
Coinsurance	0% /40%
Individual maximum—medical & Rx	\$2,500 /\$6,000
Family maximum—medical & Rx	\$5,000 /\$12,000
Outpatient services	
Primary care visit	No charge after deductible
Specialist visit	No charge after deductible
Outpatient mental health/substance abuse	No charge after deductible
Preventive care screenings/immunizations	No charge
Lab outpatient and professional services	No charge after deductible
X-rays & diagnostic imaging	No charge after deductible
Outpatient surgery	No charge after deductible
Rehabilitative, occupational & physical therapy	No charge after deductible
Inpatient services	
Inpatient hospital	
Delivery & inpatient services for maternity care	No charge after deductible
Skilled nursing facility	
Emergency services	
ER copay	No charge after deductible
Prescription drugs	
Preferred formulary	\$3 retail /\$6 mail after deductible
Generic Rx	\$10 retail /\$20 mail after deductible
Preferred brand Rx	\$40 retail /\$80 mail after deductible
Non-preferred brand Rx	\$90 retail /\$180 mail after deductible
Specialty high cost drugs	\$90 after deductible
Other plan features	
Dental coverage [†]	Not included
Health savings account eligible	Yes

American Indians & Alaskan Natives

If you are part of a federally recognized tribe and:

- Your income is below 300% of the Federal Poverty Level (FPL), the services you receive from in-network preferred providers will be covered at 100%
- If your income is above 300% of the FPL, the services you receive from Indian Health Service Providers will be covered at 100%

You will not have to pay deductibles, copays or coinsurance, but benefit maximums and visit limits will apply. Go to HealthCare.gov for more information.

Deductible/out-of-pocket maximum

Deductible/out-of-pocket maximum

Deductible/out-of-pocket maximum

** LP – Lower Premium High Deductible Plan.



Silver



Bronze



Catastrophic*

myBlue Access \$1,500		myBlue Access LP** \$3,500		myBlue Access \$4,000		myBlue Access LP** \$4,600		myBlue Access \$6,850	
In-network /out-of-network		In-network /out-of-network		In-network /out-of-network		In-network /out-of-network		In-network /out-of-network	
\$1,500 /\$6,000		\$3,500 /\$7,000		\$4,000 /\$8,000		\$4,600 /\$6,000		\$6,850 /\$8,000	
\$3,000 /\$12,000		\$7,000 /\$14,000		\$8,000 /\$16,000		\$9,200 /\$12,000		\$13,700 /\$16,000	
20% /50%		0%/50%		30% /40%		20% /50%		0% /20%	
\$6,600 /\$10,000		\$4,000 /\$10,000		\$6,850 /\$8,000, includes dental		\$6,550 /\$10,000		\$6,850 /\$10,000	
\$13,200 /\$20,000		\$8,000 /\$20,000		\$13,700 /\$16,000, includes dental		\$13,100 /\$20,000		\$13,700 /\$20,000	
\$40	No charge after deductible	30% after deductible	20% after deductible	First 3 visits no charge†					
\$60	No charge after deductible	30% after deductible	20% after deductible	No charge after deductible					
\$60	No charge after deductible	30% after deductible	20% after deductible	No charge after deductible					
No charge	No charge	No charge	No charge	No charge					
\$40	No charge after deductible	30% after deductible	20% after deductible	No charge after deductible					
20% after deductible	No charge after deductible	30% after deductible	20% after deductible	No charge after deductible					
20% after deductible	No charge after deductible	30% after deductible	20% after deductible	No charge after deductible					
\$60	No charge after deductible	30% after deductible	20% after deductible	No charge after deductible					
20% after deductible	No charge after deductible	30% after deductible	20% after deductible	No charge after deductible					
\$150	No charge after deductible	30% after deductible	20% after deductible	No charge after deductible					
\$3 retail /\$6 mail	\$3 retail /\$6 mail after deductible	\$3 retail /\$6 mail	\$3 retail /\$6 mail after deductible	No charge after deductible					
\$25 retail /\$50 mail	\$8 retail /\$16 mail after deductible	\$35 retail /\$70 mail	\$25 retail /\$50 mail after deductible						
\$50 retail /\$100 mail	\$15 retail /\$30 mail after deductible	\$95 retail /\$190 mail	\$50 retail /\$100 mail after deductible						
\$75 retail /\$150 mail	\$30 retail /\$60 mail after deductible	\$155 retail /\$310 mail	\$75 retail /\$150 mail after deductible						
50% up to \$2,500 individual/ \$5,000 family	50% up to \$2,500 individual/ \$5,000 family	\$155	\$75 after deductible						
Not included	Not included	Complete dental coverage for kids with a \$350 deductible, not combined with medical Adult coverage with no deductible	Not included	Not included					
No	Yes	No	Yes	No					
If you qualify for 73% cost share reduction		<p>If you qualify, here is what your savings with a federal cost-share subsidy could look like: A cost-share subsidy is available ONLY with a Silver plan. If you qualify for these out-of-pocket cost savings, you may find the Silver plan is the best value. You'll get lower out-of-pocket costs like a Gold or Platinum plan but pay only a low Silver plan premium.</p>							
\$1,250 /\$5,250	\$2,800 /\$3,500								
If you qualify for 87% cost share reduction									
\$250 /\$1,250	\$1,000 /\$1,250								
If you qualify for 94% cost share reduction									
\$100 /\$400	\$400 /\$700								

*myBlue Access \$6,850 is a Catastrophic plan available only for individuals under 30 or those older based on financial hardship.
† After that no charge after deductible

‡ Unless your plan includes pediatric dental coverage, you must buy pediatric dental coverage as a stand-alone plan for dependent children covered by your plan, to meet the Essential Health Benefits requirement. Dental coverage is included in myBlue Care Gold \$500 and myBlue Access \$4,000. Vision benefits use the Davis Vision network. Dental benefits use United Concordia's Advantage network.

HOW THE CUSTOM PPO NETWORK WORKS

Save money when you use network doctors and hospitals

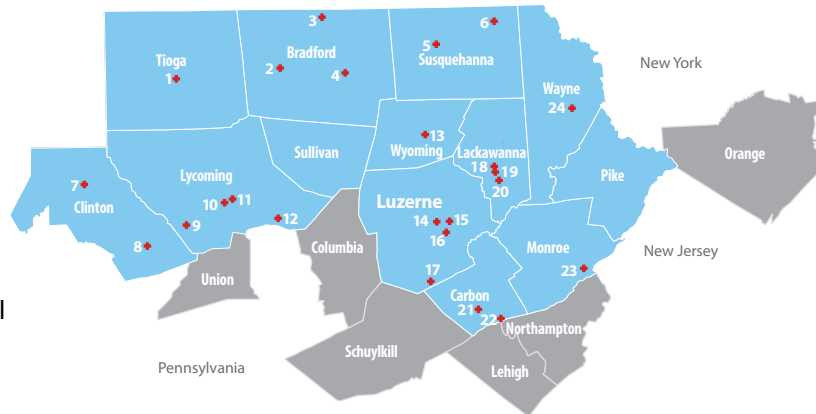
Understanding your network is important because **your costs for care will always be the lowest when you use doctors, hospitals and providers within your plan's network.** Network doctors agree to see Highmark Blue Cross Blue Shield members at a discounted rate. This discounted rate, called an allowable charge, will be considered payment in full by network providers.

Our Custom PPO network includes doctors, hospitals, labs, radiology centers, radiologists, anesthesiologists and licensed therapists, to name just a few. Use network doctors and hospitals for all covered medical care and services to save money. You can use doctors out of the network—you'll just have to pay more for your care.

Want to know if your doctor is in network? Check out our easy-to-use online directory when you visit [HighmarkBCBS.com](https://www.highmarkbcbs.com), and click on Find a Doctor or RX, and then select the plan you're considering.

Network providers

With the Custom PPO network, doctors and hospitals in First Priority Life's (FPLIC) PPO network are in network. Using network doctors and hospitals for all covered medical care and services will always save you money, because your costs for care will be the lowest in network.



■ 13-county FPLIC PPO Provider Network

FPLIC PPO network hospitals					
Counties	Tioga Bradford Susquehanna	Clinton Lycoming Sullivan	Luzerne Wyoming	Lackawanna	Carbon Monroe Pike Wayne
Hospitals	1. Soldiers + Sailors Memorial Hospital 2. Troy Community Hospital 3. Robert Packer Hospital 4. Memorial Hospital—Towanda 5. Endless Mountains Health System 6. Barnes Kasson County Hospital	7. Bucktail Medical Center 8. Lock Haven Hospital 9. Jersey Shore Hospital 10. Williamsport Hospital 11. Divine Providence Hospital 12. Muncy Valley Hospital	13. Tyler Memorial Hospital 14. Wilkes-Barre General Hospital 15. Geisinger Wyoming Valley Medical Center 16. Department of Veterans Affairs Medical Center 17. Lehigh Valley Hazleton, Hospital	18. Regional Hospital of Scranton 19. Moses Taylor Hospital 20. Geisinger Community Medical Center	21. Gnden Huetten Memorial Hospital 22. Palmerton Hospital 23. Pocono Medical Center 24. Wayne Memorial Hospital



Network providers just outside the 13-county service area

You also have coverage for care from Blue Distinction® Centers for Transplants and several hospitals and their participating doctors, located just outside our 13-county service area—at the same low in-network cost for care:

■ Extended coverage area in PA
 ■ Extended coverage area in NY

PA					NY
Columbia County	Lehigh County	Northampton County	Schuylkill County	Union County	Orange County
Berwick Hospital Center Geisinger-Bloomsburg Hospital	Lehigh Valley Hospital, Allentown St. Luke's University Hospital, Allentown Campus	St. Luke's University Hospital, Bethlehem Campus St. Luke's University Hospital, Easton Campus Lehigh Valley Hospital-Muhlenberg, Bethlehem	St. Luke's University Hospital, Miners Campus, Nesquehoning	Evangelical Community Hospital, Lewisburg	Bon Secours Community Hospital, Port Jervis This hospital is in network. Not all doctors affiliated with this hospital are in network.

Out-of-network providers

BlueCard PPO doctors and hospitals are out of the network with your myBlue Access plan. You can use BlueCard PPO providers, but at a higher out-of-pocket cost for care.

You have coverage for care outside of the Custom PPO network, but at a higher out-of-pocket cost. Doctors and hospitals out of the Custom PPO and BlueCard PPO networks do not accept our discounted "allowable charge" as payment in full. They may bill you for a bigger share of the cost for your care.





A look at your costs for care

	In-network	BlueCard	Out-of-network
Custom PPO network	FPLIC PPO network providers and some providers just outside our 13-county service area are in network	BlueCard PPO network providers are out of network	All other providers are out of network
Out-of-pocket costs for care	Lowest deductibles, copays and coinsurances for care from in-network providers	BlueCard PPO network providers can be seen at a higher out-of-pocket cost	Providers NOT in the BlueCard PPO network can be seen at the highest out-of-pocket cost
	\$	\$\$	\$\$\$





MYBLUE ACCESS PLAN RATES



Find your age on the chart below to see each plan's monthly rates for non-tobacco and tobacco users.

Age	 Gold		 Silver				 Bronze				 Catastrophic	
	myBlue® Access LP \$1,500		myBlue Access \$1,500		myBlue Access LP \$3,500		myBlue Access \$4,000		myBlue Access LP \$4,600		myBlue Access \$6,850	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$172.03	\$172.03	\$149.64	\$149.64	\$142.93	\$142.93	\$121.35	\$121.35	\$111.70	\$111.70	\$78.94	\$78.94
21	\$270.92	\$284.47	\$235.65	\$247.43	\$225.09	\$236.34	\$191.10	\$200.66	\$175.90	\$184.70	\$124.32	\$130.54
22	\$270.92	\$284.47	\$235.65	\$247.43	\$225.09	\$236.34	\$191.10	\$200.66	\$175.90	\$184.70	\$124.32	\$130.54
23	\$270.92	\$284.47	\$235.65	\$247.43	\$225.09	\$236.34	\$191.10	\$200.66	\$175.90	\$184.70	\$124.32	\$130.54
24	\$270.92	\$284.47	\$235.65	\$247.43	\$225.09	\$236.34	\$191.10	\$200.66	\$175.90	\$184.70	\$124.32	\$130.54
25	\$272.00	\$285.60	\$236.59	\$248.42	\$225.99	\$237.29	\$191.86	\$201.45	\$176.60	\$185.43	\$124.82	\$131.06
26	\$277.42	\$291.29	\$241.31	\$253.38	\$230.49	\$242.01	\$195.69	\$205.47	\$180.12	\$189.13	\$127.30	\$133.67
27	\$283.92	\$298.12	\$246.96	\$259.31	\$235.89	\$247.68	\$200.27	\$210.28	\$184.34	\$193.56	\$130.29	\$136.80
28	\$294.49	\$309.21	\$256.15	\$268.96	\$244.67	\$256.90	\$207.73	\$218.12	\$191.20	\$200.76	\$135.14	\$141.90
29	\$303.16	\$318.32	\$263.69	\$276.87	\$251.88	\$264.47	\$213.84	\$224.53	\$196.83	\$206.67	\$139.11	\$146.07
30	\$307.49	\$322.86	\$267.46	\$280.83	\$255.48	\$268.25	\$216.90	\$227.75	\$199.65	\$209.63	\$141.10	\$148.16
31	\$314.00	\$329.70	\$273.12	\$286.78	\$260.88	\$273.92	\$221.48	\$232.55	\$203.87	\$214.06	\$144.09	\$151.29
32	\$320.50	\$336.53	\$278.77	\$292.71	\$266.28	\$279.59	\$226.07	\$237.37	\$208.09	\$218.49	\$147.07	\$154.42
33	\$324.56	\$340.79	\$282.31	\$296.43	\$269.66	\$283.14	\$228.94	\$240.39	\$210.73	\$221.27	\$148.94	\$156.39
34	\$328.90	\$345.35	\$286.08	\$300.38	\$273.26	\$286.92	\$232.00	\$243.60	\$213.54	\$224.22	\$150.92	\$158.47
35	\$331.06	\$347.61	\$287.96	\$302.36	\$275.06	\$288.81	\$233.52	\$245.20	\$214.95	\$225.70	\$151.92	\$159.52
36	\$333.23	\$349.89	\$289.85	\$304.34	\$276.86	\$290.70	\$235.05	\$246.80	\$216.36	\$227.18	\$152.91	\$160.56
37	\$335.40	\$352.17	\$291.73	\$306.32	\$278.66	\$292.59	\$236.58	\$248.41	\$217.76	\$228.65	\$153.91	\$161.61
38	\$337.57	\$354.45	\$293.62	\$308.30	\$280.46	\$294.48	\$238.11	\$250.02	\$219.17	\$230.13	\$154.90	\$162.65
39	\$341.90	\$359.00	\$297.39	\$312.26	\$284.06	\$298.26	\$241.17	\$253.23	\$221.99	\$233.09	\$156.89	\$164.73
40	\$346.24	\$380.86	\$301.16	\$331.28	\$287.67	\$316.44	\$244.23	\$268.65	\$224.80	\$247.28	\$158.88	\$174.77
41	\$352.74	\$389.06	\$306.82	\$338.41	\$293.07	\$323.24	\$248.81	\$274.43	\$229.02	\$252.60	\$161.86	\$178.53
42	\$358.97	\$396.95	\$312.24	\$345.27	\$298.24	\$329.79	\$253.21	\$280.00	\$233.07	\$257.73	\$164.72	\$182.15

The rates for these plans vary based on the applicant's age, tobacco use and the plan selected. These rates are effective Jan. 1, 2016.

Age	 Gold		 Silver				 Bronze				 Catastrophic	
	myBlue® Access LP \$1,500		myBlue Access \$1,500		myBlue Access LP \$3,500		myBlue Access \$4,000		myBlue Access LP \$4,600		myBlue Access \$6,850	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
43	\$367.64	\$407.99	\$319.78	\$354.87	\$305.45	\$338.97	\$259.32	\$287.78	\$238.70	\$264.90	\$168.70	\$187.21
44	\$378.48	\$421.89	\$329.20	\$366.95	\$314.45	\$350.51	\$266.97	\$297.59	\$245.73	\$273.91	\$173.68	\$193.60
45	\$391.21	\$438.34	\$340.28	\$381.28	\$325.03	\$364.19	\$275.95	\$309.20	\$254.00	\$284.60	\$179.52	\$201.15
46	\$406.38	\$458.15	\$353.48	\$398.51	\$337.64	\$380.65	\$286.65	\$323.17	\$263.85	\$297.46	\$186.48	\$210.24
47	\$423.45	\$480.69	\$368.32	\$418.10	\$351.82	\$399.37	\$298.69	\$339.06	\$274.93	\$312.09	\$194.31	\$220.57
48	\$442.95	\$506.76	\$385.29	\$440.79	\$368.02	\$421.03	\$312.45	\$357.46	\$287.60	\$329.03	\$203.26	\$232.54
49	\$462.19	\$532.82	\$402.02	\$463.45	\$384.00	\$442.68	\$326.02	\$375.84	\$300.09	\$345.95	\$212.09	\$244.50
50	\$483.86	\$562.57	\$420.87	\$489.34	\$402.01	\$467.41	\$341.30	\$396.82	\$314.16	\$365.27	\$222.04	\$258.16
51	\$505.27	\$592.39	\$439.49	\$515.27	\$419.79	\$492.17	\$356.40	\$417.85	\$328.05	\$384.61	\$231.86	\$271.84
52	\$528.84	\$625.70	\$459.99	\$544.24	\$439.38	\$519.86	\$373.03	\$441.35	\$343.36	\$406.25	\$242.67	\$287.12
53	\$552.68	\$659.91	\$480.73	\$574.00	\$459.18	\$548.27	\$389.84	\$465.48	\$358.84	\$428.46	\$253.61	\$302.81
54	\$578.41	\$697.41	\$503.11	\$606.62	\$480.57	\$579.44	\$408.00	\$491.94	\$375.55	\$452.82	\$265.42	\$320.03
55	\$604.15	\$735.53	\$525.50	\$639.78	\$501.95	\$611.10	\$426.15	\$518.82	\$392.26	\$477.56	\$277.23	\$337.52
56	\$632.06	\$777.54	\$549.77	\$676.31	\$525.13	\$646.00	\$445.84	\$548.46	\$410.37	\$504.82	\$290.04	\$356.80
57	\$660.23	\$812.08	\$574.28	\$706.36	\$548.54	\$674.70	\$465.71	\$572.82	\$428.67	\$527.26	\$302.97	\$372.65
58	\$690.30	\$817.98	\$600.44	\$711.50	\$573.53	\$679.61	\$486.92	\$576.98	\$448.19	\$531.09	\$316.77	\$375.36
59	\$705.20	\$823.88	\$613.40	\$716.63	\$585.91	\$684.52	\$497.43	\$581.15	\$457.87	\$534.93	\$323.60	\$378.06
60	\$735.28	\$829.79	\$639.55	\$721.76	\$610.89	\$689.41	\$518.65	\$585.32	\$477.39	\$538.75	\$337.40	\$380.77
61	\$761.29	\$835.70	\$662.18	\$726.90	\$632.50	\$694.32	\$536.99	\$589.47	\$494.28	\$542.59	\$349.34	\$383.48
62	\$778.35	\$841.59	\$677.02	\$732.03	\$646.68	\$699.22	\$549.03	\$593.64	\$505.36	\$546.42	\$357.17	\$386.19
63	\$799.76	\$847.50	\$695.64	\$737.17	\$664.47	\$704.13	\$564.13	\$597.80	\$519.26	\$550.26	\$366.99	\$388.90
64	\$812.76	\$853.41	\$706.95	\$742.29	\$675.27	\$709.02	\$573.30	\$601.98	\$527.70	\$554.10	\$372.96	\$391.62
65+	\$812.76	\$853.41	\$706.95	\$742.29	\$675.27	\$709.02	\$573.30	\$601.98	\$527.70	\$554.10	\$372.96	\$391.62

How to save on health care costs

Federal financial help is available

Depending on your family size and income you might qualify for one or both of these forms of financial help from the federal government to pay for your health insurance.



• **Advanced Premium Tax Credits (APTC)** can help lower your monthly premium.



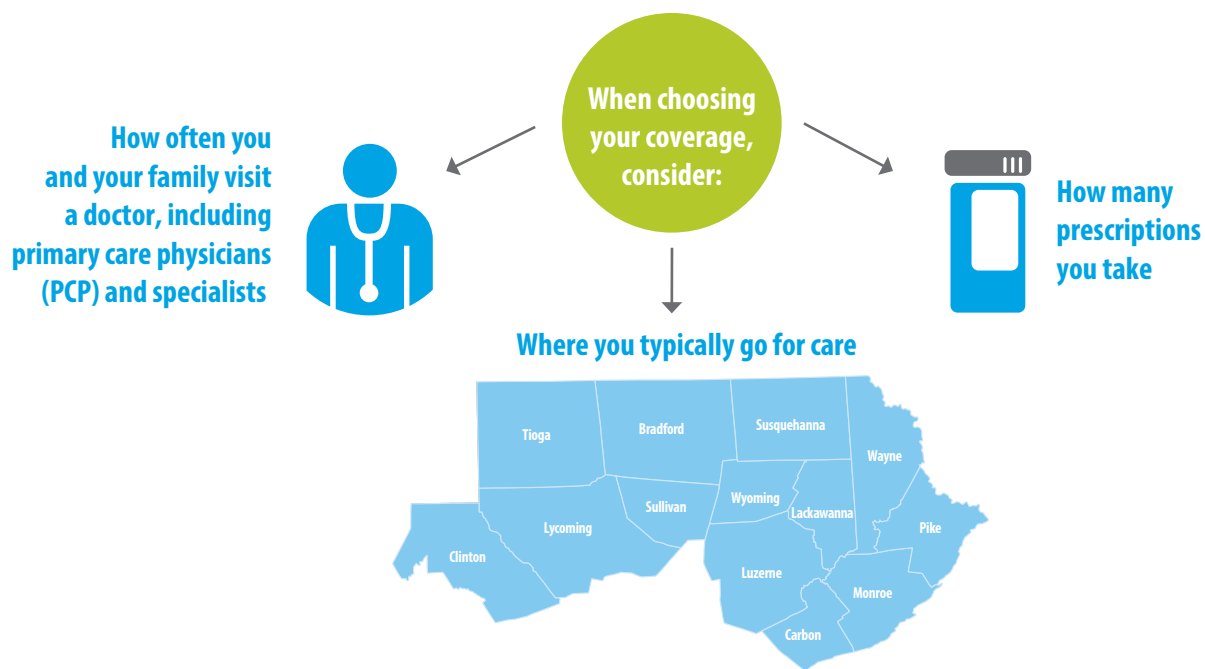
• **Cost-Sharing Reductions (CSR)** are available ONLY on a Silver plan to lower the out-of-pocket costs (deductibles, copays and coinsurance) that you pay when you get care.

To see if you might qualify, check out our online Tax Savings Estimator at DiscoverHighmark.com/individuals-families/. To apply, give us a call or visit HealthCare.gov.

CHOOSING THE RIGHT COVERAGE FOR YOUR NEEDS

Pick your coverage based on cost

Premiums vary from plan to plan, but usually the lower the monthly premium, the higher the deductible and the more you'll pay out of your pocket each time you receive care. On the other hand, higher monthly premium plans have lower deductibles, which can save you out-of-pocket costs when you have covered medical care. And deductibles are different for individuals and families. It's your choice how you want to manage your health care dollars.



Consider this: if you see a doctor several times a year, take prescription drugs and regularly need lab services like blood work, the out-of-pocket costs for this care can add up over the year. A plan with a higher premium each month might actually save you money—because you will pay less out-of-pocket each time you need care.

Choose your coverage by its network of doctors and hospitals

Highmark Blue Cross Blue Shield plans use the largest PPO networks of the most respected doctors and hospitals, close to home and anywhere you travel—97% of all U.S. hospitals and 92% of all U.S. doctors. Blue PPO networks offer patient-focused care and state-of-the-art technologies at nearly every hospital and medical center and with thousands of physicians. With vast experience in cancer, heart, behavioral health, children’s and women’s care, the Highmark provider network can help you get the care you need.

If keeping your doctor is important, in most cases, your doctor is in a Highmark PPO network. And best of all, with health insurance from Highmark, network doctors and hospitals will always charge less for your care. That’s because we’ve negotiated the lowest rates for your care—better rates than other insurers. This discounted rate, called an allowable charge, is considered as payment in full by network providers.

These examples may help you better understand which plan might work best for you.



Joe is 35 and healthy. And very budget conscious. He wants **“low premiums” and some coverage right from the start.**

Because he doesn’t need a lot of medical care, he doesn’t mind paying a higher cost when he gets care.

He is considering **myBlue Access \$1,500**



Sarah is a single mom in her 40s, has three kids and lots of doctor visits. Because of her family size and income, she will likely qualify for an Advanced Premium Tax Credit (APTC) and a Cost-Sharing Reduction(CSR). She is **“looking for a Silver plan.”**

She is considering **myBlue Access \$1,500**



Mia and Adam are in their 40s. They are pretty healthy and want a **“plan with a low premium.”** They’re comfortable paying for all of their care before their deductible is met.

They are considering a **myBlue Access LP** plan—available at the Gold, Silver or Bronze level



Amanda is 28 and in good health. She doesn’t get sick often and is only looking for **“just-in-case coverage for emergencies.”**

She is considering **myBlue Access \$6,850***

*myBlue Access \$6,850 is a Catastrophic plan available only for individuals under 30 or those older based on financial hardship.

THE HIGHMARK DIFFERENCE

Highmark Blue Cross Blue Shield offers the coverage to fit your needs and your budget. No matter what plan you choose, you're covered—low-cost doctor and ER visits, hospital stays, prescription drugs and much more. And you'll pay nothing for most preventive services, such as wellness visits, immunizations, screenings for cancer and other diseases.

ONLY Highmark goes the extra mile to give you all of these features:

- **No referrals, no hassles.** Highmark plans let you see a specialist without a referral from your primary care doctor. So you can get the care that you need when you need it.
- **Emergency care.** No matter which Highmark plan you choose, emergency care is covered at network rates at any emergency room.
- **National coverage.** Highmark is part of the Blue Cross Blue Shield network, so you have access to over 92% of all physicians and more than 97% of all hospitals across the country.
- **Qualified high deductible (QHD) plan options** to help keep premium costs low. You can pair your QHD plan with a health savings account that you can fund with tax-free dollars.
- **Prescription drug coverage** with large formularies, low copays and with most plans, no deductibles
- **Access to Blues On Call** registered nurses, 24/7—to answer your personal health questions so you'll have the support you need to stay healthy, anytime
- **Access to today's leading edge** online health and wellness tools—convenient, easy to use and free!
- **When you need care,** Highmark's Care Cost Estimator online tool lets you find and compare costs—just like you do for other big purchases—for more than 1,600 kinds of care visits.

Essential Health Benefits

All health insurance plans must include coverage for the Essential Health Benefits. With Highmark, you can be assured that you'll have coverage for these important services:



Ambulatory services such as primary care and specialist visits



Rehabilitative, habilitative services and devices



Laboratory services



No-cost preventive and wellness services and chronic disease management



Hospitalization



Emergency services



Pediatric services, including dental* and vision care



Maternity and newborn care



Prescription drugs, including retail and mail order



Mental health and substance abuse services

*Unless your plan includes pediatric dental coverage, you must buy pediatric dental coverage as a stand-alone plan for dependent children covered by your plan, to meet the Essential Health Benefits requirement. Dental coverage is included in myBlue Care Gold \$500 and myBlue Access \$4,000. Vision benefits use the Davis Vision network. Dental benefits use United Concordia's Advantage network.

The ACA defines 10 categories of benefits as Essential Health Benefits. The list of examples is not an all-inclusive list of the benefits covered under each Essential Health Benefit category. The descriptions are general, and some services may not be covered. Limits may also apply to certain services. For more detail, please refer to the Outline of Coverage found in your Policy.

Blues On Call is a service mark of the Blue Cross Blue Shield Association.

QUALITY CARE

Being the biggest is important. But quality really matters.

Highmark Blue Cross Blue Shield network providers are respected professionals, who must all meet rigorous standards in order to participate in our networks.

- They are reviewed on a regular basis.
- Our members can read and write reviews about network providers and compare cost and quality standards of our providers on our member website on highmarkbcbs.com.
- The member website also includes estimated costs for hospital procedures and detailed ratings for network hospitals including clinical outcomes for specific procedures, quality of care for avoiding in-hospital complications and quality of care for various treatment types.

Blue Distinction Centers

The hospital you choose can impact your care, your results and your costs. But finding “the right” hospital can be a challenge. You deserve peace of mind when making these important health care decisions with your doctor. That’s why Blue Cross® and Blue Shield® developed the Blue Distinction Centers program to recognize hospitals with proven expertise in delivering specialty care.

We turned to the medical community for input on how to measure hospital performance. Our evaluation is based on what impacts you and your family’s care the most, including:

- Expertise of the medical team
- How many times the hospital has performed the procedure
- Hospital’s track record for procedure results

The result is two different recognitions for hospitals that can help you find the right specialty care for you and your family:

Blue Distinction Centers and Blue Distinction Centers+

Both Blue Distinction Centers and Blue Distinction Centers+ have a proven history of delivering better results—including fewer avoidable complications—than hospitals without these recognitions.

There are several Blue Distinction Centers within our local FPLIC PPO network—and many more that participate in the BlueCard PPO network across the U.S. Just visit highmarkbcbs.com to find one near you.



BlueCard® — coverage anywhere, worldwide

With Highmark, you have coverage virtually anywhere, worldwide. The BlueCard PPO network of participating doctors and hospitals offers all of our members access to doctors and hospitals in every ZIP code across the U.S. and in more than 200 countries and territories worldwide. And because all BlueCard PPO providers agree to accept our discounted allowable charge for your care, you will save money.

THAT’S SOMETHING YOU CAN ONLY GET WITH A BLUE PLAN!

Just take your Highmark ID card when you travel and show it to any participating BlueCard PPO network provider. You’ll pay more than the network cost for care but still less than care from providers who are not part of the BlueCard network.

To find a BlueCard PPO network doctor or hospital when you travel, go to highmarkbcbs.com.

It’s that easy!

HOW TO ENROLL

We make enrolling easy

Highmark Blue Cross Blue Shield is here to be your health insurance partner, every step of the way.

1 Find the plan that works for you

Check out DiscoverHighmark.com/individuals-families/ to learn more and see all of 2016 Highmark plans for individuals and families at HealthCare.gov.

2 Get financial help

Think you can't afford health insurance? You may be eligible for financial help from the federal government. Most people who apply are able to get help to pay for at least some of the monthly cost for health insurance.

How much help you'll qualify for depends on your family size, the amount of money you earn each year and how that amount compares to the year's Federal Poverty Level (FPL). The lower your income, the more you'll get.

Eligibility for financial help can only be determined by requesting an eligibility verification through the Health Insurance Marketplace at HealthCare.gov.

3 Enroll

When you're ready, see the back of this brochure to contact us today. You can enroll in any of our plans on the Health Insurance Marketplace, HealthCare.gov. You can also use the site to apply for federal help to help pay for your plan.

Medicaid

If your income is low, you may qualify for low- or no-cost health insurance through government programs, such as Medicaid. In many cases, if you qualify for Medicaid and you have children, they will qualify for either Medicaid or CHIP. CHIP covers uninsured children and teens up to age 19 in Pennsylvania, and may cover your kids even if you make too much money to qualify for Medicaid.

You can apply for Medicaid or CHIP on Pennsylvania's website, compass.state.pa.us, or call **1-866-550-4355**.

DO I QUALIFY?

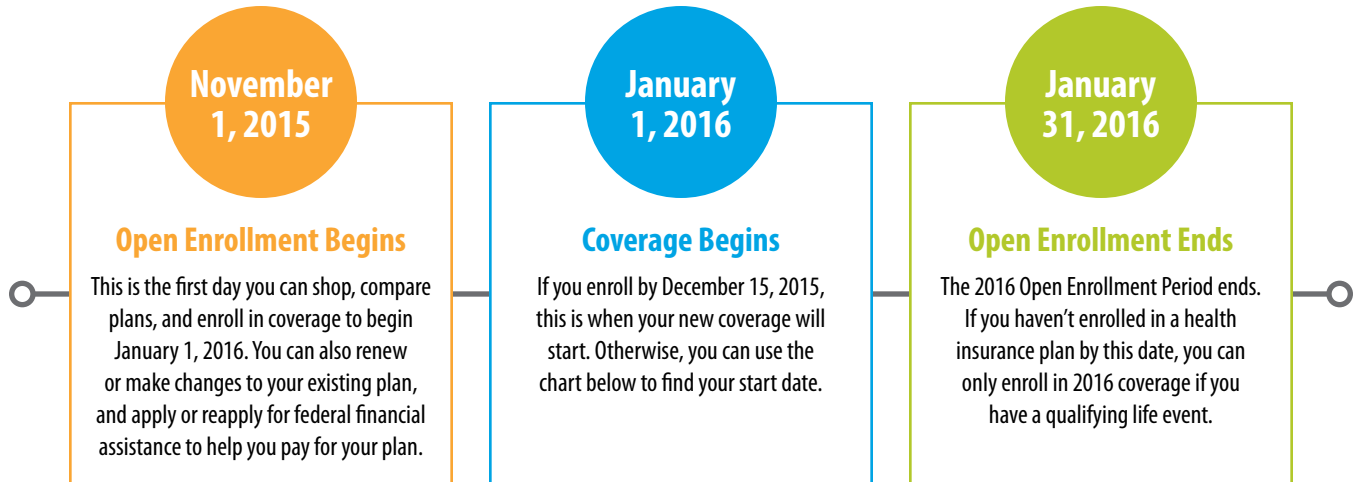
Our online Tax Savings Estimator lets you find out if you might qualify for financial help before you shop. Visit DiscoverHighmark.com/individuals-families/ to use this helpful tool.

To see if you qualify, first find the number of people who live in your household. Then see if your household income is within the ranges listed on that line to see what you might qualify for.		NUMBER OF PEOPLE IN YOUR HOUSEHOLD					
		1	2	3	4	5	6
Advanced Premium Tax Credits (APTC) can help pay your monthly health insurance premiums. <i>Premium tax credits cannot be used for the Catastrophic plan.</i>	You may qualify for a premium tax credit if your income is between:	\$29,176– \$46,680	\$39,326– \$62,920	\$49,476– \$79,160	\$59,626– \$95,400	\$69,776– \$111,640	\$79,926– \$127,880
Cost-Sharing Reductions (CSR) can help you pay the out-of-pocket costs you have to pay when you receive care (deductibles, copays and coinsurance). <i>Cost-sharing reductions can be used with a Silver plan.</i>	You may qualify for a premium tax credit AND cost-sharing reductions on a Silver plan if your income is between:	\$11,670– \$29,175	\$15,730– \$39,325	\$19,790– \$49,475	\$23,850– \$59,625	\$27,910– \$69,775	\$31,970– \$79,925
Other Financial Help	You don't qualify for federal financial help. But you may qualify for Medicaid or CHIP if your income is less than:	\$16,243	\$21,983	\$27,724	\$33,465	\$39,206	\$44,947

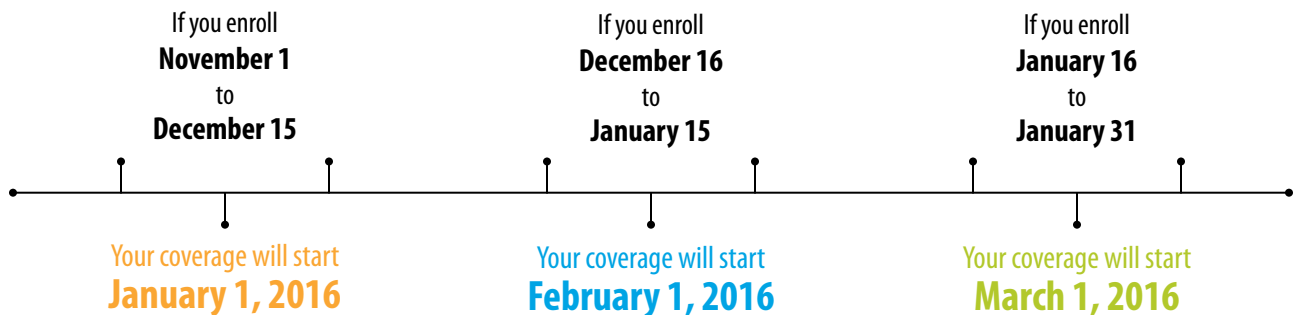
Please note—You may qualify for a federal tax credit amount that covers the entire cost of your health insurance. But in most cases, the tax credit will only cover part of your health insurance plan's monthly premium. In order to have and keep coverage, you must pay the rest of your monthly premium, on time, each month. Or your coverage will be canceled.

IMPORTANT DATES

Open Enrollment Period



Coverage start dates



Special Enrollment Period

You can enroll in a new plan outside of Open Enrollment **ONLY** if you have a qualifying life event. If you have one of these events occur, in most cases, you must enroll within 60 days of the occurrence of the event. It's important to remember that you may still be eligible for federal financial help during this Special Enrollment Period.

Qualifying life events include things like:

- You or your spouse lose employer-provided coverage
- You have a change in family status, such as a marriage, domestic partnership, divorce, or the birth or adoption of a child
- You have permanently moved
- You are no longer a dependent on someone else's plan

ENROLL TODAY!

Items to gather before you enroll

You'll need a few things on hand about yourself and every family member you want to enroll in your new plan.

- Social Security Numbers (or documents for legal immigrants)
- Birth dates
- Pay stubs, W-2 forms or wage and tax statements
- Policy numbers for any current health insurance
- Information about any health insurance you or your family could get from your jobs

You need a valid email

To apply for federal tax credits and a cost-share subsidy, you will need to create an account on the Marketplace at [HealthCare.gov](https://www.healthcare.gov). To create that account, you need a valid email address.

- You will be asked to give your email address.
- The Marketplace will then immediately send an email to your email address and ask you to validate it.
- You must be able to log in to your email and open the email from the Marketplace in order to validate.

A few easy ways to enroll

Have a question about your options? Ready to enroll? We're standing by to make it as easy as possible.



• **Call 1-855-wantBlue (1-855-926-8258)** and talk directly to a sales rep who can answer your questions. You can also call the Marketplace, anytime at **1-800-318-2596**.



• **Click [DiscoverHighmark.com/individuals-families/](https://www.discoverhighmark.com/individuals-families/)** to gather all the information you need to understand health insurance. Then you can enroll online on the Marketplace at [HealthCare.gov](https://www.healthcare.gov) for any of our plans.



• **Talk** to your local Highmark insurance agent or broker.



• **Visit** a local Highmark Direct store, or schedule an appointment online at [HighmarkDirect.com/schedule](https://www.highmarkdirect.com/schedule).

Stroudsburg

Bartonsville Plaza
292 Frantz Road, Suite 109
Bartonsville, PA 18360
570-517-2060

Dickson City

Park Center
1019 Commerce Blvd.
Dickson City, PA 18519
570-307-1906

Williamsport

T.J. Maxx Plaza
1754 East 3rd Street
Williamsport, PA 17701
570-320-1010

Highmark Blue Cross Blue Shield is a Qualified Health Plan issuer in the Health Insurance Marketplace.

These Highmark Blue Cross Blue Shield individual health insurance plans are offered by First Priority Life Insurance Company, a licensed affiliate of Highmark Blue Cross Blue Shield.

Highmark Blue Cross Blue Shield and First Priority Life Insurance Company are independent licensees of the Blue Cross Blue Shield Association. Blue Cross Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross Blue Shield Association. Highmark is a registered mark of Highmark Inc. Information regarding the Patient Protection and Affordable Care Act of 2010 (a.k.a. "PPACA", "Affordable Care Act", "ACA", and/or "Health Care Reform"), as amended, and/or any other law, does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws. State laws may be applicable. Any review of materials, request for information, or application does not obligate you to enroll for coverage. The benefits listed are a summary. Please request the Outline of Coverage for details on benefits, conditions and exclusions. Federal and state laws and regulations govern health insurance and health plans may vary from state to state. Highmark Blue Cross Blue Shield does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

We are committed to providing outstanding services for our applicants and members. If you need special assistance, including accommodations for disabilities or limited English proficiency, please call us at **1-855-856-0318** to request these free services (TTY/TDD users may call 711).

Blue Distinction® Centers (BDC) met overall quality measures for patient safety and outcomes, developed with input from the medical community. Blue Distinction® Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Individual outcomes may vary. National criteria is displayed on **www.bcbs.com**. A Local Blue Plan may require additional criteria for facilities located in its own service area. For details on Local Blue Plan Criteria, a provider's in-network status, or your own policy's coverage, contact your Local Blue Plan. Each hospital's Cost Index is calculated with data from its Local Blue Plan. Hospitals in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two Cost Index figures; and their own Local Blue Plans decide whether one or both Cost Index figures must meet BDC+ national criteria. Neither Blue Cross Blue Shield Association nor any Blue Plans are responsible for damages or non-covered charges resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.