

# The Pennsylvania State University

## Faculty/Staff



### Condition Care Program (CCP)

#### Reduced Medical Cost-Sharing for Members with Chronic Conditions

If you or one of your family members have a chronic condition, you know that managing your condition can lead to healthier outcomes—both in the present and the future. If cost is an obstacle in managing your condition, you'll be pleased to know that Penn State has high-value

services where you can receive reduced or waived cost-sharing for care associated with certain health conditions. If you have the following chronic condition, you are eligible to receive the condition-specific benefits listed below at the "Enhanced\*" benefit level.

**This applies to the Lion Traditional Plan design ONLY.**

### Hypertension

Benefit	Enhanced Benefits	Standard Benefits	
		In-Network	Out-of-Network
<b>Deductible</b> (per benefit period)	Waived/Individual Waived/Family	Deductible is based on salary band	
<b>Out-of-Pocket Maximums</b> (Once met, plan payment level becomes 100%)	Not Applicable/Individual Not Applicable/Family	\$1,250/Individual \$2,500/Family	\$2,500/Individual \$5,000/Family
<b>Primary Care Physician Office Visits</b>	100% (copayment waived)	100% after \$20 copayment	70% after deductible
<b>Specialist Office Visits</b>	100% (copayment waived)	100% after \$30 copayment	70% after deductible
<b>Urinalysis</b> CPT codes: 81000, 81001, 81002, 81003, 81005, 81015, 81020	100% (deductible waived)	90% after deductible (Quest/Lab Corp) 70% after deductible (all other locations)	50% after deductible
<b>Basic Metabolic Panel</b> CPT codes: 80047, 80048	100% (deductible waived)	90% after deductible (Quest/Lab Corp) 70% after deductible (all other locations)	50% after deductible
<b>Microalbumin Urine Test</b> CPT codes: 82043, 82044	100% (deductible waived)	90% after deductible (Quest/Lab Corp) 70% after deductible (all other locations)	50% after deductible

\*Enhanced benefits only apply to condition-specific services received from an in-network provider. Services received out-of-network will be reimbursed at the same out-of-network benefit level as standard benefits. Standard drug cost share applies.

**All references to "Highmark" in this communication are references to Highmark Inc., an independent licensee of the Blue Cross Blue Shield Association, and/or to one or more of its affiliated Blue companies.**



**HIGHMARK.**

HighmarkBlueshield.com