

National Blue PPO Network

This benefit summary applies to the following networks: PPOBlue, BCBS PPO (BlueChoice Adv Open Access), BCBS PPO (Blue Preferred POS), BCBS PPO (NetworkBlue), BCBS PPO (Blue Open Access POS), and BCBS PPO (Horizon Managed Care Network).

On the chart below, you'll see what your plan pays for specific services. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

Rentokil North America PPO 1000

Effective 01/01/2026

Benefit	Network	Out-of-Network
General Provisions		
Benefit Period (1)	Calendar	
Deductible (per benefit period. Amounts do not cross accumulate between in-network and out-of-network.)		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Plan Pays – payment based on the plan allowance	75% after deductible	50% after deductible
Out-of-Pocket Maximums (Once met, plan pays 100% for the rest of the benefit period. DO NOT cross accumulate between in-network and out-of-network.)		
Individual	\$3,500	\$7,000
Family	\$7,000	\$14,000
Total Maximum Out-of-Pocket (includes deductible, coinsurance, copayments, prescription drug, and other qualified medical expenses. Once met, plan pays 100% for the rest of the benefit period. Excludes amounts over UCR.) (embedded) (2)		
Individual	\$3,500	N/A
Family	\$7,000	N/A
Office/Clinic/Urgent Care Visits		
Retail Clinic Visits	100% after \$40 copayment	50% after deductible
Primary Care Provider Office Visits	100% after \$40 copayment	50% after deductible
Specialist Office Visits	100% after \$50 copayment	50% after deductible
Urgent Care Center Visits	100% after \$50 copayment	50% after deductible
Telemedicine (3) Services provided by CirrusMD	\$0 copayment	Not Covered
Preventive Care		
Routine Adult		
Physical exams	100% (deductible does not apply)	50% after deductible
Adult immunizations	100% (deductible does not apply)	50% after deductible
Routine gynecological exams, including a Pap Test	100% (deductible does not apply)	50% after deductible
Mammograms, annual routine	100% (deductible does not apply)	50% after deductible
Diagnostic services and procedures	100% (deductible does not apply)	50% after deductible
Routine Pediatric		
Physical exams	100% (deductible does not apply)	50% after deductible
Pediatric immunizations	100% (deductible does not apply)	50% after deductible
Diagnostic services and procedures	100% (deductible does not apply)	50% after deductible
Hospital and Medical/Surgical Expenses (including maternity)		
Hospital Inpatient	75% after deductible	50% after deductible
Hospital Outpatient	75% after deductible	50% after deductible
Maternity (non-preventive facility & professional services)	75% after deductible	50% after deductible
Medical/Surgical (except office visits)	75% after deductible	50% after deductible
	Certain procedures may be required to be performed through Carrum Health, or enhanced benefits may be available when using Carrum Health. More details about the Carrum Health Benefit can be found later in this chart.	
Emergency Services		
Emergency Room Services (includes emergency medical and emergency accident)	100% after \$400 copayment (waived if admitted)	
Ambulance	75% after In-network deductible	

Benefit	Network	Out-of-Network
Therapy and Rehabilitation Services		
Physical Medicine	100% after \$50 copayment Limit: 60 visits combined with Occupational Therapy and Speech Therapy	50% after deductible
Occupational Therapy	100% after \$50 copayment Limit: 60 visits combined with Physical Medicine and Speech Therapy	50% after deductible
Speech Therapy	100% after \$50 copayment Limit: 60 visits combined with Physical Medicine and Occupational Therapy	50% after deductible
Spinal Manipulations	100% after \$50 copayment Limit: 30 visits per benefit period	50% after deductible
Other Therapy Services (Cardiac Rehabilitation, Infusion Therapy, Pulmonary Rehabilitation, Chemotherapy, Radiation Therapy, and Dialysis)	75% after deductible	50% after deductible
Mental Health/Substance Abuse		
Inpatient		
Inpatient Detoxification/Rehabilitation (includes residential treatment)	75% after deductible	50% after deductible
Outpatient (includes telebehavioral health)	100% after \$50 copayment	50% after deductible
Autism ABA Therapy Services covered	75% after deductible	50% after deductible
Prescription Drugs (6)		
Generic drugs	100% after \$10 copay (retail) / 100% after \$25 copay (mail order)	Not covered
Preferred brand drugs	100% after \$50 copay (retail) / 100% after \$125 copay (mail order)	Not covered
Non-preferred brand drugs	100% after \$75 copay (retail) / 100% after \$200 copay (mail order)	Not covered
Specialty drugs	100% after \$150 copay	Not covered
Other Services Available through Highmark		
Acupuncture (when used in lieu of anesthesia)	75% after deductible	50% after deductible
Allergy Extracts and Injections	75% after deductible	50% after deductible
Assisted Fertilization Procedures Includes Comprehensive Infertility and ART Services	75% after deductible Benefit Maximum: \$25,000 combined with prescription drugs	50% after deductible
Dental Services Related to Accidental Injury	75% after deductible	50% after deductible
Diagnostic Services <i>Advanced Imaging</i> (MRI, CAT, PET scan, etc.) <i>Basic Diagnostic Services</i> (standard imaging, diagnostic medical, lab/pathology, allergy testing)	75% after deductible 75% after deductible	50% after deductible 50% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	75% after deductible Limit: one durable medical equipment for same purpose	50% after deductible
Wigs	75% after deductible	50% after deductible
Hearing Aids	75% after deductible Limit: \$1,250 per hearing aid per ear every 36 months	50% after deductible
Hearing Exams (Non-routine/Diagnostic)	100% after \$40 copayment with primary care physician; 100% after \$50 copayment with specialist	50% after deductible
Home Health Care/Visiting Nurse	75% after deductible Limit: 90 visits per benefit period combined	50% after deductible
Hospice	75% after deductible	50% after deductible
Infertility Counseling, Testing and Treatment (4)	75% after deductible	50% after deductible
Nutritional Counseling	75% after deductible	50% after deductible
Podiatry Care	75% after deductible Limit: 30 visits per benefit period	50% after deductible
Private Duty Nursing	75% after deductible	50% after deductible
Skilled Nursing Facility Care	75% after deductible	50% after deductible
Blue Distinction and Blue Distinction Plus Centers for Transplants	75% after deductible When Performed in a BDC/BDC+ Not Covered When Performed in a Non-BDC	Not Covered
Travel and Logging Expenses (Transplants)	100% (deductible does not apply) Must be Performed in a BDC/BDC+ \$10,000 maximum Per diem rate of \$50 per day for patient or \$100 for patient plus one or more companions	Not Covered
Travel and Logging Expenses (Cancer and Congenital)	100% (deductible does not apply)	

Benefit	Network	Out-of-Network
Heart Disease)	\$10,000 maximum Per diem rate of \$50 per day for patient or \$100 for patient plus one or more companions	
Precertification Requirements (5)	Yes	
Carrum Health Benefit (Mandatory Centers of Excellence) (7)		
Bariatric surgery	100% (deductible does not apply) Services must be provided through Carrum Health (7)	Not applicable
Major joint replacement – hip and knee only	100% (deductible does not apply) Services must be provided through Carrum Health (7)	Not applicable
Spinal surgery	100% (deductible does not apply) Services must be provided through Carrum Health (7)	Not applicable
CAR T-Cell Therapy (Chimeric antigen receptor (CAR) T-cell therapy)	100% (deductible does not apply) Services must be provided through Carrum Health (7)	Not applicable
Medical/Surgical Expenses (8)		
Major joint replacement – ankle and shoulder only	100% (deductible does not apply). Enhanced coverage only applies if the services are provided through Carrum Health (8). 75% after deductible if services are provided through a Highmark In-Network provider (8).	50% after deductible
Minor orthopedic surgery	100% (deductible does not apply). Enhanced coverage only applies if the services are provided through Carrum Health (8). 75% after deductible if services are provided through a Highmark In-Network provider (8).	50% after deductible
Cardiac surgery	100% (deductible does not apply). Enhanced coverage only applies if the services are provided through Carrum Health (8). 75% after deductible if services are provided through a Highmark In-Network provider (8).	50% after deductible
Gynecologic	100% (deductible does not apply). Enhanced coverage only applies if the services are provided through Carrum Health (8). 75% after deductible if services are provided through a Highmark In-Network provider (8).	50% after deductible
General surgery	100% (deductible does not apply). Enhanced coverage only applies if the services are provided through Carrum Health (8). 75% after deductible if services are provided through a Highmark In-Network provider (8).	50% after deductible

Benefit	Network	Out-of-Network
Ear, nose, and throat surgery	<p>100% (deductible does not apply). Enhanced coverage only applies if the services are provided through Carrum Health (8).</p> <p>75% after deductible if services are provided through a Highmark In-Network provider (8).</p>	50% after deductible
Urologic surgery	<p>100% (deductible does not apply). Enhanced coverage only applies if the services are provided through Carrum Health (8).</p> <p>75% after deductible if services are provided through a Highmark In-Network provider (8).</p>	50% after deductible
Pain management surgery	<p>100% (deductible does not apply). Enhanced coverage only applies if the services are provided through Carrum Health (8).</p> <p>75% after deductible if services are provided through a Highmark In-Network provider (8).</p>	50% after deductible
Gastroenterology surgery	<p>100% (deductible does not apply). Enhanced coverage only applies if the services are provided through Carrum Health (8).</p> <p>75% after deductible if services are provided through a Highmark In-Network provider (8).</p>	50% after deductible
Substance Use Disorder	<p>100% (deductible does not apply). Enhanced coverage only applies if the services are provided through Carrum Health (8).</p> <p>75% after deductible if services are provided through a Highmark In-Network provider (8).</p>	50% after deductible
Cancer care (9)	<p>100% (deductible does not apply). Enhanced coverage only applies if the services are provided through Carrum Health (8).</p> <p>75% after deductible if services are provided through a Highmark In-Network provider (8).</p>	50% after deductible

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/plan documents, as limitations and exclusions apply. The policy/plan documents control in the event of a conflict with this benefits summary.

- (1) Your group's benefit period is based on a Calendar Year which runs from January 1 to December 31.
- (2) The In-Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays, prescription drug cost share and any qualified medical expenses. If you are enrolled in a "Family" plan, with your non-embedded deductible, the entire family deductible must be satisfied before claims reimbursement begins. In addition, with your embedded out-of-pocket limit, once an individual family member's out-of-pocket limit is satisfied, additional claims reimbursement begins for that person. Finally, with your embedded TMOOP, once any eligible family member satisfies his/her individual TMOOP, claims will pay at 100% of the plan allowance for covered expenses, for the rest of the plan year. Claims for the remaining family members will pay at 100% once the family TMOOP amount is met.
- (3) Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be obtained through CirrusMD. Additional services provided by a Designated Telemedicine Provider are paid according to the benefit category that they fall under (e.g. PCP is eligible under the PCP Office Visit benefit, Behavioral Health is eligible under the Outpatient Mental Health Services benefit).
- (4) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.
- (5) Blue Shield Medical Management & Policy (MM&P) must be contacted prior to a planned inpatient admission or within 48 hours of an emergency or maternity-related inpatient admission. Be sure to verify that your provider is contacting MM&P for precertification. If not, you are responsible for contacting MM&P. If this does not occur and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, you will be responsible for payment of any costs not covered.
- (6) Prescription drug coverage is administered by Express Scripts, covering up to a 30-day supply at retail pharmacies, and a 90-day supply through mail order. Certain preventive medications are covered with no charge or deductible. Specialty drugs must be obtained through the designated specialty pharmacy network. Additional restrictions may apply. For more details, visit www.express-scripts.com.
- (7) These services must be obtained exclusively through Carrum Health; these services are not covered if received through the Highmark network, or an out-of-network provider. Plan participants have access to the Carrum Health Benefit, which offers enhanced coverage for select planned procedures performed at designated Centers of Excellence. These Centers of Excellence are specialized providers and facilities chosen for their expertise in high-risk or high-cost procedures. Under the Carrum Health Benefit, all medically necessary costs related to the covered procedure at the Center of Excellence are covered with no Copay, Deductible, or Coinsurance—except for participants enrolled in an HSA-eligible plan, who remain subject to the Federal Minimum Annual Deductible. Additionally, the benefit covers travel expenses to the Center of Excellence, including

transportation, lodging, meals, and incidentals, based on the participant's distance from the facility and the procedure type. To qualify for travel coverage, all transportation and lodging arrangements must be coordinated and booked by Carrum Health's Patient Care Team. Exceptions may apply. Please refer to the policy/plan document for more information.

- (8) Certain services may be obtained through Carrum Health, but use of Carrum is optional for these services. Participants may choose to receive care from a provider within the Highmark network or an out-of-network provider, in which case standard cost-sharing will apply. Alternatively, participants can elect to use a Carrum Health provider and receive enhanced coverage through the Carrum Health Benefit. This benefit covers select planned procedures at designated Centers of Excellence—specialized providers and facilities recognized for their expertise in high-risk or high-cost procedures. When using the Carrum Health Benefit, all medically necessary costs related to the covered procedure at the Center of Excellence are covered with no Copay, Deductible, or Coinsurance—except for participants enrolled in an HSA-eligible plan, who remain subject to the Federal Minimum Annual Deductible. The benefit also includes coverage for travel expenses to the Center of Excellence, such as transportation, lodging, meals, and incidentals, based on the participant's distance from the facility and the procedure type. To qualify for travel coverage, all transportation and lodging must be arranged and booked by Carrum Health's Patient Care Team. Exceptions may apply. Please refer to the policy or plan document for full details.
- (9) Cancer care covered through the Carrum Health Benefit includes the Cancer Advisory Program and ongoing support for all cancer diagnoses, as well as treatment provided by a Carrum Health Center of Excellence for the following cancers: Bone, Breast, Colorectal, Endocrine, Esophageal, Gynecologic, Head & Neck, Hematologic, Kidney, Liver, Lung, Neurologic, Prostate, Melanoma (skin), other cancers, and CAR (chimeric antigen receptor)-T cell therapy for specific hematologic cancers. Except for CAR-T cell therapy, all other cancer treatments are voluntary and not required to be obtained through the Carrum Health Benefit. You may choose to use an in-network or out-of-network provider instead, in which case regular cost-sharing will apply. If you elect to use the Carrum Health Benefit for cancer treatment, all medically necessary costs related to the covered procedure at the Center of Excellence are covered with no Copay, Deductible, or Coinsurance—except for participants enrolled in an HSA-eligible plan, who remain subject to the Federal Minimum Annual Deductible. The benefit also includes coverage for travel expenses to the Center of Excellence, including transportation, lodging, meals, and incidentals, based on the participant's distance from the facility and the type of procedure. To qualify for travel coverage, all transportation and lodging arrangements must be coordinated and booked by Carrum Health's Patient Care Team. Exceptions may apply. Please refer to the policy or plan document for full details.

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