



## Blue High Performance Network<sup>SM</sup>

This program is a qualified high deductible plan as defined by the Internal Revenue Service. It is designed for use with a Health Savings Account (HSA). On the chart below, you'll see what your plan pays for specific services. You are responsible for paying non-urgent care center services and non-emergency services received from an out-of-network provider. 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. **This plan does not provide Out-of-Network coverage except at Urgent Care facilities and the Emergency Department of a hospital. You must seek care from an In-Network provider.**

Rentokil North America [CDHP 2250 HPN](#)

Effective 01/01/2026

Benefit	In-Network Coverage Only
<b>General Provisions</b>	
<b>Calendar year</b> (1)	Calendar Year
<b>Deductible</b> (per calendar year) (non-embedded)	
Individual	\$2,250
Family	\$4,500
<b>Plan Pays</b> – payment based on the plan allowance	80% after deductible
<b>Out-of-Pocket Maximums</b> (Once met, plan pays 100% for the rest of the benefit period) (embedded)	
Individual	\$4,500
Individual in Family Plan	\$8,500
Family	\$9,000
<b>Total Maximum Out-of-Pocket</b> (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	\$4,500
Individual in Family Plan	\$8,500
Family	\$9,000
<b>Office/Clinic/Urgent Care Visits</b>	
<b>Retail Clinic Visits</b>	80% after deductible
<b>Primary Care Provider Office Visits</b>	80% after deductible
<b>Specialist Office Visits/Outpatient/</b>	80% after deductible
<b>Urgent Care Center Visits</b>	80% after deductible
<b>Telemedicine</b> (3) Services provided by CirrusMD	100% (deductible does not apply)
<b>Preventive Care</b>	
<b>Routine Adult</b>	
Physical exams	100% (deductible does not apply)
Adult immunizations	100% (deductible does not apply)
Colorectal cancer screening	100% (deductible does not apply)
Routine gynecological exams, including a Pap Test	100% (deductible does not apply)
Mammograms, annual routine and medically necessary	100% (deductible does not apply)
Diagnostic services and procedures	100% (deductible does not apply)
<b>Routine Pediatric</b>	
Physical exams	100% (deductible does not apply)
Pediatric immunizations	100% (deductible does not apply)
Diagnostic services and procedures	100% (deductible does not apply)
<b>Hospital and Medical/Surgical Expenses (including Maternity)</b>	
<b>Hospital Inpatient</b>	80% after deductible
<b>Hospital Outpatient</b>	80% after deductible
<b>Maternity</b> (non-preventive facility & professional services)	80% after deductible
<b>Medical/Surgical Expenses</b> (except office visits)	80% 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.

<b>Benefit</b>	<b>In-Network Coverage Only</b>
<b>Emergency Services</b>	
<b>Emergency Room Services</b> (includes emergency medical and emergency accident)	80% after deductible
<b>Ambulance</b>	80% after deductible
<b>Therapy and Rehabilitation Services</b>	
<b>Physical Medicine</b>	80% after deductible Limit: 60 visits combined with Occupational Therapy and Speech Therapy
<b>Occupational Therapy</b>	80% after deductible Limit: 60 visits combined with Physical Medicine and Speech Therapy
<b>Speech Therapy</b>	80% after deductible Limit: 60 visits combined with Physical Medicine and Occupational Therapy
<b>Spinal Manipulations</b>	80% after deductible Limit: 30 visits per benefit period
<b>Other Therapy Services</b> (Cardiac Rehabilitation, Infusion Therapy, Pulmonary Rehabilitation, Chemotherapy, Radiation Therapy, and Dialysis)	80% after deductible
<b>Mental Health/Substance Abuse</b>	
<b>Inpatient</b>	80% after deductible
<b>Inpatient Detoxification/Rehabilitation</b>	80% after deductible
<b>Outpatient</b>	80% after deductible
<b>Autism</b> (Includes ABA Coverage)	80% after deductible
<b>Prescription Drugs (6)</b>	
<b>Generic drugs</b>	80% after deductible
<b>Preferred brand drugs</b>	80% after deductible
<b>Non-preferred brand drugs</b>	80% after deductible
<b>Specialty drugs</b>	80% after deductible
<b>Other Services Available through Highmark</b>	
<b>Acupuncture</b> (when used in lieu of anesthesia)	80% after deductible
<b>Allergy Extracts and Injections</b>	80% after deductible
<b>Assisted Fertilization Procedures</b> Includes Comprehensive Infertility and ART Services	80% after deductible Benefit Maximum: \$25,000 combined with prescription drugs
<b>Dental Services Related to Accidental Injury</b>	80% after deductible
<b>Diagnostic Services</b> <i>Standard and Advanced Imaging</i> (MRI, CAT, PET scan, etc.)	80% after deductible
<i>Basic Diagnostic Services</i> (standard imaging, diagnostic medical, lab/pathology, allergy testing)	80% after deductible
<b>Durable Medical Equipment, Orthotics and Prosthetics</b>	80% after deductible
<b>Wigs</b>	80% after deductible
<b>Hearing Aids</b>	80% after deductible Limit: \$1,250 per hearing aid per ear every 36 months
<b>Hearing Exams</b> (Non-routine/Diagnostic)	80% after deductible
<b>Home Health Care/Visiting Nurse</b>	80% after deductible Limit: 90 Visits per benefit period
<b>Hospice</b>	80% after deductible
<b>Infertility Counseling, Testing and Treatment</b> (4)	80% after deductible
<b>Nutritional Counseling</b>	80% after deductible
<b>Podiatry Care</b>	80% after deductible Limit: 30 Visits per benefit period
<b>Private Duty Nursing</b>	80% after deductible Limit: 30 Days per benefit period
<b>Skilled Nursing Facility Care</b>	80% after deductible Limit: 100 Days per benefit period
<b>Transplants</b>	80% after deductible
<b>Travel and Lodging Expenses</b> (Transplants)	100% after deductible 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
<b>Travel and Lodging Expenses</b> (Cancer and Congenital Heart Disease)	100% after deductible \$10,000 maximum Per diem rate of \$50 per day for patient or \$100 for patient plus one or more companions

Benefit	In-Network Coverage Only
Precertification Requirements (5)	Yes
<b>Carrum Health Benefit (Mandatory Centers of Excellence) (7)</b>	
Bariatric surgery	100% after meeting the Federal Minimum Annual Deductible for QHDHPs (\$1,700 for 2026). Services must be provided through Carrum Health (7).
Major joint replacement – hip and knee only	100% after meeting the Federal Minimum Annual Deductible for QHDHPs (\$1,700 for 2026). Services must be provided through Carrum Health (7).
Spinal surgery	100% after meeting the Federal Minimum Annual Deductible for QHDHPs (\$1,700 for 2026). Services must be provided through Carrum Health (7).
CAR T-Cell Therapy (Chimeric antigen receptor (CAR) T-cell therapy)	100% after meeting the Federal Minimum Annual Deductible for QHDHPs (\$1,700 for 2026). Services must be provided through Carrum Health (7).
<b>Medical/Surgical Expenses (8)</b>	
Major joint replacement – ankle and shoulder only	100% after meeting the Federal Minimum Annual Deductible for QHDHPs (\$1,700 for 2026) if services are provided through Carrum Health (8).  80% after deductible if services are provided through a Highmark In-Network provider (8).
Minor orthopedic surgery	100% after meeting the Federal Minimum Annual Deductible for QHDHPs (\$1,700 for 2026) if services are provided through Carrum Health (8).  80% after deductible if services are provided through a Highmark In-Network provider (8).
Cardiac surgery	100% after meeting the Federal Minimum Annual Deductible for QHDHPs (\$1,700 for 2026) if services are provided through Carrum Health (8).  80% after deductible if services are provided through a Highmark In-Network provider (8).
Gynecologic	100% after meeting the Federal Minimum Annual Deductible for QHDHPs (\$1,700 for 2026) if services are provided through Carrum Health (8).  80% after deductible if services are provided through a Highmark In-Network provider (8).
General surgery	100% after meeting the Federal Minimum Annual Deductible for QHDHPs (\$1,700 for 2026) if services are provided through Carrum Health (8).  80% after deductible if services are provided through a Highmark In-Network provider (8).
Ear, nose, and throat surgery	100% after meeting the Federal Minimum Annual Deductible for QHDHPs (\$1,700 for 2026) if services are provided through Carrum Health (8).  80% after deductible if services are provided through a Highmark In-Network provider (8).
Urologic surgery	100% after meeting the Federal Minimum Annual Deductible for QHDHPs (\$1,700 for 2026) if services are provided through Carrum Health (8).  80% after deductible if services are provided through a Highmark In-Network provider (8).
Pain management surgery	100% after meeting the Federal Minimum Annual Deductible for QHDHPs (\$1,700 for 2026) if services are provided through Carrum Health (8).  80% after deductible if services are provided through a Highmark In-Network provider (8).
Gastroenterology surgery	100% after meeting the Federal Minimum Annual Deductible for QHDHPs (\$1,700 for 2026) if services are provided through Carrum Health (8).  80% after deductible if services are provided through a Highmark In-Network provider (8).
Substance Use Disorder	100% after meeting the Federal Minimum Annual Deductible for QHDHPs (\$1,700 for 2026) if services are provided through Carrum Health (8).  80% after deductible if services are provided through a Highmark In-Network provider (8).
Cancer care (9)	100% after meeting the Federal Minimum Annual Deductible for QHDHPs (\$1,700 for 2026) if services are provided through Carrum Health (8).  80% after deductible if services are provided through a Highmark In-Network provider (8).

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.

\*Out-of-Network urgent care pays at the benefit level. The plan's out-of-network allowance is used for payment when the provider does not participate with either the BlueHPN or the local Highmark PPO network. The provider can balance bill the member.

- (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](http://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. 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, 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 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.

Air Ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.

If you receive services from an out-of-area provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.

Highmark Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.