

# 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.** You must follow the attached **Diabetic Supplies Guidelines** in order to receive the Enhanced Benefit.

## Diabetes

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% (deductible waived)	100% after \$20 copayment	70% after deductible
<b>Specialist Office Visits</b>	100% (deductible waived)	100% after \$30 copayment	70% after deductible
<b>Lipid Panel</b> CPT codes: 80061, WA033, 83700, 83701, 83704, 83721	100% (deductible waived)	90% after deductible (Quest/Lab Corp) 70% after deductible (all other locations)	50% after deductible
<b>Hemoglobin A1c Test</b> CPT codes: 83021, 83036, 83037, WA089, WA090, WA138	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

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# Condition Care Program – Diabetes

Benefit	Enhanced Benefits	Standard Benefits	
		In-Network	Out-of-Network
<b>Liver Function Test</b> CPT code: 80076	100% (deductible waived)	90% after deductible (Quest/Lab Corp) 70% after deductible (all other locations)	50% after deductible
<b>Dilated Retinal Exam performed by a physician</b>	100% (copayment waived)	100% after \$20 copayment	70% after deductible
<b>Dilated Retinal Exam performed by a specialist</b>	100% (copayment waived)	100% after \$30 copayment	70% after deductible
<b>Stress Test</b>	100% (deductible waived)	90% after deductible	70% 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>Glucometer/test strips/needles/syringes/Glucose Monitoring System and sensors (Follow diabetic supplies guidelines chart)</b>	100% (deductible waived)	90% after deductible	70% after deductible
<b>Insulin Pump and Insulin Pump Supplies (Follow diabetic supplies guidelines chart)</b>	100% (deductible waived)	90% after deductible	70% after deductible
<b>Diabetes Education (up to 10 hours)</b>	100% (deductible waived)	90% after deductible	70% after deductible
<b>Nutrition Counseling Visits</b>	100% (deductible waived)	90% after deductible	70% after deductible
<b>Blood Glucose Test</b> CPT codes: 82947, 82948, 82950, 82962	100% (deductible waived)	90% after deductible (Quest/Lab Corp) 70% after deductible (all other locations)	50% after deductible

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# Condition Care Program – Diabetes

Benefit	Enhanced Benefits	Standard Benefits	
		In-Network	Out-of-Network
<b>Routine Foot Exam performed by a Primary Care Physician</b>	100% (copayment waived)	100% after \$20 copayment	70% after deductible
<b>Routine Foot Exam performed by a Specialist</b>	100% (copayment waived)	100% after \$30 copayment	70% after deductible
<b>Creatinine Clearance Test</b> CPT codes: 82575	100% (deductible waived)	90% after deductible (Quest/Lab Corp) 70% after deductible (all other locations)	50% after deductible

**FOR SUPPLIES:** Follow the Diabetic Supplies Guidelines chart in order to receive the CCP Cost Sharing waiver; 100% benefits coverage

\*Enhanced benefits only apply to condition-specific services received from an in-network provider. Services received out-of-network will be paid at the same out-of-network benefit level as other medical services and you may incur out-of-pocket expenses. Prescription medications are not included in Condition Care Program – drug cost share applies.

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