



CURRENTLY SEEING A UPMC PROVIDER?

You may be eligible for in-network benefits ... and, if not, you're protected against balance billing.

Members who are in a continuing course of treatment for a chronic or persistent medical condition and were treated for that condition in 2013, 2014 or 2015 by a UPMC physician or by an independent physician and received care for that condition at UPMC can receive care from those UPMC providers at the in-network level of benefits through June 2019. Routine preventive care does not qualify as a chronic or persistent medical condition.

Members who were treated at UPMC or by a UPMC physician for a confirmed pregnancy in 2015 may continue to access UPMC on an in-network basis for maternity care, delivery and post-partum care related to that pregnancy. This includes delivery at Magee-Womens Hospital.

If you choose to receive care from UPMC providers — even though you don't qualify for in-network benefits based on one of the other provisions of the Consent Decree — you will be responsible for the out-of-network cost sharing according to your specific benefit design. But UPMC can only “balance bill” you up to 60 percent of their actual charge. That's important protection that could save you money.

Access for seniors, and CHIP and Medicaid members

If you're 65 or older and covered by or eligible for Medicare, you will have access to all UPMC providers at an in-network benefit level.* This in-network access also applies to CHIP and Medicaid members.

For more information, go to **discoverhighmark.com/consentWP**.

**This does not include Community Blue Medicare Advantage HMO.*