

Highmark prescription drug copayment changes effective as of July 2009 renewals / new business:

Prescription Drug Copayment Changes for Highmark Blue Cross Blue Shield Small Group Product Portfolio

Copayments shown are for up to a 31-day supply at participating retail pharmacies. Copayment for up to a 90-day supply obtained through Medco mail order service is two times (2X) the retail copayment.

| Health Care Coverage Option | Prescription Drug Copay Change From – To |
|--|---|
| PPOBlue High Option I | 10/20/35 – 8/30/55 |
| PPOBlue High Option II (+Out-of-Area) | 10/20 – 8/30 |
| PPOBlue Enhanced | 15/30 – 8/40 |
| PPOBlue Split Copay 100/80 | No Changes |
| PPOBlue Standard (+Out-of-Area) | 15/30 – 8/40 |
| PPOBlue \$500 Deductible (+Out-of-Area) | 15/30 – 8/40 |
| PPOBlue 90/70 | 15/30 – 8/40 |
| PPOBlue Split Copay Low Cost 90/70 | 15/30 – 8/40 |
| PPOBlue Value Plus 250 | No Changes |
| PPOBlue Value Plus 500 (+Out-of-Area) | No Changes |
| PPOBlue \$750 Deductible Value | 15/30 – 8/40 |
| PPOBlue \$1000 High-Deductible Value | 15/30 – 8/40 |
| PPOBlue High-Deductible Value (+Out-of-Area) | 15/30 – 8/40 |
| PPOBlue \$1500 High-Deductible Value (+Out-of-Area) | 15/30 – 8/40 |
| PPOBlue \$2500 High-Deductible Value | 15/30 – 8/40 |
| PPOBlue HDHP (Qualified HDHP/HSA) | No Changes |
| EPOBlue Essential | No Changes |
| KeystoneBlue HMO | 10/20 – 8/30 |
| ClassicBlue Traditional | No Changes |