



2021 Small Group ACA Benefit Changes

WESTERN PENNSYLVANIA

Highmark 2021 Small Group ACA Benefit Changes

Product Name: Premier Balance PPO \$0 Platinum A
Metal Level: Platinum
Status: No Change

Product Name: Premier Balance PPO \$0 Gold A
Metal Level: Gold
Status: See Changes Below

Year		2020	2021
Out-of-Pocket Maximum (2x Family)	In-Network	\$8,150	\$8,550
	Out-of-Network	\$16,300	\$17,100
Outpatient Surgery/Facility Fee*	In-Network	100%	100% (Facility: \$25 copay)

Product Name: Premier Balance PPO \$500 A
Metal Level: Gold
Status: See Changes Below

Year		2020	2021
Out-of-Pocket Maximum (2x Family)	In-Network	\$7,900	\$8,550
	Out-of-Network	\$15,800	\$17,100

Product Name: Premier Balance PPO \$1000 A
Metal Level: Gold
Status: See Changes Below

Year		2020	2021
Out-of-Pocket Maximum (2x Family)	In-Network	\$7,900	\$8,550
	Out-of-Network	\$15,800	\$17,100

Product Name: Premier Balance PPO \$1400 A
Metal Level: Gold
Status: No Change

Product Name: Premier Balance PPO \$2000 A
Metal Level: Gold
Status: No Change

Product Name: Premier Balance PPO \$2500 A
Metal Level: Gold
Status: No Change

Product Name: Balance PPO \$1000 A
Metal Level: Gold
Status: No Change

*All cost sharing coinsurance is after deductible unless otherwise noted. **Values shown are member facing cost share.

Highmark 2021 Small Group ACA Benefit Changes

Product Name: Balance PPO \$2000 A
Metal Level: Gold
Status: No Change

Product Name: Health Savings PPO \$1500
Metal Level: Gold
Status: No Change

Previous Product Name: Health Savings PPO Embedded \$4100
Product Name: Health Savings PPO Embedded \$4250
Metal Level: Silver
Status: See Changes Below

Year		2020	2021
Deductible (2x Family)	In-Network	\$4,100	\$4,250
	Out-of-Network	\$8,200	\$8,500
Out-of-Pocket Maximum (2x Family)	In-Network	\$4,100	\$4,250
	Out-of-Network	\$8,200	\$8,500

Product Name: Together Blue EPO Platinum \$250
Metal Level: Platinum
Status: New in 2021

Product Name: Together Blue EPO \$0
Metal Level: Gold
Status: New in 2021

Product Name: Together Blue EPO \$500
Metal Level: Gold
Status: New in 2021

Product Name: Together Blue EPO \$1000
Metal Level: Gold
Status: New in 2021

Product Name: Together Blue EPO \$1500
Metal Level: Gold
Status: New in 2021

Product Name: Together Blue EPO \$2500 1x
Metal Level: Gold
Status: New in 2021

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Highmark 2021 Small Group ACA Benefit Changes

Product Name: Together Blue EPO \$5000 1x
Metal Level: Gold
Status: New in 2021

Product Name: Together Blue EPO \$2000
Metal Level: Silver
Status: New in 2021

Product Name: Together Blue EPO Embedded Q\$3650
Metal Level: Silver
Status: New in 2021

Product Name: Together Blue EPO Embedded Q\$6650
Metal Level: Bronze
Status: New in 2021

Product Name: Premier Balance PPO \$0 Platinum a Community Blue Plan
Metal Level: Platinum
Status: See Changes Below

Year		2020	2021
Out-of-Pocket Maximum (2x Family)	In-Network	\$4,000	\$4,700
	Out-of-Network	\$8,000	\$9,400
Advanced Diagnostic / Imaging (MRI / CAT / PET)*	In-Network	100% after \$40 copay	100% after \$50 copay

Product Name: Premier Balance PPO \$250 Platinum a Community Blue Plan
Metal Level: Platinum
Status: No Change

Product Name: Premier Balance PPO \$250 a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Premier Balance PPO \$500 a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Premier Balance PPO \$750 a Community Blue Plan
Metal Level: Gold
Status: No Change

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Highmark 2021 Small Group ACA Benefit Changes

Product Name: Premier Balance PPO \$1000 a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Premier Balance PPO \$1250 a Community Blue Plan
Metal Level: Gold
Status: See Changes Below

Year		2020	2021
Out-of-Pocket Maximum (2x Family)	In-Network	\$7,900	\$8,550
	Out-of-Network	\$23,700	\$25,650
Outpatient Surgery/Facility Fee*	In-Network	100%	100% (Facility \$25 copay)

Product Name: Premier Balance PPO \$1400 a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Premier Balance PPO \$1500 a Community Blue Plan
Metal Level: Gold
Status: See Changes Below

Year		2020	2021
Out-of-Pocket Maximum (2x Family)	In-Network	\$7,900	\$8,550
	Out-of-Network	\$23,700	\$25,650
Outpatient Surgery/Facility Fee*	In-Network	100%	100% (Facility \$25 copay)

Product Name: Premier Balance PPO \$1550 a Community Blue Plan
Metal Level: Gold
Status: New in 2021

Product Name: Premier Balance PPO \$2000 a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Premier Balance PPO \$2500 1x a Community Blue Plan
Metal Level: Gold
Status: New in 2021

Product Name: Premier Balance PPO \$5000 1x a Community Blue Plan
Metal Level: Gold
Status: No Change

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Highmark 2021 Small Group ACA Benefit Changes

Product Name: Premier Balance PPO \$0 Gold a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Premier Balance PPO \$250 IP a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Premier Balance PPO \$750 IP a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Premier Balance PPO \$1500 IP a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Premier Balance PPO \$4000 a Community Blue Plan
Metal Level: Silver
Status: New in 2021

Product Name: Balance PPO \$1000 a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Balance PPO \$1750 a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Balance PPO \$2000 a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Balance PPO \$600 a Community Blue Plan
Metal Level: Silver
Status: No Change

Product Name: Balance PPO \$2600 a Community Blue Plan
Metal Level: Silver
Status: See Changes Below

Year		2020	2021
Out-of-Pocket Maximum (2x Family)	In-Network	\$8,150	\$8,550
	Out-of-Network	\$24,450	\$25,650

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Highmark 2021 Small Group ACA Benefit Changes

Product Name: Balance PPO \$5000 1x a Community Blue Plan

Metal Level: Silver

Status: See Changes Below

Year		2020	2021
Out-of-Pocket Maximum (2x Family)	In-Network	\$8,150 1 per family	\$8,550 1 per family
	Out-of-Network	\$24,450 1 per family	\$25,650 1 per family
Outpatient Surgery/Facility Fee*	In-Network	70%	70% (Facility \$140 copay)

Product Name: Health Savings PPO \$1500 a Community Blue Plan

Metal Level: Gold

Status: See Changes Below

Year		2020	2021
Out-of-Pocket Maximum (2x Family)	In-Network	\$3,300	\$3,500
	Out-of-Network	\$9,900	\$10,500

Product Name: Health Savings PPO Embedded \$2800 a Community Blue Plan

Metal Level: Silver

Status: See Changes Below

Year		2020	2021
Out-of-Pocket Maximum (2x Family)	In-Network	\$6,750	\$6,900
	Out-of-Network	\$20,250	\$20,700
Outpatient Surgery/Facility Fee*	In-Network	100%	100% (Facility: \$40 copay after ded)

Previous Product Name: Health Savings PPO Embedded \$3350 a Community Blue Plan

Product Name: Health Savings PPO Embedded \$3700 a Community Blue Plan

Metal Level: Silver

Status: See Changes Below

Year		2020	2021
Deductible (2x Family)	In-Network	\$3,350	\$3,700
	Out-of-Network	\$10,050	\$11,100
Out-of-Pocket Maximum (2x Family)	In-Network	\$6,650	\$6,900
	Out-of-Network	\$19,950	\$20,700

Product Name: Health Savings PPO Embedded \$5500 a Community Blue Plan

Metal Level: Changed from Bronze to Silver

Status: See Changes Below

Year		2020	2021
Out-of-Pocket Maximum (2x Family)	In-Network	\$6,650	\$6,250
	Out-of-Network	\$19,950	\$18,750

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Highmark 2021 Small Group ACA Benefit Changes

Product Name: Health Savings PPO Embedded \$5500 a Community Blue Plan
Metal Level: Changed from Bronze to Silver
Status: See Changes Below

Year		2020	2021
Out-of-Pocket Maximum (2x Family)	In-Network	\$6,650	\$6,250
	Out-of-Network	\$19,950	\$18,750

Product Name: Health Savings PPO Embedded \$6000 a Community Blue Plan
Metal Level: Changed from Bronze to Silver
Status: See Changes Below

Year		2020	2021
Out-of-Pocket Maximum (2x Family)	In-Network	\$6,650	\$6,150
	Out-of-Network	\$19,950	\$18,450

Product Name: Health Savings PPO Embedded \$6850 a Community Blue Plan
Metal Level: Bronze
Status: New in 2021

Product Name: Premier Balance EPO \$250 a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Premier Balance EPO \$500 a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Premier Balance EPO \$750 a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Premier Balance EPO \$900 a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Premier Balance EPO \$1100 a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Premier Balance EPO \$2500 a Community Blue Plan
Metal Level: Gold
Status: No Change

Product Name: Conemaugh Region Flex Blue PPO \$500
Metal Level: Gold
Status: No Change

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Highmark 2021 Small Group ACA Benefit Changes

Product Name: Conemaugh Region Flex Blue PPO \$2800Q

Metal Level: Silver

Status: See Changes Below

Year		2020	2021
Out-of-Pocket Maximum (2x Family)	Enhanced	\$6,750	\$6,900
	Standard	\$6,750	\$6,900
	Out-of-Network	\$20,250	\$20,700
Outpatient Surgery/Facility Fee*	In-Network	100%	100% (Facility: \$30 copay after deductible)
	Out-of-Network	70%	70% (Facility: \$60 copay after deductible)

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 - Qualified sign language interpreters
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 - Qualified interpreters
 - Information written in other languages

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

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Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

