



HIGHMARK BLUE CROSS BLUE SHIELD
WESTERN PENNSYLVANIA REGION

We've got simpler
choices because you've
got a business to run.

Small Groups with 50 or fewer employees
Effective January 1, 2021



Let’s take care of your people and call it a day.

With this easy-to-follow benefits rundown, we’ll help you find the right coverage for your employees in no time.

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Questions along the way?

Reach out to your western PA Highmark rep or local agent.

Insurance may be offered by Highmark Blue Cross Blue Shield, Highmark Coverage Advantage, Highmark Choice Company, or Highmark Health Insurance Company, all of which are independent licensees of the Blue Cross and Blue Shield Association.

First, the best news:

Every Highmark plan gives you access to high-quality care through various network options.

And as always, you’ve got Highmark’s outstanding customer service team to get you answers when you need them.

Turn the page for a quick explanation of our plan levels and types.

Here are the two major ways we classify plans:

1 The metal level
that has what you're looking for cost-wise.

2 The plan type
that fits what you need coverage-wise.

1 Metal level

A handy way to choose what fits best for you and your employees.

Platinum

You want more predictability for medical costs, even if it means paying a higher premium. You want to pay as little for care as possible.

Gold

You'd rather pay a larger monthly premium to know that when you need care, your plan is going to take care of the majority of the cost.

Silver

You get a premium that isn't as costly and the peace of mind that comes with knowing how much to keep in your rainy-day health fund.

Bronze

You want a lower monthly premium, but understand that when you need health care, you'll be responsible for more of the cost.

2 Plan type

See which sounds like your employees' health needs and lifestyle.

PPO

You want more flexibility in choosing doctors and hospitals. You also want the security of a plan with coverage for any care you might need when you're away from home.

EPO

Although you want flexibility in your choices, you're okay choosing network doctors and hospitals for your routine and non-emergency care. You also want emergency room and urgent care when you're away from home.

Highlights of EPO Plans with the Together Blue Network

Together Blue doesn’t just include in-network access to Allegheny Health Network either. It also offers your employees access to select physicians and hospitals that work closely with Highmark to provide high-quality, cost-effective care. It consists of more than 20 community hospitals and over 2,500 primary care physicians and specialists in western Pennsylvania alone.

Your employees are covered at emergency rooms and urgent care facilities from coast to coast under the BlueCard® program, and when they travel globally, they’re covered in 190 countries through the Blue Cross Blue Shield Global® Core program.

However, it’s important to check with each provider to see if they are in network before a visit. By keeping care in network, they can be sure that medically necessary and appropriate treatments will be covered.

Essential Formulary

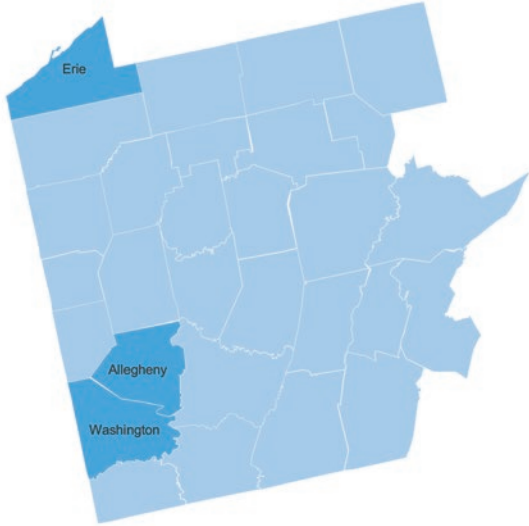
Prescription drugs are an important part of your employees’ coverage. The list of the drugs that a plan covers is called a formulary. These plans offer:

Essential Formulary, which has:

- A closed formulary, meaning that the plan only pays for drugs on the formulary; non-formulary drugs are not covered
- Generics, brands, and specialty drugs are mixed between the different tiers
- A four-tier structure where members can save money when a doctor prescribes drugs on the lower tiers

For additional information, you can visit [HighmarkEssentialFormulary.com](https://www.highmarkbcbs.com/essential-formulary).

Product Availability



Together Blue Network Listing

ALLEGHENY

- AHN Brentwood Neighborhood Hospital
- AHN McCandless Neighborhood Hospital
- Allegheny General Hospital (AHN)
- Allegheny Valley Hospital (AHN)
- Children’s Home of Pittsburgh
- Children’s Hospital Community Campus - South
- Children’s Hospital Community Campus - North
- Children’s Hospital of Pittsburgh SDS
- Curahealth Pittsburgh
- Forbes Regional Hospital (AHN)
- Jefferson Regional Medical Center (AHN)
- Select Specialty Hospital -McKeesport, Inc.
- Select Specialty Hospital -Pittsburgh/UPMC, Inc.
- The Western Pennsylvania Hospital (AHN)
- The Western Pennsylvania Hospital Forbes Regional Campus (SPU) (AHN)
- UPMC Children’s Hospital of Pittsburgh

BEAVER

- Curahealth Heritage Valley

BEDFORD

- UPMC Bedford Memorial

BLAIR

- UPMC Altoona

CHAUTAUQUA, NY

- Westfield Memorial Hospital (AHN)

ERIE

- Saint Vincent Endoscopy Center (AHN)
- Saint Vincent Health Center (AHN)
- Saint Vincent Medical Oncology Center (AHN)

LAWRENCE

- UPMC Jameson

MCKEAN

- UPMC Kane

MERCER

- AHN Grove City

- UPMC Horizon

POTTER

- UPMC Cole

SOMERSET

- UPMC Somerset

VENANGO

- UPMC Northwest

WASHINGTON

- Canonsburg General Hospital

WESTMORELAND

- AHN Hempfield Neighborhood Hospital
- Select Specialty Hospital -Laurel Highlands, Inc.

*According to the Blue Cross and Blue Shield Association.

**Rx information displayed: Retail up to 31-day supply.

NOTE: Member's coinsurance payment for tier 4 Rx is \$250 minimum and \$1,000 maximum.

† This is a sample design, see plan details for specific cost sharing

Provider list as of June 2020. Please refer to the online Find a Doctor tool at [highmarkbcbs.com](https://www.highmarkbcbs.com) for a listing of network hospitals.

The BlueCard® Program — With BlueCard®, your coverage travels with you. When you enroll in a Together Blue EPO plan, you have access to thousands of providers and hospitals nationwide for urgent and emergent care. Getting access to care is as easy as presenting your Highmark identification (ID) card. When you are outside of the Together Blue service area, providers who participate with the local Blue Cross and Blue Shield plan will recognize and honor your card. So your benefits go with you.

2021 EPO Plans with the Together Blue Network

Allegheny, Erie, and Washington Counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL (WHERE APPLICABLE)		OUT OF POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, COPAYS) ¹		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT ²	URGENT CARE	OUTPATIENT SURGERY ³	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/ PATHOLOGY/ IMAGING)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (ESSENTIAL FORMULARY) ^{3**}
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS										
Platinum	Together Blue EPO Platinum \$250	\$250	N/A	100%	N/A	\$4,000	N/A	\$20	\$35	\$40	\$0 after ded	\$0 after ded	\$150	\$35	\$75	\$0/\$5/\$15/50%
Gold	Together Blue EPO \$0	\$0	N/A	100%	N/A	\$8,550	N/A	\$45	\$75	\$85	\$50	\$250	\$400	\$75	\$360	\$0/\$25/\$75/50%
Gold	Together Blue EPO \$500	\$500	N/A	100%	N/A	\$7,900	N/A	\$30	\$60	\$75	\$100	\$0 after ded	\$300	\$60	\$300	\$0/\$25/\$75/50%
Gold	Together Blue EPO \$1000	\$1,000	N/A	100%	N/A	\$8,550	N/A	\$30	\$60	\$75	\$0 after ded	\$0 after ded	\$300	\$60	\$300	\$0/\$25/\$75/50%
Gold	Together Blue EPO \$1500	\$1,500	N/A	100%	N/A	\$7,900	N/A	\$30	\$60	\$75	\$0 after ded	\$0 after ded	\$300	\$60	\$300	\$0/\$25/\$75/50%
Gold	Together Blue EPO \$2500 1x	\$2,500 1x family	N/A	100%	N/A	\$7,900 1x family	N/A	\$45	\$65	\$75	\$0 after ded	\$0 after ded	\$250	\$65	\$250	\$0/\$25/\$75/50%
Gold	Together Blue EPO \$5000 1x	\$5,000 1x family	N/A	100%	N/A	\$7,900 1x family	N/A	\$25	\$45	\$60	\$0 after ded	\$0 after ded	\$325	\$45	\$200	\$0/\$25/\$75/50%
Silver	Together Blue EPO \$2000	\$2,000	N/A	70%	N/A	\$7,900	N/A	\$55	\$85	\$95	\$150	30% after ded	\$550	\$85 after ded	\$550	\$0/\$30/\$150/50%
Silver	Together Blue EPO Embedded Q\$3650 ^{4,5,6}	\$3,650	N/A	100%	N/A	\$6,900	N/A	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0/\$30/\$150/50% after ded
Bronze	Together Blue EPO Embedded Q\$6650 ^{4,5,6}	\$6,650	N/A	100%	N/A	\$6,900	N/A	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0/\$30/\$150/50% after ded

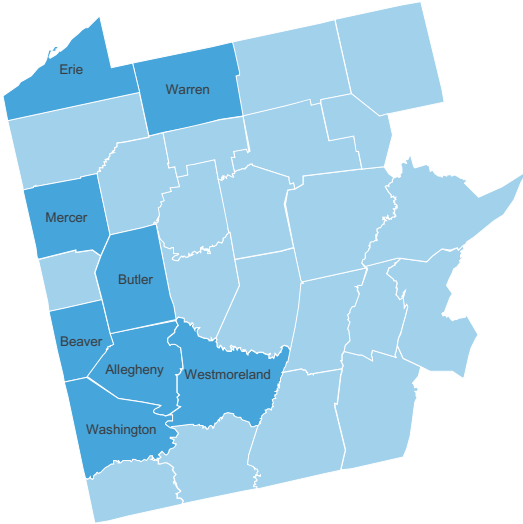
*Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.
**Rx information displayed: Retail up to 31-day supply. NOTE: Member's coinsurance payment for tier 4 Rx is \$250 minimum and \$1,000 maximum.
Please refer to page 42 for footnotes.
To view the full benefit grid, click on the product name above or contact your local broker.

Highlights of EPO Plans with the Community Blue Network

This health plan offers your employees in-network access to physicians and hospitals in western, central, and northeastern Pennsylvania that work closely with Highmark to provide high-quality, cost-effective care. The network consists of more than 50 community hospitals and over 9,800 primary care physicians and specialists in western Pennsylvania alone.

Your employees also have access to 96% of hospitals and 95% of doctors from coast to coast. When they travel globally, they're covered in 190 countries through the Blue Cross Blue Shield Global® Core program.*

Product Availability



Essential Formulary

Prescription drugs are an important part of your employees’ coverage. The list of the drugs that a plan covers is called a formulary. These plans offer:

Essential Formulary, which has:

- A closed formulary, meaning that the plan only pays for drugs on the formulary; non-formulary drugs are not covered
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- A four-tier structure where members can save money when a doctor prescribes drugs on the lower tiers

For additional information, you can visit [HighmarkEssentialFormulary.com](https://www.highmarkbcbs.com/essentialformulary).

ESSENTIAL FORMULARY†			
TIER 1	TIER 2	TIER 3	TIER 4
\$0 copay (least costly)	\$20 copay	35% coinsurance	50% coinsurance** (most costly)

*According to the Blue Cross and Blue Shield Association.
**Rx information displayed: Retail up to 31-day supply.
NOTE: Member's coinsurance payment for tier 4 Rx is \$250 minimum and \$1,000 maximum.
†This a sample design, see plan details for specific cost sharing

Community Blue Network Listing

ALLEGHENY <ul style="list-style-type: none">• AHN Brentwood Neighborhood Hospital• AHN McCandless Neighborhood Hospital• Allegheny General Hospital• Allegheny Valley Hospital• Childrens Home of Pittsburgh• Childrens Hospital Community Campus - South• Childrens Hospital Community Campus North• Forbes Regional Hospital• Heritage Valley Kennedy• Heritage Valley Sewickley• Jefferson Regional Medical Center• St Clair Memorial Hospital• The Western Pennsylvania Hospital• UPMC Childrens Hospital of Pittsburgh ARMSTRONG <ul style="list-style-type: none">• Armstrong County Memorial Hospital BEAVER <ul style="list-style-type: none">• Heritage Valley, Beaver BEDFORD <ul style="list-style-type: none">• UPMC Bedford Memorial BLAIR <ul style="list-style-type: none">• Nason Hospital• Tyrone Hospital• UPMC Altoona BUTLER <ul style="list-style-type: none">• Butler Memorial Hospital CAMBRIA <ul style="list-style-type: none">• DLP Conemaugh Memorial Medical Center, LLC• DLP Conemaugh Miners Medical Center, LLC	CATTARAUGUS, NY <ul style="list-style-type: none">• Olean General Hospital CLARION <ul style="list-style-type: none">• Clarion Hospital CLEARFIELD <ul style="list-style-type: none">• Penn Highlands Clearfield• Penn Highlands DuBois CRAWFORD <ul style="list-style-type: none">• Meadville Medical Center• Titusville Area Hospital ELK <ul style="list-style-type: none">• Penn Highlands Elk ERIE <ul style="list-style-type: none">• Corry Memorial Hospital• Millcreek Community Hospital• Saint Vincent Health Center FAYETTE <ul style="list-style-type: none">• Highlands Hospital• Uniontown Hospital GREENE <ul style="list-style-type: none">• Washington Health System Greene HUNTINGDON <ul style="list-style-type: none">• Penn Highlands Huntingdon INDIANA <ul style="list-style-type: none">• Indiana Regional Medical Center JEFFERSON <ul style="list-style-type: none">• Penn Highlands Brookville• Punxsutawney Area Hospital LAWRENCE <ul style="list-style-type: none">• UPMC Jameson MCKEAN <ul style="list-style-type: none">• Bradford Regional Medical Center• UPMC Kane	MERCER <ul style="list-style-type: none">• AHN Grove City• Edgewood Surgical Hospital• Sharon Regional Health System• UPMC Horizon POTTER <ul style="list-style-type: none">• UPMC Cole SOMERSET <ul style="list-style-type: none">• Chan Soon-Shiong Medical Center at Windber• DLP Conemaugh Meyersdale Medical Center, LLC• UPMC Somerset VENANGO <ul style="list-style-type: none">• UPMC Northwest WARREN <ul style="list-style-type: none">• Warren General Hospital WASHINGTON <ul style="list-style-type: none">• Advanced Surgical Hospital, LLC• Canonsburg General Hospital• Monongahela Valley Hospital, Inc.• The Washington Hospital WESTMORELAND <ul style="list-style-type: none">• AHN Hempfield Neighborhood Hospital• Excelsa Health Frick Hospital• Excelsa Health Latrobe Hospital• Excelsa Health Westmoreland Hospital
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2021 EPO Plans with the Community Blue Network

Allegheny, Beaver, Butler, Erie, Mercer, Warren, Washington, and Westmoreland Counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL (WHERE APPLICABLE)		OUT OF POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, COPAYS) ¹		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT ²	URGENT CARE	OUTPATIENT SURGERY ³	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/ PATHOLOGY/ IMAGING)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (ESSENTIAL FORMULARY) ^{3**}
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS										
Gold	Premier Balance EPO \$250 a Community Blue Plan	\$250	N/A	100%	N/A	\$8,150	N/A	\$10	\$45	\$55	\$75	\$0	\$375	\$50	\$250	\$0/\$20/35%/50%
Gold	Premier Balance EPO \$500 a Community Blue Plan	\$500	N/A	100%	N/A	\$8,150	N/A	\$15	\$35	\$50	\$75	\$500	\$350	\$60	\$250	\$0/\$20/35%/50%
Gold	Premier Balance EPO \$750 a Community Blue Plan	\$750	N/A	100%	N/A	\$8,150	N/A	\$10	\$30	\$50	\$75	\$500	\$300	\$60	\$250	\$0/\$20/35%/50%
Gold	Premier Balance EPO \$900 a Community Blue Plan	\$900	N/A	100%	N/A	\$8,150	N/A	\$10	\$40	\$55	\$75	\$500	\$225	\$50	\$175	\$0/\$20/35%/50%
Gold	Premier Balance EPO \$1100 a Community Blue Plan	\$1,100	N/A	100%	N/A	\$8,150	N/A	\$10	\$40	\$55	\$75	\$500	\$225	\$50	\$175	\$0/\$20/35%/50%
Gold	Premier Balance EPO \$2500 a Community Blue Plan	\$2,500	N/A	100%	N/A	\$8,150	N/A	\$10	\$50	\$65	\$75	\$500	\$250	\$50	\$200	\$0/\$20/35%/50%

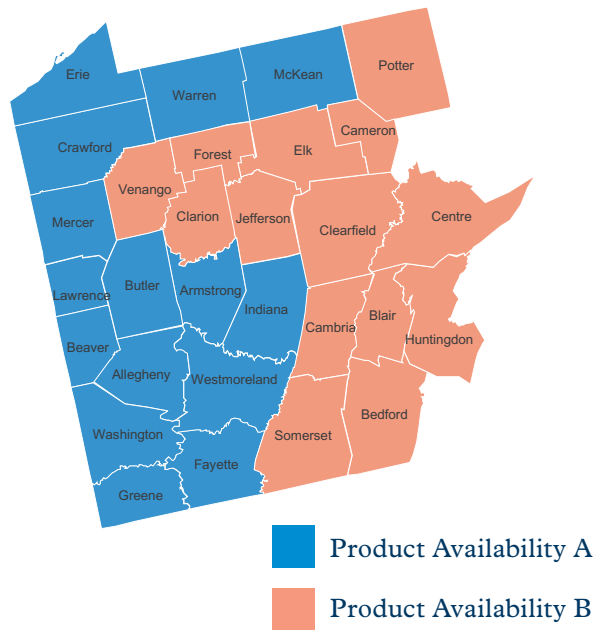
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To view the full benefit grid, click on the product name above or contact your local broker.

Highlights of PPO Plans with the Community Blue Network

This health plan offers your employees in-network access to physicians and hospitals in western, central, and northeastern Pennsylvania that work closely with Highmark to provide high-quality, cost-effective care. The network consists of more than 50 community hospitals and over 9,800 primary care physicians and specialists in western Pennsylvania alone.

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Product Availability



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- AHN McCandless Neighborhood Hospital
- Allegheny General Hospital
- Allegheny Valley Hospital
- Childrens Home of Pittsburgh
- Childrens Hospital Community Campus - South
- Childrens Hospital Community Campus North
- Forbes Regional Hospital
- Heritage Valley Kennedy
- Heritage Valley Sewickley
- Jefferson Regional Medical Center
- St Clair Memorial Hospital
- The Western Pennsylvania Hospital
- UPMC Childrens Hospital of Pittsburgh

ARMSTRONG

- Armstrong County Memorial Hospital

BEAVER

- Heritage Valley, Beaver

BEDFORD

- UPMC Bedford Memorial

BLAIR

- Nason Hospital
- Tyrone Hospital
- UPMC Altoona

BUTLER

- Butler Memorial Hospital

CAMBRIA

- DLP Conemaugh Memorial Medical Center, LLC
- DLP Conemaugh Miners Medical Center, LLC

CATTARAUGUS, NY

- Olean General Hospital

CLARION

- Clarion Hospital

CLEARFIELD

- Penn Highlands Clearfield
- Penn Highlands DuBois

CRAWFORD

- Meadville Medical Center
- Titusville Area Hospital

ELK

- Penn Highlands Elk

ERIE

- Corry Memorial Hospital
- Millcreek Community Hospital
- Saint Vincent Health Center

FAYETTE

- Highlands Hospital
- Uniontown Hospital

GREENE

- Washington Health System Greene

HUNTINGDON

- Penn Highlands Huntingdon

INDIANA

- Indiana Regional Medical Center

JEFFERSON

- Penn Highlands Brookville
- Punxsutawney Area Hospital

LAWRENCE

- UPMC Jameson

MCKEAN

- Bradford Regional Medical Center
- UPMC Kane

MERCER

- AHN Grove City
- Edgewood Surgical Hospital
- Sharon Regional Health System
- UPMC Horizon

POTTER

- UPMC Cole

SOMERSET

- Chan Soon-Shiong Medical Center at Windber
- DLP Conemaugh Meyersdale Medical Center, LLC
- UPMC Somerset

VENANGO

- UPMC Northwest

WARREN

- Warren General Hospital

WASHINGTON

- Advanced Surgical Hospital, LLC
- Canonsburg General Hospital
- Monongahela Valley Hospital, Inc.
- The Washington Hospital

WESTMORELAND

- AHN Hempfield Neighborhood Hospital
- Excelsa Health Frick Hospital
- Excelsa Health Latrobe Hospital
- Excelsa Health Westmoreland Hospital

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2021 PPO Plans with the Community Blue Network

Product Availability A: Allegheny, Armstrong, Beaver, Butler, Crawford, Erie, Fayette, Greene, Indiana, Lawrence, McKean, Mercer, Warren, Washington and Westmoreland Counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL (WHERE APPLICABLE)		OUT OF POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, COPAYS)¹		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT²	URGENT CARE	OUTPATIENT SURGERY³	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/ PATHOLOGY/ IMAGING)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE)³
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW COST GENERIC/ STANDARD GENERIC/ BRAND FORMULARY/ NON-FORMULARY/ SPECIALTY FORMULARY/ SPECIALTY NON-FORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS										
Platinum	Premier Balance PPO \$0 Platinum a Community Blue Plan	\$0	\$1,500	100%	50%	\$4,700	\$9,400	\$10	\$20	\$40	\$0	\$0	\$150	\$20	\$50	\$3/\$10/\$50/\$85/20%/30%
Platinum	Premier Balance PPO \$250 Platinum a Community Blue Plan	\$250	\$2,250	100%	50%	\$4,000	\$8,000	\$10	\$20	\$40	\$0 after ded	\$0 after ded	\$150	\$20	\$40	\$3/\$10/\$50/\$85/20%/30%
Gold	Premier Balance PPO \$0 Gold a Community Blue Plan	\$0	\$15,000	100%	50%	\$7,900	\$23,700	\$30	\$70	\$75	\$100	\$500	\$350	\$70	\$350	\$3/\$20/\$60/\$90/20%/30%
Gold	Premier Balance PPO \$250 Gold a Community Blue Plan	\$250	\$2,250	100%	50%	\$7,900	\$23,700	\$30	\$65	\$75	\$100	\$0 after ded	\$350	\$60	\$300	\$3/\$20/\$60/\$90/20%/30%
Gold	Premier Balance PPO \$500 a Community Blue Plan	\$500	\$4,500	100%	50%	\$7,900	\$23,700	\$25	\$55	\$70	\$100	\$0 after ded	\$325	\$55	\$275	\$3/\$20/\$60/\$90/20%/30%
Gold	Premier Balance PPO \$750 a Community Blue Plan	\$750	\$4,500	100%	50%	\$7,900	\$23,700	\$25	\$55	\$70	\$100	\$0 after ded	\$225	\$55	\$225	\$3/\$15/\$55/\$90/20%/30%
Gold	Premier Balance PPO \$1000 a Community Blue Plan	\$1,000	\$6,000	100%	50%	\$7,900	\$23,700	\$25	\$55	\$70	\$100	\$0 after ded	\$225	\$55	\$225	\$3/\$15/\$55/\$90/20%/30%
Gold	Premier Balance PPO \$1250 a Community Blue Plan	\$1,250	\$7,500	100%	50%	\$8,550	\$25,650	\$25	\$55	\$70	\$25	\$0 after ded	\$225	\$55	\$225	\$3/\$15/\$55/\$90/20%/30%
Gold	Premier Balance PPO \$1400 a Community Blue Plan	\$1,400	\$15,000	100%	50%	\$7,900	\$23,700	\$40	\$70	\$85	\$0 after ded	\$0 after ded	\$300	\$70	\$350	\$3/\$15/\$55/\$90/20%/30%
Gold	Premier Balance PPO \$1500 a Community Blue Plan	\$1,500	\$9,000	100%	50%	\$8,550	\$25,650	\$25	\$55	\$70	\$25	\$0 after ded	\$225	\$55	\$225	\$3/\$15/\$55/\$90/20%/30%
Gold	Premier Balance PPO \$1550 a Community Blue Plan	\$1,550	\$3,100	100%	80%	\$8,550	\$25,650	\$15	\$35	\$40	\$0 after ded	\$300 after ded	\$300 after ded	\$35 after ded	\$150 after ded	\$3/\$20/\$60 after ded/\$90 after ded/ 20% after ded/30% after ded
Gold	Premier Balance PPO \$2000 a Community Blue Plan	\$2,000	\$9,000	100%	50%	\$7,900	\$23,700	\$25	\$55	\$70	\$0 after ded	\$0 after ded	\$225	\$55	\$225	\$3/\$15/\$55/\$90/20%/30%
Gold	Premier Balance PPO \$2500 1x a Community Blue Plan	\$2,500 1x family	\$5,000 1x family	100%	80%	\$8,550 1x family	\$25,650 1x family	\$15	\$35	\$40	\$0 after ded	\$300 after ded	\$300 after ded	\$35 after ded	\$150 after ded	\$3/\$20/\$60 after ded/\$90 after ded/ 20% after ded/30% after ded
Gold	Premier Balance PPO \$5000 1x a Community Blue Plan	\$5,000 1x family	\$18,000 1x family	100%	50%	\$7,900 1x family	\$23,700 1x family	\$25	\$45	\$60	\$0 after ded	\$0 after ded	\$325	\$45	\$200	\$3/\$20/\$50/\$85/20%/30%
Silver	Premier Balance PPO \$4000 a Community Blue Plan	\$4,000	\$8,000	100%	80%	\$8,550	\$25,650	\$15	\$35	\$40	\$150	\$300 after ded	\$300 after ded	\$35 after ded	\$150 after ded	\$3/\$20/\$60 after ded/\$90 after ded/ 20% after ded/30% after ded
Gold	Balance PPO \$1000 a Community Blue Plan	\$1,000	\$12,000	90%	50%	\$7,900	\$23,700	\$45	\$75 after ded	\$100	10% after ded	10% after ded	\$300	\$75	\$350 after ded	\$3/\$15/\$55/\$90/20%/30%
Gold	Balance PPO \$1750 a Community Blue Plan	\$1,750	\$15,700	90%	50%	\$7,900	\$23,700	\$35	\$60	\$75	10% after ded	10% after ded	\$250	\$60	\$200	\$3/\$15/\$55/\$90/20%/30%
Gold	Balance PPO \$2000 a Community Blue Plan	\$2,000	\$18,000	90%	50%	\$7,900	\$23,700	\$35	\$60	\$75	10% after ded	10% after ded	\$250	\$60	\$200	\$3/\$15/\$55/\$90/20%/30%
Silver	Balance PPO \$600 a Community Blue Plan	\$600	\$5,400	50%	40%	\$8,150	\$24,450	\$65	\$95	\$100	\$150	50% after ded	\$575	\$90	50% after ded	\$3/\$30/\$60/\$90/20%/30%
Silver	Balance PPO \$2600 a Community Blue Plan	\$2,600	\$15,600	70%	50%	\$8,550	\$25,650	\$40	\$85	\$90	\$150	30% after ded	\$550	\$80 after ded	30% after ded	\$3/\$30/\$60/\$90/20%/30%

*Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting. Please refer to page 42 for footnotes.
To view the full benefit grid, click on the product name above or contact your local broker.
† Plans may be offered by Highmark Blue Cross Blue Shield and/or Highmark Coverage Advantage.

Continued on next page...

2021 PPO Plans with the Community Blue Network

Product Availability A: Allegheny, Armstrong, Beaver, Butler, Crawford, Erie, Fayette, Greene, Indiana, Lawrence, McKean, Mercer, Warren, Washington and Westmoreland Counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL (WHERE APPLICABLE)		OUT OF POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, COPAYS) ¹		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT ²	URGENT CARE	OUTPATIENT SURGERY ³	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/ PATHOLOGY/ IMAGING)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE) ³
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW COST GENERIC/ STANDARD GENERIC/BRAND FORMULARY//NON-FORMULARY// SPECIALTY FORMULARY// SPECIALTY NON-FORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS										
Silver	Balance PPO \$5000 1x a Community Blue Plan	\$5,000 1x family	\$18,000 1x family	70%	50%	\$8,550 1x family	\$25,650 1x family	\$35	\$60	\$60	\$140	30% after ded	\$575	\$75 after ded	30% after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	Health Savings PPO 1500 a Community Blue Plan ^{4,6,7}	\$1,500	\$4,500	100%	50%	\$3,500	\$10,500	\$15 after ded	\$25 after ded	\$40 after ded	\$0 after ded	\$0 after ded	\$200 after ded	\$30 after ded	\$100 after ded	\$3/\$10/\$50/\$85/20%/30% after ded
Silver	Health Savings PPO Embedded \$2800 a Community Blue Plan ^{4,5,6}	\$2,800	\$8,400	100%	50%	\$6,900	\$20,700	\$0 after ded	\$30 after ded	\$45 after ded	\$40 after ded	\$0 after ded	\$275 after ded	\$30 after ded	\$75 after ded	\$3/\$15/\$55/\$90/20%/30% after ded
Silver	Health Savings PPO Embedded \$3700 a Community Blue Plan ^{4,5,6}	\$3,700	\$11,100	100%	50%	\$6,900	\$20,700	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$3/\$30/\$65/\$100/20%/30% after ded
Silver	Health Savings PPO Embedded \$5500 a Community Blue Plan ^{4,5,6}	\$5,500	\$11,000	80%	50%	\$6,250	\$18,750	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Silver	Health Savings PPO Embedded \$6000 a Community Blue Plan ^{4,5,6}	\$6,000	\$12,000	100%	50%	\$6,150	\$18,450	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$3/\$15/\$55/\$90/20%/30% after ded
Bronze	Health Savings PPO Embedded \$6850 a Community Blue Plan ^{4,5,6}	\$6,850	\$13,700	100%	100%	\$6,850	\$20,550	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded

*Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting. Please refer to page 42 for footnotes.
To view the full benefit grid, click on the product name above or contact your local broker.
† Plans may be offered by Highmark Blue Cross Blue Shield and/or Highmark Coverage Advantage.

2021 PPO Plans with the Community Blue Network

Product Availability B: Bedford, Blair, Cambria, Cameron, Centre, Clarion, Clearfield, Elk, Forest, Huntingdon, Jefferson, Potter, Somerset, and Venango Counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL AFTER DEDUCTIBLE		OUT-OF-POCKET MAXIMUM¹		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT²	URGENT CARE	OUTPATIENT SURGERY³	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/ PATHOLOGY/ IMAGING)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE)³
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW COST GENERIC/ STANDARD GENERIC/BRAND FORMULARY/NON-FORMULARY/ SPECIALTY FORMULARY/ SPECIALTY NON-FORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS										
Gold	Premier Balance PPO \$250 IP a Community Blue Plan	\$250	\$2,250	100%	50%	\$7,900	\$23,700	\$40	\$70	\$75	\$100	\$600	\$350	\$60	\$275	\$3/\$15/\$55/\$90/20%/30%
Gold	Premier Balance PPO \$750 IP a Community Blue Plan	\$750	\$4,500	100%	50%	\$7,900	\$23,700	\$35	\$55	\$70	\$100	\$500	\$225	\$55	\$225	\$3/\$15/\$55/\$90/20%/30%
Gold	Premier Balance PPO \$1500 IP a Community Blue Plan	\$1,500	\$13,500	100%	50%	\$7,900	\$23,700	\$45	\$70	\$85	\$0 after ded	\$1,000	\$250	\$70	\$350	\$3/\$15/\$55/\$90/20%/30%
Silver	Health Savings PPO Embedded \$5500 a Community Blue Plan⁴,⁵,⁶	\$5,500	\$11,000	80%	50%	\$6,250	\$18,750	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Bronze	Health Savings PPO Embedded \$6850 a Community Blue Plan⁴,⁵,⁶	\$6,850	\$13,700	100%	100%	\$6,850	\$20,550	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded

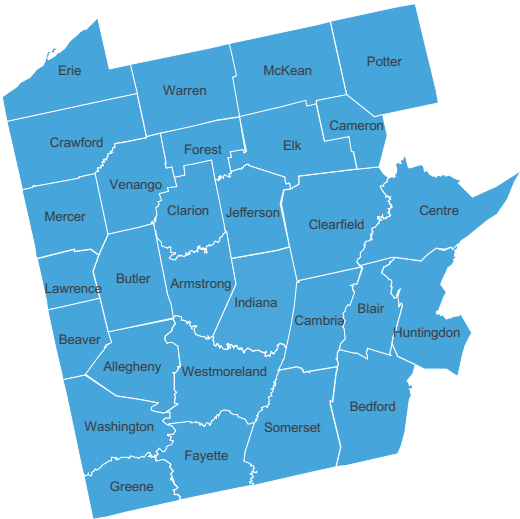
*Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting. Please refer to page 42 for footnotes.
To view the full benefit grid, click on the product name above or contact your local broker.
† Plans may be offered by Highmark Blue Cross Blue Shield and/or Highmark Coverage Advantage.

Highlights of PPO Plans with the Keystone Health Plan West Network

In this type of health plan, your employees pay less if they use providers in the plan’s network. Your employees get in-network access to hospitals in western, central, and northeastern Pennsylvania that work closely with Highmark to provide high-quality, cost-effective care. They can also use providers outside of the plan’s network but will generally have higher out-of-pocket costs.

Your employees also have access to 96% of hospitals and 95% of doctors from coast to coast. When they travel globally, they're covered in 190 countries through the Blue Cross Blue Shield Global® Core program.*

Product Availability



Keystone Health Plan West Network Listing

ALLEGHENY <ul style="list-style-type: none">• AHN Brentwood Neighborhood Hospital• AHN McCandless Neighborhood Hospital• Allegheny General Hospital• Allegheny Valley Hospital• Childrens Home of Pittsburgh• Childrens Hospital Community Campus - South• Childrens Hospital Community Campus North• Forbes Regional Hospital• Heritage Valley Kennedy• Heritage Valley Sewickley• Jefferson Regional Medical Center• St Clair Memorial Hospital• The Western Pennsylvania Hospital• UPMC Childrens Hospital of Pittsburgh• UPMC East• UPMC Magee Womens Hospital• UPMC McKeesport• UPMC Mercy• UPMC Passavant• UPMC Presbyterian Shadyside• UPMC Saint Margaret ARMSTRONG <ul style="list-style-type: none">• Armstrong County Memorial Hospital BEAVER <ul style="list-style-type: none">• Heritage Valley, Beaver BEDFORD <ul style="list-style-type: none">• UPMC Bedford Memorial BLAIR <ul style="list-style-type: none">• Nason Hospital• Tyrone Hospital• UPMC Altoona	BUTLER <ul style="list-style-type: none">• Butler Memorial Hospital CAMBRIA <ul style="list-style-type: none">• DLP Conemaugh Memorial Medical Center, LLC• DLP Conemaugh Miners Medical Center, LLC CATTARAUGUS, NY <ul style="list-style-type: none">• Olean General Hospital CLARION <ul style="list-style-type: none">• Clarion Hospital CLEARFIELD <ul style="list-style-type: none">• Penn Highlands Clearfield• Penn Highlands DuBois CRAWFORD <ul style="list-style-type: none">• Meadville Medical Center• Titusville Area Hospital ELK <ul style="list-style-type: none">• Penn Highlands Elk ERIE <ul style="list-style-type: none">• Corry Memorial Hospital• Millcreek Community Hospital• Saint Vincent Health Center• UPMC Hamot Medical Center FAYETTE <ul style="list-style-type: none">• Highlands Hospital• Uniontown Hospital GREENE <ul style="list-style-type: none">• Washington Health System Greene HUNTINGDON <ul style="list-style-type: none">• Penn Highlands Huntingdon INDIANA <ul style="list-style-type: none">• Indiana Regional Medical Center JEFFERSON <ul style="list-style-type: none">• Penn Highlands Brookville• Punxsutawney Area Hospital	LAWRENCE <ul style="list-style-type: none">• UPMC Jameson MCKEAN <ul style="list-style-type: none">• Bradford Regional Medical Center• UPMC Kane MERCER <ul style="list-style-type: none">• AHN Grove City• Edgewood Surgical Hospital• Sharon Regional Health System• UPMC Horizon POTTER <ul style="list-style-type: none">• UPMC Cole SOMERSET <ul style="list-style-type: none">• Chan Soon-Shiong Medical Center at Windber• DLP Conemaugh Meyersdale Medical Center, LLC• UPMC Somerset VENANGO <ul style="list-style-type: none">• UPMC Northwest WARREN <ul style="list-style-type: none">• Warren General Hospital WASHINGTON <ul style="list-style-type: none">• Advanced Surgical Hospital, LLC• Canonsburg General Hospital• Monongahela Valley Hospital, Inc.• The Washington Hospital WESTMORELAND <ul style="list-style-type: none">• AHN Hempfield Neighborhood Hospital• Excelsa Health Frick Hospital• Excelsa Health Latrobe Hospital• Excelsa Health Westmoreland Hospital
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Provider list as of June 2020. Please refer to the online Find a Doctor tool at highmarkbcbs.com for a listing of network hospitals. The BlueCard® Program — With BlueCard®, your coverage travels with you. When you enroll in a Highmark plan, you have access to thousands of providers and hospitals nationwide. Getting access to care is as easy as presenting your Highmark identification (ID) card. When you are outside of western, central, and northeastern Pennsylvania, providers who participate with the local Blue Cross and Blue Shield plan will recognize and honor your card. So your benefits go with you.

2021 PPO Plans with Keystone Health Plan West Network

Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington and Westmoreland Counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL (WHERE APPLICABLE)		OUT OF POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, COPAYS)¹		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT²	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/ PATHOLOGY/ IMAGING)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE)³
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW COST GENERIC/ STANDARD GENERIC/BRAND FORMU-LARY/NON-FORMULARY/SPECIALTY FORMULARY/ SPECIALTY NON-FORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS										
Platinum	Premier Balance PPO \$0 Platinum A	\$0	\$500	100%	80%	\$4,000	\$8,000	\$20	\$35	\$40	\$0	\$0	\$150	\$35	\$75	\$3/\$10/\$50/\$85/20%/30%
Gold	Premier Balance PPO \$0 Gold A	\$0	\$500	100%	80%	\$8,550	\$17,100	\$45	\$75	\$85	\$25	\$250	\$400	\$75	\$360	\$3/\$20/\$60/\$90/20%/30%
Gold	Premier Balance PPO \$500 A	\$500	\$1,000	100%	80%	\$8,550	\$17,100	\$30	\$60	\$75	\$100	\$0 after ded	\$300	\$60	\$300	\$3/\$15/\$55/\$90/20%/30%
Gold	Premier Balance PPO \$1000 A	\$1,000	\$2,000	100%	80%	\$8,550	\$17,100	\$30	\$60	\$75	\$0 after ded	\$0 after ded	\$300	\$60	\$300	\$3/\$15/\$55/\$90/20%/30%
Gold	Premier Balance PPO \$1400 A	\$1,400	\$2,800	100%	80%	\$7,900	\$15,800	\$45	\$75	\$85	\$0 after ded	\$0 after ded	\$250	\$75 after ded	\$325 after ded	\$3/\$15/\$55/\$90/20%/30%
Gold	Premier Balance PPO \$2000 A	\$2,000	\$4,000	100%	80%	\$7,900	\$15,800	\$30	\$60	\$75	\$0 after ded	\$0 after ded	\$300	\$60	\$300	\$3/\$15/\$55/\$90/20%/30%
Gold	Premier Balance PPO \$2500 A	\$2,500	\$5,000	100%	80%	\$7,900	\$15,800	\$45	\$65	\$75	\$0 after ded	\$0 after ded	\$250	\$65	\$250	\$3/\$15/\$55/\$90/20%/30%
Gold	Balance PPO \$1000 A	\$1,000	\$2,000	80%	60%	\$6,900	\$13,800	\$60	\$80	\$90	20% after ded	20% after ded	\$350	\$80 after ded	\$350 after ded	\$3/\$15/\$55/\$90/20%/30%
Gold	Balance PPO \$2000 A	\$2,000	\$4,000	90%	70%	\$7,900	\$15,800	\$45	\$65	\$75	10% after ded	10% after ded	\$250	\$65	\$250	\$3/\$15/\$55/\$90/20%/30%
Gold	Health Savings PPO \$1500⁴,⁵,⁷	\$1,500	\$3,000	100%	80%	\$3,000	\$6,000	\$20 after ded	\$40 after ded	\$55 after ded	\$0 after ded	\$0 after ded	\$200 after ded	\$40 after ded	\$200 after ded	\$3/\$10/\$50/\$85/20%/30% after ded
Silver	Health Savings PPO Embedded \$4250⁴,⁵,⁶	\$4,250	\$8,500	100%	100%	\$4,250	\$8,500	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded

*Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting. Please refer to page 42 for footnotes.
To view the full benefit grid, click on the product name above or contact your local broker.
† Plans may be offered by Highmark Blue Cross Blue Shield and/or Highmark Coverage Advantage.

Conemaugh Region Flex Blue PPO Highlights

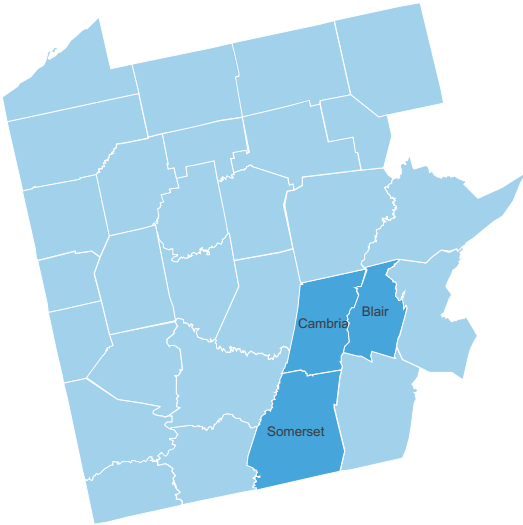
With Conemaugh Region Flex Blue PPO, your employees always have a choice between providers that participate at two levels of benefits — Enhanced Value and Standard Value. Plus preventive care visits are generally covered at 100% — and Highmark never requires referrals to see a specialist.*

When members choose doctors and hospitals participating at the Enhanced Value level of benefits, they pay the least out-of-pocket.

Standard Value offers additional network provider options, but out-of-pocket costs are generally higher than at the Enhanced Value level of benefits.

Your employees also have access to 96% of hospitals and 95% of doctors from coast to coast. When they travel globally, they're covered in 190 countries through the Blue Cross Blue Shield Global® Core program.*

Product Availability



*Most plans cover many preventive screenings with no in-network out-of-pocket costs.
**According to the Blue Cross and Blue Shield Association.
Check your benefit booklet to see what’s covered under your health plan.

Conemaugh Region Flex Blue PPO Facility Listing

ENHANCED VALUE LEVEL		
ALLEGHENY <ul style="list-style-type: none">AHN Brentwood Neighborhood HospitalAHN McCandless Neighborhood HospitalAllegheny General HospitalAllegheny Valley HospitalForbes Regional HospitalJefferson Regional Medical CenterThe Western Pennsylvania HospitalUPMC Childrens Hospital of PittsburghUPMC Western Psych Hospital	SOMERSET <ul style="list-style-type: none">DLP Conemaugh Meyersdale Medical Center, LLCUPMC Somerset	ELK <ul style="list-style-type: none">Penn Highlands Elk
BEDFORD <ul style="list-style-type: none">UPMC Bedford Memorial	VENANGO <ul style="list-style-type: none">UPMC Northwest	ERIE <ul style="list-style-type: none">Corry Memorial HospitalMillcreek Community Hospital
BLAIR <ul style="list-style-type: none">Nason HospitalUPMC Altoona	WASHINGTON <ul style="list-style-type: none">Canonsburg General Hospital	FAYETTE <ul style="list-style-type: none">Highlands HospitalUniontown Hospital
CAMBRIA <ul style="list-style-type: none">DLP Conemaugh Memorial Medical Center, LLCDLP Conemaugh Miners Medical Center, LLC	WESTMORELAND <ul style="list-style-type: none">AHN Hempfield Neighborhood Hospital	GREENE <ul style="list-style-type: none">Washington Health System Greene
ERIE <ul style="list-style-type: none">Saint Vincent Health Center	STANDARD VALUE LEVEL	HANCOCK <ul style="list-style-type: none">Weirton Medical Center
LAWRENCE <ul style="list-style-type: none">UPMC Jameson	ALLEGHENY <ul style="list-style-type: none">Childrens Home of PittsburghHeritage Valley KennedyHeritage Valley SewickleySt Clair Memorial Hospital	HUNTINGDON <ul style="list-style-type: none">Penn Highlands Huntingdon
MCKEAN <ul style="list-style-type: none">UPMC Kane	ARMSTRONG <ul style="list-style-type: none">Armstrong County Memorial Hospital	INDIANA <ul style="list-style-type: none">Indiana Regional Medical Center
MERCER <ul style="list-style-type: none">AHN Grove CityUPMC Horizon	BEAVER <ul style="list-style-type: none">Heritage Valley, Beaver	JEFFERSON <ul style="list-style-type: none">Penn Highlands BrookvillePunxsutawney Area Hospital
POTTER <ul style="list-style-type: none">UPMC Cole	BLAIR <ul style="list-style-type: none">Tyrone Hospital	LAWRENCE <ul style="list-style-type: none">Ellwood City Medical Center
	BUTLER <ul style="list-style-type: none">Butler Memorial Hospital	MCKEAN <ul style="list-style-type: none">Bradford Regional Medical Center
	CATTARAUGUS, NY <ul style="list-style-type: none">Olean General Hospital	MERCER <ul style="list-style-type: none">Sharon Regional Health System
	CLARION <ul style="list-style-type: none">Clarion Hospital	SOMERSET <ul style="list-style-type: none">Chan Soon-Shiong Medical Center at Windber
	CLEARFIELD <ul style="list-style-type: none">Penn Highlands ClearfieldPenn Highlands DuBois	WARREN <ul style="list-style-type: none">Warren General Hospital
	CRAWFORD <ul style="list-style-type: none">Meadville Medical CenterTitusville Area Hospital	WASHINGTON <ul style="list-style-type: none">Monongahela Valley Hospital, Inc.The Washington Hospital
		WESTMORELAND <ul style="list-style-type: none">Excelsa Health Frick HospitalExcelsa Health Latrobe HospitalExcelsa Health Westmoreland Hospital

Provider list as of June 2020.
**The Conemaugh Region Flex Blue PPO product will use the Conemaugh Region network.
The BlueCard® Program — With BlueCard®, your coverage travels with you. When you enroll in a Highmark plan, you have access to thousands of providers and hospitals nationwide. Getting access to care is as easy as presenting your Highmark identification (ID) card. When you are outside of western, central, and northeastern Pennsylvania, providers who participate with the local Blue Cross and Blue Shield plan will recognize and honor your card. So your benefits go with you.

2021 Conemaugh Region Flex Blue PPO Plans

Blair, Cambria and Somerset Counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE			PLAN PAYMENT LEVEL AFTER DEDUCTIBLE			OUT OF POCKET MAXIMUM (INCLUDES DEDUCTIBLE, CO-INSURANCE, & COPAYS) ¹			PRIMARY CARE OFFICE VISIT		SPECIALIST OFFICE VISIT ²		URGENT CARE		OUTPATIENT SURGERY ³		INPATIENT HOSPITAL		EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB / PATHOLOGY / IMAGING)		ADVANCED DIAGNOSTICS / IMAGING (MRI / CAT / PET)		RX FORMULARY (COMPREHENSIVE) ³	
		IN-NETWORK (2X FAMILY)		OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK		OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)		OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK		IN-NETWORK		IN-NETWORK		IN-NETWORK		IN-NETWORK		IN-NETWORK ENH/STD	IN-NETWORK		IN-NETWORK		LOW COST GENERIC / STANDARD GENERIC / BRAND FORMULARY / NON-FORMULARY / SPECIALTY FORMULARY / SPECIALTY NON-FORMULARY	
		ENH	STD		ENH	STD		ENH	STD		ENH	STD	ENH	STD	ENH	STD	ENH	STD	ENH	STD		ENH	STD	ENH	STD		ENH
		MEMBER PAYS			PLAN PAYS			MEMBER PAYS																			
Gold	Conemaugh Region Flex Blue PPO \$500	\$500	\$1,500	\$4,500	100%	70%	50%	\$7,900	\$7,900	\$23,700	\$25	\$65	\$55	\$90	\$70	\$100	\$100	30% after ded	\$0 after ded	30% after ded	\$325	\$55	\$90	\$275	\$375	\$3/\$20/\$60/\$90/20%/30%	
Silver	Conemaugh Region Flex Blue PPO \$2800Q ^{4,5,6}	\$2,800	\$2,800	\$8,400	100%	70%	50%	\$6,900	\$6,900	\$20,700	\$0 after ded	\$30 after ded	\$30 after ded	\$60 after ded	\$45 after ded	\$100 after ded	\$30 after ded	\$60 after ded	\$0 after ded	30% after ded	\$275 after ded	\$30 after ded	\$60 after ded	\$75 after ded	\$200 after ded	\$3/\$15/\$55/\$90/20%/30% after ded	

*Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.
Please refer to page 42 for footnotes.
To view the full benefit grid, click on the product name above or contact your local broker.



Extra perks with
Highmark?
That's exactly what
your employees get.



BLUECARD® & BLUE CROSS BLUE SHIELD GLOBAL® CORE PROGRAM

Coverage that travels with you.

With your employees' coverage, they get access to **96% of hospitals** and **95% of doctors** from coast to coast.

And when they travel globally, they're covered in **190 countries** through the Blue Cross Blue Shield Global® Core program. They can get more details at bcbsglobalcore.com or call the Service Center at 1-800-810-2583. Happy trails. Check your plan for details.



MEMBER SERVICE

Total support, day or night.

Whether it's answers from registered nurses, access to video visit services for prescriptions or a diagnosis, or just some help booking doctor visits, when your employees need us, we're there. They can just call the Member Service number on the back of their ID card or from the Highmark app.



BLUE DISTINCTION®

Easy access to top- performing specialists.

Thousands of our network doctors and hospitals have Blue Distinction status for their exceptional safety and results. When your employees use our Find a Doctor tool on highmarkbcbs.com after they enroll, they'll see a special Blue Distinction logo by each doctor's name so they can choose a top-performing specialist for any care they need.



CARE COST ESTIMATOR

Know what you'll owe for care.

Before making an appointment for a test, scan, or procedure, the Care Cost Estimator helps your employees avoid a surprise on their bill after the fact. Once they are enrolled, they can access it on the member website.



Plus tools to find
care, get answers,
and stay healthier.

TELEMEDICINE

Face to face with a doctor, 24/7.

An employee needs to see a doctor but can't get to their office? They can get a diagnosis, treatment plan, or prescription any time, right from their phone or computer. They can register at [amwell.com](https://www.amwell.com) or [doctorondemand.com](https://www.doctorondemand.com) via the mobile app, or over the phone using the Member Service number on the back of their member ID card. That's laid-back-in-a-recliner easy.

ONLINE TOOLS & MEMBER WEBSITE

Employees' entire plan at their fingertips.

No more searching for old files or waiting on snail mail. Your employees' digital ID card, Find a Doctor tool, deductible progress, claims status, and more are all available online at highmarkbcbs.com.

HEALTH COACHES

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? A wellness coach can create a personalized plan for your employees, right over the phone, on their schedule. Sessions are free and totally confidential. Employees just call the call the Member Service number on the back of their ID card or from the Highmark app.

SHARECARE®

Say hello to the online health and wellness hub.

Employees find out their RealAge®, track their health habits, and monitor sleep, stress, and fitness — in real time. Once they are enrolled, they can visit mycare.sharecare.com.

MY CARE NAVIGATOR

Appointments booked for your employees.

It's as simple as calling 1-888-258-3428 and selecting option 3. We'll help them find the in-network doctor they need and reserve some space on their calendar for a checkup. Which means less on-hold music for them.

BLUES ON CALL

Answers from a health pro, 24/7.

Medical concerns during off hours? Your employees can just call 1-888-258-3428 to get guidance from a registered nurse or a health coach any time and put their worries to bed.

BLUE365

Discounts to help your employees stay healthy.

From workout gear to gym memberships to healthy meal services, we'll take a little off the top while they're taking a little off their middle. Member-only deals are at blue365deals.com.

Pediatric Vision and Dental Coverage

2021 Pediatric Vision Coverage Benefit Summary

NETWORK BENEFIT (Independents & Visionworks)*	FREQUENCY	These benefits apply to Qualified High-Deductible Health Plans (QHDHP).
ELIGIBLE PARTICIPANTS	Members under 19 years of age ⁽¹⁾	
Eye Examination (including dilation, as professionally indicated)	Once every 12 months	
Eyeglass Lenses**	Once every 12 months	
Frames**	Once every 12 months	
	PLAN RESPONSIBILITY	
EYE EXAMINATION (including dilation, as professionally indicated)	100%	
FRAMES		
Pediatric Frame Selection	100% after deductible	
EYEGLASS LENSES ⁽²⁾ (Per Pair)		
Single vision	100% after deductible	⁽¹⁾ Dependents will be terminated from vision coverage at the end of the month in which they turn 19. ⁽²⁾ Includes glass, plastic or oversized lenses. ⁽³⁾ Progressive multifocals can be worn by most people. Conventional bifocals will be supplied at no additional charge for anyone who is unable to adapt to progressive lenses. However, the member's payment towards the progressive upgrade will not be refunded. * Vision benefits utilize the Davis Vision Network. There is no out-of-network coverage. Davis Vision is a separate company that administers Highmark vision benefits. Visionworks, also a separate company, is a provider within the Davis Vision Network. ** Subject to deductible.
Bifocal	100% after deductible	
Trifocal	100% after deductible	
Lenticular	100% after deductible	
VALUE ADDED BENEFITS Lens Options purchased from a participating provider will be provided to the member at the amounts listed below.	MEMBER RESPONSIBILITY	
LENS OPTIONS		
Standard progressive lenses ⁽³⁾	\$50	
Premium progressive lenses ⁽³⁾	\$90	
Polycarbonate lenses	\$0	
Intermediate vision lenses	\$30	
High-index (thinner and lighter) lenses	\$55	
Polarized lenses	\$75	
Fashion, sun or gradient tinted plastic lenses	\$11	
Ultraviolet coating	\$12	
Scratch-resistant coating	\$0	
Scratch Protection Plan Single Vision	\$20	
Scratch Protection Plan Multifocal	\$40	
Standard ARC (anti-reflective coating)	\$35	
Premium ARC (anti-reflective coating)	\$48	
Ultra ARC (anti-reflective coating)	\$60	



2021 Pediatric Vision Coverage Benefit Summary

NETWORK BENEFIT (Independents & Visionworks)*	FREQUENCY
ELIGIBLE PARTICIPANTS	Members under 19 years of age ⁽¹⁾
Eye Examination (including dilation, as professionally indicated)	Once every 12 months
Eyeglass Lenses	Once every 12 months
Frames	Once every 12 months
	PLAN RESPONSIBILITY
EYE EXAMINATION (including dilation, as professionally indicated)	100%
FRAMES	
Pediatric Frame Selection	100%
EYEGLOSS LENSES ⁽²⁾ (Per Pair)	
Single vision	100%
Bifocal	100%
Trifocal	100%
Lenticular	100%
VALUE ADDED BENEFITS Lens Options purchased from a participating provider will be provided to the member at the amounts listed below.	MEMBER RESPONSIBILITY
LENS OPTIONS	
Standard progressive lenses ⁽³⁾	\$50
Premium progressive lenses ⁽³⁾	\$90
Polycarbonate lenses	\$0
Intermediate vision lenses	\$30
High-index (thinner and lighter) lenses	\$55
Polarized lenses	\$75
Fashion, sun or gradient tinted plastic lenses	\$11
Ultraviolet coating	\$12
Scratch-resistant coating	\$0
Scratch Protection Plan Single Vision	\$20
Scratch Protection Plan Multifocal	\$40
Standard ARC (anti-reflective coating)	\$35
Premium ARC (anti-reflective coating)	\$48
Ultra ARC (anti-reflective coating)	\$60

These benefits apply to all plans other than Qualified High-Deductible Health Plans.

⁽¹⁾ Dependents will be terminated from vision coverage at the end of the month in which they turn 19.

⁽²⁾ Includes glass, plastic or oversized lenses.

⁽³⁾ Progressive multifocals can be worn by most people. Conventional bifocals will be supplied at no additional charge for anyone who is unable to adapt to progressive lenses. However, the member's payment towards the progressive upgrade will not be refunded.

*Vision benefits utilize the Davis Vision Network. There is no out-of-network coverage. Davis Vision is a separate company that administers Highmark vision benefits. Visionworks, also a separate company, is a provider within the Davis Vision Network.

2021 Pediatric Dental Coverage Benefit Summary

This plan meets the minimum essential health benefit requirements for pediatric oral health as required under the Federal Affordable Care Act.

These benefits are only available for children through the end of the benefit period that they turn 19.

This plan will pay benefits for Covered Services shown below subject to exclusions and other Policy terms. Payment is based on the plan allowance for the specific Covered Service. Participating Dentists accept contracted plan allowance as payment in full for services.

These benefits apply to Qualified High-Deductible Health Plans (QHDHP).

Contract Year Deductible per member: Combined with Medical

Annual Maximum per member: Unlimited

Out-of-Pocket (OOP) Year Maximum per member: Combined with Medical

SERVICE CATEGORY	WAITING PERIOD	POLICY PAYS IN-NETWORK DENTISTS*	POLICY PAYS OUT-OF-NETWORK DENTISTS	AFTER DEDUCTIBLE
Oral Evaluations (Exams)	None	100%	Not Covered	No
Radiographs (All X-rays)	None	100%	Not Covered	No
Prophylaxis (Cleanings)	None	100%	Not Covered	No
Fluoride Treatments	None	100%	Not Covered	No
Palliative Treatment (Emergency)	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Sealants	None	100%	Not Covered	No
Space Maintainers	None	100%	Not Covered	No
Basic Restoration Anterior Amalgam	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Basic Restoration Anterior Composite	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Basic Restoration Posterior Amalgam	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Crowns, Inlays, Onlays	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Crown Repair	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Endodontic Therapy (Root canals, etc.)	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Surgical Periodontics	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Non-Surgical Periodontics	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Periodontal Maintenance	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Prosthetics (Complete or Fixed Partial Dentures)	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Adjustments and Repairs of Prosthetics	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Maxillofacial Prosthetics	N/A	Not Covered	Not Covered	N/A
Implant Services	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Simple Extractions	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Surgical Extractions	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Oral Surgery	None	Coinsurance matches medical coinsurance	Not Covered	Yes
General Anesthesia, Nitrous Oxide and/or IV Sedation	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Consultations	None	Coinsurance matches medical coinsurance	Not Covered	Yes
Medically Necessary Orthodontics	None	Coinsurance matches medical coinsurance	Not Covered	Yes

* Pediatric Dental benefits utilize the United Concordia Advantage Provider Network. Members must use a United Concordia provider. There is no Out-of-Network coverage for this benefit. United Concordia Companies, Inc., is a separate company that administers pediatric dental benefits for Highmark BCBS members.

Dentally Necessary Orthodontics Coverage

In this section, “Dentally Necessary” shall mean dental services determined by a Dentist to either establish or maintain a patient’s dental health based on the professional diagnostic judgment of the Dentist and the prevailing standards of care in the professional community. The determination will be made by the Dentist in accordance with guidelines established by the Plan.

Orthodontic treatment limitations:

- All pediatric orthodontic treatment is subject to Pre-certification by the Plan, and must be part of an approved written plan of care.
- To be eligible for pediatric orthodontic treatment, a Member must
 - continue to be enrolled during the duration of treatment; and
 - have a fully erupted set of permanent teeth
- Orthodontics Covered Services which are intended to treat a severe dentofacial abnormality and are the only method capable of preventing irreversible damage to the Member’s teeth or their supporting structures, and restoring the Member’s oral structure to health and function.

A Dentally Necessary orthodontic service is an orthodontic procedure that occurs as part of an approved orthodontic plan that is intended to treat a severe dentofacial abnormality.

Coverage of Dentally Necessary Orthodontics

- Orthodontic treatment must be Dentally Necessary and be the only method capable of:
 - preventing irreversible damage to the Insured member’s teeth or their supporting structures and,
 - restoring the Insured member’s oral structure to health and function.
- Insured members must have a fully erupted set of permanent teeth to be eligible for comprehensive, Dentally Necessary orthodontic services.
- All Dentally Necessary orthodontic services require prior approval and a written plan of care.

2021 Pediatric Dental Coverage Benefit Summary

This plan meets the minimum essential health benefit requirements for pediatric oral health as required under the Federal Affordable Care Act.

These benefits are only available for children through the end of the benefit period that they turn 19.

This plan will pay benefits for Covered Services shown below subject to exclusions and other Policy terms. Payment is based on the plan allowance for the specific Covered Service. Participating Dentists accept contracted plan allowance as payment in full for services.

These benefits apply to all plans other than Qualified High-Deductible Health Plans.

Contract Year Deductible per member: \$0

Annual Maximum per member: Unlimited

Out-of-Pocket (OOP) Year Maximum per member: Combined with Medical

SERVICE CATEGORY	WAITING PERIOD	POLICY PAYS IN-NETWORK DENTISTS*	POLICY PAYS OUT-OF-NETWORK DENTISTS	AFTER DEDUCTIBLE
Oral Evaluations (Exams)	None	100%	Not Covered	N/A
Radiographs (All X-rays)	None	100%	Not Covered	N/A
Prophylaxis (Cleanings)	None	100%	Not Covered	N/A
Fluoride Treatments	None	100%	Not Covered	N/A
Palliative Treatment (Emergency)	None	100%	Not Covered	N/A
Sealants	None	100%	Not Covered	N/A
Space Maintainers	None	100%	Not Covered	N/A
Basic Restoration Anterior Amalgam	None	50%	Not Covered	N/A
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Basic Restoration Posterior Amalgam	None	50%	Not Covered	N/A
Crowns, Inlays, Onlays	None	50%	Not Covered	N/A
Crown Repair	None	50%	Not Covered	N/A
Endodontic Therapy (Root canals, etc.)	None	50%	Not Covered	N/A
Surgical Periodontics	None	50%	Not Covered	N/A
Non-Surgical Periodontics	None	50%	Not Covered	N/A
Periodontal Maintenance	None	50%	Not Covered	N/A
Prosthetics (Complete or Fixed Partial Dentures)	None	50%	Not Covered	N/A
Adjustments and Repairs of Prosthetics	None	50%	Not Covered	N/A
Maxillofacial Prosthetics	N/A	Not Covered	Not Covered	N/A
Implant Services	None	50%	Not Covered	N/A
Simple Extractions	None	50%	Not Covered	N/A
Surgical Extractions	None	50%	Not Covered	N/A
Oral Surgery	None	50%	Not Covered	N/A
General Anesthesia, Nitrous Oxide and/ or IV Sedation	None	50%	Not Covered	N/A
Consultations	None	100%	Not Covered	N/A
Medically Necessary Orthodontics	None	50%	Not Covered	N/A

* Pediatric Dental benefits utilize the United Concordia Advantage Provider Network. Members must use a United Concordia provider. There is no Out-of-Network coverage for this benefit. United Concordia Companies, Inc., is a separate company that administers pediatric dental benefits for Highmark BCBS members.

Dentally Necessary Orthodontics Coverage

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1. All pediatric orthodontic treatment is subject to Pre-certification by the Plan, and must be part of an approved written plan of care.
2. To be eligible for pediatric orthodontic treatment, a Member must
 - a) continue to be enrolled during the duration of treatment; and
 - b) have a fully erupted set of permanent teeth
3. Orthodontics Covered Services which are intended to treat a severe dentofacial abnormality and are the only method capable of preventing irreversible damage to the Member’s teeth or their supporting structures, and restoring the Member’s oral structure to health and function.

A Dentally Necessary orthodontic service is an orthodontic procedure that occurs as part of an approved orthodontic plan that is intended to treat a severe dentofacial abnormality.

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 - a) preventing irreversible damage to the Insured member’s teeth or their supporting structures and,
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2. Insured members must have a fully erupted set of permanent teeth to be eligible for comprehensive, Dentally Necessary orthodontic services.
3. All Dentally Necessary orthodontic services require prior approval and a written plan of care.



Health care lingo, translated.

When you're choosing plans, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones.

BLUECARD

A program that connects independent Blue Plans across the country and the world. It gives Blue Plan members access to in-network coverage while outside their plan area. Services outside the U.S. are covered through the Blue Cross Blue Shield Global Core program.

COINSURANCE

The percentage you owe for a covered service after meeting your deductible. For example, if your plan pays 80%, you pay 20% after meeting your deductible.

COPAY

The set amount you pay for a covered service. For example, it could be \$20 for a doctor visit or \$30 for a specialist.

DEDUCTIBLE

The set amount you pay for a health service or drug coverage before your plan starts paying.

EMERGENCY SERVICES

Care for a condition needing immediate attention to avoid severe harm.

FORMULARY

The list of medications covered by your plan, sorted by tier. Lower tiers usually mean lower copays. There are Rx plans that cover non-formulary drugs.

HABILITATIVE SERVICES

Health care services and therapies that help you keep, learn, or improve skills and functioning.

HEALTH SAVINGS ACCOUNT (HSA)

An account to set aside pre-tax money to pay for qualified medical expenses, which can lower your overall care costs. You can only have an HSA if you have a Qualified High-Deductible Health Plan.

IN-NETWORK PROVIDER

A doctor or hospital who has an agreement with your plan to charge no more than your plan allowance for their services.

OUT-OF-NETWORK PROVIDER

A doctor or hospital who doesn't have an agreement with your plan and likely charges more than your plan allowance amount for the same services.

OUT-OF-POCKET MAXIMUM

The most you'd pay for covered care. If you hit this amount, your plan pays 100% after that.

PLAN ALLOWANCE

The set amount your plan will pay for a health service during a coverage period, even if your provider bills for more. Plans often pay a portion of the plan allowance, not the entirety. Plan allowance is the negotiated rate that network providers have agreed to accept as payment in full for covered services.

PREMIUM

The monthly amount paid so you have coverage.

PREVENTIVE CARE SERVICES

Routine care like screenings and checkups that help keep health issues from happening.

PRIMARY CARE PROVIDER (PCP)

The doctor you see for most of your basic care, like yearly preventive visits and screenings.

QUALIFIED HEALTH PLAN (QHP)

A plan that meets all ACA requirements. That includes providing the 10 essential health benefits and staying inside the limits for deductibles, copays, and out-of-pocket maximums.

REHABILITATIVE SERVICES

Care that helps you keep, get back, or improve skills and functioning after you were sick, hurt, or disabled.

RETAIL CLINIC

Walk-in centers for less complex health needs, generally open in the evenings and on weekends.

TELEMEDICINE

Health care or guidance that you get from a doctor in real time via a smart device or computer.

URGENT CARE CENTER

A walk-in center for when you have a condition that's serious enough to need care right away, but not serious enough for a trip to the emergency room.

The above definitions are to help you better understand your coverage. For full legal definitions, check your benefit booklet.

IMPORTANT PLAN DETAILS:

- 1. Out-of-pocket maximum calculation includes deductible, copayment and coinsurance.
- 2. Specialist cost sharing amounts also apply to outpatient: mental health, behavior health, substance abuse, chiropractic, physical therapy and speech therapy office visits.
- 3. Rx information displayed: Retail up to 31-day supply. NOTE: Member’s maximum coinsurance payment for a retail Specialty Rx is \$350 Formulary/\$500 Non-Formulary.
- 4. Integrated Rx plans include all medical and prescription claims accumulating toward one overall deductible.
- 5. “Embedded” plans: In this approach, an individual family member can be eligible for payment of benefits upon meeting the Individual deductible amount (even if the rest of the family has not met the Family deductible amount). Additionally, an individual family member’s out-of-pocket (OOP) maximum will be the same as that of a member purchasing Individual Coverage for the specified health plan.
- 6. A Health Savings Account (HSA) is available to employees. Employer contributions in amounts that exceed annual federally mandated maximum(s) may result in actuarial value changes that may impact compliance as a Qualified Health Plan.
- 7. Non-Embedded” plans: In this approach, the entire family deductible must be met before any family member is eligible for payment of benefits. Additionally, the entire family out-of-pocket (maximum) must be met before the plan begins paying 100%. One family member may satisfy the entire family deductible and/or OOP.

This is not a contract. This benefits summary presents plan highlights only. Contract limitations and exclusions apply. Please refer to the benefits booklet for complete information.

To determine the availability of services under your health plan, please review your Outline of Coverage for details on benefits, conditions and exclusions or call the number on the back of your Member ID card.

Information above presents in-network plan highlights only. PPO plans also provide benefits for many out-of-network services, generally with higher member cost sharing. Please see plan materials for information.

There’s a whole lot of legalese around these plans.
We put it all in one place for you.

myCare NavigatorSM is a service mark of Highmark Inc.

Sharecare is a registered trademark of Sharecare, Inc., an independent and separate company that provides a consumer care engagement platform for your health plan. Sharecare is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis or treatment. Sharecare does not endorse any specific product service or treatment. Health care plans and the benefits thereunder are subject to the terms of the applicable benefit agreement.

American Well is an independent company that provide telemedicine services. American Well does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its telemedicine services.

Doctor on Demand is an independent company that provides telemedicine services. Doctor on Demand does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its telemedicine services.

Blue Cross Blue Shield Global® Core is a registered mark of the Blue Cross Blue Shield Association.

Highmark Blue Cross Blue Shield, Highmark Coverage Advantage, Highmark Choice Company and Highmark Health Insurance Company are independent licensees of the Blue Cross and Blue Shield Association. Blue 365, Blue Distinction, BlueCard®, Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association.

Blues On Call is a service mark of the Blue Cross and Blue Shield Association.

Blue365 is a registered mark of the Blue Cross Blue Shield Association.

Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers’ need for affordable healthcare. Each provider’s cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans’ areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. Blue Distinction Total Care (“Total Care”) providers have met national criteria based on provider commitment to deliver value-based care to a population of Blue members. Total Care+ providers also met a goal of delivering quality care at a lower total cost relative to other providers in their area. Program details are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider’s in-network status or your own policy’s coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for noncovered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual’s sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. If you speak English, language assistance services, free of charge, are available to you. Call 1-800-876-7639.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-800-876-7639.

如果您说中文，可向您提供免费语言协助服务。請致電 1-800-876-7639.

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-800-876-7639.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. 1-800-876-7639 로 전화.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyon tulong sa wika. Tumawag sa 1-800-876-7639.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-800-876-7639.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم 1-800-876-7639 .

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-800-876-7639. Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-800-876-7639.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-800-876-7639.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-800-876-7639.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l’1-800-876-7639.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-800-876-7639.

日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。 1-800-876-7639 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماس با شماره 1-800-876-7639 .

Notes

Notes

