

Look inside to find the right plan for you.

**For Benefit Period:
January 1 to December 31, 2023**

Plans may be offered by Highmark Blue Cross Blue Shield or
Highmark Coverage Advantage.



Because Life.™

Go ahead. Get picky about your plan.

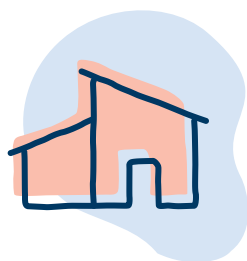
With lots of great coverage options from Highmark, this book will help you find the plan, the product, and the network access that matters most to you.

Looking for something in particular? You can easily navigate through the guide by clicking on the headings in the Table of Contents.

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Why choose a Highmark health plan?

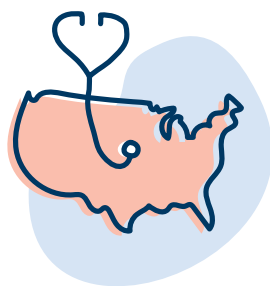
Woah. So many reasons. Here are three big ones right off the top of our heads.



1

Expert care, close to home.

Highmark invests big in a patient-first approach to care, with easy access to high-quality, lower-cost health care services in your area. You can also seek care from a variety of independent providers, Allegheny Health Network (AHN), and, with some plans, UPMC.



2

Coverage that travels with you.

All of our plans come with access to BlueCard®. You're connected to the largest physician and hospital networks in the U.S. with over 1.7 million providers, including 95% of all hospitals.*

With most Highmark plans, BlueCard also gives you access to routine,** urgent, and emergency care, no matter where you are. Some plans only provide BlueCard coverage for emergency and urgent care.

See page 25 for more information on BlueCard.



3

No red tape.

See whichever in-network doctors you want to see — no referral needed. Or call 1-888-BLUE-428, and we'll find a specialist for you. No hoops, no hoopla.

And that's just for starters.

Turn the page for even more reasons to choose Highmark.

* According to the Blue Cross and Blue Shield Association.

** Certain services may require you to work with your BlueCard-participating provider to obtain prior authorization.

**How easy do we
make it to find care
and get care?**

Almost too easy.



DENTAL AND VISION COVERAGE

All your care, all in one plan.

Healthy eyes and teeth are important parts of your overall health and regular checkups can help you stay ahead of potential problems down the road. That's why all of our plans come with pediatric dental and vision benefits.

Our plans with “Adult Dental and Vision” in their name include these benefits, so there's no need to purchase separate plans.



VIRTUAL HEALTH

Face-to-face with a doctor, 24/7.

Need to see a doctor but don't want to leave your couch? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. Best of all, the virtual health services provided by Allegheny Health Network or Amwell® are also available through many in-network providers. That's laid-back-in-a-recliner easy.



BLUE DISTINCTION®

Easy access to top-performing specialists.

Only doctors who consistently deliver safe, effective treatments make the Blue Distinction list. You can cherry-pick a top-performing in-network specialist for any care you need. Use our Find a Doctor tool and look for the Blue Distinction logo next to their name.



JOHNS HOPKINS MEDICINE COLLABORATION

Expert teamwork for advanced care.

We collaborate with some of the best minds, like Johns Hopkins Medicine, for cancer research. That lets us bring the latest innovative medical breakthroughs right to your neighborhood.

**How simple is it
for you to get
answers and
reach your goals?**

Super simple.



THE HIGHMARK MEMBER WEBSITE

Your entire plan at your fingertips.

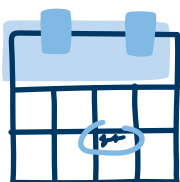
No more searching for old files or waiting on snail mail. Your digital ID card, Find a Doctor tool, deductible progress, and claims status are all available online at highmarkbcbs.com.



HEALTH SAVINGS ACCOUNT

Helping you save for today and tomorrow.

Health savings accounts let you put money away for things like medical costs, vision and dental services, and prescriptions. They're available on qualified high-deductible plans with "HSA" in the plan name.



MY CARE NAVIGATORSM

Your appointments, booked for you.

It's as simple as calling 1-888-BLUE-428. We'll help you find the in-network doctor you need and reserve some space on their calendar for a checkup. Which means less on-hold music for you.



BLUES ON CALLSM

Answers from a health pro, 24/7.

Medical concerns during off hours? Just call 1-888-BLUE-428 to get support from a registered nurse or a health coach any time and put your worries to bed.



FITNESS

Hitting the gym has never been easier.

All our plans include a fitness extra with discounted rates and access to 10,000+ gyms nationwide.* You'll also get discounts for acupuncture and chiropractic care, nutritional counseling, personal training, and more.

*Does not apply to digital-only plans.



WELLNESS

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Get guidance based on your lifestyle, trackers to measure your progress, resources like Sharecare®, and access to experienced wellness coaches to make healthy choices and keep you motivated. Once you're enrolled, visit mycare.sharecare.com.



BLUE365®

Discounts to help you stay healthy and active.

With Blue365, you get exclusive discounts on travel, car rentals, and even clothing and footwear. Check out member-only deals at blue365deals.com.

**Before we get
much further,
let's cover some
Affordable Care Act
(ACA) essentials.**

ACA basics

Metal levels

ACA plans* are broken into four categories based on how you and your plan share the costs of your health care.

Just so you know, metal levels reflect cost-sharing** differences only – which means you get the same quality of care at any level.

Bronze 60% of costs covered by your plan 40% out-of- pocket costs	Silver 70% of costs covered by your plan 30% out-of- pocket costs	Gold 80% of costs covered by your plan 20% out-of- pocket costs	Extra Savings Silver 73-94% of costs covered by your plan 6-27% out-of- pocket costs
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The levels make sense if you:***

Don't use a lot of health care services and/or want to keep premium payments low.	Want to balance premiums with out-of-pocket costs.	Use health care services somewhat frequently and/or want low out-of-pocket costs for most commonly used services.	Are CSR-eligible, which gives you lower out-of-pocket costs.
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* ACA also includes Catastrophic and Platinum level plans. Catastrophic plans are available if you're under 30 or have a financial hardship. They're for people who do not go to the doctor frequently or only go to the doctor when there's an emergency. Highmark does not offer Platinum plans in Pennsylvania.

** The portion of health care services that you pay out of pocket. This generally includes deductibles, coinsurance, and copays.

***Financial help in the form of APTCs or CSRs are available only on plans purchased through Pennie.com.



Ways to save

Good news: There are two ways available to save for ACA enrollees.

Even better news: More than 90% of our ACA members qualify to save.

Advance Premium Tax Credits (APTC), which may be applied — in advance — to lower what you pay each month for your premium on any level Pennsylvania Insurance Exchange plan except Catastrophic.

Cost-Sharing Reductions (CSR) will lower out-of-pocket costs that you may pay at the time of service for doctor visits, lab tests, drugs, and other covered services. CSR plans offer lower deductibles, copays, and coinsurance. You can **only** get these savings if you enroll in an “Extra Savings” Silver plan.

You can qualify for both an APTC and CSR, too.

Extra ACA assistance

The Inflation Reduction Act lowers the cost of health plans for middle- and lower-income individuals and families. It may provide more aid even if you’ve previously qualified for financial help. And it makes it easier to qualify if you’ve been denied in the past.

Your savings can be significant. **See for yourself.**

Kyle

Single, 40 years old, non-smoker
Annual income: \$19,140

Before: \$66 monthly premium

After: \$0 monthly premium

Savings: \$792/year

Dean and Vanessa

Married couple, 64 years old, non-smokers
Annual income: \$77,850

Before: \$2,492 monthly premium

After: \$550 monthly premium

Savings: \$23,304/year

Premiums and Advance Premium Tax Credit (APTC) will vary by county. The APTC can lower the monthly premium. Examples are based on the second-lowest cost Silver plan available on the Marketplace in a given area. The price of this plan is used to calculate premium subsidies.



Financial help

To see if you're eligible for financial help, locate your qualifying income and household size on the chart below. Then refer to the Base or Extra Savings plans for your county to find the plans that meet your needs.

Even if you don't qualify for cost-sharing reductions, you may be eligible for advance premium tax credits. Please refer to the Base plan options for your county.

Who needs coverage?	What is the income for those covered under your health plan?				
	Eligible for Medicaid	Eligible for CSRs and APTCs			Eligible for APTCs
	Medicaid Eligible Range (100–138% or less FPL)	Silver Extra Savings Plans			Base
		138–149% CSR plans	150–199% CSR plans	200–249% CSR plans	250% or more
Single	Less than \$18,754	\$18,755 – \$20,384	\$20,385 – \$27,179	\$27,180 – \$33,974	\$33,975 or more
Family of 2	Less than \$25,268	\$25,269 – \$27,464	\$27,465 – \$36,619	\$36,620 – \$45,774	\$45,775 or more
Family of 3	Less than \$31,781	\$31,782 – \$34,544	\$34,545 – \$46,059	\$46,060 – \$57,574	\$57,575 or more
Family of 4	Less than \$38,295	\$38,296 – \$41,624	\$41,625 – \$55,499	\$55,500 – \$69,374	\$69,375 or more
Family of 5	Less than \$44,809	\$44,810 – \$48,704	\$48,705 – \$64,939	\$64,940 – \$81,174	\$81,175 or more
Family of 6	Less than \$51,322	\$51,323 – \$55,784	\$55,785 – \$74,379	\$74,380 – \$92,974	\$92,975 or more
Family of 7	Less than \$57,836	\$57,837 – \$62,864	\$62,865 – \$83,819	\$83,820 – \$104,774	\$104,775 or more
Family of 8	Less than \$64,349	\$64,350 – \$69,944	\$69,945 – \$93,259	\$93,260 – \$116,574	\$116,575 or more

*Most individuals and families with household incomes 100% or more of the FPL will qualify for premium tax credits. These credits help lower the cost of health insurance coverage and are based on the second-lowest-cost Silver plan available in your area on the Pennsylvania Insurance Exchange. The second-lowest-cost Silver plan is also known as the “benchmark plan.” Premium tax credits vary by income. Households with incomes 150% or less of the FPL will pay no premium for the benchmark plan. Those households with annual incomes 400% or more of the FPL will pay no more than 8.5% of their household income on health insurance premiums for the benchmark plan.

*Income below 138% FPL: If your income is below 138% FPL and your state has expanded Medicaid coverage, you qualify for Medicaid based only on your income.

*American Indians and Alaska Natives who are members of federally recognized tribes are eligible for cost-sharing reductions at alternative dollar thresholds.

This chart is only applicable for coverage in 2023 and in the 48 contiguous states and the District of Columbia. For families/households with more than 8 persons, add \$4,720 for each additional person. HHS Poverty Guidelines for 2022 (March 3, 2022). Retrieved from <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

Check to see if you qualify for one or both types of help.
Call 833-796-0888.

ACA plans vs. short-term plans and Health Care Sharing Ministries

In addition to the availability of APTC and CSR, all ACA plans provide coverage for preexisting conditions and the 10 Essential Health Benefits (see page 21). Short-term plans and Health Care Sharing Ministries — which are plans that come with a fixed, limited term — do not. These plans can seem like a cheaper alternative to ACA coverage but often come with hidden costs and exclusions that can make them more expensive in the long run.

Other types of hidden costs in short-term and Health Care Sharing Ministries plans:

	SHORT-TERM PLANS AND HEALTH CARE SHARING MINISTRIES	ACA PLANS
Capped out-of-pocket spending	X	✓
Coverage of 10 Essential Health Benefits	X	✓
No limits on covered doctor visits	X	✓
No dollar limits on covered benefits	X	✓
No limits on prescription drug coverage	X	✓
Coverage for preexisting conditions with no waiting period	X	✓

A listing of the 10 Essential Health Benefits can be found on page 21.



Next, enrollment dates.

There are two ways you can enroll in or change your ACA coverage. One is a fixed period that happens every year. The other is for special cases that can happen any time.

1 OPEN ENROLLMENT PERIOD November 1, 2022 – January 15, 2023

If you sign up by December 15, 2022,
your plan takes effect on January 1, 2023.

If you sign up between December 16, 2022,
and January 15, 2023, your plan takes effect
on February 1, 2023.



2 SPECIAL ENROLLMENT PERIODS Can happen any time throughout the year

During a Special Enrollment Period, you can only get or change coverage if you have a qualifying life event. Examples include losing your existing coverage, a new addition to the family, getting married, or moving to a new area where you can't keep your current plan. Many Special Enrollment Periods only last 60 days from the qualifying life event.

If you think you're eligible for a Special Enrollment Period, you may be asked to submit documents to verify it. You can go to highmark.com for more information.

Finally, your ACA Enrollment Checklist.

Here's the info you'll need for each person who will be covered on your plan.



Date of birth



Social Security number
(or legal immigrant documents)



Income documentation for all household members,
even if they won't be covered by the plan
(pay stubs, W-2 forms, or wage and tax statements)



Current health insurance policy numbers (if applicable)



Info on any health insurance you or
your family could get from your job

All set? Great. Let's dig into the details for 2023 —
and find a plan with the benefits you want at price
you can afford.

2023 Highmark plan designs and network highlights

Now that we've gotten the preliminaries out of the way, let's take a look at the products and networks available in your area in 2023.

You get all the essentials.

You get access to the 10 Essential Health Benefits — plus coverage for preexisting conditions.

They include:

1. Outpatient care
2. Emergency services
3. Hospitalization (like surgery and overnight stays)
4. Pregnancy, maternity, and newborn care
5. Mental health and substance use disorder services
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including dental and vision care



All of our plans give you in-network access to top-quality care, close to home. You can even see in-network specialists without a referral. Whatever your health care needs and budget, we have a plan for you. All you have to do is choose.*



Together Blue EPO

The most affordable Highmark plan in western Pennsylvania.

Together Blue EPO gives you access to Allegheny Health Network (AHN) and select independent providers.** You'll gain access to a dedicated Together Connect Team — they're like a one-stop shop and can connect you with resources including scheduling assistance. You'll be able to use MyChart to see upcoming and past appointments, view test results, communicate with your care team, and more.

Together Blue EPO also offers a product called Together Blue Diabetes EPO. This \$0 deductible plan offers lower copays for certain specialists, low-cost medications, and \$0 lab tests like HbA1c, making it easier to manage diabetes. See **page 23** for more information.

Plus, all Together Blue plans give you coast-to-coast coverage for emergency and urgent care with BlueCard.



my Direct Blue EPO

In-network access to top-quality care throughout western Pennsylvania, plus full BlueCard access coast to coast.

my Direct Blue EPO gives you in-network access to AHN, as well as many community hospitals and doctors who have partnered with Highmark to deliver high-quality, lower-cost care.** And with the BlueCard program, you get in-network access to providers outside of western Pennsylvania for routine, emergency, and urgent care, too.



my Blue Access PPO

Comprehensive in-network access throughout western Pennsylvania — including all AHN and UPMC hospitals.

my Blue Access PPO gives you in-network access to Highmark's largest network of doctors and hospitals — including AHN and UPMC. With a PPO, you also get the flexibility to see out-of-network providers. And with the BlueCard program, you get in-network access to providers outside of western Pennsylvania for routine, emergency, and urgent care, too.

* To see what plans you may qualify for based on your county of residence, see the product listings beginning on page 26.

** Care received from out-of-network providers is not covered, except for emergency and urgent situations.

Together Blue Diabetes

Making diabetes management more affordable.

COVERAGE LEVEL	TOGETHER BLUE DIABETES EPO
In-Network Deductible	Individual: \$0 Family: \$0
In-Network, Out-of-Pocket Maximum	Individual: \$7,500 Family: \$15,000
Primary Care Visit	\$20 copay
Specialist Visit	\$20 copay \$5 <i>Select Specialist*</i>
Outpatient Mental Health and Substance Abuse Visits	\$20 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care	\$45 copay
Diagnostic Test (Lab/X-ray)	\$35 copay \$0 <i>Select Labs*</i>
Urgent Care	\$40 copay
Emergency Services	\$300 copay
Hospital Inpatient (including Maternity)	\$500 copay
Pharmacy Summary	\$0/\$30/\$150/50% \$3 <i>Select Rx*</i>
Includes Dental and Vision Option	Yes

* Unique benefits to Together Blue Diabetes.

Taking control of diabetes is an important step in your overall health. It can help prevent or delay heart disease, kidney disease, and vision loss. Together Blue Diabetes gives you access to the care and testing you need at the right price.

Benefits

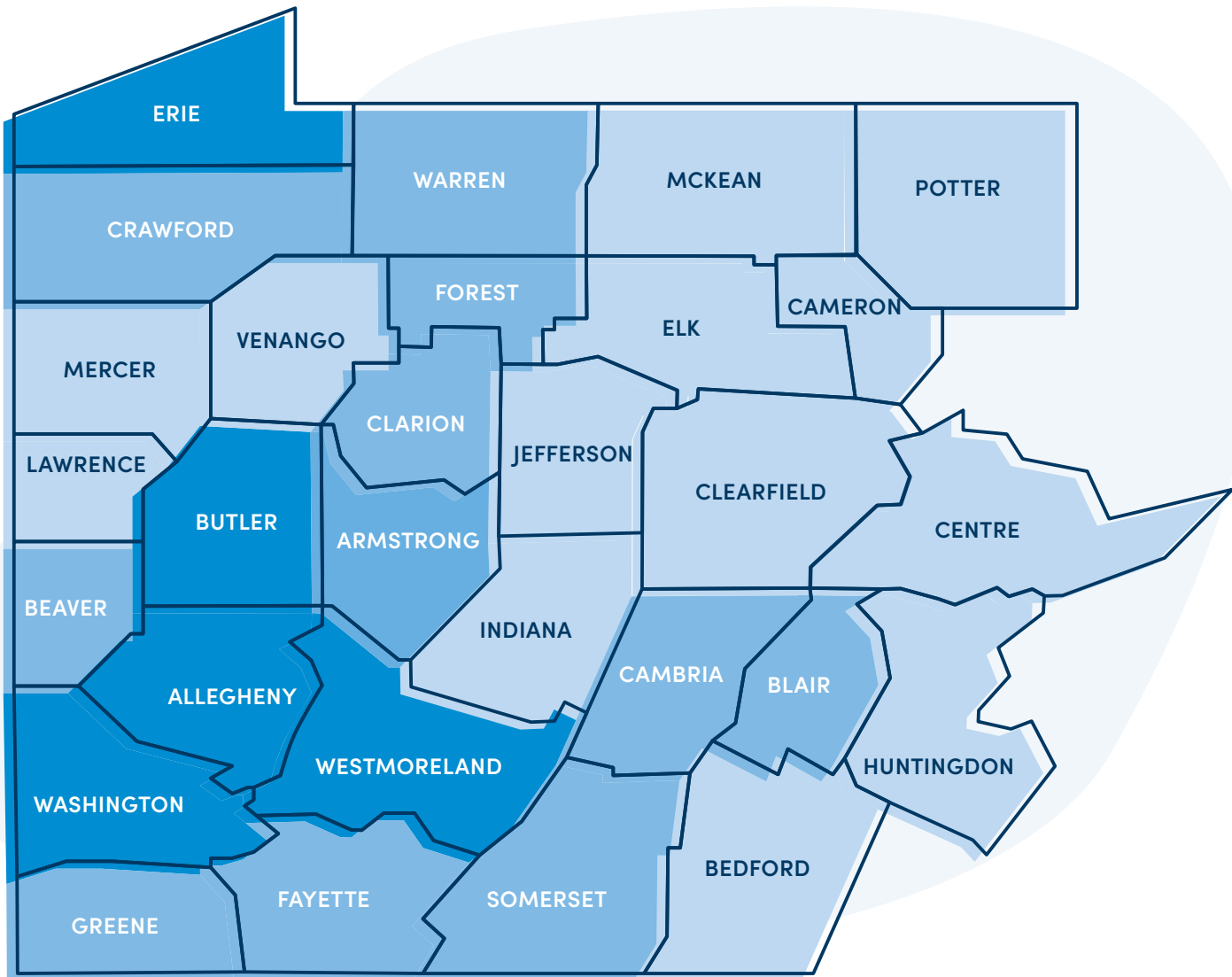
- \$5 copays for cardiology, endocrinology, and nephrology visits
- Free diabetic foot exam and retinal eye exam
- Free diagnostic lab tests
 - HbA1c
 - LDL
 - Metabolic panel
 - Nephropathy exam
- Free Tier 1 drugs, including:
 - metformin HCL
 - metformin HCL ER
 - glimepiride
 - glipizide ER
 - glipizide
 - pioglitazone HCL
 - glyburide
 - acarbose
 - glipizide XL
 - glyburide micronized

\$3 copay on select diabetes management drugs, including:

- Basaglar KwikPen
- Ozempic
- Jardiance
- Trulicity
- Januvia
- Invokana
- Rybelsus
- Farxiga
- NovoLog FlexPen
- Humalog KwikPen U-100

To see a complete list, visit highmark.link/TBD1.

Plans are available for residents of the counties highlighted below.



- Together Blue EPO,¹ my Direct Blue EPO, and my Blue Access PPO
- my Direct Blue EPO and my Blue Access PPO
- my Blue Access PPO

To see if your provider is in network, visit highmarkbcbs.com and click **Find a Doctor or Pharmacy**.

¹ Together Blue EPO and Together Blue Diabetes utilize the same network.

BlueCard coverage goes where you go.

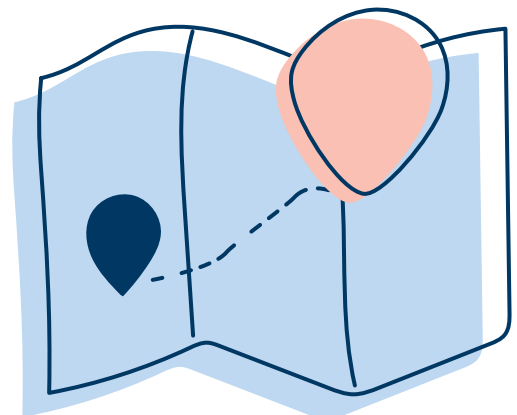


Planning to hit the road or travel abroad this year? With BlueCard, your health care benefits go with you — across the country and around the world. We give you access to doctors and hospitals almost everywhere, so you'll have peace of mind that you can always find the care you need.

Your coverage extends to many top-rated, out-of-state facilities, like:

- Cleveland Clinic
- Memorial Sloan Kettering Cancer Center
- Johns Hopkins Hospital
- University of Maryland Medical Center

And, you're covered in 190 countries too. Keep in mind that BlueCard covers routine, emergency, and urgent care for most plans. It only covers emergency and urgent care for Together Blue and Together Blue Diabetes plans.



In-network facilities

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Adams County			
WellSpan Gettysburg Hospital		•	•
Allegheny County			
AHN Allegheny General Hospital	•	•	•
AHN Allegheny Valley Hospital	•	•	•
AHN Brentwood Neighborhood Hospital	•	•	•
AHN Forbes Hospital	•	•	•
AHN Harmar Neighborhood Hospital	•	•	•
AHN Jefferson Hospital	•	•	•
AHN McCandless Neighborhood Hospital	•	•	•
AHN West Penn Hospital	•	•	•
AHN Wexford Hospital	•	•	•
PAM Health Specialty Hospital		•	•
Heritage Valley Kennedy		•	•
Heritage Valley Sewickley		•	•
LifeCare Behavioral Health Hospital of Pittsburgh	•	•	•
Select Specialty Hospital - McKeesport		•	•
Select Specialty Hospital - Pittsburgh UPMC		•	•
St. Clair Hospital		•	•
The Children's Home of Pittsburgh	•	•	•
The Children's Institute of Pittsburgh	•	•	•
UPMC Children's Hospital of Pittsburgh	•	•	•
UPMC East			•

¹ Together Blue EPO and Together Blue Diabetes EPO plans utilize the same network.

² Currently scheduled to open in April 2023.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmarkbcbs.com under the **Find a Doctor or Pharmacy** tab.

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
UPMC Magee-Womens Hospital			•
UPMC McKeesport			•
UPMC Mercy			•
UPMC Vision & Rehabilitation Tower ²			•
UPMC Passavant - McCandless			•
UPMC Presbyterian			•
UPMC Shadyside			•
UPMC St. Margaret			•
UPMC Western Psychiatric Hospital	•	•	•
Armstrong County			
Armstrong County Memorial Hospital		•	•
Beaver County			
PAM Health Specialty Hospital at Heritage Valley		•	•
Heritage Valley Beaver		•	•
Bedford County			
UPMC Bedford	•	•	•
Berks County			
Penn State Health St. Joseph Medical Center		•	•
Surgical Institute of Reading		•	•
Tower Health - Reading Hospital			•
Blair County			
Conemaugh Nason Medical Center		•	•
Penn Highlands Tyrone		•	•
UPMC Altoona	•	•	•

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Bradford County			
Guthrie Robert Packer Hospital		•	•
Guthrie Robert Packer Hospital - Towanda Campus		•	•
Guthrie Troy Community Hospital		•	•
Butler County			
BHS Butler Memorial Hospital		•	•
UPMC Passavant - Cranberry			•
Cambria County			
Conemaugh Memorial Medical Center		•	•
Conemaugh Memorial Medical Center - Lee Campus		•	•
Conemaugh Miners Medical Center		•	•
Select Specialty Hospital - Johnstown		•	•
Carbon County			
Lehigh Valley Hospital - Carbon		•	•
St. Luke's Hospital - Carbon Campus		•	•
Centre County			
Mount Nittany Medical Center		•	•
Clarion County			
BHS Clarion Hospital		•	•
Clearfield County			
Penn Highlands Clearfield			•
Penn Highlands DuBois			•
Clinton County			
Bucktail Medical Center		•	•

¹ Together Blue EPO and Together Blue Diabetes EPO plans utilize the same network.

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In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
UPMC Lock Haven		•	•
Columbia County			
Berwick Hospital Center			•
Geisinger Bloomsburg Hospital			•
Crawford County			
Meadville Medical Center		•	•
Titusville Area Hospital		•	•
Cumberland County			
Penn State Health Hampden Medical Center		•	•
Penn State Health Holy Spirit Medical Center		•	•
Select Specialty Hospital - Camp Hill		•	•
UPMC Carlisle		•	•
UPMC West Shore			•
Dauphin County			
Penn State Health Children's Hospital		•	•
Penn State Health Milton S. Hershey Medical Center		•	•
UPMC Community Osteopathic			•
UPMC Harrisburg			•
Elk County			
Penn Highlands Elk			•
Erie County			
AHN Saint Vincent Hospital	•	•	•
LECOM Health - Corry Memorial Hospital		•	•
LECOM Health - Millcreek Community Hospital		•	•
Select Specialty Hospital - Erie		•	•

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
UPMC Hamot			•
Fayette County			
Penn Highlands Connellsville		•	•
WVU Medicine - Uniontown Hospital		•	•
Franklin County			
WellSpan Chambersburg Hospital		•	•
WellSpan Waynesboro Hospital		•	•
Fulton County			
Fulton County Medical Center			•
Greene County			
Washington Health System Greene		•	•
Huntingdon County			
Penn Highlands Huntingdon			•
Indiana County			
Indiana Regional Medical Center			•
Jefferson County			
Penn Highlands Brookville			•
Punxsutawney Area Hospital			•
Lackawanna County			
CHS Moses Taylor Hospital		•	•
CHS Regional Hospital of Scranton		•	•
Geisinger Community Medical Center		•	•
Lehigh Valley Hospital - Dickson City		•	•

¹ Together Blue EPO and Together Blue Diabetes EPO plans utilize the same network.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmarkbcbs.com under the **Find a Doctor or Pharmacy** tab.

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Lancaster County			
Lancaster General Hospital		•	•
Lancaster General Hospital Women & Babies		•	•
Penn State Health Lancaster Medical Center		•	•
Lancaster Surgery Center		•	•
UPMC Lititz			•
WellSpan Ephrata Community Hospital		•	•
Lawrence County			
Lawrence County Surgery Center of Edgewood Surgical Hospital		•	•
UPMC Jameson	•	•	•
Lebanon County			
WellSpan Good Samaritan Hospital		•	•
Lehigh County			
Lehigh Valley Hospital - 17th Street		•	•
Lehigh Valley Hospital - Cedar Crest		•	•
Lehigh Valley Hospital - 1503 N. Cedar Crest		•	•
Lehigh Valley Reilly Children's Hospital		•	•
St. Luke's Hospital - Allentown Campus			•
St. Luke's Hospital - Sacred Heart Campus			•
Luzerne County			
CHS Wilkes-Barre General Hospital		•	•
Geisinger Wyoming Valley Medical Center		•	•
Lehigh Valley Hospital - Hazleton		•	•

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Lycoming County			
Geisinger Jersey Shore Hospital		•	•
UPMC Muncy		•	•
UPMC Williamsport		•	•
UPMC Williamsport Divine Providence Campus		•	•
McKean County			
Bradford Regional Medical Center		•	•
UPMC Kane	•	•	•
Mercer County			
AHN Grove City	•	•	•
Edgewood Surgical Hospital		•	•
Sharon Regional Medical Center		•	•
UPMC Horizon - Greenville	•	•	•
UPMC Horizon - Shenango Valley	•	•	•
Mifflin County			
Geisinger Lewistown Hospital			•
Monroe County			
Lehigh Valley Hospital - Pocono		•	•
St. Luke's Hospital - Monroe Campus		•	•
Montour County			
Geisinger Janet Weis Children's Hospital			•
Geisinger Medical Center			•

¹ Together Blue EPO and Together Blue Diabetes EPO plans utilize the same network.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmarkbcbs.com under the **Find a Doctor or Pharmacy** tab.

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Northampton County			
Lehigh Valley Hospital - Highland Avenue		•	•
Lehigh Valley Hospital - Hecktown Oaks		•	•
Lehigh Valley Hospital - Muhlenberg		•	•
St. Luke's Hospital - Anderson Campus			•
St. Luke's Hospital - Easton Campus			•
St. Luke's University Hospital - Bethlehem			•
Northumberland County			
Geisinger Shamokin Area Community Hospital			•
Potter County			
UPMC Cole	•	•	•
Schuylkill County			
Geisinger St. Luke's Hospital		•	•
Lehigh Valley Hospital - Schuylkill E. Norwegian Street		•	•
Lehigh Valley Hospital - Schuylkill S. Jackson Street		•	•
St. Luke's Hospital - Miners Campus			•
Somerset County			
Chan Soon-Shiong Medical Center at Windber		•	•
Conemaugh Meyersdale Medical Center		•	•
UPMC Somerset	•	•	•
Susquehanna			
Barnes-Kasson Hospital		•	•
Endless Mountains Health Systems		•	•
Tioga County			
UPMC Wellsboro		•	•

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Union County			
Evangelical Community Hospital		•	•
Venango County			
UPMC Northwest	•	•	•
Warren County			
Warren General Hospital		•	•
Washington County			
Advanced Surgical Hospital		•	•
AHN Canonsburg Hospital	•	•	•
Penn Highlands Mon Valley		•	•
Washington Hospital		•	•
Wayne County			
Wayne Memorial Hospital		•	•
Westmoreland County			
AHN Hempfield Neighborhood Hospital	•	•	•
Excelsa Health Frick Hospital		•	•
Excelsa Health Latrobe Hospital		•	•
Excelsa Health Westmoreland Hospital		•	•
Select Specialty Hospital – Laurel Highlands		•	•
Wyoming County			
CHS Tyler Memorial Hospital		•	•

¹ Together Blue EPO and Together Blue Diabetes EPO plans utilize the same network.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmarkbcbs.com under the **Find a Doctor or Pharmacy** tab.

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
York County			
OSS Orthopaedic Hospital			•
UPMC Hanover			•
UPMC Memorial			•
WellSpan Surgery and Rehabilitation Hospital		•	•
WellSpan York Hospital		•	•
Additional in-network facilities*			
Meritus Medical Center		•	•
The Johns Hopkins Hospital		•	•
University of Maryland Medical Center		•	•
UPMC Western Maryland		•	•
WVU Medicine - Garrett Regional Medical Center		•	•
AHN Westfield Memorial Hospital	•	•	•
Guthrie Corning Hospital		•	•
Olean General Hospital		•	•
UR Medicine - Jones Memorial Hospital		•	•
UR Medicine - Strong Memorial Hospital		•	•
Cleveland Clinic		•	•
WVU Medicine - Children's Hospital		•	•
WVU Medicine - J.W. Ruby Memorial Hospital		•	•

Premier Gold and Silver plans

Our Premier Gold and Silver plans offer some of our lowest copays — \$15 for Premier Gold plans and \$0 for Premier Silver plans. You'll also have lower out-of-pocket costs on covered services.

You'll get bonus benefits like a \$25 over-the-counter quarterly allowance and access to programs like Papa and TruHearing.



Over-the-counter benefit

You'll get a \$25 allowance on certain over-the-counter products per quarter for every member covered by your plan. Use for things like minor wound care, ibuprofen, and allergy medication. It's convenient too. To place an order, visit ShopHighmarkOTC.com. Items are shipped directly to your home.



Papa

With Papa, you can get help with everyday tasks like light cleaning, laundry, grocery shopping, and getting to and from appointments. Papa also assists with meal prep, childcare, pets, and running errands. You'll even have access to companion caregivers nationwide and virtually. To learn more, visit joinpapa.com/activities/video-visits.



TruHearing

TruHearing™ can help lower copays on hearing aids. Plus, you can receive a hearing evaluation, as well as training, setup, fine-tuning, and adjustments from an in-network TruHearing provider without ever leaving your home. All you need is a smartphone, tablet, or computer. To learn more about TruHearing, visit Highmark-HS.TruHearing.com.

Bronze 6900 HSA — Custom Drug Benefit plan¹

This plan allows you to save for your care with a health savings account (HSA) and provides low out-of-pocket costs on select prescriptions.

An HSA lets you put money away into a savings account that you can use for things like medical costs, vision and dental services, and prescriptions.

With the custom drug benefit, Highmark pays 100% of the costs for preventive and maintenance drugs immediately. There's no need to meet the deductible. For a complete list of covered drugs, visit highmark.link/CDBwpa.

Free preventive and maintenance drugs include:

- Eliquis 5 mg tablet
- rosuvastatin calcium 5, 10, 20 mg tablet (Crestor)
- venlafaxine HCL ER 150 mg capsule (Effexor)
- Jardiance 10, 25 mg tablet
- ezetimibe 10 mg tablet (Zetia)
- Trulicity 1.5 mg/5.0 ml pen
- Ozempic 0.25–0.5 mg/dose pen
- Januvia 100 mg tablet
- Xarelto 20 mg tablet
- Breo Ellipta 100–25 mcg inhaler
- Symbicort 160–4.5 mcg inhaler

Also included in the list are 20 of the most filled prescriptions. They include drugs for things like diabetes, asthma, heart conditions, anxiety, and depression.



¹ These plans are offered with Together Blue EPO, my Direct Blue EPO, and my Blue Access PPO.

Plans that include adult vision and dental



Highmark is making pediatric and adult vision and dental care more accessible. At every metal level, we offer plans with the option to have adult dental and vision included. Pediatric dental and vision benefits are automatically included with every plan.

You can find adult dental and vision benefits on pages 60–62 and pediatric dental and vision benefits at highmark.com.

Benefits of adult vision coverage:

- Free annual eye exam.
- Frame allowance* up to \$150.**
- Contact allowance* up to \$150.***

Our vision plans use the Davis Vision Network — a list of in-network providers can be accessed through highmarkbcbs.com.

To access network providers, select **Find a Doctor or Pharmacy**. Then click **Find an Eye Care Provider**. Select **Click here** to search the Health Care Reform Vision Network.

* Allowance is for either frames or contacts.

** Plus 20% discount on any overages.

*** Plus 15% discount on any overages.

Benefits of adult dental coverage:

- 100% coverage on cleanings,[‡] X-rays, and sealants.
- 80% coverage on services like fillings and repairs of existing crowns.
- 50% coverage on services like root canals and new crowns.

Our plans use the Concordia Advantage network. To find a provider, visit highmarkbcbs.com and select the **Find a Doctor or Pharmacy** tab.

[‡] Two cleanings per year.

IT PAYS TO HAVE DENTAL COVERAGE

Service	Average cost with dental coverage	Average cost without dental coverage (usual fee)
Exams, cleanings, and X-rays	\$0–37	\$300 ¹
Composite filling	\$71	\$170 ²
Simple extraction	\$33	\$163 ³
Root canal	\$400	\$1,250 ⁴

¹ https://www.dentaly.org/us/oral-hygiene/teeth-cleaning/#How_much_does_a_dental_cleaning_cost, last accessed June 15, 2022

¹ <https://www.dentaly.org/us/panoramic-dental-xray/>, last accessed June 15, 2022

² https://www.dentaly.org/us/tooth-filling/#How_much_do_fillings_cost, last accessed June 15, 2022

³ https://www.dentaly.org/us/tooth-extraction/#How_much_does_tooth_removal_cost_in_the_US, last accessed June 15, 2022

⁴ <https://www.webmd.com/oral-health/guide/dental-root-canals>, last accessed June 15, 2022



Now, let's dig into plan details.

To learn about our plan names,
flip to page 64.

To make it easier, we’ve sorted our plans by what’s available where you live.

Just find your county and jump to that section.

Allegheny, Butler, Erie, Washington, and Westmoreland counties

Base Plan options 42

Extra Savings Plan options 46

Armstrong, Beaver, Blair, Cambria, Clarion, Crawford, Fayette, Forest, Greene, Somerset, and Warren counties

Base Plan options 48

Extra Savings Plan options 52

Bedford, Cameron, Centre,* Clearfield, Elk, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, and Venango counties

Base Plan options 54

Extra Savings Plan options 58

Adult Vision and Dental Benefits 60

*If you’re a Centre county resident, you must live in one of the following ZIP codes to enroll in one of these plans: 16677, 16686, 16829, 16845, 16859, 16866, 16874

You’ll see plan summaries here. If you want any plan’s full benefit list, visit HighmarkSBCs.com or get a paper copy by calling 1-833-258-0188 (TTY/TDD 711).

Coverage Level			
	Catastrophic 9100 3 free PCP visits	Bronze 8900	Bronze 6900 HSA – Custom Drug Benefit
Plan Availability	Together Blue Major Events EPO 9100 my Direct Blue Major Events EPO 9100 my Blue Access Major Events PPO 9100	Together Blue EPO Bronze 8900 my Direct Blue EPO Bronze 8900 my Blue Access PPO Bronze 8900	Together Blue EPO Bronze 6900 HSA – Custom Drug Benefit my Direct Blue EPO Bronze 6900 HSA – Custom Drug Benefit my Blue Access PPO Bronze 6900 HSA – Custom Drug Benefit
In-Network Deductible	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800
In-Network, Out-of-Pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800
Primary Care Visit	\$0 after deductible; first 3 visits \$0 (not subject to deductible)	\$0 after deductible	\$0 after deductible
Specialist Visit	\$0 after deductible	\$0 after deductible	\$0 after deductible
Outpatient Mental Health and Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$0 after deductible
Speech, Physical, and Occupational Therapy and Chiropractic Care ²	\$0 after deductible	\$0 after deductible	\$0 after deductible
Diagnostic Test (Lab/X-ray)	\$0 after deductible	\$0 after deductible	\$0 after deductible
Urgent Care ⁶	\$0 after deductible	\$0 after deductible	\$0 after deductible
Emergency Services	\$0 after deductible	\$0 after deductible	\$0 after deductible
Hospital Inpatient (including Maternity) ³	\$0 after deductible	\$0 after deductible	\$0 after deductible
Pharmacy Summary ⁴	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible
Includes Dental and Vision Option ⁵	No	No	No

Coverage Level

Bronze 3800

Silver 5900

Silver 3500*

**Premier
Silver 2900**

Plan Availability	Together Blue EPO Bronze 3800 my Direct Blue EPO Bronze 3800 my Blue Access PPO Bronze 3800	Together Blue EPO Silver 5900 my Direct Blue EPO Silver 5900 my Blue Access PPO Silver 5900	Together Blue EPO Silver 3500* my Direct Blue EPO Silver 3500* my Blue Access PPO Silver 3500*	Together Blue EPO Premier Silver 2900 my Direct Blue EPO Premier Silver 2900 my Blue Access PPO Premier Silver 2900
In-Network Deductible	Individual: \$3,800 Family: \$7,600	Individual: \$5,900 Family: \$11,800	Individual: \$3,500 Family: \$7,000	Individual: \$2,900 Family: \$5,800
In-Network, Out-of-Pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$7,800 Family: \$15,600
Primary Care Visit	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Specialist Visit	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Outpatient Mental Health and Substance Abuse Visits	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care²	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Diagnostic Test (Lab/X-ray)	Lab: \$65 copay X-ray: \$150 copay	\$75 copay	\$75 copay	\$75 copay
Urgent Care⁶	\$100 copay	\$110 copay	\$80 copay	\$150 copay
Emergency Services	50% after deductible	\$750 after deductible	30% after deductible	\$750 after deductible
Hospital Inpatient (including Maternity)³	50% after deductible	\$900 after deductible	30% after deductible	\$500 after deductible
Pharmacy Summary⁴	50%/50%/50%/50% after deductible	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Includes Dental and Vision Option⁵	Yes	No	Yes	Yes

* These plans are available directly from Highmark and are not available on the Pennsylvania Insurance Exchange. They do not qualify for advance premium tax credits or cost-sharing reductions.

¹ This plan has a Non-Embedded deductible. See Disclosures page for more information.

² Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to therapy services for the treatment of Mental Health or Substance Abuse.

³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁴ Visit [highmarkacaformulary.com](https://www.highmarkacaformulary.com) to view our Formulary and see if your drug is covered, and at which tier.

⁵ See page 60–62 for Adult Dental and Vision benefit details.

⁶ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.

Coverage Level				
	Together Blue EPO Diabetes Gold 0	Gold 1700 HSA ¹	Gold 0	Premier Gold 0
Plan Availability	Together Blue EPO Diabetes Gold 0	Together Blue EPO Gold 1700 HSA ¹ my Direct Blue EPO Gold 1700 HSA ¹ my Blue Access PPO Gold 1700 HSA ¹	Together Blue EPO Gold 0 my Direct Blue EPO Gold 0 my Blue Access PPO Gold 0	Together Blue EPO Premier Gold 0 my Direct Blue EPO Premier Gold 0 my Blue Access PPO Premier Gold 0
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$1,700 Family: \$3,400	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network, Out-of-Pocket Maximum	Individual: \$7,500 Family: \$15,000	Individual: \$5,700 Family: \$11,400	Individual: \$7,500 Family: \$15,000	Individual: \$6,500 Family: \$13,000
Primary Care Visit	\$20 copay	\$20 after deductible	\$20 copay	\$15 copay
Specialist Visit	\$20 copay \$5 <i>Select Specialist</i> ⁶	\$20 after deductible	\$20 copay	\$15 copay
Outpatient Mental Health and Substance Abuse Visits	\$20 copay	\$20 after deductible	\$20 copay	\$15 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care²	\$45 copay	\$20 after deductible	\$45 copay	\$40 copay
Diagnostic Test (Lab/X-ray)	\$35 copay \$0 <i>Select Labs</i> ⁶	\$20 after deductible	\$35 copay	\$30 copay
Urgent Care⁷	\$40 copay	\$40 after deductible	\$40 copay	\$30 copay
Emergency Services	\$300 copay	\$175 after deductible	\$300 copay	\$250 copay
Hospital Inpatient (including Maternity)³	\$500 copay	\$300 after deductible	\$500 copay	\$375 copay
Pharmacy Summary⁴	\$0/\$30/\$150/50% \$3 <i>Select Rx</i> ⁶	\$0/\$30/\$150/50% after deductible	\$0/\$30/\$150/50%	\$0/\$25/\$75/50%
Includes Dental and Vision Option⁵	Yes	No	Yes	Yes

* These plans are available directly from Highmark and are not available on the Pennsylvania Insurance Exchange. They do not qualify for advance premium tax credits or cost-sharing reductions.

¹ This plan has a Non-Embedded deductible. See Disclosures page for more information.

² Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to therapy services for the treatment of Mental Health or Substance Abuse.

³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁴ Visit [highmarkacaformulary.com](https://www.highmarkacaformulary.com) to view our Formulary and see if your drug is covered, and at which tier.

⁵ See page 60–62 for Adult Dental and Vision benefit details.

⁶ Unique benefits to Together Blue Diabetes.

⁷ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.



	Income Level		
	138-149% FPL		150-199% FPL
	Coverage Level		
	Extra Savings Silver 94% of costs covered by your plan	6% out-of-pocket costs	Extra Savings Silver 87% of costs covered by your plan
	Silver 0	Premier Silver 0	Silver 0
Plan Availability	Together Blue EPO Extra Savings Silver 0 my Direct Blue EPO Extra Savings Silver 0 my Blue Access PPO Extra Savings Silver 0	Together Blue EPO Premier Extra Savings Silver 0 my Direct Blue EPO Premier Extra Savings Silver 0 my Blue Access PPO Premier Extra Savings Silver 0	Together Blue EPO Extra Savings Silver 0 my Direct Blue EPO Extra Savings Silver 0 my Blue Access PPO Extra Savings Silver 0
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network, Out-of-Pocket Maximum	Individual: \$1,200 Family: \$2,400	Individual: \$1,200 Family: \$2,400	Individual: \$2,800 Family: \$5,600
Primary Care Visit	\$1 copay	\$0 copay	\$15 copay
Specialist Visit	\$1 copay	\$0 copay	\$15 copay
Outpatient Mental Health and Substance Abuse Visits	\$1 copay	\$0 copay	\$15 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care¹	\$5 copay	\$0 copay	\$30 copay
Diagnostic Test (Lab/X-ray)	\$5 copay	\$0 copay	\$25 copay
Urgent Care⁵	\$5 copay	\$5 copay	\$30 copay
Emergency Services	\$75 copay	\$75 copay	\$275 copay
Hospital Inpatient (including Maternity)²	\$100 copay	\$100 copay	\$375 copay
Pharmacy Summary³	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%	\$0/\$10/\$50/50%
Includes Dental and Vision Option⁴	No	Yes	No

	Income Level			
	150–199% FPL		200–249% FPL	
	Coverage Level			
	Extra Savings Silver 87% of costs covered by your plan	13% out-of-pocket costs	Extra Savings Silver 73% of costs covered by your plan	27% out-of-pocket costs
	Premier Silver 0		Silver 5000	Premier Silver 2100
Plan Availability	Together Blue EPO Premier Extra Savings Silver 0 my Direct Blue EPO Premier Extra Savings Silver 0 my Blue Access PPO Premier Extra Savings Silver 0		Together Blue EPO Extra Savings Silver 5000 my Direct Blue EPO Extra Savings Silver 5000 my Blue Access PPO Extra Savings Silver 5000	Together Blue EPO Premier Extra Savings Silver 2100 my Direct Blue EPO Premier Extra Savings Silver 2100 my Blue Access PPO Premier Extra Savings Silver 2100
In-Network Deductible	Individual: \$0 Family: \$0		Individual: \$5,000 Family: \$10,000	Individual: \$2,100 Family: \$4,200
In-Network, Out-of-Pocket Maximum	Individual: \$3,000 Family: \$6,000		Individual: \$6,900 Family: \$13,800	Individual: \$6,600 Family: \$13,200
Primary Care Visit	\$0 copay		\$55 copay	\$75 copay
Specialist Visit	\$0 copay		\$55 copay	\$75 copay
Outpatient Mental Health and Substance Abuse Visits	\$0 copay		\$55 copay	\$75 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care ¹	\$0 copay		\$55 copay	\$75 copay
Diagnostic Test (Lab/X-ray)	\$25 copay		\$75 copay	\$75 copay
Urgent Care ⁵	\$10 copay		\$110 copay	\$150 copay
Emergency Services	\$300 copay		\$750 after deductible	\$750 after deductible
Hospital Inpatient (including Maternity) ²	\$375 copay		\$900 after deductible	\$500 after deductible
Pharmacy Summary ³	\$0/\$10/\$50/50%		\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Includes Dental and Vision Option ⁴	Yes		No	Yes

¹ Limit of 30 combined physical and occupational therapy visits per benefit period.

² The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

³ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁴ See page 60–62 for Adult Dental and Vision benefit details.

⁵ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.

	Coverage Level		
	Catastrophic 9100 3 Free PCP visits	Bronze 8900	Bronze 6900 HSA — Custom Drug Benefit
Plan Availability	my Direct Blue Major Events EPO 9100 my Blue Access Major Events PPO 9100	my Direct Blue EPO Bronze 8900 my Blue Access PPO Bronze 8900	my Direct Blue EPO Bronze 6900 HSA — Custom Drug Benefit my Blue Access PPO Bronze 6900 HSA — Custom Drug Benefit
In-Network Deductible	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800
In-Network, Out-of-Pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800
Primary Care Visit	\$0 after deductible; first 3 visits \$0 (not subject to deductible)	\$0 after deductible	\$0 after deductible
Specialist Visit	\$0 after deductible	\$0 after deductible	\$0 after deductible
Outpatient Mental Health and Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$0 after deductible
Speech, Physical, and Occupational Therapy and Chiropractic Care²	\$0 after deductible	\$0 after deductible	\$0 after deductible
Diagnostic Test (Lab/X-ray)	\$0 after deductible	\$0 after deductible	\$0 after deductible
Urgent Care⁶	\$0 after deductible	\$0 after deductible	\$0 after deductible
Emergency Services	\$0 after deductible	\$0 after deductible	\$0 after deductible
Hospital Inpatient (including Maternity)³	\$0 after deductible	\$0 after deductible	\$0 after deductible
Pharmacy Summary⁴	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible
Includes Dental and Vision Option⁵	No	No	No

	Coverage Level			
	Bronze 3800	Silver 5900	Silver 3500*	Premier Silver 2900
Plan Availability	my Direct Blue EPO Bronze 3800 my Blue Access PPO Bronze 3800	my Direct Blue EPO Silver 5900 my Blue Access PPO Silver 5900	my Direct Blue EPO Silver 3500* my Blue Access PPO Silver 3500*	my Direct Blue EPO Premier Silver 2900 my Blue Access PPO Premier Silver 2900
In-Network Deductible	Individual: \$3,800 Family: \$7,600	Individual: \$5,900 Family: \$11,800	Individual: \$3,500 Family: \$7,000	Individual: \$2,900 Family: \$5,800
In-Network, Out-of-Pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$7,800 Family: \$15,600
Primary Care Visit	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Specialist Visit	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Outpatient Mental Health and Substance Abuse Visits	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care²	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Diagnostic Test (Lab/X-ray)	Lab: \$65 copay X-ray: \$150 copay	\$75 copay	\$75 copay	\$75 copay
Urgent Care⁶	\$100 copay	\$110 copay	\$80 copay	\$150 copay
Emergency Services	50% after deductible	\$750 after deductible	30% after deductible	\$750 after deductible
Hospital Inpatient (including Maternity)³	50% after deductible	\$900 after deductible	30% after deductible	\$500 after deductible
Pharmacy Summary⁴	50%/50%/50%/50% after deductible	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Includes Dental and Vision Option⁵	Yes	No	Yes	Yes

* These plans are available directly from Highmark and are not available on the Pennsylvania Insurance Exchange. They do not qualify for advance premium tax credits or cost-sharing reductions.

¹ This plan has a Non-Embedded deductible. See Disclosures page for more information.

² Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to therapy services for the treatment of Mental Health or Substance Abuse.

³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁴ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁵ See page 60–62 for Adult Dental and Vision benefit details.

⁶ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.

	Coverage Level		
	Gold 1700 HSA ¹	Gold 0	Premier Gold 0
Plan Availability	my Direct Blue EPO Gold 1700 HSA ¹ my Blue Access PPO Gold 1700 HSA ¹	my Direct Blue EPO Gold 0 my Blue Access PPO Gold 0	my Direct Blue EPO Premier Gold 0 my Blue Access PPO Premier Gold 0
In-Network Deductible	Individual: \$1,700 Family: \$3,400	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network, Out-of-Pocket Maximum	Individual: \$5,700 Family: \$11,400	Individual: \$7,500 Family: \$15,000	Individual: \$6,500 Family: \$13,000
Primary Care Visit	\$20 after deductible	\$20 copay	\$15 copay
Specialist Visit	\$20 after deductible	\$20 copay	\$15 copay
Outpatient Mental Health and Substance Abuse Visits	\$20 after deductible	\$20 copay	\$15 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care²	\$20 after deductible	\$45 copay	\$40 copay
Diagnostic Test (Lab/X-ray)	\$20 after deductible	\$35 copay	\$30 copay
Urgent Care⁶	\$40 after deductible	\$40 copay	\$30 copay
Emergency Services	\$175 after deductible	\$300 copay	\$250 copay
Hospital Inpatient (including Maternity)³	\$300 after deductible	\$500 copay	\$375 copay
Pharmacy Summary⁴	\$0/\$30/\$150/50% after deductible	\$0/\$30/\$150/50%	\$0/\$25/\$75/50%
Includes Dental and Vision Option⁵	No	Yes	Yes

* These plans are available directly from Highmark and are not available on the Pennsylvania Insurance Exchange. They do not qualify for advance premium tax credits or cost-sharing reductions.

¹ This plan has a Non-Embedded deductible. See Disclosures page for more information.

² Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to therapy services for the treatment of Mental Health or Substance Abuse.

³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁴ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁵ See page 60–62 for Adult Dental and Vision benefit details.

⁶ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.



	Income Level			
	138–149% FPL		150–199% FPL	
	Coverage Level			
	Extra Savings Silver 94% of costs covered by your plan	6% out-of- pocket costs	Extra Savings Silver 87% of costs covered by your plan	13% out-of- pocket costs
	Silver 0	Premier Silver 0	Silver 0	
Plan Availability	my Direct Blue EPO Extra Savings Silver 0 my Blue Access PPO Extra Savings Silver 0	my Direct Blue EPO Premier Extra Savings Silver 0 my Blue Access PPO Premier Extra Savings Silver 0	my Direct Blue EPO Extra Savings Silver 0 my Blue Access PPO Extra Savings Silver 0	
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	
In Network, Out-of-Pocket Maximum	Individual: \$1,200 Family: \$2,400	Individual: \$1,200 Family: \$2,400	Individual: \$2,800 Family: \$5,600	
Primary Care Visit	\$1 copay	\$0 copay	\$15 copay	
Specialist Visit	\$1 copay	\$0 copay	\$15 copay	
Outpatient Mental Health and Substance Abuse Visits	\$1 copay	\$0 copay	\$15 copay	
Speech, Physical, and Occupational Therapy and Chiropractic Care ¹	\$5 copay	\$0 copay	\$30 copay	
Diagnostic Test (Lab/X-ray)	\$5 copay	\$0 copay	\$25 copay	
Urgent Care ⁵	\$5 copay	\$5 copay	\$30 copay	
Emergency Services	\$75 copay	\$75 copay	\$275 copay	
Hospital Inpatient (including Maternity) ²	\$100 copay	\$100 copay	\$375 copay	
Pharmacy Summary ³	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%	\$0/\$10/\$50/50%	
Includes Dental and Vision Option ⁴	No	Yes	No	

	Income Level			
	150–199% FPL		200–249% FPL	
	Coverage Level			
	Extra Savings Silver 87% of costs covered by your plan	13% out-of-pocket costs	Extra Savings Silver 73% of costs covered by your plan	27% out-of-pocket costs
	Premier Silver 0		Silver 5000	Premier Silver 2100
Plan Availability	my Direct Blue EPO Premier Extra Savings Silver 0 my Blue Access PPO Premier Extra Savings Silver 0		my Direct Blue EPO Extra Savings Silver 5000 my Blue Access PPO Extra Savings Silver 5000	my Direct Blue EPO Premier Extra Savings Silver 2100 my Blue Access PPO Premier Extra Savings Silver 2100
In-Network Deductible	Individual: \$0 Family: \$0		Individual: \$5,000 Family: \$10,000	Individual: \$2,100 Family: \$4,200
In Network, Out-of-Pocket Maximum	Individual: \$3,000 Family: \$6,000		Individual: \$6,900 Family: \$13,800	Individual: \$6,600 Family: \$13,200
Primary Care Visit	\$0 copay		\$55 copay	\$75 copay
Specialist Visit	\$0 copay		\$55 copay	\$75 copay
Outpatient Mental Health and Substance Abuse Visits	\$0 copay		\$55 copay	\$75 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care¹	\$0 copay		\$55 copay	\$75 copay
Diagnostic Test (Lab/X-ray)	\$25 copay		\$75 copay	\$75 copay
Urgent Care⁵	\$10 copay		\$110 copay	\$150 copay
Emergency Services	\$300 copay		\$750 after deductible	\$750 after deductible
Hospital Inpatient (including Maternity)²	\$375 copay		\$900 after deductible	\$500 after deductible
Pharmacy Summary³	\$0/\$10/\$50/50%		\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Includes Dental and Vision Option⁴	Yes		No	Yes

¹ Limit of 30 combined physical and occupational therapy visits per benefit period.

² The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

³ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁴ See page 60–62 for Adult Dental and Vision benefit details.

⁵ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.

Coverage Level			
	Catastrophic 9100 3 Free PCP visits	Bronze 8900	Bronze 6900 HSA — Custom Drug Benefit
Plan Availability	my Blue Access Major Events PPO 9100	my Blue Access PPO Bronze 8900	my Blue Access PPO Bronze 6900 HSA – Custom Drug Benefit
In-Network Deductible	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800
In-Network, Out-of-Pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$8,900 Family: \$17,800	Individual: \$6,900 Family: \$13,800
Primary Care Visit	\$0 after deductible; first 3 visits \$0 (not subject to deductible)	\$0 after deductible	\$0 after deductible
Specialist Visit	\$0 after deductible	\$0 after deductible	\$0 after deductible
Outpatient Mental Health and Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$0 after deductible
Speech, Physical, and Occupational Therapy and Chiropractic Care ²	\$0 after deductible	\$0 after deductible	\$0 after deductible
Diagnostic Test (Lab/X-ray)	\$0 after deductible	\$0 after deductible	\$0 after deductible
Urgent Care ⁶	\$0 after deductible	\$0 after deductible	\$0 after deductible
Emergency Services	\$0 after deductible	\$0 after deductible	\$0 after deductible
Hospital Inpatient (including Maternity) ³	\$0 after deductible	\$0 after deductible	\$0 after deductible
Pharmacy Summary ⁴	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible
Includes Dental and Vision Option ⁵	No	No	No

Coverage Level

Bronze 3800

Silver 5900

Silver 3500*

**Premier
Silver 2900**

Plan Availability	my Blue Access PPO Bronze 3800	my Blue Access PPO Silver 5900	my Blue Access PPO Silver 3500*	my Blue Access PPO Premier Silver 2900
In-Network Deductible	Individual: \$3,800 Family: \$7,600	Individual: \$5,900 Family: \$11,800	Individual: \$3,500 Family: \$7,000	Individual: \$2,900 Family: \$5,800
In-Network, Out-of-Pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200	Individual: \$7,800 Family: \$15,600
Primary Care Visit	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Specialist Visit	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Outpatient Mental Health and Substance Abuse Visits	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care²	\$65 copay	\$55 copay	\$40 copay	\$75 copay
Diagnostic Test (Lab/X-ray)	Lab: \$65 copay X-ray: \$150 copay	\$75 copay	\$75 copay	\$75 copay
Urgent Care⁶	\$100 copay	\$110 copay	\$80 copay	\$150 copay
Emergency Services	50% after deductible	\$750 after deductible	30% after deductible	\$750 after deductible
Hospital Inpatient (including Maternity)³	50% after deductible	\$900 after deductible	30% after deductible	\$500 after deductible
Pharmacy Summary⁴	50%/50%/50%/50% after deductible	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Includes Dental and Vision Option⁵	Yes	No	Yes	Yes

* These plans are available directly from Highmark and are not available on the Pennsylvania Insurance Exchange. They do not qualify for advance premium tax credits or cost-sharing reductions.

** Note: you must reside in one of the following ZIP codes in Centre county to enroll in one of these plans: 16677, 16686, 16829, 16845, 16859, 16866, 16874.

¹ This plan has a Non-Embedded deductible. See Disclosures page for more information.

² Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to therapy services for the treatment of Mental Health or Substance Abuse.

³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁴ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁵ See page 60–62 for Adult Dental and Vision benefit details.

⁶ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.

	Coverage Level		
	Gold 1700 HSA ¹	Gold 0	Premier Gold 0
Plan Availability	my Blue Access PPO Gold 1700 HSA ¹	my Blue Access PPO Gold 0	my Blue Access PPO Premier Gold 0
In-Network Deductible	Individual: \$1,700 Family: \$3,400	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network, Out-of-Pocket Maximum	Individual: \$5,700 Family: \$11,400	Individual: \$7,500 Family: \$15,000	Individual: \$6,500 Family: \$13,000
Primary Care Visit	\$20 after deductible	\$20 copay	\$15 copay
Specialist Visit	\$20 after deductible	\$20 copay	\$15 copay
Outpatient Mental Health and Substance Abuse Visits	\$20 after deductible	\$20 copay	\$15 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care²	\$20 after deductible	\$45 copay	\$40 copay
Diagnostic Test (Lab/X-ray)	\$20 after deductible	\$35 copay	\$30 copay
Urgent Care⁶	\$40 after deductible	\$40 copay	\$30 copay
Emergency Services	\$175 after deductible	\$300 copay	\$250 copay
Hospital Inpatient (including Maternity)³	\$300 after deductible	\$500 copay	\$375 copay
Pharmacy Summary⁴	\$0/\$30/\$150/50% after deductible	\$0/\$30/\$150/50%	\$0/\$25/\$75/50%
Includes Dental and Vision Option⁵	No	Yes	Yes

* These plans are available directly from Highmark and are not available on the Pennsylvania Insurance Exchange. They do not qualify for advance premium tax credits or cost-sharing reductions.

** Note: you must reside in one of the following ZIP codes in Centre county to enroll in one of these plans: 16677, 16686, 16829, 16845, 16859, 16866, 16874.

¹ This plan has a Non-Embedded deductible. See Disclosures page for more information.

² Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to therapy services for the treatment of Mental Health or Substance Abuse.

³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁴ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁵ See page 60–62 for Adult Dental and Vision benefit details.

⁶ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.



	Income Level					
	138–149% FPL		150–199% FPL			
	Coverage Level					
	Extra Savings Silver 94% of costs covered by your plan		6% out-of- pocket costs	Extra Savings Silver 87% of costs covered by your plan	13% out-of- pocket costs	
	Silver 0		Premier Silver 0		Silver 0	
Plan Availability	my Blue Access PPO Extra Savings Silver 0		my Blue Access PPO Premier Extra Savings Silver 0		my Blue Access PPO Extra Savings Silver 0	
In-Network Deductible	Individual: \$0 Family: \$0		Individual: \$0 Family: \$0		Individual: \$0 Family: \$0	
In-Network, Out-of-Pocket Maximum	Individual: \$1,200 Family: \$2,400		Individual: \$1,200 Family: \$2,400		Individual: \$2,800 Family: \$5,600	
Primary Care Visit	\$1 copay		\$0 copay		\$15 copay	
Specialist Visit	\$1 copay		\$0 copay		\$15 copay	
Outpatient Mental Health and Substance Abuse Visits	\$1 copay		\$0 copay		\$15 copay	
Speech, Physical, and Occupational Therapy and Chiropractic Care ¹	\$5 copay		\$0 copay		\$30 copay	
Diagnostic Test (Lab/X-ray)	\$5 copay		\$0 copay		\$25 copay	
Urgent Care ⁵	\$5 copay		\$5 copay		\$30 copay	
Emergency Services	\$75 copay		\$75 copay		\$275 copay	
Hospital Inpatient (including Maternity) ²	\$100 copay		\$100 copay		\$375 copay	
Pharmacy Summary ³	\$0/\$5/\$15/50%		\$0/\$5/\$15/50%		\$0/\$10/\$50/50%	
Includes Dental and Vision Option ⁴	No		Yes		No	

	Income Level			
	150–199% FPL		200–249% FPL	
	Coverage Level			
	Extra Savings Silver 87% of costs covered by your plan	13% out-of- pocket costs	Extra Savings Silver 73% of costs covered by your plan	27% out-of- pocket costs
	Premier Silver 0		Silver 5000	Premier Silver 2100
Plan Availability	my Blue Access PPO Premier Extra Savings Silver 0		my Blue Access PPO Extra Savings Silver 5000	my Blue Access PPO Premier Extra Savings Silver 2100
In-Network Deductible	Individual: \$0 Family: \$0		Individual: \$5,000 Family: \$10,000	Individual: \$2,100 Family: \$4,200
In-Network, Out-of-Pocket Maximum	Individual: \$3,000 Family: \$6,000		Individual: \$6,900 Family: \$13,800	Individual: \$6,600 Family: \$13,200
Primary Care Visit	\$0 copay		\$55 copay	\$75 copay
Specialist Visit	\$0 copay		\$55 copay	\$75 copay
Outpatient Mental Health and Substance Abuse Visits	\$0 copay		\$55 copay	\$75 copay
Speech, Physical, and Occupational Therapy and Chiropractic Care ¹	\$0 copay		\$55 copay	\$75 copay
Diagnostic Test (Lab/X-ray)	\$25 copay		\$75 copay	\$75 copay
Urgent Care ⁵	\$10 copay		\$110 copay	\$150 copay
Emergency Services	\$300 copay		\$750 after deductible	\$750 after deductible
Hospital Inpatient (including Maternity) ²	\$375 copay		\$900 after deductible	\$500 after deductible
Pharmacy Summary ³	\$0/\$10/\$50/50%		\$0/\$30/\$150/50%	\$0/\$30/\$150/50%
Includes Dental and Vision Option ⁴	Yes		No	Yes

** Note: you must reside in one of the following ZIP codes in Centre county to enroll in one of these plans: 16677, 16686, 16829, 16845, 16859, 16866, 16874.

¹ Limit of 30 combined physical and occupational therapy visits per benefit period.

² The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

³ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁴ See page 60–62 for Adult Dental and Vision benefit details.

⁵ The copayment, if any, does not apply to urgent care services prescribed for the treatment of Mental Health or Substance Abuse.

For all plans with Adult Dental and Vision — these are your vision benefits.

In-network

Vision Benefits	Frequency - Once every:
Eye Examination (including dilation when professionally indicated)	12 months
Spectacle Lenses	12 months
Frame	12 months
Contact Lenses (in lieu of eyeglass lenses)	12 months

Copayments

Eye Examination	\$0
Spectacle Lenses	\$0
Contact Lens Evaluation, Fitting, and Follow-Up Care	n/a

Eyeglass Benefit - Frame		Average Retail Value	
Non-Collection Frame Allowance (Retail):		Up to \$130	Up to \$150
Davis Vision Frame Collection ¹ (in lieu of Allowance):	Fashion level	Up to \$125	Included
	Designer level	Up to \$175	\$20 copayment
	Premier level	Up to \$225	\$40 copayment

Eyeglass Benefit - Spectacle Lenses		Average Retail Value	Member Charges
Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any Rx)		\$60-\$120	Included
Oversize Lenses		\$20	Included
Tinting of Plastic Lenses		\$20	\$11
Scratch-Resistant Coating		\$25-\$40	Included
Scratch Protection Plan Single Vision		\$60-\$120	\$20
Scratch Protection Plan Multifocal		\$60-\$120	\$40
Polycarbonate Lenses ²		\$60-\$75	\$0 or \$30
Ultraviolet Coating		\$25-\$30	\$12
Standard Anti-Reflective (AR) Coating		\$50-\$70	\$35
Premium AR Coating		\$65-\$90	\$48
Ultra AR Coating		\$100-\$125	\$60
Standard Progressive Lenses		\$150-\$195	\$50
Premium Progressives (Varilux®, etc.)		\$195-\$225	\$90
Ultra Progressive Lenses		\$225-\$300	\$140
Intermediate-Vision Lenses		\$150-\$175	\$30
High-Index Lenses		\$90-\$150	\$55
Polarized Lenses		\$95-\$110	\$75
Plastic Photosensitive Lenses		\$95-\$150	\$65

Contact Lens Benefit (in lieu of eyeglasses)		
Non-Collection Contact Lenses: Materials Allowance:		Up to \$150
Collection Contact Lenses ¹ (in lieu of Allowance): Materials	Disposable	Covered In Full
	Planned Replacement	Covered In Full
	Evaluation, Fitting, and Follow-Up Care	Included
Medically Necessary Contact Lenses (with prior approval)	Materials, Evaluation, Fitting, and Follow-Up Care	Included

¹ Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

² Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

One-year eyeglass breakage warranty included.

Adult 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.

To find a provider in the Davis Vision Network, visit highmarkbcbs.com and select the **Find a Doctor or Pharmacy** tab.

For all plans with Adult Dental and Vision — these are your dental benefits.

Dental Benefits			
Annual Deductible Per Insured Person		\$50 Per Calendar Year	
Annual Deductible Per Insured Family		\$150 Per Calendar Year	
Annual Maximum Per Insured Person		\$1,250	
Covered Services:	Policy Pays		Elimination Period
	In Network	Out of Network	
Oral Evaluations (Exams)	100%	0%	None
Radiographs (All X-Rays)	100%	0%	None
Prophylaxis (Cleanings)	100%	0%	None
Palliative Treatment (Emergency)	100%	0%	None
Sealants	100%	0%	None
Space Maintainers	100%	0%	None
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures, and Dentures	80%	0%	6 Months
Basic Restorative (Fillings, etc.)	80%	0%	None
Simple Extractions	80%	0%	6 Months
Surgical Extractions	50%	0%	6 Months
Complex Oral Surgery	50%	0%	6 Months
Endodontics (Root canals, etc.)	50%	0%	6 Months
General Anesthesia and/or Nitrous Oxide and/or IV Sedation	80%	0%	6 Months
Nonsurgical Periodontics	50%	0%	6 Months
Periodontal Maintenance	50%	0%	None
Surgical Periodontics	50%	0%	6 Months
Crowns, Inlays, Onlays	50%	0%	6 Months
Prosthetics (Fixed Partial Dentures, Dentures)	50%	0%	6 Months
Adjustments and Repairs of Prosthetics	80%	0%	None
Implant Services	0%	0%	None
Consultations	100%	0%	None
Orthodontics	0%	0%	None

The percentage in the Policy Pays column is the percentage of the set amount that the Policy will pay for Covered Services provided by a Participating Dentist. Participating Dentists accept the plan allowance as payment in full.

Adult Dental benefits utilize the Concordia Advantage 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.

To find a dental provider in the Advantage Network, visit highmarkbcbs.com and select the **Find a Doctor or Pharmacy** tab.

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. It gives Blue Plan members access to in-network coverage while outside their plan area. The level of coverage depends on your chosen plan.

COINSURANCE

The percentage of total cost of care you may owe for certain covered services after reaching your deductible. For example, if your plan pays 80%, you pay 20%.

COPAY

The set amount you pay for certain covered services, could be \$20 for a doctor visit or \$30 for a specialist visit. If you owe a copay, you must pay it when you check in for your visit.

DEDUCTIBLE

The set amount you pay for covered health services or drug costs before your plan starts paying.

EMERGENCY SERVICES

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

FORMULARY

A list of drugs selected by the plan based on certain clinical factors. The list of medicines is sorted by tier. Lower tiers usually mean lower copays.

HABILITATIVE SERVICES

Health care services that help you keep, acquire, or improve skills and functioning for daily living following disease, illness, or injury.

HEALTH SAVINGS ACCOUNT (HSA)

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

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A plan that usually comes with a lower premium because you pay more for health care services up front before the insurance company starts to pay. These plans are often combined with a health savings account.

IN-NETWORK PROVIDER

A doctor or hospital that has an agreement with the plan and will accept plan allowance plus member copay or coinsurance as payment in full.

OUT-OF-NETWORK PROVIDER

A doctor or hospital that does not have an agreement with the plan and does not have to accept plan allowance as payment in full.

OUT-OF-POCKET MAXIMUM

The most you'd pay for covered care in a benefit period or year. If you reach this amount, your plan pays 100% after that.

PLAN ALLOWANCE

The set amount an in-network provider has agreed to accept for a covered health care service. Member responsibility for the service can be found in the Outline of Coverage. The plan pays the difference between the plan allowance and the member responsibility. If an out-of-network provider bills for more than the plan allowance, you may have to pay the difference. If your plan does not include out-of-network coverage and you receive care, other than emergency or urgent care, you may be responsible for the entire cost.

PREMIUM

The monthly amount paid for coverage.

PREVENTIVE CARE SERVICES

Routine care like screenings and checkups that help keep you healthy. Refer to the Highmark Preventive Schedule for the list of preventive care services.

PRIMARY CARE PROVIDER (PCP)

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

QUALIFIED HEALTH PLAN (QHP)

A plan that has been certified by the Health Insurance Marketplace and 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.

URGENT CARE CENTER

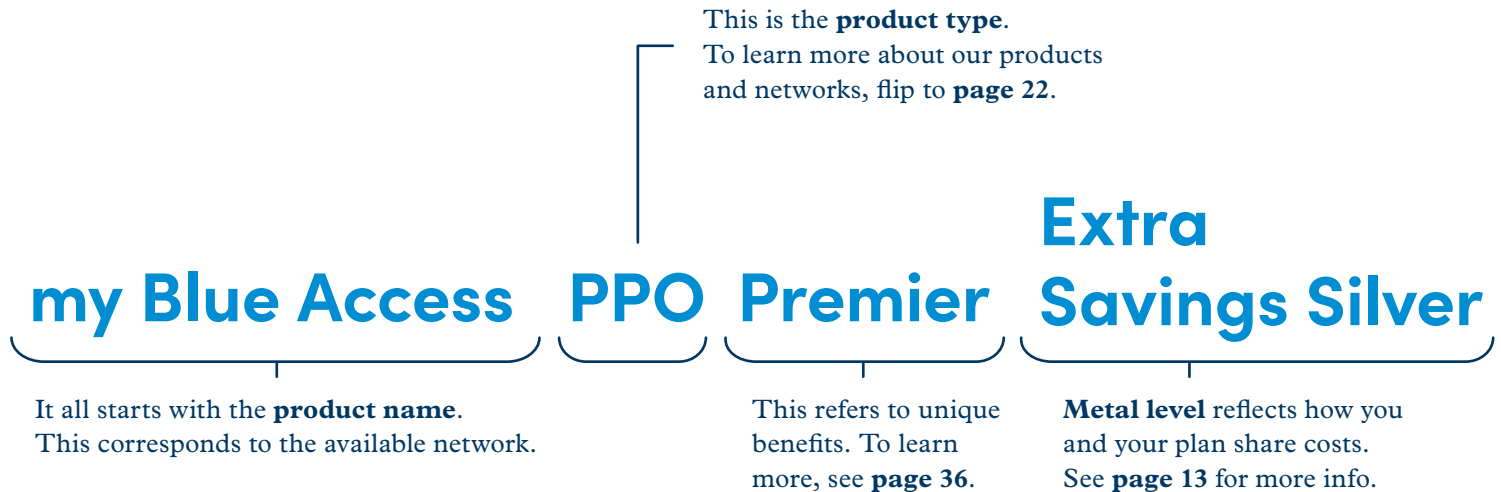
A walk-in center for when you have a condition that's serious enough to need care right away, but not serious enough for a trip to the emergency room.

VIRTUAL VISIT

A real-time office visit with a doctor at a remote location, conducted via interactive audio and streaming video telecommunications.

It's all in the name.

Here's a quick glance at how our plan names are built and what each part means for you.



0 + Adult Dental and Vision

The plan's **deductible amount** will always follow the metal level.

This section refers to **additional benefits** included with the plan.

You might see **HSA** or **Custom Drug Benefit** in a plan name too.



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

HIGHMARK DISCLOSURES

Important Benefit Details

Non-Embedded Family Deductible: For an agreement covering more than one (1) family member, the family deductible must be satisfied before the plan will begin to pay benefits for covered services for any covered family member. When the family deductible has been satisfied, the family deductible will be considered to have been satisfied for all family members, the plan will begin to pay benefits for covered services for all covered family members for the remainder of the benefit period (January 1, 2023– December 31, 2023). The family deductible can be met by one family member or a combination of members.

Aggregate/Embedded Family Deductible Plans: For an Agreement covering more than one (1) family member, as each Member satisfies their individual Deductible, the Plan will begin to pay benefits for Covered Services for that Member for the remainder of the Benefit Period (January 1, 2023– December 31, 2023), whether or not the entire family Deductible has been satisfied. When the family Deductible has been satisfied, the family Deductible will be considered to have been satisfied for all remaining covered family members. Not every individual member must meet the individual deductible for the family deductible to be met and no individual member may satisfy the entire family Deductible.

Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, 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 and national criteria for BDC and BDC+ 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 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.

You are responsible for out-of-pocket costs each benefit period (January 1, 2023– December 31, 2023) up to the maximum amount shown. Thereafter, the plan pays 100% of the Plan Allowance. During the remainder of the benefit period. This amount does not include amounts in excess of the plan allowance.

Diagnostic Lab services include Laboratory and Pathology. Diagnostic Lab services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service.

Basic Diagnostic Services include Diagnostic X-ray, diagnostic medical and allergy testing. Basic diagnostic services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service. The copayment, if any, does not apply to diagnostic services prescribed for the treatment of Mental Health or Substance Abuse.

Advanced Imaging services include, but are not limited to, CAT scan, CTA, MRI, MRA, PET scan, and PET/CT Scan. Advanced Imaging services require one copay

(or, for some plans, coinsurance after deductible) per date of service and type of service. The copayment, if any, does not apply to diagnostic services prescribed for the treatment of Mental Health or Substance Abuse.

Pediatric vision benefits utilize the Davis Vision Network. Pediatric dental benefits utilize United Concordia's Advantage Network.

Essential Formulary prescription drug cost covers a 90-day (Mail Order) or 31-day (Retail) supply. All plans have a four-tier closed formulary prescription drug structure.

Qualified High Deductible Health Plans may be coupled with a Health Savings Account (HSA). However, certain cost-sharing reductions (CSR) or plan variations of this plan that are offered through the Health Insurance Marketplace are not intended to be used with an HSA. If you have questions, please check with your financial advisor.

BlueCard coverage is available for emergency or urgent care for all plans when you are away from home. Routine care is also covered for some plans. Consult your plan documents for additional information.

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

Highmark Blue Cross Blue Shield is a Qualified Health Plan insurer in the Pennsylvania Insurance Exchange.

If you purchase coverage through an agent or broker, that individual may receive a commission. Bonus or incentive compensation may also apply. For more details visit highmark.com and enter your ZIP code. Select Plans followed by Shop Individual and Family Plans. Scroll to the bottom of the page and look for Highmark Individual Market Broker Compensation.

Please note that information regarding the Patient Protection and Affordable Care Act of 2010 (a.k.a. "PPACA", "Affordable Care Act", "ACA", and/or "Health Care Reform"), as amended, and/or any other law, does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws. This information is intended to provide general information only and does not attempt to give you advice that relates to your specific circumstances. The information regarding any health plan will be subject to the terms of the applicable health plan benefit agreement. Any review of materials, request for information, or application does not obligate you to enroll for coverage. Please request the Outline of Coverage for details on benefits, conditions, and exclusions. Providing your information is voluntary.

To find more information about Highmark's benefits and operating procedures, such as accessing the drug formulary or using network providers, visit our website. Go to highmark.com and enter your ZIP code. Select Plans followed by Shop Individual and Family Plans. Scroll to the blue bar at bottom of the page. Look for Be Informed and select Quality Assurance. For a paper copy, call 1-855-873-4108 (TTY/TDD 711).

BlueCard is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Blue Distinction is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

You should confirm the network status of a provider prior to receiving services. You can call My Care Navigator at 1-888-Blue-428 to confirm if a doctor or facility will be in network in 2021.

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

Sharecare, RealAge Test and AskMD are registered trademarks of Sharecare, LLC., an independent and separate company that provides a consumer care engagement platform for Highmark members. 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.

My Care Navigator is a service mark of Highmark Inc.

TruHearing is a separate company that provides hearing aid devices and services that TruHearing is providing to Highmark or Highmark members.

Papa is a separate company that provides companionship and assistance with everyday tasks to Highmark members.

All references to "Highmark" in this communication are references to Highmark Inc., an independent licensee of the Blue Cross Blue Shield Association, and/or to one or more of its affiliated Blue companies.

Insurance or benefit administration may be provided by or through Highmark Blue Cross Blue Shield or Highmark Coverage Advantage, both of which are independent licensees of the Blue Cross Blue Shield Association.

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 serbisyonang 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 المعونة 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

Plan details that work for me: _____

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Notes

Other important things: _____

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Highmark, a member of the Blue Cross Blue Shield Association,^{*} has been providing secure and stable health care coverage for over 80 years. With 1 in 3 Americans covered by a Blue Cross and/or Blue Shield plan, when you're with Highmark, you're in good company.

^{*} The Blue Cross Blue Shield Association is an association of independent Blue Cross Blue Shield plans.

Ready to (en)roll?

Cool. Here's how to do it:

- By phone: 1-833-796-0888
- Online: [Highmark.com](https://www.Highmark.com)
- By contacting your agent or broker
- At a Highmark Direct store near you

The Pointe at North Fayette
218 Summit Park Drive
North Fayette, PA 15275
412-912-1264

**McKnight Siebert
Shopping Center**
4885 McKnight Road
Pittsburgh, PA 15237
412-228-0451

Norman Centre II
1775 North Highland Road
Pittsburgh, PA 15241
724-218-3726

Kingswood Plaza
5753 Peach Street
Erie, PA 16509
814-960-7154

4008 William Penn Highway
Monroeville, PA 15146
412-516-9065

**To schedule an appointment at a
Highmark Direct store near you, visit
[HighmarkDirectAppointments.com](https://www.HighmarkDirectAppointments.com).**



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