

HIGHMARK BLUE CROSS BLUE SHIELD
WESTERN PENNSYLVANIA REGION

Plans that work
as hard for your
business as you do.



For small groups with 50
or fewer employees

EFFECTIVE JANUARY 1, 2024



Because Life.™

Highmark has a plan that's right for your business.

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Contact your broker or Highmark small group representative to get started.

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

Your employees want more from their health care.

Give your employees benefits that make them want to stick around.

Turn the page for network options, plan descriptions, and extra resources that come with our coverage.

PPO Blue

PPO Blue (Broad network plan)

Plan highlights:

- Comprehensive in-network access nationwide.
- Nationwide access to 1.8 million providers, including 97% of all hospitals, through the BlueCard® program.*
- Out-of-network coverage at a higher cost share.
- Included in this network are the facility listings in your area to the right, with access to BlueCard, which extends coverage across the nation. (Remember that out-of-network providers do not participate and may cost more.)

Product Availability



Network Listing

ALLEGHENY

- 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
- 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
- PAM Health Specialty Hospital of Pittsburgh
- UPMC Children’s Hospital of Pittsburgh
- UPMC East
- UPMC Magee-Womens Hospital
- UPMC McKeesport
- UPMC Mercy
- UPMC Passavant — McCandless
- UPMC Presbyterian
- UPMC Shadyside
- UPMC St. Margaret
- UPMC Western Psychiatric Hospital

ARMSTRONG

- Armstrong County Memorial Hospital

BEAVER

- Heritage Valley Beaver
- PAM Health Specialty Hospital at Heritage Valley

BEDFORD

- UPMC Bedford Memorial

BLAIR

- Conemaugh Nason Medical Center
- Penn Highlands Tyrone
- UPMC Altoona

BUTLER

- BHS Butler Memorial Hospital
- UPMC Passavant — Cranberry

CAMBRIA

- Conemaugh Memorial Medical Center
- Conemaugh Memorial Medical Center — Lee Campus
- Conemaugh Miners Medical Center
- Select Specialty Hospital — Johnstown

CLARION

- BHS Clarion Hospital

CLEARFIELD

- Penn Highlands Clearfield
- Penn Highlands DuBois

CRAWFORD

- Meadville Medical Center
- Titusville Area Hospital

ELK

- Penn Highlands Elk

ERIE

- AHN Saint Vincent Hospital
- LECOM Health — Corry Memorial Hospital
- LECOM Health — Millcreek Community Hospital
- Select Specialty Hospital — Erie
- UPMC Hamot

FAYETTE

- Penn Highlands Connellsville

GREENE

- Washington Health System Greene

HUNTINGDON

- Penn Highlands Huntingdon

INDIANA

- Indiana Regional Medical Center

JEFFERSON

- Penn Highlands Brookville
- Punxsutawney Area Hospital

LAWRENCE

- Lawrence County Surgery Center of Edgewood Surgical Hospital
- UPMC Jameson

MCKEAN

- Bradford Regional Medical Center
- UPMC Kane

MERCER

- AHN Grove City
- Edgewood Surgical Hospital
- Sharon Regional Medical Center
- UPMC Horizon — Greenville
- UPMC Horizon — Shenango Valley

POTTER

- UPMC Cole

SOMERSET

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

VENANGO

- UPMC Northwest

WARREN

- Warren General Hospital

WASHINGTON

- AHN Canonsburg Hospital
- Advanced Surgical Hospital
- Penn Highlands Mon Valley
- Washington Hospital

WESTMORELAND

- AHN Hempfield Neighborhood Hospital
- Excelsa Health Frick Hospital
- Excelsa Health Latrobe Hospital
- Excelsa Health Westmoreland Hospital
- Select Specialty Hospital — Laurel Highlands

NEW YORK

- AHN Westfield Memorial Hospital
- Olean General Hospital

OUT-OF-AREA

- Local Blue Cross and/or Blue Shield (BlueCard) providers outside of Pennsylvania

* According to the Blue Cross Blue Shield Association, an association of Blue Cross and Blue Shield plans.

Provider list as of June 2023. 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 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.*

HIGHMARK COVERAGE ADVANTAGE†

2024 PPO Blue Plans*

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, Warren, Washington, Westmoreland, and Venango counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS)¹		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT²	URGENT CARE	OUTPATIENT SURGERY**	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY)	BASIC DIAGNOSTICS (IMAGING/X-RAY)	ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE)³,⁴	
		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	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	PPO Blue \$0 100/80 Platinum	\$0	\$500	100%	80%	\$4,000	\$8,000	\$20	\$35	\$40	\$0	\$0	\$150	\$35	\$35	\$75	\$3/\$10/\$50/\$85/20%/30%	
Gold	PPO Blue \$0 100/80 Gold	\$0	\$500	100%	80%	\$9,100	\$18,200	\$35	\$75	\$85	\$75	\$250	\$405	\$70	\$70	\$360	\$3/\$20/\$60/\$90/20%/30%	
Gold	PPO Blue \$500 100/80 Gold	\$500	\$1,000	100%	80%	\$8,550	\$17,100	\$30	\$60	\$75	\$100 after ded.	\$0 after ded.	\$300	\$60	\$60	\$300	\$3/\$15/\$55/\$90/20%/30%	
Gold	PPO Blue \$1000 100/80 Gold	\$1,000	\$2,000	100%	80%	\$9,100	\$18,200	\$30	\$60	\$75	\$0 after ded.	\$0 after ded.	\$300	\$60	\$60	\$300	\$3/\$30/\$60/\$90/20%/30%	
Gold	PPO Blue \$1000 80/60 Gold	\$1,000	\$2,000	80%	60%	\$6,900	\$13,800	\$60	\$80	\$90	20% after ded.	20% after ded.	\$350	\$80 after ded.	\$80 after ded.	\$350 after ded.	\$3/\$15/\$55/\$90/20%/30%	
Gold	PPO Blue \$1400 100/80 Gold	\$1,400	\$2,800	100%	80%	\$7,900	\$15,800	\$45	\$75	\$85	\$0 after ded.	\$0 after ded.	\$250	\$75 after ded.	\$75 after ded.	\$325 after ded.	\$3/\$15/\$55/\$90/20%/30%	
Gold	PPO Blue Qualified \$1600 100/80 Gold	\$1,600	\$3,200	100%	80%	\$3,750	\$7,500	\$15 after ded.	\$40 after ded.	\$55 after ded.	\$25 after ded.	\$0 after ded.	\$200 after ded.	\$40 after ded.	\$40 after ded.	\$200 after ded.	\$3/\$10/\$50/\$85/20%/30% after ded.	
Gold	PPO Blue \$2000 100/80 Gold	\$2,000	\$4,000	100%	80%	\$7,900	\$15,800	\$30	\$60	\$75	\$0 after ded.	\$0 after ded.	\$300	\$60	\$60	\$300	\$3/\$15/\$55/\$90/20%/30%	
Gold	PPO Blue \$2000 90/70 Gold	\$2,000	\$4,000	90%	70%	\$7,900	\$15,800	\$45	\$65	\$75	10% after ded.	10% after ded.	\$250	\$65	\$65	\$250	\$3/\$15/\$55/\$90/20%/30%	
Gold	PPO Blue \$2500 100/80 Gold	\$2,500	\$5,000	100%	80%	\$7,900	\$15,800	\$45	\$65	\$75	\$0 after ded.	\$0 after ded.	\$250	\$65	\$65	\$250	\$3/\$15/\$55/\$90/20%/30%	
Gold	PPO Blue Qualified Embedded \$3200 100/80 Gold	\$3,200	\$6,400	100%	80%	\$5,200	\$10,400	\$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.	\$3/\$15/\$55/\$90/20%/30% after ded.	
Silver	PPO Blue \$0 100/80 Silver	\$0	\$1,000	100%	80%	\$9,450	\$18,900	\$60	\$80	\$90	\$200	\$500	\$650	\$75	\$150	\$500	\$3/\$40/\$80/\$125/20%/30%	
Silver	PPO Blue Qualified Embedded \$4800 100/100 Silver	\$4,800	\$9,600	100%	100%	\$5,400	\$10,800	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$35 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	

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* Keystone Health Plan West Managed Care Facility Network and Keystone Health Plan West Managed Care Professional Network.

** Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting.

Please refer to page 14 for footnotes.

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

Performance Blue PPO

Performance Blue PPO (High-performing network plan)

Plan highlights:

- Performance-driven network that delivers high-quality, cost-effective care. It includes more than 9,800 primary care providers and specialists and 50 community hospitals in western Pennsylvania alone.
- Nationwide access to 1.8 million providers, including 97% of all hospitals, through the BlueCard program.*
- Out-of-network coverage at a higher cost share.
- Included in this network are the facility listings in your area to the right, with access to BlueCard, which extends coverage across the nation. (Remember that out-of-network providers do not participate and may cost more.)

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HIGHMARK BLUE CROSS BLUE SHIELD†

2024 Performance Blue PPO Plans*

Allegheny, Armstrong, Beaver, Blair, Butler, Cambria, Cameron, Crawford, Elk, Erie, Fayette, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Warren, Washington, and Westmoreland counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS)†		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT‡	URGENT CARE	OUTPATIENT SURGERY**	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY)	BASIC DIAGNOSTICS (IMAGING/X-RAY)	ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE)³, ⁴	
		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	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/STANDARD GENERIC/NON-FORMULARY/SPECIALTY FORMULARY/SPECIALTY NON-FORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS												
Platinum	Performance Blue PPO \$0 100/80 Platinum	\$0	\$1,500	100%	80%	\$6,500	\$13,000	\$10	\$20	\$40	\$20	\$0	\$150	\$20	\$20	\$50	\$3/\$10/\$50/\$85/20%/30%	
Platinum	Performance Blue PPO \$250 100/80 Platinum	\$250	\$2,250	100%	80%	\$4,000	\$8,000	\$10	\$20	\$40	\$0 after ded.	\$0 after ded.	\$150	\$20	\$20	\$40	\$3/\$10/\$50/\$85/20%/30%	
Gold	Performance Blue PPO \$0 100/80 Gold	\$0	\$15,000	100%	80%	\$8,700	\$26,100	\$30	\$70	\$75	\$100	\$500	\$350	\$70	\$70	\$350	\$3/\$20/\$60/\$90/20%/30%	
Gold	Performance Blue PPO \$250 100/80 Gold	\$250	\$2,250	100%	80%	\$7,900	\$23,700	\$30	\$65	\$75	\$100 after ded.	\$0 after ded.	\$350	\$60	\$60	\$300	\$3/\$20/\$60/\$90/20%/30%	
Gold	Performance Blue PPO \$500 100/80 Gold	\$500	\$4,500	100%	80%	\$7,900	\$23,700	\$25	\$55	\$70	\$100 after ded.	\$0 after ded.	\$325	\$55	\$55	\$275	\$3/\$20/\$60/\$90/20%/30%	
Gold	Performance Blue PPO \$750 100/80 Gold	\$750	\$4,500	100%	80%	\$7,900	\$23,700	\$25	\$55	\$70	\$100 after ded.	\$0 after ded.	\$225	\$55	\$55	\$225	\$3/\$15/\$55/\$90/20%/30%	
Gold	Performance Blue PPO \$1000 100/80 Gold	\$1,000	\$6,000	100%	80%	\$7,900	\$23,700	\$25	\$55	\$70	\$100 after ded.	\$0 after ded.	\$225	\$55	\$55	\$225	\$3/\$15/\$55/\$90/20%/30%	
Gold	Performance Blue PPO \$1000 90/70 Gold	\$1,000	\$12,000	90%	70%	\$7,900	\$23,700	\$45	\$75 after ded.	\$100	10% after ded.	10% after ded.	\$300	\$75	\$75	\$350 after ded.	\$3/\$15/\$55/\$90/20%/30%	
Gold	Performance Blue PPO \$1250 100/80 Gold	\$1,250	\$7,500	100%	80%	\$9,100	\$27,300	\$25	\$55	\$70	\$25 after ded.	\$0 after ded.	\$225	\$55	\$55	\$225	\$3/\$30/\$60/\$90/20%/30%	
Gold	Performance Blue PPO \$1400 100/80 Gold	\$1,400	\$15,000	100%	80%	\$7,900	\$23,700	\$40	\$70	\$85	\$0 after ded.	\$0 after ded.	\$300	\$70	\$70	\$350	\$3/\$15/\$55/\$90/20%/30%	
Gold	Performance Blue PPO \$1500 100/80 Gold	\$1,500	\$9,000	100%	80%	\$9,100	\$27,300	\$25	\$55	\$70	\$25 after ded.	\$0 after ded.	\$225	\$55	\$55	\$225	\$3/\$20/\$60/\$90/20%/30%	
Gold	Performance Blue PPO \$1550 100/80 Gold	\$1,550	\$3,100	100%	80%	\$9,100	\$27,300	\$10	\$30	\$40	\$60 after ded.	\$250 after ded.	\$300 after ded.	\$40 after ded.	\$40 after ded.	\$175 after ded.	\$3/\$30/\$60/\$90/20%/30%	
Gold	Performance Blue PPO Qualified \$1600 100/80 Gold	\$1,600	\$4,800	100%	80%	\$4,500	\$13,500	\$15 after ded.	\$25 after ded.	\$40 after ded.	\$40 after ded.	\$0 after ded.	\$200 after ded.	\$30 after ded.	\$30 after ded.	\$100 after ded.	\$3/\$10/\$50/\$85/20%/30% after ded.	
Gold	Performance Blue PPO \$1750 90/70 Gold	\$1,750	\$15,700	90%	70%	\$7,900	\$23,700	\$35	\$60	\$75	10% after ded.	10% after ded.	\$250	\$60	\$60	\$200	\$3/\$15/\$55/\$90/20%/30%	

† Plans may be offered by Highmark Blue Cross Blue Shield and/or Highmark Coverage Advantage.
 * Performance Blue Network.
 ** Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting.
 Please refer to page 14 for footnotes.
 To view the full benefit grid, click on the product name above or contact your local broker.

Continued on next page...

HIGHMARK BLUE CROSS BLUE SHIELD†

2024 Performance Blue PPO Plans*

Allegheny, Armstrong, Beaver, Blair, Butler, Cambria, Cameron, Crawford, Elk, Erie, Fayette, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Warren, Washington, and Westmoreland counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS)¹		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT²	URGENT CARE	OUTPATIENT SURGERY**	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY)	BASIC DIAGNOSTICS (IMAGING/X-RAY)	ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE)³,⁴	
		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	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	Performance Blue PPO \$2000 100/80 Gold	\$2,000	\$9,000	100%	80%	\$9,100	\$27,300	\$25	\$55	\$70	\$0 after ded.	\$0 after ded.	\$225	\$55	\$55	\$225	\$3/\$20/\$60/\$90/20%/30%	
Gold	Performance Blue PPO \$2000 90/70 Gold	\$2,000	\$18,000	90%	70%	\$7,900	\$23,700	\$35	\$60	\$75	10% after ded.	10% after ded.	\$250	\$60	\$60	\$200	\$3/\$15/\$55/\$90/20%/30%	
Gold	Performance Blue PPO \$2500 1x 100/80 Gold	\$2,500	\$5,000	100%	80%	\$8,550	\$25,650	\$15	\$35	\$40	\$0 after ded.	\$300 after ded.	\$300 after ded.	\$35 after ded.	\$35 after ded.	\$150 after ded.	\$3/\$20/\$60/\$90/20%/30%	
Gold	Performance Blue PPO \$4500 100/80 Gold	\$4,500	\$9,000	100%	80%	\$7,700	\$23,100	\$10	\$40	\$45	\$0 after ded.	\$100 after ded.	\$100 after ded.	\$40 after ded.	\$40 after ded.	\$50 after ded.	\$3/\$15/\$55/\$90/20%/30%	
Gold	Performance Blue PPO \$5000 1x 100/80 Gold	\$5,000 — 1x family	\$18,000 — 1x family	100%	80%	\$7,900 — 1x family	\$23,700 — 1x family	\$25	\$45	\$60	\$0 after ded.	\$0 after ded.	\$325	\$45	\$45	\$200	\$3/\$20/\$50/\$85/20%/30%	
Silver	Performance Blue PPO \$600 50/40 Silver	\$600	\$5,400	50%	40%	\$9,350	\$28,050	\$65	\$95	\$100	\$160 after ded.	50% after ded.	50% after ded.	\$90	\$90	50% after ded.	\$3/\$30/\$60/\$90/20%/30%	
Silver	Performance Blue PPO \$2600 70/50 Silver	\$2,600	\$15,600	70%	50%	\$9,100	\$27,300	\$40	\$85	\$90	\$150 after ded.	30% after ded.	30% after ded.	\$80 after ded.	\$80 after ded.	30% after ded.	\$3/\$30/\$60/\$90/20%/30%	
Silver	Performance Blue PPO Qualified Embedded \$3200 100/80 Silver	\$3,200	\$9,600	100%	80%	\$7,050	\$21,150	\$0 after ded.	\$30 after ded.	\$45 after ded.	\$150 after ded.	\$0 after ded.	\$275 after ded.	\$30 after ded.	\$30 after ded.	\$75 after ded.	\$3/\$15/\$55/\$90/20%/30% after ded.	
Silver	Performance Blue PPO Qualified Embedded \$3700 100/100 Silver	\$3,700	\$11,100	100%	100%	\$7,050	\$21,150	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$90 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	Performance Blue PPO \$5000 1x 70/50 Silver	\$5,000 — 1x family	\$18,000 — 1x family	70%	50%	\$9,100 — 1x family	\$27,300 — 1x family	\$35	\$60	\$60	\$140 after ded.	30% after ded.	30% after ded.	\$75 after ded.	\$75 after ded.	30% after ded.	\$3/\$30/\$60/\$90/20%/30%	
Silver	Performance Blue PPO Qualified Embedded \$5500 80/60 Silver	\$5,500	\$11,000	80%	60%	\$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.	20% after ded.	
Silver	Performance Blue PPO Qualified Embedded \$6000 100/100 Silver	\$6,000	\$12,000	100%	100%	\$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.	\$0 after ded.	\$3/\$15/\$55/\$90/20%/30% after ded.	
Bronze	Performance Blue PPO Qualified Embedded \$7050 100/100 Bronze	\$7,050	\$14,100	100%	100%	\$7,050	\$21,150	\$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.	\$0 after ded.	

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 ** Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting.
 Please refer to page 14 for footnotes.
 To view the full benefit grid, click on the product name above or contact your local broker.

HIGHMARK BLUE CROSS BLUE SHIELD†

2024 Performance Blue PPO Plans*

Bedford, Centre, Clarion, Clearfield, Forest, Greene, Huntingdon, Potter, and Venango counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS)†		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT‡	URGENT CARE	OUTPATIENT SURGERY**	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY)	BASIC DIAGNOSTICS (IMAGING/X-RAY)	ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE)³,⁴	
		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	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/STANDARD GENERIC/NON-FORMULARY/SPECIALTY FORMULARY/SPECIALTY NON-FORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS												
Platinum	Performance Blue PPO \$0 100/80 Platinum	\$0	\$1,500	100%	80%	\$6,500	\$13,000	\$10	\$20	\$40	\$20	\$0	\$150	\$20	\$20	\$50	\$3/\$10/\$50/\$85/20%/30%	
Gold	Performance Blue PPO \$0 100/80 Gold	\$0	\$15,000	100%	80%	\$8,700	\$26,100	\$30	\$70	\$75	\$100	\$500	\$350	\$70	\$70	\$350	\$3/\$20/\$60/\$90/20%/30%	
Gold	Performance Blue PPO \$250 100/80 Gold	\$250	\$2,250	100%	80%	\$7,900	\$23,700	\$30	\$65	\$75	\$100 after ded.	\$0 after ded.	\$350	\$60	\$60	\$300	\$3/\$20/\$60/\$90/20%/30%	
Gold	Performance Blue PPO \$500 100/80 Gold	\$500	\$4,500	100%	80%	\$7,900	\$23,700	\$25	\$55	\$70	\$100 after ded.	\$0 after ded.	\$325	\$55	\$55	\$275	\$3/\$20/\$60/\$90/20%/30%	
Gold	Performance Blue PPO \$1000 100/80 Gold	\$1,000	\$6,000	100%	80%	\$7,900	\$23,700	\$25	\$55	\$70	\$100 after ded.	\$0 after ded.	\$225	\$55	\$55	\$225	\$3/\$15/\$55/\$90/20%/30%	
Gold	Performance Blue PPO \$1500 100/80 Gold	\$1,500	\$9,000	100%	80%	\$9,100	\$27,300	\$25	\$55	\$70	\$25 after ded.	\$0 after ded.	\$225	\$55	\$55	\$225	\$3/\$20/\$60/\$90/20%/30%	
Gold	Performance Blue PPO Qualified \$1600 100/80 Gold	\$1,600	\$4,800	100%	80%	\$4,500	\$13,500	\$15 after ded.	\$25 after ded.	\$40 after ded.	\$40 after ded.	\$0 after ded.	\$200 after ded.	\$30 after ded.	\$30 after ded.	\$100 after ded.	\$3/\$10/\$50/\$85/20%/30% after ded.	
Gold	Performance Blue PPO \$2000 100/80 Gold	\$2,000	\$9,000	100%	80%	\$9,100	\$27,300	\$25	\$55	\$70	\$0 after ded.	\$0 after ded.	\$225	\$55	\$55	\$225	\$3/\$20/\$60/\$90/20%/30%	
Gold	Performance Blue PPO \$2000 90/70 Gold	\$2,000	\$18,000	90%	70%	\$7,900	\$23,700	\$35	\$60	\$75	10% after ded.	10% after ded.	\$250	\$60	\$60	\$200	\$3/\$15/\$55/\$90/20%/30%	
Gold	Performance Blue PPO \$5000 1x 100/80 Gold	\$5,000 — 1x family	\$18,000 — 1x family	100%	80%	\$7,900 — 1x family	\$23,700 — 1x family	\$25	\$45	\$60	\$0 after ded.	\$0 after ded.	\$325	\$45	\$45	\$200	\$3/\$20/\$50/\$85/20%/30%	
Silver	Performance Blue PPO \$2600 70/50 Silver	\$2,600	\$15,600	70%	50%	\$9,100	\$27,300	\$40	\$85	\$90	\$150 after ded.	30% after ded.	30% after ded.	\$80 after ded.	\$80 after ded.	30% after ded.	\$3/\$30/\$60/\$90/20%/30%	
Silver	Performance Blue PPO Qualified Embedded \$3700 100/100 Silver	\$3,700	\$11,100	100%	100%	\$7,050	\$21,150	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$90 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	Performance Blue PPO Qualified Embedded \$5500 80/60 Silver	\$5,500	\$11,000	80%	60%	\$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.	20% after ded.	
Bronze	Performance Blue PPO Qualified Embedded \$7050 100/100 Bronze	\$7,050	\$14,100	100%	100%	\$7,050	\$21,150	\$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.	\$0 after ded.	

† Plans may be offered by Highmark Blue Cross Blue Shield and/or Highmark Coverage Advantage.
 * Performance Blue Network.
 ** Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting.
 Please refer to page 14 for footnotes.
 To view the full benefit grid, click on the product name above or contact your local broker.

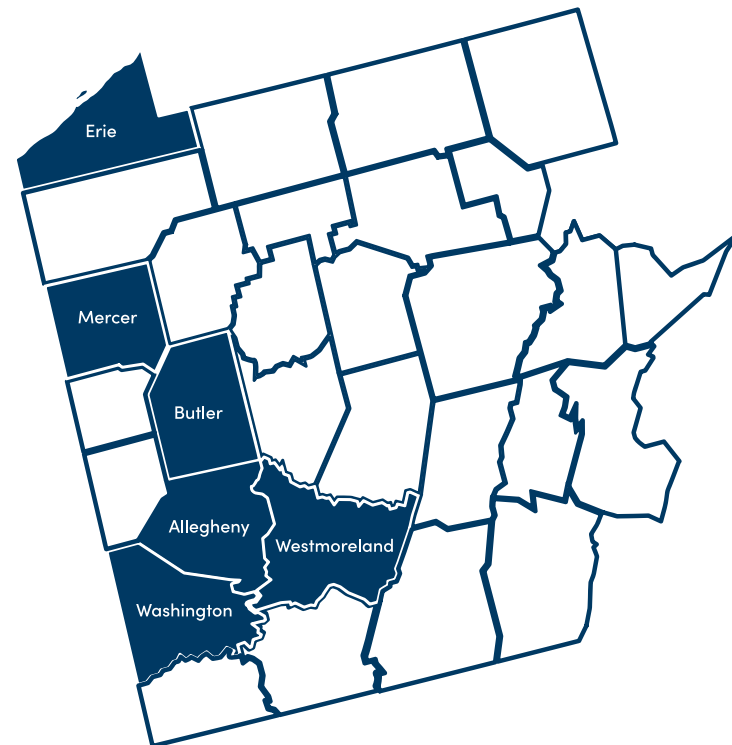
Together Blue EPO

Together Blue EPO (Focused network plan)

Plan highlights:

- Care centered around Allegheny Health Network and other community hospitals in western Pennsylvania.
- Limited BlueCard coverage for urgent and emergency only.
- No out-of-network coverage.
- The Together Blue Virtual Choice plan option offers convenient virtual benefits with \$1 virtual visits for PCPs, specialists, behavioral health, and urgent care.
- Included in this network are the facility listings in your area to the right, with access to BlueCard, which extends coverage across the nation. (Remember that out-of-network providers do not participate and may cost more.)

Product Availability



Network Listing

ALLEGHENY

- 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
- LifeCare Behavioral Health Hospital of Pittsburgh
- The Children’s Home of Pittsburgh
- The Children’s Institute of Pittsburgh
- UPMC Children’s Hospital of Pittsburgh
- UPMC Western Psychiatric Hospital

BEDFORD

- UPMC Bedford Memorial

BLAIR

- UPMC Altoona

ERIE

- AHN Saint Vincent Hospital

LAWRENCE

- UPMC Jameson

MCKEAN

- UPMC Kane

MERCER

- AHN Grove City
- UPMC Horizon — Greenville
- UPMC Horizon — Shenango Valley

POTTER

- UPMC Cole

SOMERSET

- UPMC Somerset

VENANGO

- UPMC Northwest

WASHINGTON

- AHN Canonsburg Hospital

WESTMORELAND

- AHN Hempfield Neighborhood Hospital

NEW YORK

- AHN Westfield Memorial Hospital

OUT-OF-AREA

- Local Blue Cross and/or Blue Shield (BlueCard) providers outside of Pennsylvania — coverage is limited to urgent and emergent care only

Provider list as of June 2023. 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 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 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.*

HIGHMARK BLUE CROSS BLUE SHIELD†

2024 Together Blue EPO Plans*

Allegheny, Butler, Erie, Mercer, Washington, and Westmoreland counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS)¹		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT²	URGENT CARE	OUTPATIENT SURGERY**	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY)	BASIC DIAGNOSTICS (IMAGING/X-RAY)	ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)	RX FORMULARY (ESSENTIAL)³,⁴	
		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	IN-NETWORK	IN-NETWORK	TIER 1/TIER 2/TIER 3/TIER 4
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS												
Platinum	Together Blue EPO \$250	\$250	N/A	100%	N/A	\$4,000	N/A	\$20	\$35	\$40	\$0 after ded.	\$0 after ded.	\$150	\$35	\$35	\$75	\$0/\$5/\$15/50%	
Gold	Together Blue EPO \$0	\$0	N/A	100%	N/A	\$9,100	N/A	\$45	\$75	\$85	\$75	\$250	\$405	\$75	\$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 after ded.	\$0 after ded.	\$300	\$60	\$60	\$300	\$0/\$25/\$75/50%	
Gold	Together Blue EPO \$1000	\$1,000	N/A	100%	N/A	\$9,100	N/A	\$30	\$60	\$75	\$0 after ded.	\$0 after ded.	\$300	\$60	\$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	\$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	\$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	\$45	\$200	\$0/\$25/\$75/50%	
Silver	Together Blue EPO \$2000	\$2,000	N/A	70%	N/A	\$9,450	N/A	\$55	\$85	\$95	\$185 after ded.	30% after ded.	\$565	\$85 after ded.	\$85 after ded.	\$550	\$0/\$30/\$150/50%	
Silver	Together Blue EPO Embedded Q\$3800	\$3,800	N/A	100%	N/A	\$7,500	N/A	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$40 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	\$6,650	N/A	100%	N/A	\$7,200	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 after ded.	\$0/\$30/\$150/50% after ded.	
NEW FOR 2024																		
Silver	Together Blue EPO \$0 Virtual Choice	\$0	N/A	100%	N/A	\$9,450	N/A	Office visit:\$60 Virtual visit:\$1	Office visit:\$80 Virtual visit:\$1	Office visit:\$90 Virtual visit:\$1	\$200	\$500	\$650	\$75	\$150	\$500	\$30/\$75/\$200/50%	

† Plans are offered by Highmark Blue Cross Blue Shield.

* Together Blue Network.

** Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting.

Please refer to page 14 for footnotes.

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



Extra resources you won't find in other plans

BLUECARD AND BLUE CROSS BLUE SHIELD GLOBAL® CORE PROGRAM*

Coverage that goes where your employees go.

Around town or coast to coast, your employees get access to 1.8 million providers and 97% of hospitals in the U.S. And they're even covered in 190 countries.**

WELL360 VIRTUAL HEALTH

Personalized care where and when employees need it.

No more waiting rooms, no more waiting to schedule. Your employees can get care from wherever they are with a board-certified doctor, 24/7. They can register at well360virtualhealth.com or log in if they are already using the Amwell site.

BLUE DISTINCTION®

See specialists who get results.

Only doctors who consistently deliver safe, effective treatments make our Blue Distinction list. When your employees use our Find a Doctor tool, a special logo will appear by the provider's name.

BLUES ON CALLSM

Answers from a health pro, 24/7.

For medical concerns after hours, your employees can get guidance at any time from a registered nurse or a health coach.

DIABETES MANAGEMENT POWERED BY ONDUO

Personalized support to control diabetes.

Tools to help your employees track their blood sugar and manage diabetes from wherever they are.

COLLEGE TUITION BENEFITS PROGRAM

Rewards that come with Highmark coverage.

Employees who have Highmark medical or dental automatically earn Tuition Reward points that can be converted into college tuition dollars.

COPAY ARMOR POWERED BY PILLARRX

Help your employees save on medications.

This copay assistance program reduces or completely covers the cost of certain high-cost specialty medications.

* BlueCard coverage for Together Blue EPO is limited to urgent and emergency care only.

** According to the Blue Cross Blue Shield Association, an association of Blue Cross and Blue Shield plans.



Endless support to help your employees on their journey to better health

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 confidential.

BLUE365SM

Discounts to help your employees stay healthy and active.

From workout gear to personal wellness 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.

VIRTUAL PHYSICAL CARE PROGRAM POWERED BY SWORD

Virtual physical care, anytime, anywhere you happen to be.

Sword puts technology and the expertise of a physical therapist at your fingertips to help you overcome joint and muscle pain.

MENTAL WELL-BEING

Give your members care that meets them where they are.

Our Mental Well-Being solution provides mental health support tailored to each individual member. And it's available on our app and website.



The fundamentals of coverage

Any health plan you choose should include resources that help your employees manage their health. Ours make the process seamless.

MEMBER SERVICE

Total support, day or night.

Whether it's 24/7 answers from registered nurses, a diagnosis or prescription via video visit, or just some help booking their doctor visits, when they need us, we're there.

CARE COST ESTIMATOR

Employees can know what they'll owe for care.

Before making an appointment for a test, scan, or procedure, your employees can use our Care Cost Estimator to estimate their bill.

MEMBER APP AND WEBSITE

My Highmark helps your employees take care of their health.

It's the one-stop digital experience that makes it easier for them to manage their health, with programs tailored to their interests and needs. Employees can visit myhighmark.com to learn more.

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.

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.

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.

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 contract 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.

Sword Health, Inc. does not provide health care services. Sword Health, Inc. is an independent company that provides wellness services for your health plan. Sword Health Professionals provides its services through a group of independently owned professional practices consisting of Sword Health Care Providers, P.A., Sword Health Care Providers of NJ, P.C., and Sword Health Care Physical Therapy Providers of CA, P.C.

The Sword virtual physical care program is made available with support from Sword Health.

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

Onduo is a separate company that provides a virtual diabetes care program for Highmark members.

Highmark has contracted with PillarRx, an independent company, to secure manufacturer discounts for select prescription medications. Savings for Highmark members will vary based on drug, member copay, and program requirements. The member will never pay more than the Plan copay.

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company.

Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.

All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

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

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

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.

Blue Distinction® Specialty Care 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 health care. 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. 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 non-covered charges or other losses or damages resulting from Blue Distinction, Total Care, or other provider finder information or care received from Blue Distinction, Total Care, 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 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 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 .



Because Life.™