

A health plan that does more.

Your employees want support for all aspects of their lives. A plan that cares for their physical, mental, and financial health.

With Highmark, your employees get coverage and benefits that allow them to live healthy and meaningful lives. And you get nationally recognized coverage that helps lower health care costs.

Contact your broker or Highmark sales rep to get started.

Hi. My name is ______

Please call me at _____

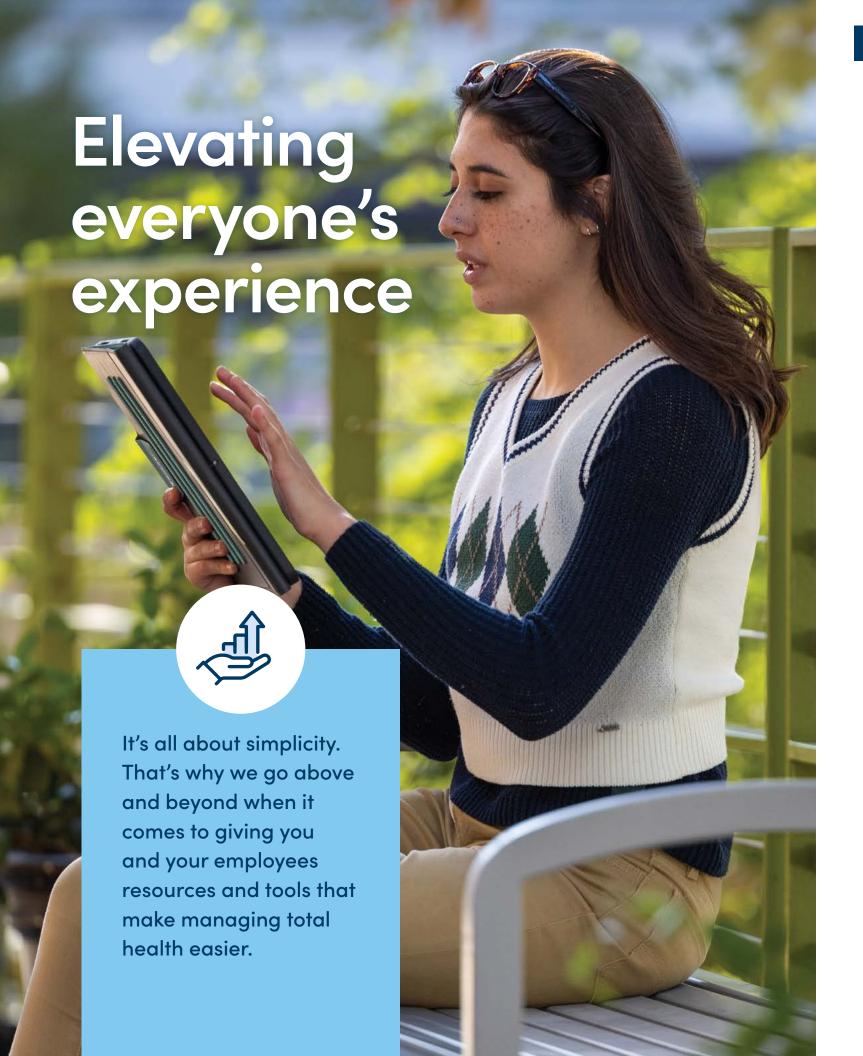
Or email me at

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.

Expansive coverage starts here.

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Turn the page to see all the great perks that come with a plan from Highmark.





My Highmark

This easy-to-use app and website have everything your employees need to manage their benefits and reach their health goals, all in one place.



Employer portal

Here you can conveniently manage enrollment, billing, and spending accounts. You can also access contracts, benefit books, and order ID cards.



Provider partnerships

We collaborate with providers to better leverage value, manage costs, and drive positive industry change.



Blues On CallSM

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

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



Blue Distinction List

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



National network

Our superior network discounts allow Highmark to maintain competitive rates for all of our local, regional, and national products and services.



BlueCard® and Blue Cross Blue Shield Global® Core Programs

Your employees get access to 1.8 million providers and 97% of hospitals in the U.S. And they're covered in 190 countries.*



True Performance

Our plans have more than 630,000 providers delivering value-based care. That means your employees will be in the hospital less, allowing you to better manage costs.





Mental Well-Being

This solution provides mental health support tailored to each individual member. And it's available on My Highmark.



Well360 Virtual Health

Your employees can get care from wherever they are with a board-certified doctor, 24/7. Well360 Virtual Health can help with urgent care, behavioral health, primary care, women's health, and dermatology.



Virtual physical care program

powered by Sword

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



Chronic health management programs

Our chronic health management programs offer personalized app-based care, giving your employees the digital tools, coaching, and support they need. And it's all available on My Highmark.

We offer programs like:

- Congestive heart failure (CHF)
 and chronic obstructive pulmonary
 disease (COPD) management
- Diabetes management powered by Onduo
- Diabetes prevention
- Kidney care management

Plus, they'll get access to our **specialty case management team**. They act as advocates by coordinating health needs and ensuring safety, quality, and cost outcomes.





Integrated care team

We offer multidisciplinary clinical support and the highest level of care for employees who may be at a higher health risk.



Health coaches

Wellness coaches help create a personalized plan for your employees, right over the phone, on their schedule. Sessions are free and confidential.



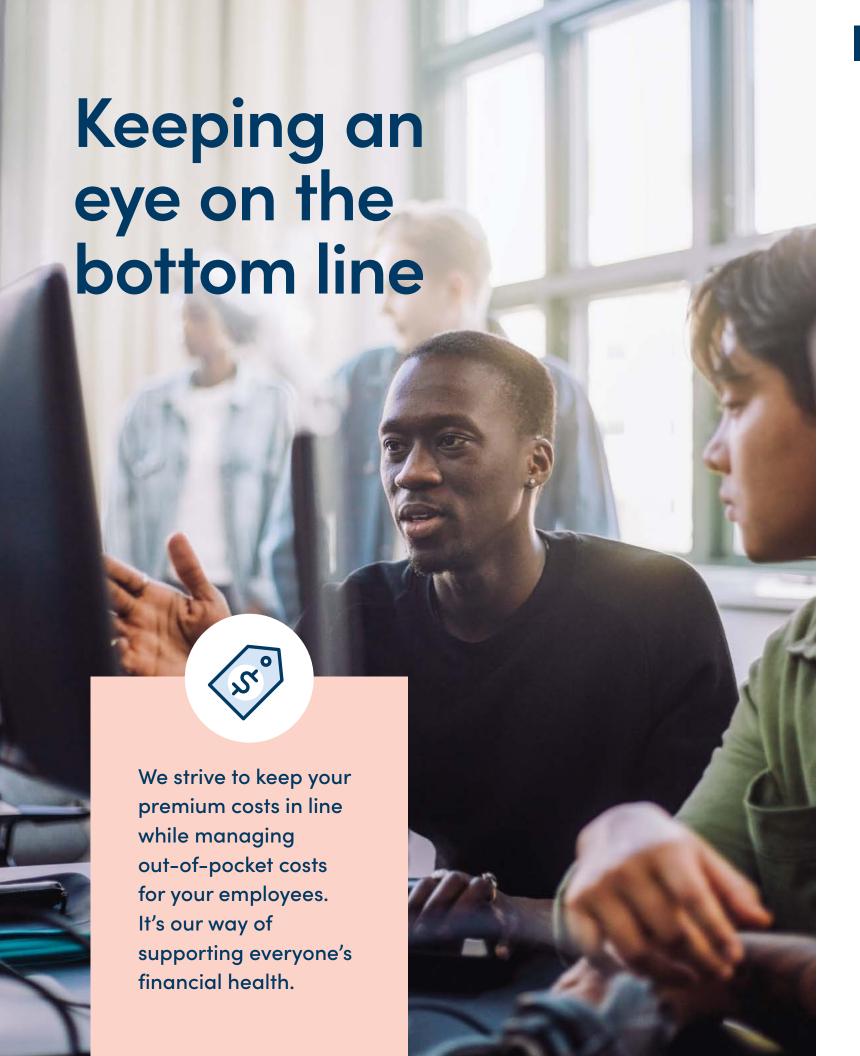
Maternity care

We provide maternity education and proactively reach out to women with high-risk pregnancies to collaborate with their care team.



Utilization management

We focus on prior authorization, site of care, and prescription costs to help guide your employees to appropriate places of care and save them money.





Blue365 Discounts

Your employees get exclusive discounts at **blue365deals.com** on travel, car rentals, and clothing. Plus, they get access to GradFin, which helps them navigate paying back student loans.



College tuition benefits

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



Wellness rewards

These programs help your employees reach their health goals through positive health challenges and expert advice.



ID theft program

Your employees can enroll in credit monitoring, security alerts, and lost wallet protection all at no cost.

A broad network plan

PLAN HIGHLIGHTS:

- Comprehensive in-network access to local providers.
- Nationwide, in-network access to 1.8 million providers, including 97% of all hospitals, through the BlueCard® program.*
- Out-of-network coverage at a higher cost.

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

Access to 97% of all hospitals nationwide.

PRODUCT AVAILABILITY

Allegheny

Clearfield

• Elk

• Erie

Fayette

Forest

• Greene

 Crawford Armstrong

• Beaver

Bedford

• Blair

Butler

• Cambria

Cameron

Centre

Clarion

 Huntingdon • Indiana

McKean

Lawrence

Mercer

• Potter

Somerset

Venango

Warren

Washington

Westmoreland

Jefferson

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

- · 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

• 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
- Uniontown Hospital

· Washington Health System Greene

HUNTINGDON

• Penn Highlands Huntingdon

INDIANA

• Indiana Regional Medical Center

IEFFERSON

- Penn Highlands Brookville
- Punxsutawney Area Hospital

LAWRENCE

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

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
- Excela Health Frick Hospital
- Excela Health Latrobe Hospital
- Excela 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

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Provider list as of May 2024. For a full listing of network hospitals, visit MyHighmark.com and click on Plans. Then click on Doctors and Drugs under the Individual and Family Plans section.

HIGHMARK COVERAGE ADVANTAGE[†]

2025 PPO Blue Plans*

Product available in the following counties: 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

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS) ¹		PRIMARY CARE OFFICE VISIT	MENTAL HEALTH/ SUBSTANCE ABUSE OFFICE VISIT	SPECIALIST OFFICE VISIT ²	URGENT CARE	OUTPATIENT SURGERY**	INPATIENT HOSPITAL	EMERGENCY DEPARTMENT	BASIC DIAGNOSTICS (LAB/ PATHOLOGY)	(IMAGING/	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (HCR 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	;	MEMBER PAYS	6	MEMBER PAYS	3			<u> </u>			<u> </u>			<u> </u>		<u> </u>
Platinum	PPO Blue \$0 100/80 Platinum	\$0	\$500	0%	20%	\$4,000	\$8,000	Office visit: \$20 Virtual visit: \$0	Office visit: \$35 Virtual visit: \$0	\$35	\$40	\$0	\$0	\$150	\$35	\$35	\$75	\$3/\$10/\$55/\$85/20%/30%
Gold	PPO Blue \$0 100/80 Gold	\$0	\$500	0%	20%	\$9,100	\$18,200	Office visit: \$35	Office visit: \$75 Virtual visit: \$0	\$75	\$85	\$75	\$250	\$405	\$70	\$70	\$360	\$3/\$20/\$65/\$90/20%/30%
Gold	PPO Blue \$500 100/80 Gold	\$500	\$1,000	0%	20%	\$8,550	\$17,100	Office visit: \$30 Virtual visit: \$0	Office visit: \$60 Virtual visit: \$0	\$60	\$75	\$100 after ded.	\$0 after ded.	\$300	\$60	\$60	\$300	\$3/\$15/\$60/\$90/20%/30%
Gold	PPO Blue \$1000 100/80 Gold	\$1,000	\$2,000	0%	20%	\$9,100	\$18,200	Office visit: \$30 Virtual visit: \$0	Office visit: \$60 Virtual visit: \$0	\$60	\$75	\$0 after ded.	\$0 after ded.	\$300	\$60	\$60	\$300	\$3/\$30/\$65/\$90/20%/30%
Gold	PPO Blue \$1000 80/60 Gold	\$1,000	\$2,000	20%	40%	\$6,900	\$13,800	Office visit: \$60 Virtual visit: \$0	Office visit: \$80 Virtual visit: \$0	\$80	\$90	20% after ded.	20% after ded.	\$350	\$80 after ded.	\$80 after ded.	\$350 after ded.	\$3/\$15/\$60/\$90/20%/30%
Gold	PPO Blue \$1400 100/80 Gold	\$1,400	\$2,800	0%	20%	\$7,900	\$15,800	Office visit: \$45 Virtual visit: \$0	Office visit: \$75 Virtual visit: \$0	\$75	\$85	\$0 after ded.	\$0 after ded.	\$250	\$75 after ded.	\$75 after ded.	\$325 after ded.	\$3/\$15/\$60/\$90/20%/30%
Gold	PPO Blue Qualified \$1700 100/80 Gold	\$1,700	\$3,400	0%	20%	\$3,750	\$7,500	Office visit: \$15 after ded. Virtual visit: \$0 after ded.	Office visit: \$40 after ded. Virtual visit: \$0 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/\$55/\$85/20%/30% after ded.
Gold	PPO Blue \$2000 100/80 Gold	\$2,000	\$4,000	0%	20%	\$7,900	\$15,800	Office visit: \$30 Virtual visit: \$0	Office visit: \$60 Virtual visit: \$0	\$60	\$75	\$0 after ded.	\$0 after ded.	\$300	\$60	\$60	\$300	\$3/\$15/\$60/\$90/20%/30%
Gold	PPO Blue \$2000 90/70 Gold	\$2,000	\$4,000	10%	30%	\$7,900	\$15,800	Office visit: \$45 Virtual visit: \$0	Office visit: \$65 Virtual visit: \$0	\$65	\$75	10% after ded.	10% after ded.	\$250	\$65	\$65	\$250	\$3/\$15/\$60/\$90/20%/30%
Gold	PPO Blue \$2500 100/80 Gold	\$2,500	\$5,000	0%	20%	\$7,900	\$15,800	Office visit: \$45 Virtual visit: \$0	Office visit: \$65 Virtual visit: \$0	\$65	\$75	\$0 after ded.	\$0 after ded.	\$250	\$65	\$65	\$250	\$3/\$15/\$60/\$90/20%/30%
Gold	PPO Blue Qualified \$2750 100/80 Gold	\$2,750	\$5,500	0%	20%	\$4,800	\$9,600	Office visit: \$15 after ded. Virtual visit: \$0 after ded.	Office visit: \$30 after ded. Virtual visit: \$0 after ded.	\$30 after ded.	\$40 after ded.	\$0 after ded.	\$0 after ded.	\$250 after ded.	\$40 after ded.	\$40 after ded.	\$100 after ded.	\$3/\$10/\$55/\$85/20%/30% after ded.
Gold	PPO Blue Qualified Embedded \$3400 100/80 Gold	\$3,400	\$6,800	0%	20%	\$4,500	\$9,000	\$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.	\$3/\$30/\$65/\$90/20%/30% after ded.
Silver	PPO Blue \$0 100/80 Silver	\$0	\$1,000	0%	20%	\$9,200	\$18,400	Office visit: \$60 Virtual visit: \$0	Office visit: \$60 Virtual visit: \$0	\$80	\$90	\$210	\$500	\$650	\$75	\$150	\$500	\$3/\$40/\$85/\$125/20%/30%
Silver	PPO Blue Qualified Embedded \$4800 100/100 Silver	\$4,800	\$9,600	0%	0%	\$5,400	\$10,800	\$0 after ded.	\$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.

[†] Plans may be offered by Highmark Blue Cross Blue Shield and/or Highmark Coverage Advantage.

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

^{**} Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting. Please refer to page 26 for footnotes.

Performance Blue PPO

A high-performing network plan

PLAN HIGHLIGHTS:

- Performance-driven network that delivers high-quality, cost-effective care across Pennsylvania.
- Nationwide access to 1.8 million providers, including 97% of all hospitals, through the BlueCard® Program.*
- Out-of-network coverage at a higher cost.

IN-NETWORK HEALTH SYSTEMS:

Include but are not limited to:

- Allegheny Health Network
- · Penn State Health
- Lehigh Valley Health Network
- WellSpan Health
- · Conemaugh Health System

Access to 97% of all hospitals nationwide.



- Allegheny Armstrong
- Clearfield

Forest

- Crawford
- Elk

PRODUCT AVAILABILITY

- Erie
- Bedford

Beaver

- Blair Fayette
- Butler
- Cambria • Greene
- Cameron • Huntingdon
- Indiana Centre
- Washington Westmoreland

• Lawrence

• McKean

Mercer

• Potter

Somerset

Venango

• Warren

• Clarion • Jefferson



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 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

• BHS Butler Memorial Hospital

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

FAYETTE

• Penn Highlands Connellsville

GREENE

• UPMC Greene

HUNTINGDON

• Penn Highlands Huntingdon

INDIANA

• Indiana Regional Medical Center

IEFFERSON

- 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
- UPMC Washington

WESTMORELAND

- · AHN Hempfield Neighborhood Hospital
- Excela Health Frick Hospital
- Excela Health Latrobe Hospital
- Excela 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

Provider list as of May 2024. For a full listing of network hospitals, visit MyHighmark.com and click on Plans.

Then click on Doctors and Drugs under the Individual and Family Plans section.

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

HIGHMARK BLUE CROSS BLUE SHIELD[†]

2025 Performance Blue PPO Plans*

Product available in the following counties: 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

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS) ¹		PRIMARY CARE OFFICE VISIT	MENTAL HEALTH/ SUBSTANCE ABUSE OFFICE VISIT	SPECIALIST OFFICE VISIT ²	URGENT CARE	OUTPATIENT SURGERY**	INPATIENT HOSPITAL	EMERGENCY DEPARTMENT	BASIC DIAGNOSTICS (LAB/ PATHOLOGY)	BASIC DIAGNOSTICS (IMAGING/ X-RAY)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (HCR 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		MEMBER PAYS		MEMBER PAYS		'				'						
Platinum	Performance Blue PPO \$0 100/80 Platinum	\$0	\$1,500	0%	20%	\$6,500	\$13,000	Office visit: \$10 Virtual visit: \$0	Office visit: \$20 Virtual visit: \$0	\$20	\$40	\$50	\$0	\$150	\$20	\$20	\$50	\$3/\$10/\$55/\$85/20%/30%
Platinum	Performance Blue PPO \$250 100/80 Platinum	\$250	\$2,250	0%	20%	\$4,000	\$8,000	Office visit: \$10 Virtual visit: \$0	Office visit: \$20 Virtual visit: \$0	\$20	\$40	\$0 after ded.	\$0 after ded.	\$150	\$20	\$20	\$40	\$3/\$10/\$55/\$85/20%/30%
Gold	Performance Blue PPO \$0 100/80 Gold	\$0	\$15,000	0%	20%	\$8,700	\$26,100	Office visit: \$30 Virtual visit: \$0	Office visit: \$70 Virtual visit: \$0	\$70	\$75	\$120	\$500	\$350	\$70	\$70	\$350	\$3/\$20/\$65/\$90/20%/30%
Gold	Performance Blue PPO \$250 100/80 Gold	\$250	\$2,250	0%	20%	\$7,900	\$23,700	Office visit: \$30 Virtual visit: \$0	Office visit: \$65 Virtual visit: \$0	\$65	\$75	\$100 after ded.	\$0 after ded.	\$350	\$60	\$60	\$300	\$3/\$20/\$65/\$90/20%/30%
Gold	Performance Blue PPO \$500 100/80 Gold	\$500	\$4,500	0%	20%	\$7,900	\$23,700	Office visit: \$25 Virtual visit: \$0	Office visit: \$55 Virtual visit: \$0	\$55	\$70	\$100 after ded.	\$0 after ded.	\$325	\$55	\$55	\$275	\$3/\$20/\$65/\$90/20%/30%
Gold	Performance Blue PPO \$750 100/80 Gold	\$750	\$4,500	0%	20%	\$7,900	\$23,700	Office visit: \$25 Virtual visit: \$0	Office visit: \$55 Virtual visit: \$0	\$55	\$70	\$100 after ded.	\$0 after ded.	\$225	\$55	\$55	\$225	\$3/\$15/\$60/\$90/20%/30%
Gold	Performance Blue PPO \$1000 100/80 Gold	\$1,000	\$6,000	0%	20%	\$7,900	\$23,700	Office visit: \$25 Virtual visit: \$0	Office visit: \$55 Virtual visit: \$0	\$55	\$70	\$100 after ded.	\$0 after ded.	\$225	\$55	\$55	\$225	\$3/\$15/\$60/\$90/20%/30%
Gold	Performance Blue PPO \$1000 90/70 Gold	\$1,000	\$12,000	10%	30%	\$7,900	\$23,700	Office visit: \$45 Virtual visit: \$0	Office visit: \$75 Virtual visit: \$0	\$75	\$100	10% after ded.	10% after ded.	\$300	\$75	\$75	\$350 after ded.	\$3/\$15/\$60/\$90/20%/30%
Gold	Performance Blue PPO \$1250 100/80 Gold	\$1,250	\$7,500	0%	20%	\$9,100	\$27,300	Office visit: \$25 Virtual visit: \$0	Office visit: \$55 Virtual visit: \$0	\$55	\$70	\$25 after ded.	\$0 after ded.	\$225	\$55	\$55	\$225	\$3/\$30/\$65/\$90/20%/30%
Gold	Performance Blue PPO \$1400 100/80 Gold	\$1,400	\$15,000	0%	20%	\$7,900	\$23,700	Office visit: \$40 Virtual visit: \$0	Office visit: \$70 Virtual visit: \$0	\$70	\$85	\$0 after ded.	\$0 after ded.	\$300	\$70	\$70	\$350	\$3/\$15/\$60/\$90/20%/30%
Gold	Performance Blue PPO \$1500 100/80 Gold	\$1,500	\$9,000	0%	20%	\$9,100	\$27,300	Office visit: \$25 Virtual visit: \$0	Office visit: \$55 Virtual visit: \$0	\$55	\$70	\$25 after ded.	\$0 after ded.	\$225	\$55	\$55	\$225	\$3/\$20/\$65/\$90/20%/30%
Gold	Performance Blue PPO \$1550 100/80 Gold	\$1,550	\$3,100	0%	20%	\$9,100	\$27,300	Office visit: \$10 Virtual visit: \$0	Office visit: \$30 Virtual visit: \$0	\$30	\$40	\$100	\$250 after ded.	\$300 after ded.	\$40 after ded.	\$40 after ded.	\$175 after ded.	\$3/\$30/\$65/\$90/20%/30%
Gold	Performance Blue PPO Qualified \$1700 100/80 Gold	\$1,700	\$5,100	0%	20%	\$4,500	\$13,500	Office visit: \$15 after ded. Virtual visit: \$0 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/\$55/\$85/20%/30% after ded
Gold	Performance Blue PPO \$1750 90/70 Gold	\$1,750	\$15,700	10%	30%	\$7,900	\$23,700	Office visit: \$35 Virtual visit: \$0	Office visit: \$60 Virtual visit: \$0	\$60	\$75	10% after ded.	10% after ded.	\$250	\$60	\$60	\$200	\$3/\$15/\$60/\$90/20%/30%

[†] Plans may be offered by Highmark Blue Cross Blue Shield and/or Highmark Coverage Advantage.

Continued on next page...

^{*} Performance Blue Network.

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

Please refer to page 26 for footnotes.

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

HIGHMARK BLUE CROSS BLUE SHIELD

2025 Performance Blue PPO Plans*

Product available in the following counties: 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

METAL LEVEL	PRODUCT NAME	MEDICAL DEDI	JCTIBLE	COINSURANCE	i	OUT-OF-POCK (INCLUDES DEI COINSURANCE		PRIMARY CARE OFFICE VISIT	MENTAL HEALTH/ SUBSTANCE ABUSE OFFICE VISIT	SPECIALIST OFFICE VISIT ²	URGENT CARE	OUTPATIENT SURGERY**	INPATIENT HOSPITAL	EMERGENCY DEPARTMENT	BASIC DIAGNOSTICS (LAB/ PATHOLOGY)	BASIC DIAGNOSTICS (IMAGING/ X-RAY)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (HCR 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	•	MEMBER PAYS		MEMBER PAYS	,											
Gold	Performance Blue PPO \$2000 100/80 Gold	\$2,000	\$9,000	0%	20%	\$9,100	\$27,300		Office visit: \$55 Virtual visit: \$0	\$55	\$70	\$0 after ded.	\$0 after ded.	\$225	\$55	\$55	\$225	\$3/\$20/\$65/\$90/20%/30%
Gold	Performance Blue PPO \$2000 90/70 Gold	\$2,000	\$18,000	10%	30%	\$7,900	\$23,700		Office visit: \$60 Virtual visit: \$0	\$60	\$75	10% after ded.	10% after ded.	\$250	\$60	\$60	\$200	\$3/\$15/\$60/\$90/20%/30%
Gold	Performance Blue PPO \$2500 1x 100/80 Gold	\$2,500 — 1x Family	\$5,000 — 1x Family	0%	20%	\$8,550 — 1x Family	\$25,650 — 1x Family		Office visit: \$35 Virtual visit: \$0	\$35	\$40	\$0 after ded.	\$300 after ded.	\$300 after ded.	\$35 after ded.	\$35 after ded.	\$150 after ded.	\$3/\$20/\$65/\$90/20%/30%
Gold	Performance Blue PPO \$4500 100/80 Gold	\$4,500	\$9,000	0%	20%	\$7,700	\$23,100		Office visit: \$40 Virtual visit: \$0	\$40	\$45	\$0 after ded.	\$100 after ded.	\$100 after ded.	\$40 after ded.	\$40 after ded.	\$50 after ded.	\$3/\$15/\$60/\$90/20%/30%
Gold	Performance Blue PPO \$5000 1x 100/80 Gold	\$5,000 — 1x Family	\$18,000 — 1x Family	0%	20%	\$7,900 — 1x Family	\$23,700 — 1x Family		Office visit: \$45 Virtual visit: \$0	\$45	\$60	\$0 after ded.	\$0 after ded.	\$325	\$45	\$45	\$200	\$3/\$20/\$55/\$85/20%/30%
Silver	Performance Blue PPO \$600 50/40 Silver	\$600	\$5,400	50%	60%	\$9,200	\$27,600		Office visit: \$95 Virtual visit: \$0	\$95	\$100	\$160 after ded.	50% after ded.	50% after ded.	\$90	\$90	50% after ded.	\$3/\$30/\$65/\$90/20%/30%
Silver	Performance Blue PPO \$2600 70/50 Silver	\$2,600	\$15,600	30%	50%	\$9,100	\$27,300		Office visit: \$85 Virtual visit: \$0	\$85	\$90	\$150 after ded.	30% after ded.	30% after ded.	\$80 after ded.	\$80 after ded.	30% after ded.	\$3/\$30/\$65/\$90/20%/30%
Silver	Performance Blue PPO Qualified Embedded \$3400 100/80 Silver [‡]	\$3,400	\$10,200	0%	20%	\$7,050	\$21,150	Office visit: \$20 after ded. Virtual visit: \$0 after ded.	Office visit: \$30 after ded. Virtual visit: \$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/\$60/\$90/20%/30% after ded.
Silver	Performance Blue PPO Qualified Embedded \$3700 100/100 Silver [‡]	\$3,700	\$11,100	0%	0%	\$7,050	\$21,150	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$110 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$3/\$30/\$70/\$100/20%/30% after ded.
Silver	Performance Blue PPO \$5000 1x 70/50 Silver	\$5,000 — 1x Family	\$18,000 — 1x Family	30%	50%	\$9,100 — 1x Family	\$27,300 — 1x Family		Office visit: \$60 Virtual visit: \$0	\$60	\$60	\$140 after ded.	30% after ded.	30% after ded.	\$75 after ded.	\$75 after ded.	30% after ded.	\$3/\$30/\$65/\$90/20%/30%
Silver	Performance Blue PPO Qualified Embedded \$5500 80/60 Silver [†]	\$5,500	\$11,000	20%	40%	\$6,250	\$18,750	20% after ded.	Office visit: 20% after ded. Virtual visit: \$0 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	0%	0%	\$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.	\$0 after ded.	\$3/\$15/\$60/\$90/20%/30% after ded.
Bronze	Performance Blue PPO Qualified Embedded \$7050 100/100 Bronze [‡]	\$7,050	\$14,100	0%	0%	\$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.	\$0 after ded.

[†] Plans may be offered by Highmark Blue Cross Blue Shield and/or Highmark Coverage Advantage.

[‡] Plan does not offer creditable coverage. See page 26 for details.

^{*} Performance Blue Network.

^{**} Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting. Please refer to page 26 for footnotes.

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

Together Blue EPO

A focused network plan

PLAN HIGHLIGHTS:

- Care centered around Allegheny Health Network and other community hospitals in western Pennsylvania.
- No BlueCard® coverage, except for urgent and emergency services.
- No out-of-network coverage, except for urgent and emergency services.

IN NETWORK:

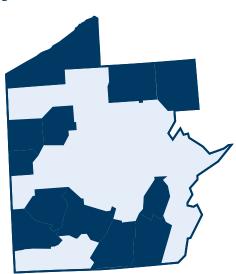
Where employees will pay the least for quality care:

- Allegheny Health Network hospitals and providers.
- Other community hospitals and providers in western Pennsylvania.

OUT OF NETWORK:

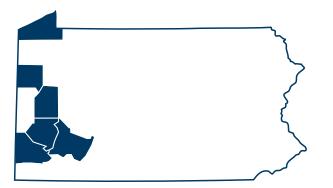
Where employees will pay the most for care:

• Except for urgent and emergency care, out-of-network and BlueCard providers aren't covered.



PRODUCT AVAILABILITY

- Allegheny
- Mercer
- Butler
- Washington
- Erie
- Westmoreland



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

ERIE

• AHN Saint Vincent Hospital

MERCER

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

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 May 2024. For a full listing of network hospitals, visit **MyHighmark.com** and click on **Plans**. Then click on **Doctors and Drugs** under the **Individual and Family Plans** section.

2025 Together Blue EPO Plans*

Product available in the following counties: Allegheny, Butler, Erie, Mercer, Washington, and Westmoreland

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METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS) ¹		PRIMARY CARE OFFICE VISIT	MENTAL HEALTH/ SUBSTANCE ABUSE OFFICE VISIT	SPECIALIST OFFICE VISIT ²	URGENT CARE	OUTPATIENT SURGERY**	INPATIENT HOSPITAL	EMERGENCY DEPARTMENT	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	<u>'</u>	MEMBER PAYS		MEMBER PAYS												
Platinum	Together Blue EPO \$250	\$250	N/A	0%	N/A	\$4,000	N/A	Office visit: \$20 Virtual visit: \$0	Office visit: \$35 Virtual visit: \$0	\$35	\$40	\$0 after ded.	\$0 after ded.	\$150	\$35	\$35	\$75	\$0/\$5/\$20/50%
Gold	Together Blue EPO \$0	\$0	N/A	0%	N/A	\$9,100	N/A	Office visit: \$45 Virtual visit: \$0	Office visit: \$75 Virtual visit: \$0	\$75	\$85	\$80	\$250	\$405	\$75	\$75	\$360	\$0/\$25/\$80/50%
Gold	Together Blue EPO \$500	\$500	N/A	0%	N/A	\$7,900	N/A	Office visit: \$30 Virtual visit: \$0	Office visit: \$60 Virtual visit: \$0	\$60	\$75	\$100 after ded.	\$0 after ded.	\$300	\$60	\$60	\$300	\$0/\$25/\$80/50%
Gold	Together Blue EPO \$1000	\$1,000	N/A	0%	N/A	\$9,100	N/A	Office visit: \$30 Virtual visit: \$0	Office visit: \$60 Virtual visit: \$0	\$60	\$75	\$0 after ded.	\$0 after ded.	\$300	\$60	\$60	\$300	\$0/\$25/\$80/50%
Gold	Together Blue EPO \$1500	\$1,500	N/A	0%	N/A	\$7,900	N/A	Office visit: \$30 Virtual visit: \$0	Office visit: \$60 Virtual visit: \$0	\$60	\$75	\$0 after ded.	\$0 after ded.	\$300	\$60	\$60	\$300	\$0/\$25/\$80/50%
Gold	Together Blue EPO \$2500 1x	\$2,500 — 1x Family	N/A	0%	N/A	\$7,900 — 1x Family	N/A	Office visit: \$45 Virtual visit: \$0	Office visit: \$65 Virtual visit: \$0	\$65	\$75	\$0 after ded.	\$0 after ded.	\$250	\$65	\$65	\$250	\$0/\$25/\$80/50%
Gold	Together Blue EPO \$5000 1x	\$5,000 — 1x Family	N/A	0%	N/A	\$7,900 — 1x Family	N/A	Office visit: \$25 Virtual visit: \$0	Office visit: \$45 Virtual visit: \$0	\$45	\$60	\$0 after ded.	\$0 after ded.	\$325	\$45	\$45	\$200	\$0/\$25/\$80/50%
Silver	Together Blue EPO \$2000	\$2,000	N/A	30%	N/A	\$9,200	N/A	Office visit: \$55 Virtual visit: \$0	Office visit: \$85 Virtual visit: \$0	\$85	\$95	\$195 after ded.	30% after ded.	\$565	\$85 after ded.	\$85 after ded.	\$550	\$0/\$30/\$155/50%
Silver	Together Blue EPO Embedded Q\$3800 [‡]	\$3,800	N/A	0%	N/A	\$7,500	N/A	\$0 after ded.	\$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/\$155/50% after ded.
Bronze	Together Blue EPO Embedded Q\$6650 [‡]	\$6,650	N/A	0%	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 after ded.	\$0/\$30/\$155/50% after ded.
TOGETHE	R BLUE VIRTUAL CHOICE EPO																	
Gold	Together Blue EPO \$1500 Virtual Choice	\$1,500	N/A	30%	N/A	\$8,300	N/A	Office visit: \$35 Virtual visit: \$0	Office visit: \$35 Virtual visit: \$0	Office visit: \$35 Virtual visit: \$0	Office visit: \$45 Virtual visit: \$0	\$600	\$725 after ded.	\$350	\$40	\$40	30% after ded.	\$0/\$25/\$80/50%

 $[\]dagger$ Plans may be offered by Highmark Blue Cross Blue Shield and/or Highmark Coverage Advantage.

[‡] Plan does not offer creditable coverage. See page 26 for details.

^{*} Together Blue Network.

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

Please refer to page 26 for footnotes.

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

IMPORTANT PLAN DETAILS:

- 1 Out-of-pocket maximum calculation includes deductible, copayment, and coinsurance.
- 2 Specialist cost-sharing amounts also apply to outpatient: 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.

The Medicare Modernization Act requires entities (whose policies include prescription drug coverage) to notify Medicare-eligible policyholders whether their prescription drug coverage is creditable coverage, which means that the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Some plans that may have qualified in 2024 may not be creditable coverage in 2025 due to the recent Medicare Part D changes, which eliminated the coverage gap phase and added a \$2,000 out-of-pocket maximum. As a result, the threshold for minimum coverage has increased from a traditional actuarial value perspective.

Notes

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.

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

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.

Blue 365 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.

Pennsylvania, Delaware, West Virginia, and New York: 1-833-521-1424 (TTY:711)

ATTENTION: If you speak English, assistance services, free of charge, are available to you. Call the number provided for your state of residence.

ATENCIÓN: Si habla español, tiene servicios de asistencia lingüística sin cargo. Llame al número correspondiente a su estado de residencia.

注意:如果您说中文,您可获得免费的语言援助服务。请拨打您所在州相应的电话号码。

توجه کنید: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی به صورت رایگان در دسترس شما هستند. با شماره ارائه شده برای ایالت محل سکونتنان تماس بگیرید.

주의: 한국어을(를) 사용하는 경우, 언어 지원 서비스를 무료로 이용할 수 있습니다. 거주하시는 주의 전화 번호로 문의하십시오.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo telefòn ki koresponn ak Eta kote w rete a.

ATTENZIONE: Se parla italiano, avrà a disposizione un servizio di assistenza linguistica gratuito. Chiami il numero fornito per il suo stato di residenza.

אכטונג: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, אוועילעבל פאר אייך. רופט די נומער וואס איז צוגעשטעלט פאר אייער סטעיט וואו איר אייטיירי

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। আপনি বসবাসরত রাজ্যের জন্য দেওয়া নম্বরে ফোন করুন।

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل بالرقم المقدم للو لاية التي تقيم فيها.

UWAGA: jeżeli posługuje się Pan/Pani językiem polsku, udostępniamy bezpłatne usługi wsparcia językowego. Prosimy zadzwonić pod numer podany dla stanu, w którym Pan/Pani mieszka.

ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le numéro de téléphone pour votre État de résidence.

توجہ دیں: اگر آپ ار دو بولتے ہیں، تو لسانی مدد کی خدمات آپ کے لیے مفت دستیاب ہیں۔ اپنی رہانش والی ریاست کے لیے فر اہم کردہ نمبر پر کال کریں۔

CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí được cung cấp sẵn cho quý vị. Gọi số được cung cấp cho tiểu bang cư trú của quý vị.

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numerong ibinigay para sa estadong tinitirhan mo.

ΠΡΟΣΟΧΗ: Αν μιλάτε Ελληνικά, έχετε πρόσβαση σε δωρεάν υπηρεσίες γλωσσικής βοήθειας. Καλέστε τον αριθμό που παρέχεται για την περιοχή σας.

