

HIGHMARK BLUE CROSS BLUE SHIELD
WESTERN PENNSYLVANIA REGION

Support for every step of the health journey.

**For small groups with
50 or fewer employees**

EFFECTIVE JANUARY 1, 2026



Because Life.™

Simplifying health care for small businesses

Highmark delivers reliable coverage and dedicated service designed with small businesses in mind. We make it easier to offer benefits that work for you, while your employees gain access to care and resources that support every part of their health. We're focused on improving the experience for everyone.

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 Health Insurance Company or Highmark Coverage Advantage Inc.

Expansive coverage starts here.



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

Coverage and access made easy

It's all about simplicity. That's why we go above and beyond to give you and your employees access to a broad, high-quality network of doctors, hospitals, and specialists — along with tools and resources that make managing total health easier every step of the way.



Make sure to check out the Employer Portal. Manage enrollment, billing, spending accounts, contracts, and benefit books anytime at [Highmark.com/Employer](https://www.Highmark.com/Employer). You can even order ID cards with just a few clicks.

To find out more, visit [HighmarkSmallGroup.com](https://www.HighmarkSmallGroup.com).

PROVIDER AND NETWORK ACCESS



Blues On CallSM

24/7 access to registered nurses and health coaches for medical concerns, anytime.



Highmark's Network

Employees get access to quality doctors and hospitals with competitive rates through our local, regional, and national network.



Blue Distinction

Employees can easily find top-rated doctors — all they need to do is look for the Blue Distinction logo in our Find a Doctor tool.



BlueCard[®] and Blue Cross Blue Shield Global[®] Core

Your employees get nationwide access to 1.8 million providers and 97% of hospitals, plus coverage in 190 countries.*



True Performance Network

Our plans include access to over 630,000 providers focused on value-based care — keeping your employees healthier and out of the hospital, and helping you better manage health care costs.



Provider Partnerships

We collaborate with health care providers to manage costs, improve care, and drive industry change.

How to find in-network providers

1. Visit www.Highmark.com/BCBS.
2. Scroll down and click **Find a Doctor** under **Find Care**.
3. Choose a location and plan.
4. Enter an alpha prefix OR browse a list of plans.
5. Search by provider name, specialty, location, or type.

Use the advanced search to filter by language, gender, area of focus, appointment scheduling, and more.

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

Living Health Solutions

Highmark's Living Health model puts employees at the center of their care — making it easier for members to engage in their health. With an integrated portfolio of services, it's simple for your team to access personalized solutions that fit their unique needs.

To find out more, visit HighmarkSmallGroup.com.

My Highmark

Our easy-to-use app and website provide a cohesive, one-stop destination for all health and wellness needs, including benefit details, claims, and member education.

IMPROVE OVERALL EMPLOYEE HEALTH



Mental Well-Being powered by Spring Health

This solution provides employees with personalized mental health support, available through My Highmark.



Virtual Joint Health Program Thrive by Sword

This program is available to your employees at no additional cost through your health plan benefits. It connects them virtually with a licensed physical therapist who creates a customized recovery program. Each employee receives a tablet with motion-tracking technology and direct chat access to their therapist for ongoing support.



Well360 Virtual Health

Employees can get 24/7 access to board-certified doctors for urgent care, behavioral health, primary care, women's health, and dermatology.



Noom: Weight Management

Our proven all-in-one solution for losing weight, preventing diabetes, and supporting those living with type 2 diabetes. It helps employees create healthy habits they can sustain, leading to lower health care costs along the way.

Noom: Weight Management offers three integrated solutions that include lessons, smart tools, and one-on-one and peer community support.

- **Noom Weight** – a program designed to drive weight loss.
- **Noom Diabetes Prevention Program** – a program that helps people with prediabetes lose weight and prevent the condition from progressing to type 2 diabetes.
- **Noom Diabetes Lifestyle** – a program to help employees with type 2 diabetes lower their A1C.



CHF and COPD Management powered by Vida

This program connects your employees to a dedicated health coach through an easy-to-use mobile app and website. It’s designed to support those managing chronic conditions like congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD) with expert guidance tailored to their unique needs.



Kidney Health Management Program

This program offers personalized care coordination for your employees — at no additional cost. Working alongside their doctors, our Care Navigators focus on early detection and proactive management to help your employees take control of their kidney health and overall well-being.



Supporting health and financial well-being

We're committed to supporting your employees' total well-being — including their financial health. From wellness programs to tools that help employees make informed care decisions, we offer resources that promote better health outcomes and more confidence around health care spending.

To find out more, visit HighmarkSmallGroup.com.

EMPLOYEE-CENTERED HEALTH SUPPORT



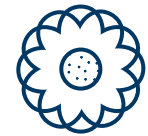
Health Coaching

Employees can schedule no-cost, confidential phone sessions with a coach who can help them set and achieve their wellness goals.



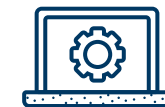
Baby BluePrints® Program

Pregnancy can be both exciting and overwhelming — and your employees don't have to navigate it alone. This program provides support every step of the way, offering educational resources and personalized guidance from a specially trained health coach, all at no additional cost.



Integrated Care Team

Multidisciplinary clinical support for employees at higher health risk.



Utilization Management

We help guide your employees to the right care at the right time — and at the right cost. By focusing on prior authorization, site of care, and prescription options, we help employees make smarter care choices.

And for those managing complex conditions, our specialty case management team provides expert support to coordinate care, improve outcomes, and deliver more cost-effective solutions.

PHARMACY PROGRAMS FOR EXTRA SAVINGS



Copay Armor

Copay Armor helps protect your employees from the high cost of eligible medications. As part of Highmark’s integrated pharmacy benefit, this copay assistance program reduces — or even eliminates — out-of-pocket costs for certain prescriptions, making critical treatments more affordable and accessible.



CivicaScripts

Through our partnership with CivicaScripts, Highmark helps lower the cost of generic medications. This collaboration ensures your employees have access to affordable prescriptions through a reliable supply chain. Included automatically in the pharmacy benefit, the program uses specific drug codes to deliver the most cost-effective generic options available.



Free Market Health

Highmark’s Specialty Management Program, powered by the Free Market Health Care Driven marketplace, seamlessly connects members to a curated selection of high-quality specialty pharmacies. Free Market Health’s technology platform enables us to make sure our members receive the most clinically appropriate care at the most competitive pricing.



Health Savings Account (HSA)

An employee-owned account that allows tax-free contributions for eligible health care expenses — now and in the future. It must be paired with a high-deductible health plan, and both employees and employers can contribute, up to the IRS limit.



Flexible Spending Account (FSA)

A simple way for employees to save on everyday medical expenses. It can be used for eligible costs like medical, dental, vision, and prescriptions. Because FSAs use pre-tax dollars, they also help reduce your employees’ taxable income.

EXCLUSIVE PERKS FOR YOUR EMPLOYEES



Blue365 Discounts

Your employees can get exclusive deals on travel, car rentals, and clothing at blue365deals.com. They also have access to GradFin for guidance on student loan repayment.



Health Reimbursement Account (HRA)

An employer-funded account that helps cover qualified medical expenses. Employers set a contribution amount, and employees can use these funds throughout the plan year to pay for eligible health care costs.



ID Theft Program

Employees can enroll, at no cost, for credit monitoring, security alerts, and lost wallet protection.

PPO Blue

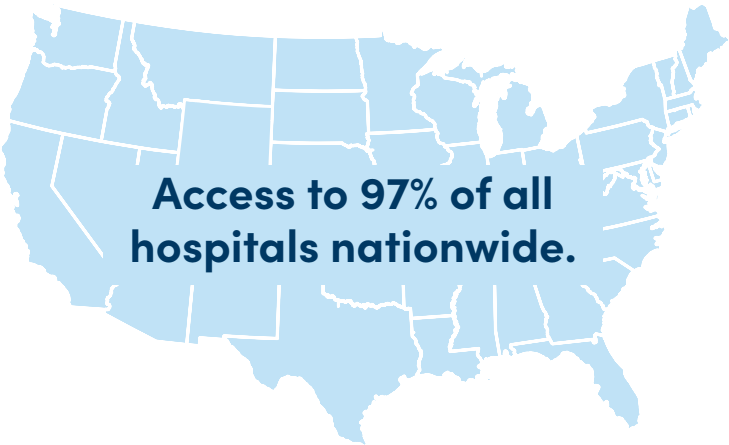
A broad network plan

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.

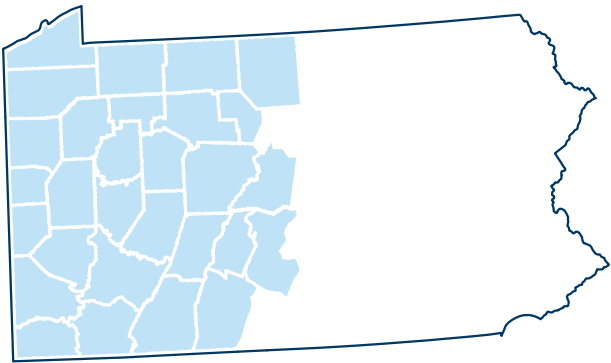
* According to the Blue Cross Blue Shield Association, an association of Blue Cross and Blue Shield plans.

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.



PRODUCT AVAILABILITY

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



Network listing

ALLEGHENY <ul style="list-style-type: none">• 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• Select Specialty Hospital — McKeesport• Select Specialty Hospital — Pittsburgh/UPMC• St. Clair Hospital• 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	BUTLER <ul style="list-style-type: none">• Butler Hospital• UPMC Passavant — Cranberry CAMBRIA <ul style="list-style-type: none">• Conemaugh Memorial Medical Center• Conemaugh Memorial Medical Center — Lee Campus• Conemaugh Miners Medical Center• Select Specialty Hospital — Johnstown CENTRE <ul style="list-style-type: none">• Penn Highlands State College CLARION <ul style="list-style-type: none">• Clarion Hospital CLEARFIELD <ul style="list-style-type: none">• Penn Highlands Clearfield• Penn Highlands DuBois CRAWFORD <ul style="list-style-type: none">• Meadville Medical Center• Titusville Area Hospital ELK <ul style="list-style-type: none">• Penn Highlands Elk ERIE <ul style="list-style-type: none">• AHN Saint Vincent Hospital• LECOM Health — Corry Memorial Hospital• LECOM Health — Millcreek Community Hospital• Select Specialty Hospital — Erie• UPMC Hamot FAYETTE <ul style="list-style-type: none">• Penn Highlands Connellsville• Uniontown Hospital GREENE <ul style="list-style-type: none">• UPMC Greene HUNTINGDON <ul style="list-style-type: none">• Penn Highlands Huntingdon INDIANA <ul style="list-style-type: none">• Indiana Regional Medical Center JEFFERSON <ul style="list-style-type: none">• Penn Highlands Brookville• Punxsutawney Area Hospital	LAWRENCE <ul style="list-style-type: none">• UPMC Jameson MCKEAN <ul style="list-style-type: none">• Bradford Regional Medical Center• UPMC Kane MERCER <ul style="list-style-type: none">• AHN Grove City• Tenor Sharon• UPMC Horizon — Greenville• UPMC Horizon — Shenango Valley POTTER <ul style="list-style-type: none">• UPMC Cole SOMERSET <ul style="list-style-type: none">• Chan Soon-Shiong Medical Center at Windber• Conemaugh Meyersdale Medical Center• UPMC Somerset VENANGO <ul style="list-style-type: none">• UPMC Northwest WARREN <ul style="list-style-type: none">• Warren General Hospital WASHINGTON <ul style="list-style-type: none">• AHN Canonsburg Hospital• Penn Highlands Mon Valley• UPMC Washington WESTMORELAND <ul style="list-style-type: none">• AHN Hempfield Neighborhood Hospital• Frick Hospital• Latrobe Area Hospital• Westmoreland Hospital• Select Specialty Hospital — Laurel Highlands NEW YORK <ul style="list-style-type: none">• AHN Westfield Memorial Hospital• Olean General Hospital OUT-OF-AREA <ul style="list-style-type: none">• Local Blue Cross and/or Blue Shield (BlueCard) providers outside of Pennsylvania
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Provider list as of April 2025. For a full listing of network providers, visit [MyHighmark.com](https://www.mylifehighmark.com) and click on **Plans**. Then click on **Doctors and Drugs** under the **Individual and Family Plans** section.

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

HIGHMARK COVERAGE ADVANTAGE[†]

2026 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)		PRIMARY CARE OFFICE VISIT	MENTAL HEALTH/ SUBSTANCE ABUSE 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 (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	<u>PPO Blue \$0 100/80 Platinum</u>	\$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	<u>PPO Blue \$0 100/80 Gold</u>	\$0	\$500	0%	20%	\$9,100	\$18,200	Office Visit: \$35 Virtual Visit: \$0	Office Visit: \$75 Virtual Visit: \$0	\$75	\$85	\$100	\$250	\$405	\$70	\$70	\$360	\$3/\$20/\$65/\$90/20%/30%
Gold	<u>PPO Blue \$500 100/80 Gold</u>	\$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	<u>PPO Blue \$1000 100/80 Gold</u>	\$1,000	\$2,000	0%	20%	\$9,100	\$18,200	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/\$30/\$65/\$90/20%/30%
Gold	<u>PPO Blue \$1000 80/60 Gold</u>	\$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	<u>PPO Blue \$1400 100/80 Gold</u>	\$1,400	\$2,800	0%	20%	\$7,900	\$15,800	Office Visit: \$45 Virtual Visit: \$0	Office Visit: \$75 Virtual Visit: \$0	\$75	\$85	\$100 after ded.	\$0 after ded.	\$250	\$75 after ded.	\$75 after ded.	\$325 after ded.	\$3/\$15/\$60/\$90/20%/30%
Gold	<u>PPO Blue Qualified \$1750 100/80 Gold</u>	\$1,750	\$3,500	0%	20%	\$4,500	\$9,000	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.	\$100 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	<u>PPO Blue \$2000 100/80 Gold</u>	\$2,000	\$4,000	0%	20%	\$7,900	\$15,800	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	<u>PPO Blue \$2000 90/70 Gold</u>	\$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	<u>PPO Blue \$2500 100/80 Gold</u>	\$2,500	\$5,000	0%	20%	\$7,900	\$15,800	Office Visit: \$45 Virtual Visit: \$0	Office Visit: \$65 Virtual Visit: \$0	\$65	\$75	\$100 after ded.	\$0 after ded.	\$250	\$65	\$65	\$250	\$3/\$15/\$60/\$90/20%/30%
Gold	<u>PPO Blue Qualified \$2750 100/80 Gold</u>	\$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	<u>PPO Blue Qualified Embedded \$3500 100/80 Gold</u>	\$3,500	\$7,000	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	<u>PPO Blue \$0 100/80 Silver</u>	\$0	\$1,000	0%	20%	\$10,150	\$20,300	Office Visit: \$60 Virtual Visit: \$0	Office Visit: \$60 Virtual Visit: \$0	\$80	\$90	\$250	\$500	\$650	\$100	\$200	\$500	\$3/\$40/\$85/\$125/20%/30%
Silver	<u>PPO Blue Qualified Embedded \$4800 100/100 Silver</u>	\$4,800	\$9,600	0%	0%	\$6,000	\$12,000	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$100 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.

^{*} Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.
[†] 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 Professional Network.
Please refer to page 28 for footnotes.
To view the full benefit grid, click on the product name above or contact your local broker.

Performance Blue PPO

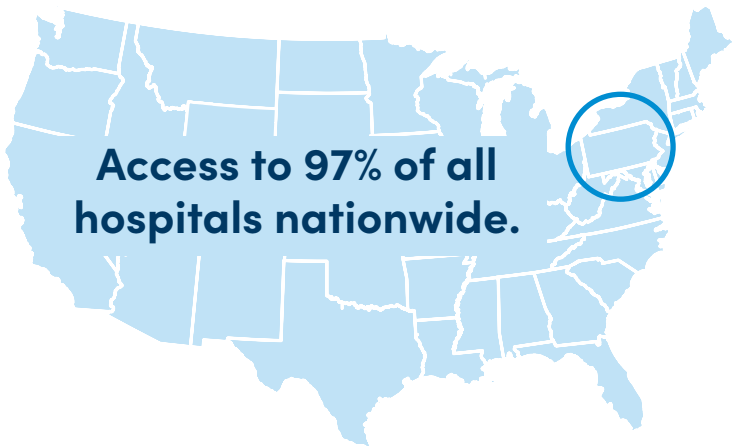
A high-performing network plan

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



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

PRODUCT AVAILABILITY

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



Network listing

ALLEGHENY <ul style="list-style-type: none">• 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• Select Specialty Hospital — McKeesport• Select Specialty Hospital — Pittsburgh/UPMC• St. Clair Hospital• PAM Health Specialty Hospital of Pittsburgh• UPMC Children’s Hospital of Pittsburgh• UPMC Western Psychiatric Hospital	CAMBRIA <ul style="list-style-type: none">• Conemaugh Memorial Medical Center• Conemaugh Memorial Medical Center — Lee Campus• Conemaugh Miners Medical Center• Select Specialty Hospital — Johnstown CENTRE <ul style="list-style-type: none">• Penn Highlands State College CLARION <ul style="list-style-type: none">• Clarion Hospital CLEARFIELD <ul style="list-style-type: none">• Penn Highlands Clearfield• Penn Highlands DuBois CRAWFORD <ul style="list-style-type: none">• Meadville Medical Center• Titusville Area Hospital ELK <ul style="list-style-type: none">• Penn Highlands Elk ERIE <ul style="list-style-type: none">• AHN Saint Vincent Hospital• LECOM Health — Corry Memorial Hospital• LECOM Health — Millcreek Community Hospital• Select Specialty Hospital — Erie FAYETTE <ul style="list-style-type: none">• Penn Highlands Connellsville• Uniontown Hospital GREENE <ul style="list-style-type: none">• UPMC Greene HUNTINGDON <ul style="list-style-type: none">• Penn Highlands Huntingdon INDIANA <ul style="list-style-type: none">• Indiana Regional Medical Center JEFFERSON <ul style="list-style-type: none">• Penn Highlands Brookville• Punxsutawney Area Hospital	LAWRENCE <ul style="list-style-type: none">• UPMC Jameson MCKEAN <ul style="list-style-type: none">• Bradford Regional Medical Center• UPMC Kane MERCER <ul style="list-style-type: none">• AHN Grove City• Tenor Sharon• UPMC Horizon — Greenville• UPMC Horizon — Shenango Valley POTTER <ul style="list-style-type: none">• UPMC Cole SOMERSET <ul style="list-style-type: none">• Chan Soon-Shiong Medical Center at Windber• Conemaugh Meyersdale Medical Center• UPMC Somerset VENANGO <ul style="list-style-type: none">• UPMC Northwest WARREN <ul style="list-style-type: none">• Warren General Hospital WASHINGTON <ul style="list-style-type: none">• AHN Canonsburg Hospital• Penn Highlands Mon Valley• UPMC Washington WESTMORELAND <ul style="list-style-type: none">• AHN Hempfield Neighborhood Hospital• Frick Hospital• Latrobe Area Hospital• Westmoreland Hospital• Select Specialty Hospital — Laurel Highlands NEW YORK <ul style="list-style-type: none">• AHN Westfield Memorial Hospital• Olean General Hospital OUT-OF-AREA <ul style="list-style-type: none">• Local Blue Cross and/or Blue Shield (BlueCard) providers outside of Pennsylvania
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ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

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

HIGHMARK BLUE CROSS BLUE SHIELD†

2026 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 MAXIMUM¹ (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS)		PRIMARY CARE OFFICE VISIT	MENTAL HEALTH/ SUBSTANCE ABUSE 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 (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	<u>Performance Blue PPO \$0 100/80 Platinum</u>	\$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	<u>Performance Blue PPO \$250 100/80 Platinum</u>	\$250	\$2,250	0%	20%	\$4,000	\$8,000	Office Visit: \$10 Virtual Visit: \$0	Office Visit: \$20 Virtual Visit: \$0	\$20	\$40	\$100 after ded.	\$0 after ded.	\$150	\$20	\$20	\$40	\$3/\$10/\$55/\$85/20%/30%
Gold	<u>Performance Blue PPO \$0 100/80 Gold</u>	\$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	<u>Performance Blue PPO \$250 100/80 Gold</u>	\$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	<u>Performance Blue PPO \$500 100/80 Gold</u>	\$500	\$4,500	0%	20%	\$9,100	\$27,300	Office Visit: \$25 Virtual Visit: \$0	Office Visit: \$55 Virtual Visit: \$0	\$55	\$70	\$100 after ded.	\$0 after ded.	\$350	\$55	\$55	\$275	\$3/\$20/\$65/\$90/20%/30%
Gold	<u>Performance Blue PPO \$750 100/80 Gold</u>	\$750	\$4,500	0%	20%	\$9,100	\$27,300	Office Visit: \$25 Virtual Visit: \$0	Office Visit: \$55 Virtual Visit: \$0	\$55	\$70	\$100 after ded.	\$0 after ded.	\$250	\$55	\$55	\$225	\$3/\$15/\$60/\$90/20%/30%
Gold	<u>Performance Blue PPO \$1000 100/80 Gold</u>	\$1,000	\$6,000	0%	20%	\$9,100	\$27,300	Office Visit: \$25 Virtual Visit: \$0	Office Visit: \$55 Virtual Visit: \$0	\$55	\$70	\$100 after ded.	\$0 after ded.	\$250	\$55	\$55	\$225	\$3/\$15/\$60/\$90/20%/30%
Gold	<u>Performance Blue PPO \$1000 90/70 Gold</u>	\$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	<u>Performance Blue PPO \$1250 100/80 Gold</u>	\$1,250	\$7,500	0%	20%	\$9,100	\$27,300	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/\$30/\$65/\$90/20%/30%
Gold	<u>Performance Blue PPO \$1400 100/80 Gold</u>	\$1,400	\$15,000	0%	20%	\$9,100	\$27,300	Office Visit: \$40 Virtual Visit: \$0	Office Visit: \$70 Virtual Visit: \$0	\$70	\$85	\$100 after ded.	\$0 after ded.	\$300	\$70	\$70	\$350	\$3/\$15/\$60/\$90/20%/30%
Gold	<u>Performance Blue PPO \$1500 100/80 Gold</u>	\$1,500	\$9,000	0%	20%	\$9,100	\$27,300	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/\$20/\$65/\$90/20%/30%
Gold	<u>Performance Blue PPO \$1550 100/80 Gold</u>	\$1,550	\$3,100	0%	20%	\$9,100	\$27,300	Office Visit: \$10 Virtual Visit: \$0	Office Visit: \$30 Virtual Visit: \$0	\$30	\$40	\$150 after ded.	\$250 after ded.	\$300 after ded.	\$40 after ded.	\$40 after ded.	\$175 after ded.	\$3/\$30/\$65/\$90/20%/30%
Gold	<u>Performance Blue PPO Qualified \$1750 100/80 Gold</u>	\$1,750	\$5,250	0%	20%	\$5,000	\$15,000	Office Visit: \$15 after ded. Virtual Visit: \$0 after ded.	Office Visit: \$25 after ded. Virtual Visit: \$0 after ded.	\$25 after ded.	\$40 after ded.	\$100 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	<u>Performance Blue PPO \$1750 90/70 Gold</u>	\$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%

* Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.
† Plans may be offered by Highmark Blue Cross Blue Shield and/or Highmark Coverage Advantage.
** Performance Blue Network.
All plans offer creditable coverage.
Please refer to page 28 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†

2026 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 MAXIMUM¹ (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS)		PRIMARY CARE OFFICE VISIT	MENTAL HEALTH/ SUBSTANCE ABUSE OFFICE VISIT	SPECIALIST OFFICE VISIT²	URGENT CARE	OUTPATIENT SURGERY³³³	INPATIENT HOSPITAL	EMERGENCY ROOM	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	<u>Performance Blue PPO \$2000 100/80 Gold</u>	\$2,000	\$9,000	0%	20%	\$9,100	\$27,300	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/\$20/\$65/\$90/20%/30%
Gold	<u>Performance Blue PPO \$2000 90/70 Gold</u>	\$2,000	\$18,000	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%
Gold	<u>Performance Blue PPO \$2500 1x 100/80 Gold</u>	\$2,500	\$5,000	0%	20%	\$9,100	\$27,300	Office Visit: \$15 Virtual Visit: \$0	Office Visit: \$35 Virtual Visit: \$0	\$35	\$40	\$100 after ded.	\$300 after ded.	\$300 after ded.	\$35 after ded.	\$35 after ded.	\$150 after ded.	\$3/\$20/\$65/\$90/20%/30%
Gold	<u>Performance Blue PPO \$4500 100/80 Gold</u>	\$4,500	\$9,000	0%	20%	\$7,700	\$23,100	Office Visit: \$10 Virtual Visit: \$0	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	<u>Performance Blue PPO \$5000 1x 100/80 Gold</u>	\$5,000	\$18,000	0%	20%	\$9,100	\$27,300	Office Visit: \$25 Virtual Visit: \$0	Office Visit: \$45 Virtual Visit: \$0	\$45	\$60	\$100 after ded.	\$0 after ded.	\$325	\$45	\$45	\$200	\$3/\$20/\$55/\$85/20%/30%
Silver	<u>Performance Blue PPO \$600 50/40 Silver</u>	\$600	\$5,400	50%	60%	\$10,000	\$30,000	Office Visit: \$65 Virtual Visit: \$0	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	<u>Performance Blue PPO \$2600 70/50 Silver</u>	\$2,600	\$15,600	30%	50%	\$9,100	\$27,300	Office Visit: \$40 Virtual Visit: \$0	Office Visit: \$85 Virtual Visit: \$0	\$85 after ded.	\$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	<u>Performance Blue PPO Qualified Embedded \$3500 100/80 Silver†</u>	\$3,500	\$10,500	0%	20%	\$8,000	\$24,000	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	<u>Performance Blue PPO Qualified Embedded \$3700 100/100 Silver†</u>	\$3,700	\$11,100	0%	0%	\$7,050	\$21,150	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$150 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	<u>Performance Blue PPO \$5000 1x 70/50 Silver</u>	\$5,000	\$18,000	30%	50%	\$9,100	\$27,300	Office Visit: \$35 Virtual Visit: \$0	Office Visit: \$60 Virtual Visit: \$0	\$60 after ded.	\$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%
Bronze	<u>Performance Blue PPO Qualified Embedded \$7500 100/100 Bronze!</u>	\$7,500	\$15,000	0%	0%	\$7,500	\$22,500	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.

* Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.
† Plans may be offered by Highmark Blue Cross Blue Shield and/or Highmark Coverage Advantage.
** Performance Blue Network.
All plans offer creditable coverage.
Please refer to page 28 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:

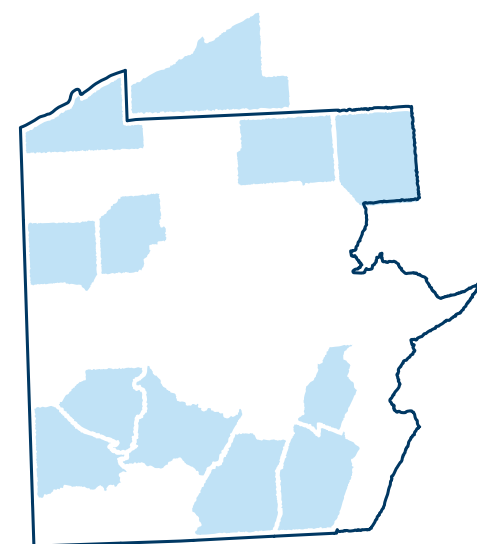
Where employees will pay the least for quality care:

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

OUT OF NETWORK:

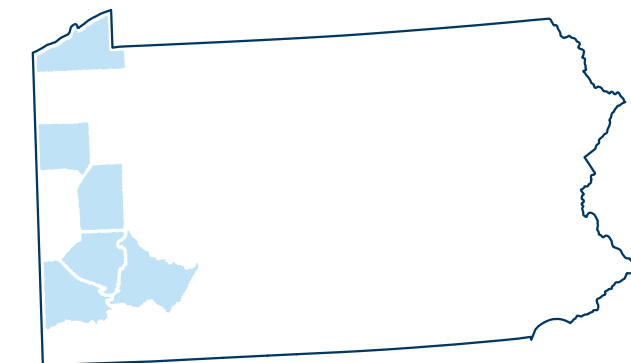
Where employees will pay the most for care:

- 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
- 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 April 2025. For a full listing of network providers, visit [MyHighmark.com](https://www.mylifehighmark.com) and click on **Plans**. Then click on **Doctors and Drugs** under the **Individual and Family Plans** section.

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

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.

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, First Priority Life Insurance Company, or Highmark Coverage Advantage Inc. **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.

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.

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

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

HIGHMARK BLUE CROSS BLUE SHIELD†

2026 Together Blue EPO Plans**

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

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM [‡] (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS)		PRIMARY CARE OFFICE VISIT	MENTAL HEALTH/SUBSTANCE ABUSE 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 (ESSENTIAL) ^{‡, 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		MEMBER PAYS		MEMBER PAYS												
Platinum	<u>Together Blue EPO \$250</u>	\$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	<u>Together Blue EPO \$0</u>	\$0	N/A	0%	N/A	\$9,100	N/A	Office Visit: \$45 Virtual Visit: \$0	Office Visit: \$75 Virtual Visit: \$0	\$75	\$85	\$100	\$250	\$405	\$75	\$75	\$360	\$0/\$25/\$80/50%
Gold	<u>Together Blue EPO \$500</u>	\$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	<u>Together Blue EPO \$1000</u>	\$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	<u>Together Blue EPO \$1500</u>	\$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	<u>Together Blue EPO \$2500 1x</u>	\$2,500	N/A	0%	N/A	\$7,900	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	<u>Together Blue EPO \$5000 1x</u>	\$5,000	N/A	0%	N/A	\$7,900	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	<u>Together Blue EPO \$2000</u>	\$2,000	N/A	30%	N/A	\$10,150	N/A	Office Visit: \$55 Virtual Visit: \$0	Office Visit: \$85 Virtual Visit: \$0	\$85	\$95	\$250 after ded.	30% after ded.	\$565	\$85 after ded.	\$85 after ded.	\$550	\$0/\$30/\$155/50%
Silver	<u>Together Blue EPO Embedded Q\$3800</u>	\$3,800	N/A	0%	N/A	\$7,500	N/A	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$75 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0/\$30/\$155/50% after ded.
Bronze	<u>Together Blue EPO Embedded Q\$6650</u>	\$6,650	N/A	0%	N/A	\$8,000	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.

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** Together Blue Network.
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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.

SENSIBLERX COMPLETE:

This add-on for your pharmacy plan lowers pharmacy plan costs while still providing the best possible care. SensibleRx Complete is a program that helps members to reduce pharmacy costs by motivating them to choose generic medications over brand name through cost.* Members who request brand-name medications when generic equivalents are available will pay the brand cost-sharing plus the cost difference between the brand and generic medication.

*A penalty exception request can be made to Highmark by the member or provider. Medical necessity documentation needs to be sent showing that the member has experienced an adverse event or serious allergic reaction (e.g., anaphylaxis) to the generic equivalent of the brand name product that would not be expected to occur with the brand product.

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 2025 may not be creditable coverage in 2026 due to the recent Medicare Part D changes, which eliminated the coverage gap phase and added a \$2,100 out-of-pocket maximum. As a result, the threshold for minimum coverage has increased from a traditional actuarial value perspective.

There’s a whole lot of legalese around these plans.

We put it all in one place for you.

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 Health Insurance Company or Highmark Coverage Advantage Inc.

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.

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Thrive is available at no additional cost to all members (age 13 and over) as part of your health plan benefits. Individuals ages 13 – 17 will need to obtain consent from their parent or guardian.

Always seek the advice of your physician or other qualified health provider with any questions or concerns regarding a medical condition and before you begin a wellness program.

Thrive is a Sword Health program. Sword Health 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.

Mental Well-Being is offered by your health plan and powered by Spring Health. Spring Health is an independent company that provides mental health care services through its agents. Spring Health is solely responsible for their mental health care services.

Vida is a separate company that provides cardiometabolic condition management services for certain eligible members of your health plan. There is no cost for most health plan members. If you have a qualified high-deductible plan, you may have to pay out-of-pocket for some services with this solution until you meet your deductible.

Noom is an independent company that provides behavior change and lifestyle modification services to address weight management, prevention of type 2 diabetes and support for type 2 diabetes.

Baby BluePrints is a registered mark of the Blue Cross Blue Shield Association.

Well360 Virtual Health is offered by your health plan and powered by Amwell. Amwell is an independent company that provides telemedicine services and does not provide Blue Cross and/or Blue Shield products or services. Amwell is solely responsible for their telemedicine services.

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.

Free Market Health, an independent health care technology company, provides end-to-end specialty drug process optimization for Highmark members.

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 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 of Civil Rights Complaint Portal, available at 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
Phone: 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at 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, free language translation and interpretation services are available to you. Appropriate auxiliary aids and services (such as large print, audio, and Braille) to provide information in accessible formats are also available free of charge.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de traducción e interpretación de idiomas. También hay disponibles ayudas y servicios auxiliares adecuados (como letra grande, audio y Braille) para proporcionar información en formatos accesibles sin cargo.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Übersetzungs- und Dolmetscherdienste zur Verfügung. Außerdem sind kostenlos entsprechende Hilfsmittel und Dienstleistungen (wie Großdruck, Audio und Blindenschrift) zur Bereitstellung von Informationen in barrierefreien Formaten erhältlich.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis tradiksyon ak entèpretasyon aladispozisyon w gratis nan lang ou pale a. Èd ak sèvis siplemantè apwopriye (tèlke gwo lèt, odyo, Braille) pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou.

ВНИМАНИЕ: Если Вы говорите на русском языке, Вам доступны бесплатные услуги перевода на другой язык. Также предоставляется дополнительная бесплатная помощь и услуги отображения информации в доступных форматах (например, крупным шрифтом, шрифтом Брайля или в виде аудиозаписи).

ATTENZIONE: se parla italiano, sono disponibili servizi gratuiti di traduzione e interpretariato. Sono inoltre disponibili gratuitamente adeguati supporti e servizi ausiliari (ad esempio caratteri grandi, audio e Braille) per fornire informazioni in formati accessibili.

ATTENTION : si vous parlez français, des services de traduction et d’interprétation gratuits sont à votre disposition. Vous pouvez aussi bénéficier gratuitement de l’accès à des outils et services auxiliaires appropriés (affichage en gros caractères, audio et le braille) dans des formats accessibles.

ÀKÍYÈSÌ: Tí o bá nsọ èdè Yorùbá, àwọn iṣẹ́ itumọ́ ati ògbufọ́ èdè wà ní àrọwọ́tọ́ lọ́fẹ́ẹ́ fún ọ. Àwọn iṣẹ́ itọ́jú ati irànlọ́wọ́ tọ́ yẹ (bíí títẹ́wé nla, gbìgbọ́ ohùn, ati ìwé afọ́jú) lati pèsè iwífúnni ní àwọn ọ̀na irááyé sì wà pẹ̀lu lọ́fẹ́ẹ́.

ווא גנוצעזרעביא כארפש ועמוקאב ריא טנעק, שידיא טדער ריא בוויא גנוטא סעסיוורעס ווא ועלטימספליה עגירעהעג. לאצפא ופ יירפ סעסיוורעס גנושטעמלאד עכילגעגוצ ויא עיצאמראפניא ולעטשוצ צו (ליערב ווא אידוא, קורד עסוירג ווויזא) לאצפא ופ יירפ ועמוקאב צו אד רויא וענעז וטאמראפ

قەچرتەلا تەمەدخ لەل رفوتسەف، ئەيەبرەحەل ەغەلل شەحەتەت تەنك ادا: ئەيەبنەت ەدەاسەمەلا تەمەدخەل و لەئاسولە اھسەي رفوتەت. اناجەم ئەيەروفلە قەچرتەل و ئەيەريرحەتەل (لەيەرب قەيەرو، ئەيەتووصلە لەئاسولە و، ئەيەبەللە ەغەبطلە لەثم) ەسەسانەمەلا. قەفلەكتەي نود نەم اھيلەل لوصولە نەكمەي تاقەيسەنتەب تەمولەملە مەديقتەل

注意：如果您说中文，我们将为您提供免费的语言翻译和口译服务。此外，我们还免费提供相应的辅助工具和服务（如大字体、音频和盲文），以便您获取无障碍格式的信息。

ધ્યાન આપશો: જો તમે ગુજરાતી બોલતા હોવ, તો તમારા માટે નિશ્ચિલ્ક ભાષા અનુવાદ અને ઇન્ટરપ્રટેશન સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સાધનસામગ્રી અને સેવાઓ (જેમ કે મોટી પ્રિન્ટ, ઓડિયો અને બ્રેઇલ) પણ નિશ્ચિલ્ક ઉપલબ્ધ છે.

CHÚ Y: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ biên dịch và phiên dịch ngôn ngữ miễn phí dành cho quý vị. Chúng tôi cũng cung cấp miễn phí các dịch vụ và hỗ trợ bổ sung thích hợp (như chữ in lớn, tệp âm thanh và chữ nổi) để cung cấp thông tin ở các định dạng dễ tiếp cận.

ધ્ યાન દનિહોસ્ : યદતિપાઈ નેપાલી બોલ્ નુહુન્ છ બને, તપાઈલાઈ નશિશુલ્ક ભાષા અનુવાદ ર દોભાસે સેવાહર્ ડપલબ્ ધ છન્ । પહુંચયોગ્ ય ઢાંચાહર્મા જાનકારી પ્ રદાન ગર્ ન ડપયુક્ત સહાયક પ્ રવધિર્ સેવાહર્ (જસ્ તૈ ઢૂલો પ્ રનિ્ટ, અડયો ર બ્ રેલ) પનનિશિશુલ્ક ડપલબ્ ધ છન્ ।

कृपया ध्यान दें: यदिआप हिंदी भाषा बोलते हैं, तो आपके लिए मुफ्त भाषा अनुवाद और व् याख् या संबंधी सेवाएं उपलब् ध हैं। एक्सेस करने योग् य फॉर्मेट में सूचना उपलब् ध कराने के लिए उपयुक् त सहायक सामग् री और सेवाएं (जैसे बड़े प् रंटि, ऑडियो और ब् रेल) भी नशिश्िल्क उपलब् ध हैं।

주의: 한국어를 사용하는 경우 무료 언어 번역 및 통역 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공받을 수 있는 적절한 보조 수단 및 서비스(예: 큰 활자, 오디오, 점자)도 무료로 이용하실 수 있습니다. 도움이



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