Highmark Grandmothered Small Group Policy Renewal Options 2026 – 2027

There's some good news about your small group insurance policy.

Grandmothered policies have been recognized by the federal government as non-grandfathered insurance policies issued before 2014 and continually renewed. These policies have not yet been required to come into compliance with all of the 2014 ACA market reforms. If you hold one of those policies, the good news is that you can renew it again this year. With certain limitations, you can even make some permissible changes to your grandmothered policy when you choose to renew it again for your 2026 – 2027 contract year.

See, we told you it was good news.

For groups of 50 or fewer employees located in these 29 western Pennsylvania 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
Venango
Warren
Washington
Westmoreland

Coverage is issued by Highmark Health Insurance Company.

HIGHMARK

Grandmothered PPO Blue Small Group Portfolio

2026 – 2027

	Medical Coverage											Health Spending Accounts		Prescription Drug Coverage			
	Deductible		Plan Payment Level (Coinsurance)		Out-of-Pocket Maximum		Emergency Room	Urgent Care	Telemedicine Services	PCP-Retail	Specialist	Availability		Comprehensive Formulary-Incentive Rx-A		Comprehensive Formulary-Closed Rx-B	
	In-Network (2x Family)	Out-of-Network (2x Family)	In-Network	Out-of-Network	In-Network (2x Family)	Out-of-Network (2x Fam)	In-Network	In-Network	In-Network	In-Network	In-Network	HRA	HSA	Retail	Mail Order	Retail	Mail Order
Premium Plans																	
PPO Blue $10	$0	$250	100%	80%	$0	$2,000	$60	$50	$5	$10	$20			$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $20	$0	$500	100%	80%	$0	$3,000	$75	$60	$10	$20	$40			$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $20/$40	$0	$500	100%	80%	$0	$3,000	$125	$85	$10	$20	$40			$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
Take Charge Plans																	
PPO Blue 90/70	$0	$500	90%	70%	$500	$1,000	10%	10%	10%	10%	10%			$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $250 90/70	$250	$500	90%	70%	$1,500	$3,000	$100	$75	$10	$20	$40			$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $250 80/60	$250	$500	80%	60%	$2,500	$5,000	20% – deductible does not apply	20%	$10	$20	$40			$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
Sharing Plans																	
PPO Blue $250	$250	$500	100%	80%	$0	$2,000	$75	$60	$10	$20	$40			$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $500	$500	$1,000	100%	80%	$0	$3,000	$100	$65	$5	$20	$40	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $750	$750	$1,500	100%	80%	$0	$5,000	$125	$75	$5	$20	$40	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $1,000	$1,000	$2,000	100%	80%	$0	$5,000	$125	$75	$5	$20	$40	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $1,250	$1,250	$2,500	100%	80%	$0	$5,000	$125	$75	$5	$20	$40	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $1,500	$1,500	$3,000	100%	80%	$0	$5,000	$125	$75	$5	$20	$40	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $2,000	$2,000	$4,000	100%	80%	$0	$2,000	$125	$85	$10	$20	$40	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $2,500	$2,500	$5,000	100%	80%	$0	$5,000	$125	$85	$5	$20	$40	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $3,000	$3,000	$6,000	100%	80%	$0	$2,000	$125	$85	$10	$20	$40	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $5,000	$5,000	$10,000	100%	80%	$0	$2,500	$125	$85	$10	$20	$40	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
Smart Plans																	
PPO Blue $500 90/70	$500	$1,000	90%	70%	$1,000	$4,000	$125	$85	$10	$25	$50	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $500 80/60	$500	$1,000	80%	60%	$4,000	$5,000	$125	$85	$10	$25	$50	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $750 90/70	$750	$1,500	90%	70%	$1,500	$3,000	10%	10%	$10	$25	$50	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $1,000 80/60	$1,000	$2,000	80%	60%	$1,500	$3,000	$125	$85	$10	$25	$50	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
PPO Blue $1,250 90/70	$1,250	$2,500	90%	70%	$1,500	$3,000	10%	10%	$10	$25	$50	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
Family Savings Plans																	
PPO Blue $3,000C 90/70	$3,000 combined individual and family	$6,000 combined individual and family	90%	70%	$1,000 combined individual and family	$2,000 combined individual and family	10% – deductible does not apply	10% – deductible does not apply	10% – deductible does not apply	10% – deductible does not apply	10% – deductible does not apply	Yes		$10/$50/$75	$20/$100/$150	N/A	N/A
PPO Blue $4,000C	$4,000 combined individual and family	$8,000 combined individual and family	100%	80%	$0 combined individual and family	$4,000 combined individual and family	$150	$85	$10	$25	$50	Yes		$10/$50/$75	$20/$100/$150	N/A	N/A
PPO Blue $5,000C	$5,000 combined individual and family	$10,000 combined individual and family	100%	80%	$0 combined individual and family	$5,000 combined individual and family	$150	$85	$10	$25	$50	Yes		$10/$50/$75	$20/$100/$150	N/A	N/A
Healthy Savings Plans														**Open formulary integrated with medical deductible design D** (for healthy savings plans only)			
PPO Blue $1,750Q A	$1,750	$3,500	100%	80%	$3,950	$7,900	$125 after deductible	$85 after deductible	$0 after deductible	$20 after deductible	$40 after deductible		Yes	Integrated plan pays 100% after deductible	Integrated plan pays 100% after deductible	N/A	N/A
PPO Blue $1,750Q B	$1,750	$3,500	100%	80%	$0	$1,500	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible		Yes	Integrated plan pays 100% after deductible	Integrated plan pays 100% after deductible	N/A	N/A
PPO Blue $2,000Q	$2,000	$4,000	100%	80%	$0	$1,500	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible		Yes	Integrated plan pays 100% after deductible	Integrated plan pays 100% after deductible	N/A	N/A
PPO Blue $2,600Q	$2,600	$5,200	100%	80%	$0	$1,500	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible		Yes	Integrated plan pays 100% after deductible	Integrated plan pays 100% after deductible	N/A	N/A
PPO Blue $2,600Q 90/70	$2,600	$5,200	90%	70%	$1,000	$2,000	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible		Yes	Integrated plan pays 90% after deductible	Integrated plan pays 90% after deductible	N/A	N/A
PPO Blue $3,500Q 90/70	$3,500	$7,000	90%	70%	$1,000	$2,000	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible		Yes	Integrated plan pays 90% after deductible	Integrated plan pays 90% after deductible	N/A	N/A
Member Select Plans																	
PPO Blue $250 80/60	$250	$1,000	80%	60%	$4,000	$5,000	$175	$100	$10	$35	$70			N/A	N/A	N/A	N/A
PPO Blue $500 80/60	$500	$1,500	80%	60%	$4,000	$5,000	$175	$100	$10	$35	$70	Yes		N/A	N/A	N/A	N/A

Grandmothered Community Blue PPO Small Group Portfolio

2026 – 2027

	Medical Coverage											Health Spending Accounts		Prescription Drug Coverage			
	Deductible		Plan Payment Level (Coinsurance)		Out-of-Pocket Maximum		Emergency Room	Urgent Care	Telemedicine Services	PCP-Retail	Specialist	Availability		Comprehensive Formulary Incentive Rx-A		Comprehensive Formulary Closed Rx-B	
	In-Network (2x Fam)	Out-of-Network (2x Fam)	In-Network (2x Fam)	Out-of-Network (2x Fam)	In-Network (2x Fam)	Out-of-Network (2x Fam)	In-Network	In-Network	In-Network	In-Network	In-Network	HRA	HSA	Retail	Mail Order	Retail	Mail Order
Premium Plans																	
Community Blue $20	$0	$500	100%	80%	$0	$3,000	$75	$60	$10	$20	$40			$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
Sharing Plans																	
Community Blue $250	$250	$500	100%	80%	$0	$2,000	$75	$60	$10	$20	$40			$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
Community Blue $500	$500	$1,000	100%	80%	$0	$3,000	$100	$65	$5	$20	$40	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
Community Blue $750	$750	$1,500	100%	80%	$0	$5,000	$125	$75	$5	$20	$40	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
Community Blue $1,000	$1,000	$2,000	100%	80%	$0	$5,000	$125	$75	$5	$20	$40	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
Community Blue $1,250	$1,250	$2,500	100%	80%	$0	$5,000	$125	$75	$5	$20	$40	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
Community Blue $1,500	$1,500	$3,000	100%	80%	$0	$5,000	$125	$75	$5	$20	$40	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
Community Blue $2,500	$2,500	$5,000	100%	80%	$0	$5,000	$125	$85	$5	$20	$40	Yes		$10/$50/$75	$20/$100/$150	$10/$50	$20/$100
Healthy Savings Plans	**Open formulary integrated with medical deductible design D** (for healthy savings plans only)																
Community Blue $1,750Q	$1,750	$3,500	100%	80%	$0	$1,500	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible		Yes	Integrated plan pays 100% after deductible	Integrated plan pays 100% after deductible	Integrated plan pays 100% after deductible	Integrated plan pays 100% after deductible
Community Blue $2,600Q	$2,600	$5,200	100%	80%	$0	$1,500	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible		Yes	Integrated plan pays 100% after deductible	Integrated plan pays 100% after deductible	Integrated plan pays 100% after deductible	Integrated plan pays 100% after deductible

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 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

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. Call the number on the back of your ID card (TTY: 711) for help.

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. Llame al número que figura al dorso de su tarjeta de identificación (TTY: 711) si necesita ayuda.

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. Wählen Sie hierfür bitte die Nummer auf der Rückseite Ihrer Ausweiskarte (TTY: 711).

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. Rele nimewo ki sou do Kat ID w lan (TTY: 711) pou jwenn èd.

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). Для получения помощи позвоните по номеру, указанному на обратной стороне вашей идентификационной карты (TTY: 711).

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. Per assistenza, chiami il numero riportato sul retro della Sua tessera di identificazione (TTY: 711).

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. Veuillez appeler le numéro qui se trouve au verso de votre carte d'identification (TTY : 711) pour obtenir de l'aide.

ÀKÍYÈSÍ: Tí o bá nsọ èdè Yorùbá, àwọn iṣẹ ìtumọ ati ògbufọ èdè wà ní àrọwọtó lọ́fẹ̀ẹ́ fún ọ. Awọn iṣẹ ìtó jú ati ìrànlọ́wọ́ tó yẹ (bíi títẹ̀wé nla, gbigbọ ohùn, ati ìwé afọ́jú) lati pèsè iwifúnni ni awọn ọna ìrááyè si wà pẹlu lọ́fẹ̀ẹ́. Pe nọmba tó wà lẹhin kaádì ìdánimọ re (TTY: 711) fún ìrànlọwọ.

גנוטכא: לאצפא ופ יירפ סעסיוורעס גנושטעמלאד וא גנוצעזרעביא ךארפש וענוקאב ריא טנעק ,שידיא טדער ריא בויא .סעסיוורעס וא ועלטימספליה עגירעהעג (עסוירג יווויזא) רעייא וופ טייז ערעדנא יד ךויא רעמונ סעד טפור .לאצפא ופ יירפ וענוקאב וצ אד רוי א וענעז וטאמראפניא וליעטשוצ וצ (ליערב וא אידוא ,קורד לטראק טעטיטנעדיא (TTY: 711) ראפ ליה.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات الترجمة الترحيرية والترجمة الفورية مجانًا. تتوفر أيضًا الوسائل والخدمات المساعدة المناسبة (مثل الطباعة الكبيرة، والوسائل الصوتية، وطريقة برايل) لتزويدك بالمعلومات بتنسيقات يمكنك الوصول إليها من دون أي تكلفة. اتصل على الرقم المدوّن على ظهر بطاقة هويتك (TTY: 711) للحصول على المساعدة.

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。如需帮助，请拨打您的 ID 卡背面的号码（听障人士专用号码： 711）。

ધ્યાન આપશો: જો તમે ગુજરાતી બોલતા હોવ, તો તમારા માટે નિ:શુલ્ક ભાષા અનુવાદ અને ઇન્ટરપ્રિટેશન સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સાધનસામગ્રી અને સેવાઓ (જેમ કે મોટી પ્રિન્ટ, ઓડિયો અને બ્રેઇલ) પણ નિ:શુલ્ક ઉપલબ્ધ છે. મદદ માટે તમારા આઇડી કાર્ડની પાછળ આપેલા નંબર (TTY: 711) પર કૉલ કરો.

CHÚ Ý: 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. Vui lòng gọi số điện thoại trên mặt sau của thẻ nhận dạng của quý vị (TTY: 711) để được trợ giúp.

ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंलाई निःशुल्क भाषा अनुवाद र दोभासे सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक प्रविधि सेवाहरू (जस्तै ठूलो प्रिन्ट, अडियो र ब्रेल) पनि निःशुल्क उपलब्ध छन्। मद्दतको लागि तपाईंको ID कार्डको पछाडिको नम्बरमा कल गर्नुहोस् (TTY: 711)।

कृपया ध्यान दें: यदि आप हिंदी भाषा बोलते हैं, तो आपके लिए मुफ्त भाषा अनुवाद और व्याख्या संबंधी सेवाएं उपलब्ध हैं। एक्सेस करने योग्य फॉर्मेट में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक सामग्री और सेवाएं (जैसे बड़े प्रिंट, ऑडियो और ब्रेल) भी निःशुल्क उपलब्ध हैं। सहायता के लिए अपने पहचान कार्ड के पीछे लिखे नंबर (TTY: 711) पर कॉल करें।

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 이용할 수 있습니다. 도움이 필요하시면 ID 카드 뒷면에 있는 번호로 전화하십시오(TTY: 711).

Additional information about renewing your grandmothered health policy

- You're under no obligation to keep your grandmothered policy. We have a variety of Preferred Provider Organization (PPO) products for you to consider that might work better for you. It's your call.
- If you decide to switch to an ACA plan, you won't be able to switch back to your grandmothered policy.
- Grandmothered policies still need to comply to the same regulations they've had to in the past.
- No matter which renewal option you choose, you can:
  - Renew your current coverage with no changes to employee benefits.
    However, there are changes to benefits that we have been required to make by law.

    OR

  - Change to another plan design within the product that you currently have. For example, you can switch to a different coverage option in the PPO product you have, but you cannot renew into a plan design under a qualified high-deductible health plan product that you did not have previously.
- We'll continue to keep you in the loop regarding any updates to the Affordable Care Act, including any extension to grandmothering that would allow you to renew your grandmothered policy beyond 2027.

Log in to MyHighmark.com — the one-stop digital solution that helps members take charge of their health. My Highmark guides members to individualized programs tailored to their interests and needs. Members can see what their benefits cover and view claims, find and schedule virtual care, get ongoing health support, and more.

HIGHMARK

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 or Highmark Health Insurance 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.

The information regarding the Patient Protection and Affordable Care Act of 2010 ("PPACA"), as amended, and/or any other law, does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws.

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