Benefits that support your best health.

Highlights from your plan.



A simplified health plan for easy, stress-free care.

Why Highmark 1

Get to know My Highmark 2

Find providers and get care 4

Tools and support 6

Helpful health lingo definitions 7



Three ways Highmark makes it simple.

1

Coverage that goes where you go.

For care closer to home, you get access to AHN, UPMC, and other local community hospitals and doctors.* From coast to coast, you can choose from one of the largest physician and hospital networks in the U.S., with over 2.3 million providers and 95% of all hospitals. And when you travel, you're covered in 190 countries.**

2

Total support, day or night.

Whether it's 24/7 answers from registered nurses, video visits with a provider for a diagnosis or a prescription, or help booking appointments — we're there when you need us.

3

Easy access to top-performing specialists.

Many of our network specialists have earned Blue Distinction® status for their exceptional safety and results. That means great specialty care for you, across the board.

*Local facilities and providers may vary by selected plan.
**According to the Blue Cross Blue Shield Association.

Get to know
My Highmark.



All your plan details, all in one place. My Highmark is your one-stop digital experience for accessing everything your plan has to offer. Here's a look at what's waiting for you there.

MANAGE YOUR PLAN

- **Review your benefits:** Get important info on your benefits and coverage.
- **View your member ID card:** Download a digital version for easy access.
- **See claims:** View your claim status and explanations of benefits (EOBs).
- **Estimate costs:** Predict out-of-pocket prices for procedures and services.
- **Budget:** Track progress on your deductible and out-of-pocket maximum.

GET CARE QUICKLY

- **Find doctors and hospitals:** Search for in-network providers near you.
- **Schedule virtual visits:** See a provider through Well360 Virtual Health.

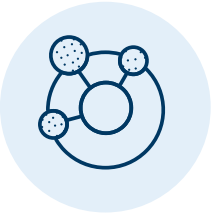
REACH YOUR HEALTH GOALS

- **Complete a health assessment:** Then get recommendations based on your goals, medical history, and lifestyle.
- **Enroll in digital programs:** Access over 70 programs on topics like nutrition, mental health, and chronic conditions.
- **Sign up for a challenge:** Participate in short challenges to help kickstart a healthy habit.

REGISTERING IS EASY.

Scan the QR code to download the My Highmark app or go to MyHighmark.com to get started.

Find providers and get care.



LOCAL ACCESS

Expert care close to home.

Your plan gives you convenient access to in-network health services through Allegheny Health Network (AHN). With a large network of local providers, care is always close by. That includes same-day primary and specialist visits.



BLUE DISTINCTION

See specialists who get better results.

Blue Distinction providers are top-rated specialists that meet national standards for quality and safety. You can find these providers on My Highmark when searching for care, where they'll be marked with a Blue Distinction icon.

Blue Distinction® Center



WELL360 VIRTUAL HEALTH

Personalized care when and where you want it.

No more waiting rooms, no more waiting to schedule. Well360 Virtual Health lets you see a board-certified doctor right away from your phone, tablet, or computer. Log in to My Highmark to schedule.



Tools and support.



WELLNESS COACHING

Guidance for building healthy habits.

On the path to better health, having a coach in your corner can make a huge difference. Call 1-800-650-8442 or visit **HighmarkHealthCoachBCBS.com** to schedule a free session with a coach.



DISEASE MANAGEMENT PROGRAMS

Help managing chronic conditions.

If you're dealing with a chronic health problem, you don't have to go it alone. Get one-on-one nurse support for conditions like asthma, diabetes, heart disease, and more.



BLUE365®

Discounts to help you stay healthy and active.

Get exclusive deals on lifestyle perks that keep you fit and nourished, from workout gear to personal wellness items to healthy meal services.



LOCAL RESOURCES

Free support for life's challenges.

Things like food, housing, social connections, and finances can all impact your health. If you need help with any of these, visit **HighmarkCommunitySupport.com** and enter your ZIP code to find local resources.



24/7 NURSELINE

Around the clock answers from a pro.

Medical concerns during off hours? Just call the phone number on the back of your member ID card or log in to the My Highmark app to get advice from a registered nurse or a health coach anytime.



VIRTUAL CARE

Get treated from the comfort of home.

Connect with a healthcare professional without leaving the house. Access a range of virtual care programs to get the support you need, when you need it.

Healthcare lingo, translated.

When you're choosing a plan, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones. (If you want the complete glossary, check My Highmark after you enroll.)

Claim
The request for payment that's sent to your health insurance company after you receive covered care.

Copay
The set amount you pay for a covered service.

Coinsurance
The percentage you owe after your deductible. For example, if your plan pays 80%, you pay 20%.

Deductible
The set amount you pay for a health service before your plan starts paying.

Formulary
The list of medications covered by your plan, sorted by tier. Lower tiers usually mean lower copays.

In-network provider
A medical professional or facility that has an agreement with your plan to accept your plan allowance and cost sharing as full payment. They won't bill you extra for covered services, but you could still have to pay your deductible, coinsurance, or copays.

Maximum out-of-pocket
The most you'd pay for covered care. If you hit this amount, your plan pays 100% after that.

Premium
The monthly amount you or your employer pay so you have health coverage.

Plan allowance
The set amount your plan will pay for a health service, even if your provider bills for more.

Have questions about your plan?

Call the number on the back of your member ID card or visit MyHighmark.com.

Our friends in the legal department asked us to include this. Enjoy all the nitty gritty details.

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

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

Blue Distinction® 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.

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:

Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., First Priority Health or First Priority Life 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.**

Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield.

West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield. **Visit https://www.highmarkbcbswv.com/networkaccessplan to view the Access Plan required by the Health Benefit Plan Network Access and Adequacy Act. You may also request a copy by contacting us at the number on the back of your ID card.**

Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield.

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.

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, 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. AuƏerdem sind kostenlos entsprechende Hilfsmittel und Dienstleistungen (wie GroƏdruck, 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

HIGHMARK

Because Life.™

Benefit Highlights 2027

10/26 MX7729951

CLEAR • SIMPLE • USEFUL CERTIFIED SMPL® SMPLHEALTH.ORG

The SMPL standard makes care and benefits information easy to understand and use.