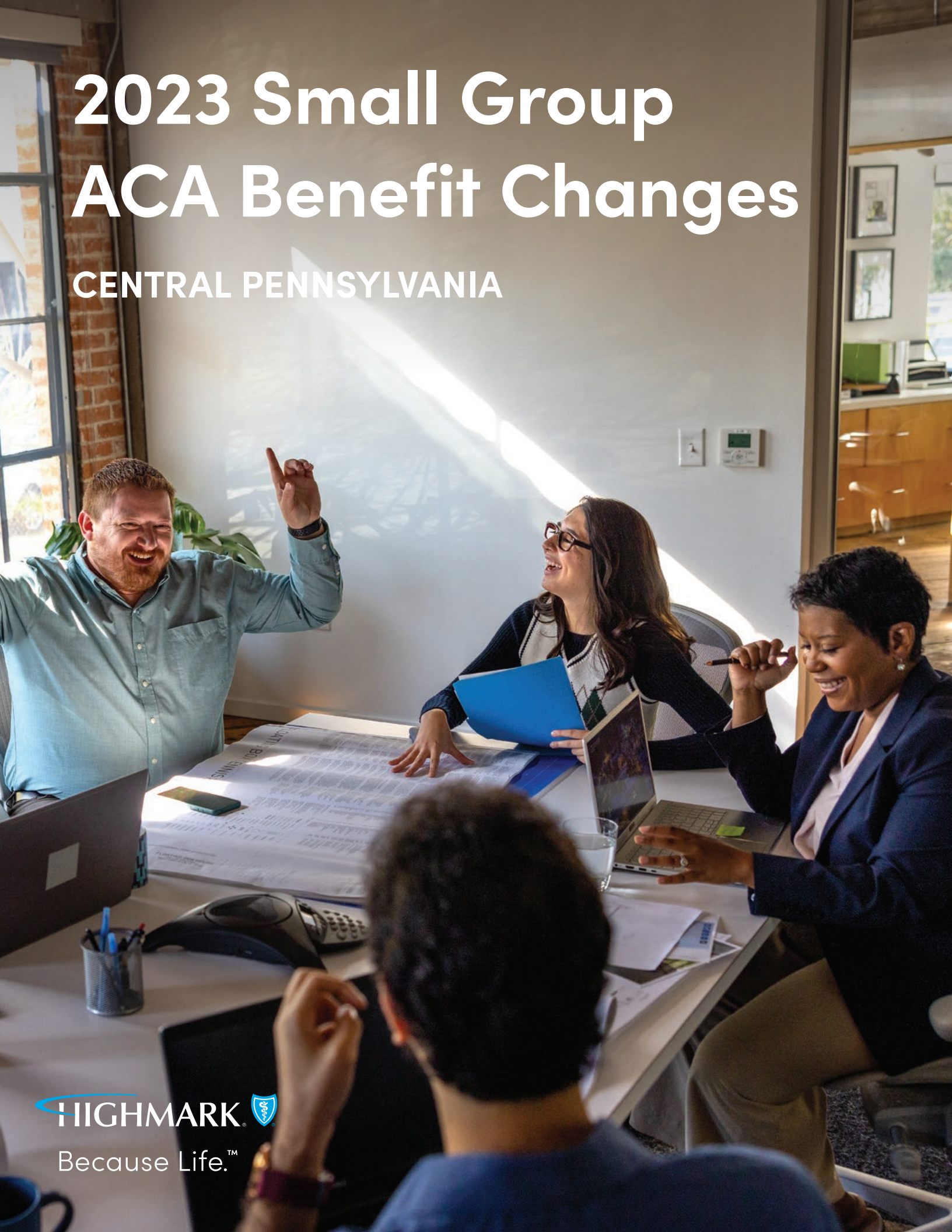


# 2023 Small Group ACA Benefit Changes

CENTRAL PENNSYLVANIA



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## Highmark 2023 Small Group ACA Benefit Changes\*

**Product Name: Choice Blue PPO 0**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	Enhanced Network (2x Family)	\$8,700	\$9,100
	Standard Network (2x Family)	\$8,700	\$9,100
	Out of network (2x Family)	\$17,400	\$18,200
Prescription Drugs		\$3/\$15/\$55/\$90/20%/30%	\$3/\$30/\$60/\$90/20%/30%

**Product Name: Choice Blue PPO 500**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	Enhanced Network (2x Family)	\$8,700	\$9,100
	Standard Network (2x Family)	\$8,700	\$9,100
	Out of network (2x Family)	\$17,400	\$18,200
Prescription Drugs		\$3/\$15/\$55/\$90/20%/30%	\$3/\$30/\$60/\$90/20%/30%

**Product Name: Choice Blue PPO 1250**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	Enhanced Network (2x Family)	\$7,900	\$9,100
	Standard Network (2x Family)	\$7,900	\$9,100
	Out of network (2x Family)	\$15,800	\$18,200
Prescription Drugs		\$3/\$15/\$55/\$90/20%/30%	\$3/\$20/\$60/\$90/20%/30%

**Product Name: Choice Blue PPO 2500**

**Metal Level: Gold**

**Status: No changes for 2023**

\* Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**Product Name: Choice Blue PPO 2800**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	Enhanced Network (2x Family)	\$8,700	\$9,100
	Standard Network (2x Family)	\$8,700	\$9,100
	Out of network (2x Family)	\$17,400	\$18,200
Emergency Room	Enhanced Network	\$480	30% after deductible
	Standard Network	\$480	30% after deductible

**New Product Name: Choice Blue PPO 3500Q Embedded**

**Former Product Name: Choice Blue PPO 3000Q Embedded**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Medical Deductible	Enhanced Network (2x Family)	\$3,000	\$3,500
	Standard Network (2x Family)	\$3,000	\$3,500
	Out of network (2x Family)	\$9,000	\$10,500
Out-of-Pocket Maximum (2x Family)	Enhanced Network (2x Family)	\$6,650	\$7,050
	Standard Network (2x Family)	\$6,650	\$7,050
	Out of network (2x Family)	\$13,300	\$14,100

\* Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**Product Name: Choice Blue PPO 4250**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	Enhanced Network (2x Family)	\$8,700	\$9,100
	Standard Network (2x Family)	\$8,700	\$9,100
	Out of network (2x Family)	\$17,400	\$18,200
Outpatient Surgery/ Facility Fee	Enhanced Network	\$0 after deductible	\$140
Emergency Room	Enhanced Network	\$525	\$550
	Standard Network	\$525	\$550

**Product Name: Choice Blue PPO 6650Q Embedded**

**Metal Level: Bronze**

**Status: No changes for 2023**

**Product Name: Lehigh Valley Flex Blue PPO 500G**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Medical Deductible	Enhanced Network (2x Family)	\$8,550	\$9,100
	Standard Network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Prescription Drugs		\$3/\$15/\$55/\$90/20%/30%	\$3/\$20/\$60/\$90/20%/30%

\* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes\*

**Product Name: Lehigh Valley Flex Blue PPO 1250G**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	Enhanced Network (2x Family)	\$8,550	\$9,100
	Standard Network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200

**New Product Name: Lehigh Valley Flex Blue PPO 3300SQE**

**Former Product Name: Lehigh Valley Flex Blue PPO 3000SQE**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Medical Deductible	Enhanced Network (2x Family)	\$3,000	\$3,300
	Standard Network (2x Family)	\$3,000	\$3,900
	Out of network (2x Family)	\$9,000	\$11,700
Out-of-Pocket Maximum (2x Family)	Enhanced Network (2x Family)	\$6,650	\$7,050
	Standard Network (2x Family)	\$6,650	\$7,050
	Out of network (2x Family)	\$13,300	\$14,100

**New Product Name: PPO Blue \$0 100/80 Platinum**

**Former Product Name: Premier Balance PPO \$0 Platinum A**

**Metal Level: Platinum**

**Status: No changes for 2023**

**New Product Name: PPO Blue \$250 100/80 Platinum**

**Former Product Name: Premier Balance PPO \$250 A**

**Metal Level: Platinum**

**Status: No changes for 2023**

\* Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**New Product Name:** PPO Blue \$1400 100/80 Gold  
**Former Product Name:** Premier Balance PPO \$1400 A  
**Metal Level:** Gold  
**Status:** No changes for 2023

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**New Product Name:** PPO Blue \$1500 100/80 Gold  
**Former Product Name:** Premier Balance PPO \$1500 A  
**Metal Level:** Gold  
**Status:** No changes for 2023

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**New Product Name:** PPO Blue \$2000 100/80 Gold  
**Former Product Name:** Premier Balance PPO \$2000 A  
**Metal Level:** Gold  
**Status:** No changes for 2023

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**New Product Name:** PPO Blue \$2500 100/80 Gold  
**Former Product Name:** Premier Balance PPO \$2500 A  
**Metal Level:** Gold  
**Status:** No changes for 2023

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**New Product Name:** PPO Blue \$3500 100/80 Gold  
**Former Product Name:** Premier Balance PPO \$3500 A  
**Metal Level:** Gold  
**Status:** No changes for 2023

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**New Product Name:** PPO Blue \$1000 80/60 Gold  
**Former Product Name:** Balance PPO \$1000 A  
**Metal Level:** Gold  
**Status:** No changes for 2023

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**New Product Name:** PPO Blue \$1750 90/70 Gold  
**Former Product Name:** Balance PPO \$1750 A  
**Metal Level:** Gold  
**Status:** No changes for 2023

\* Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**New Product Name: PPO Blue \$2000 90/70 Gold**

**Former Product Name: Balance PPO \$2000 A**

**Metal Level: Gold**

**Status: No changes for 2023**

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**New Product Name: High Deductible PPO Embedded \$4750 Qualified**

**Former Product Name: High Deductible PPO Embedded \$4750 Qualified A**

**Metal Level: Silver**

**Status: No changes for 2023**

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**New Product Name: PPO Blue Qualified Embedded \$5500 80/60 Silver**

**Former Product Name: Health Savings PPO Embedded \$5500**

**Metal Level: Silver**

**Status: No changes for 2023**

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**New Product Name: High Deductible PPO Embedded \$6100 Qualified**

**Former Product Name: High Deductible PPO Embedded \$6100 Qualified A**

**Metal Level: Silver**

**Status: No changes for 2023**

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**New Product Name: PPO Blue Qualified Embedded \$6850 100/100 Bronze**

**Former Product Name: Health Savings PPO Embedded \$6850**

**Metal Level: Bronze**

**Status: No changes for 2023**

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\* Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**New Product Name: PPO Blue \$0 100/80 Gold**

**Former Product Name: Premier Balance PPO \$0 Gold A**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Prescription Drugs		\$3/\$20/\$60/\$90/20%/30%	\$3/\$30/\$60/\$90/20%/30%
Inpatient Hospital Professional Services		\$0	\$10 copay per admission, then 100%

**New Product Name: PPO Blue \$250 100/80 Gold**

**Former Product Name: Premier Balance \$250 Gold A**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Prescription Drugs		\$3/\$20/\$60/\$90/20%/30%	\$3/\$30/\$60/\$90/20%/30%

**New Product Name: PPO Blue \$500 100/80 Gold**

**Former Product Name: Premier Balance PPO \$500 A**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Emergency Room	In network	\$375	\$405
Prescription Drugs		\$3/\$15/\$55/\$90/20%/30%	\$3/\$20/\$60/\$90/20%/30%

\* Coinsurance applies after deductible, unless otherwise noted.



## Highmark 2023 Small Group ACA Benefit Changes\*

**New Product Name: PPO Blue \$750 100/80 Gold**

**Former Product Name: Premier Balance PPO \$750 A**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Prescription Drugs		\$3/\$15/\$55/\$90/20%/30%	\$3/\$30/\$60/\$90/20%/30%

**New Product Name: PPO Blue \$1000 100/80 Gold**

**Former Product Name: Premier Balance PPO \$1000 A**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Prescription Drugs		\$3/\$15/\$55/\$90/20%/30%	\$3/\$30/\$60/\$90/20%/30%

**New Product Name: PPO Blue \$1250 100/80 Gold**

**Former Product Name: Premier Balance PPO \$1250 A**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$7,900	\$9,100
	Out of network (2x Family)	\$15,800	\$18,200
Emergency Room	In network	\$300	\$325

\* Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**New Product Name: PPO Blue \$1550 100/80 Gold**

**Former Product Name: Premier Balance PPO \$1550**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,700	\$9,100
	Out of network (2x Family)	\$17,400	\$18,200
Emergency Room	In network	\$300 after deductible	\$325 after deductible
Prescription Drugs		\$3/\$20/\$60/\$90/20%/30%	\$3/\$30/\$60/\$90/20%/30%
Inpatient Hospital Professional Services		\$0	100% after deductible and \$10 copay, per admission

**New Product Name: PPO Blue \$2500 100/80 Gold 1x**

**Former Product Name: Premier Balance PPO \$2500 1x**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Inpatient Hospital Professional Services		\$0	100% after deductible and \$10 copay, per admission

**New Product Name: PPO Blue \$3000 100/80 Gold**

**Former Product Name: Premier Balance PPO \$3000**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Emergency Room	In network	\$175 after deductible	\$200 after deductible
Prescription Drugs		\$3/\$10/\$45/\$70/20%/30%	\$3/\$15/\$55/\$90/20%/30%

\* Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**New Product Name: PPO Blue \$4000 100/80 Silver**  
**Former Product Name: Premier Balance PPO \$4000**  
**Metal Level: Silver**  
**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
PCP/Retail Clinic	In network	\$35	\$40
Specialist Office Visit	In network	\$65	\$70
Outpatient Surgery/ Facility Fee	In network	\$165 after deductible	\$200 after deductible
Basic Dx (Lab / Pathology/ Imaging/X-Ray)	In network	\$65	\$70
Prescription Drugs		\$3/\$10/\$45/\$70/20%/30%	\$3/\$40/\$80/\$125/20%/30%

**New Product Name: PPO Blue \$5000 100/80 Silver**  
**Former Product Name: Premier Balance PPO \$5000**  
**Metal Level: Silver**  
**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Outpatient Surgery/ Facility Fee	In network	\$0 after deductible	\$105 after deductible
Emergency Room	In network	\$300 after deductible	\$325 after deductible

\* Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**New Product Name: PPO Blue \$2000 70/50 Silver**

**Former Product Name: Balance PPO \$2000**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
PCP/Retail Clinic	In network	\$55	\$60
Specialist Office Visit	In network	\$90	\$95
Emergency Room	In network	\$575	30% after deductible
Basic Dx (Lab / Pathology/ Imaging/X-Ray)	In network	\$90 after deductible	\$95

**New Product Name: PPO Blue \$2600 70/50 Silver**

**Former Product Name: Balance PPO \$2600**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
PCP/Retail Clinic	In network	\$45	\$50
Specialist Office Visit	In network	\$80	\$95
Emergency Room	In network	\$380 after deductible	30% after deductible
Basic Dx (Lab / Pathology/ Imaging/X-Ray)	In network	\$80 after deductible	\$95

\* Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**New Product Name: PPO Blue Qualified \$1500 100/80 Gold**

**Former Product Name: Health Savings PPO \$1500**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$3,000	\$3,500
	Out of network (2x Family)	\$6,000	\$7,000

**New Product Name: PPO Blue Qualified Embedded \$3000 100/80 Silver**

**Former Product Name: Health Savings PPO Embedded \$2800**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Medical Deductible	In network	\$2,800	\$3,000
	Out of network	\$5,600	\$6,000
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$6,650	\$7,050
	Out of network (2x Family)	\$13,300	\$14,100
Outpatient Surgery/ Facility Fee	In network	\$0 after deductible	\$65 after deductible
Prescription Drugs		\$3/\$15/\$55/\$90/20%/30% after deductible	\$3/\$30/\$60/\$90/20%/30% after deductible

**New Product Name: PPO Blue Qualified Embedded \$3550 100/60 Silver**

**Former Product Name: Health Savings PPO Embedded \$3550**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$6,900	\$7,050
	Out of network (2x Family)	\$13,800	\$14,100
Outpatient Surgery/ Facility	In network	\$0 after deductible	\$55 after deductible

\* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes\*

**New Product Name: PPO Blue Qualified Embedded \$4250 100/100 Silver**

**Former Product Name: Health Savings PPO Embedded \$4250**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$4,250	\$5,500
	Out of network (2x Family)	\$8,500	\$11,000
Prescription Drugs		0% after deductible	\$3/\$40/\$80/\$125/20%/30% after deductible

\* Coinsurance applies after deductible, unless otherwise noted.

Health benefits or health benefit administration may be provided by or through Highmark Blue Shield, Highmark Benefits Group or Highmark Health Insurance Company, all of which are independent licensees of the Blue Cross Blue Shield Association.

#### 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](mailto: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>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

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）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.



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