

HIGHMARK BLUE SHIELD
CENTRAL PENNSYLVANIA REGION

Plans that work
as hard for your
business as you do.



Small Groups with 50 or fewer employees
Effective January 1, 2023

 **HIGHMARK** 
Because Life.™

Highmark has a plan that’s right for your business.

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**Contact your broker or Highmark Small Group
representative to get started.**

Insurance may be offered by Highmark Blue Shield or Highmark Benefits Group (HBG), both of which are independent licensees of the Blue Cross Blue Shield Association.

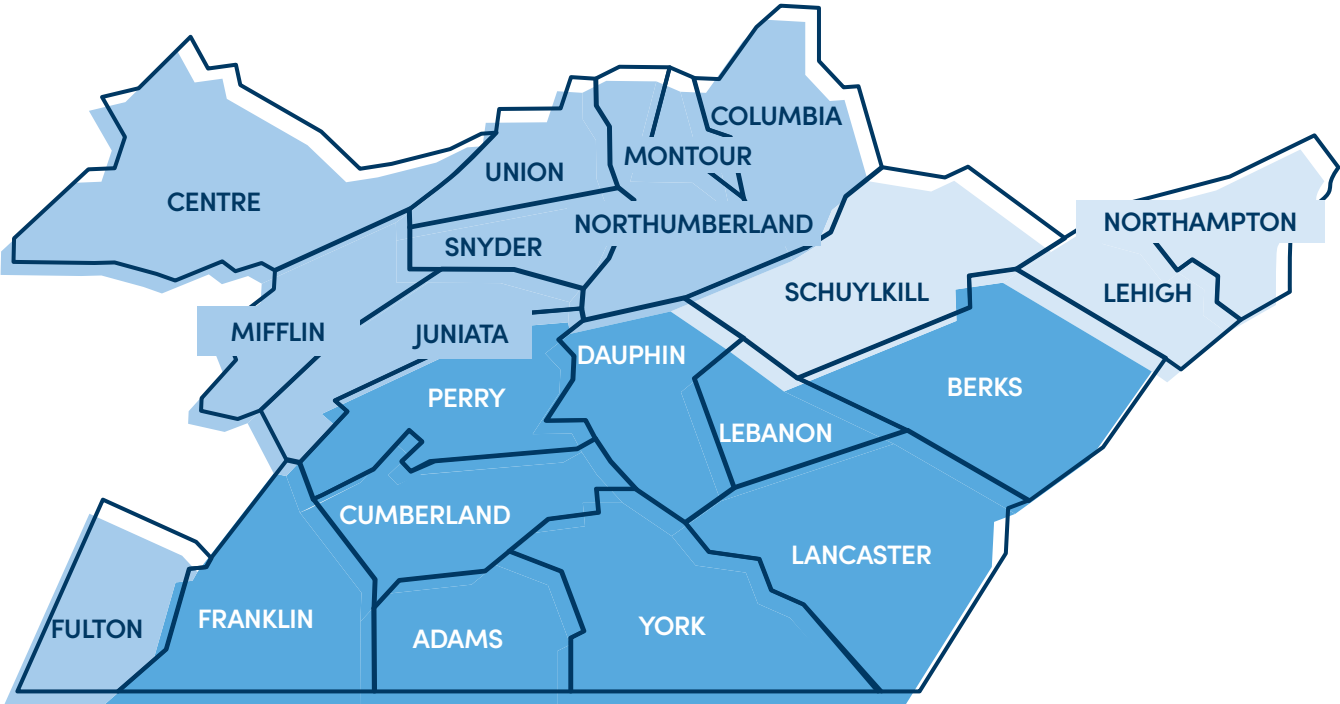


Your employees want more from their health care.

Give your employees benefits that make them want to stick around.

Turn the page for network options, plan descriptions, and extra resources that come with our coverage.

Where is your company headquartered?



Based on where your company is headquartered, you have the following plan options available:



- PPO Blue plans
- Choice Blue PPO plans



- PPO Blue plans
- Lehigh Valley Flex Blue plans



- PPO Blue plans

Pick the plan that’s best for your budget and business.

PPO Blue (Broad network plan)

Plan highlights:

- Comprehensive in-network access nationwide.
- Nationwide access to 1.7 million providers, including 95% of all hospitals, through the BlueCard® program.*
- Out-of-network coverage at a higher cost share.

Choice Blue (Tiered network plan)

Plan highlights:

- Comprehensive in-network access to Penn State Health, whose providers work closely with Highmark to provide high-quality, cost-effective care.
- Nationwide access to 1.7 million providers, including 95% of all hospitals, at the highest level of coverage (Enhanced) through the BlueCard Program.
- Out-of-network providers are covered at highest cost share.

Lehigh Valley Flex Blue (Tiered network plan)

Plan highlights:

- Built around an exclusive collaboration with Lehigh Valley Health Network, whose providers work closely with Highmark to provide high-quality, cost-effective care.
- Nationwide access to 1.7 million providers, including 95% of all hospitals, at the highest level of coverage (Enhanced) through the BlueCard Program.
- Out-of-network providers are covered at the highest cost share.

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

Hospitals in our networks

Facilities	PPO Blue	Choice Blue PPO	Lehigh Valley Flex Blue PPO
ADAMS			
WellSpan Gettysburg Hospital			
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			
Heritage Valley Kennedy			
Heritage Valley Sewickley			
LifeCare Behavioral Health Hospital of Pittsburgh			
Select Specialty Hospital – McKeesport			
Select Specialty Hospital – Pittsburgh/UPMC			
St. Clair Hospital			
The Children’s Home of Pittsburgh			
The Children’s Institute of Pittsburgh			
PAM Health Specialty Hospital of Pittsburgh			
UPMC Children’s Hospital of Pittsburgh			
UPMC East			
UPMC Magee-Womens Hospital			
UPMC McKeesport			
UPMC Mercy			
UPMC Vision and Rehabilitation Tower			
UPMC Passavant – McCandless			
UPMC Presbyterian			
UPMC Shadyside			
UPMC St. Margaret			
UPMC Western Psychiatric Hospital			
ARMSTRONG			
Armstrong County Memorial Hospital			

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

Hospitals in our networks

Facilities	PPO Blue	Choice Blue PPO	Lehigh Valley Flex Blue PPO
BEAVER			
Heritage Valley Beaver			
PAM Health Specialty Hospital at Heritage Valley			
BEDFORD			
UPMC Bedford Memorial			
BERKS			
Penn State Health St. Joseph Medical Center			
Reading Hospital – Tower Health			
Surgical Institute of Reading			
BLAIR			
Conemaugh Nason Medical Center			
Penn Highlands Tyrone			
UPMC Altoona			
BRADFORD			
Guthrie Robert Packer Hospital			
Guthrie Towanda Memorial Hospital			
Guthrie Troy Community Hospital			
BUTLER			
BHS Butler Memorial Hospital			
UPMC Passavant – Cranberry			
CAMBRIA			
Conemaugh Memorial Medical Center – Lee Campus			
Conemaugh Memorial Medical Center			
Conemaugh Miners Medical Center			
Select Specialty Hospital – Johnstown			
CARBON			
Lehigh Valley Hospital – Carbon			
St. Luke’s Hospital – Carbon Campus			
St. Luke’s Hospital – Lehighton Campus			
CENTRE			
Mount Nittany Medical Center			
CLARION			
BHS Clarion Hospital			

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

Hospitals in our networks

Facilities	PPO Blue	Choice Blue PPO	Lehigh Valley Flex Blue PPO
CLEARFIELD			
Penn Highlands Clearfield			
Penn Highlands DuBois			
CLINTON			
Bucktail Medical Center			
UPMC Lock Haven			
COLUMBIA			
Berwick Hospital Center			
Geisinger Bloomsburg Hospital			
CRAWFORD			
Meadville Medical Center			
Titusville Area Hospital			
CUMBERLAND			
Penn State Health Hampden Medical Center			
Penn State Health Holy Spirit Medical Center			
Select Specialty Hospital – Camp Hill			
UPMC Carlisle			
UPMC West Shore			
DAUPHIN			
Penn State Health Children’s Hospital			
Penn State Health Milton S. Hershey Medical Center			
UPMC Community Osteopathic			
UPMC Harrisburg			
ELK			
Penn Highlands Elk			
ERIE			
AHN Saint Vincent Hospital			
LECOM Health – Corry Memorial Hospital			
LECOM Health – Millcreek Community Hospital			
Select Specialty Hospital – Erie			
UPMC Hamot			
FAYETTE			
Penn Highlands Connellsville			

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

Hospitals in our networks

Facilities	PPO Blue	Choice Blue PPO	Lehigh Valley Flex Blue PPO
FRANKLIN			
WellSpan Chambersburg Hospital			
WellSpan Waynesboro Hospital			
FULTON			
Fulton County Medical Center			
GREENE			
Washington Health System Greene			
HUNTINGDON			
Penn Highlands Huntingdon			
INDIANA			
Indiana Regional Medical Center			
JEFFERSON			
Penn Highlands Brookville			
Punxsutawney Area Hospital			
LACKAWANNA			
CHS Moses Taylor Hospital			
CHS Regional Hospital of Scranton			
Geisinger Community Medical Center			
Lehigh Valley Hospital – Dickson City			
LANCASTER			
Lancaster General Hospital			
Lancaster General Hospital Women and Babies			
Lancaster Surgery Center			
Penn State Health Lancaster Medical Center			
UPMC Lititz			
WellSpan Ephrata Community Hospital			
LAWRENCE			
Lawrence County Surgery Center of Edgewood Surgical Hospital			
UPMC Jameson			
LEBANON			
WellSpan Good Samaritan Hospital			

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

Hospitals in our networks

Facilities	PPO Blue	Choice Blue PPO	Lehigh Valley Flex Blue PPO
LEHIGH			
Lehigh Valley Hospital – 17th Street			
Lehigh Valley Hospital – 1503 North Cedar Crest			
Lehigh Valley Hospital – Cedar Crest			
Lehigh Valley Reilly Children’s Hospital			
St. Luke’s Hospital – Sacred Heart Campus			
St. Luke’s Hospital – Allentown Campus			
LUZERNE			
CHS Wilkes-Barre General Hospital			
Geisinger Wyoming Valley Medical Center			
Lehigh Valley Hospital – Hazleton			
LYCOMING			
Geisinger Jersey Shore Hospital			
Geisinger Medical Center Muncy			
UPMC Muncy			
UPMC Williamsport			
UPMC Williamsport Divine Providence Campus			
MCKEAN			
Bradford Regional Medical Center			
UPMC Kane			
MERCER			
AHN Grove City			
Edgewood Surgical Hospital			
Sharon Regional Medical Center			
UPMC Horizon – Greenville			
UPMC Horizon – Shenango Valley			
MIFFLIN			
Geisinger Lewistown Hospital			
MONROE			
Lehigh Valley Hospital – Pocono			
St. Luke’s Hospital – Monroe Campus			
MONTOUR			
Geisinger Janet Weis Children’s Hospital			
Geisinger Medical Center			

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

Hospitals in our networks

Facilities	PPO Blue	Choice Blue PPO	Lehigh Valley Flex Blue PPO
NORTHAMPTON			
Lehigh Valley Hospital – Hecktown Oaks			
Lehigh Valley Hospital – Highland Avenue			
Lehigh Valley Hospital – Muhlenberg			
St. Luke’s Hospital – Anderson Campus			
St. Luke’s Hospital – Easton Campus			
St. Luke’s University Hospital – Bethlehem			
NORTHUMBERLAND			
Geisinger Shamokin Area Community Hospital			
POTTER			
UPMC Cole			
SCHUYLKILL			
Geisinger St. Luke’s Hospital			
Lehigh Valley Hospital – Schuylkill East Norwegian Street			
Lehigh Valley Hospital – Schuylkill South Jackson Street			
St. Luke’s Hospital – Miners Campus			
SOMERSET			
Chan Soon-Shiong Medical Center at Windber			
Conemaugh Meyersdale Medical Center			
UPMC Somerset			
SUSQUEHANNA			
Barnes-Kasson Hospital			
Endless Mountains Health Systems			
TIOGA			
UPMC Wellsboro			
UNION			
Evangelical Community Hospital			
VENANGO			
UPMC Northwest			
WARREN			
Warren General Hospital			

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

Hospitals in our networks

Facilities	PPO Blue	Choice Blue PPO	Lehigh Valley Flex Blue PPO
WASHINGTON			
AHN Canonsburg Hospital			
Advanced Surgical Hospital			
Penn Highlands Mon Valley			
Washington Hospital			
WAYNE			
Wayne Memorial Hospital			
WESTMORELAND			
AHN Hempfield Neighborhood Hospital			
Excelsa Health Frick Hospital			
Excelsa Health Latrobe Hospital			
Excelsa Health Westmoreland Hospital			
Select Specialty Hospital – Laurel Highlands			
YORK			
OSS Orthopaedic Hospital			
UPMC Hanover			
UPMC Memorial			
WellSpan Surgery and Rehabilitation Hospital			
WellSpan York Hospital			
CHATAUQUA, NY			
AHN Westfield			
ORANGE, NY			
Bon Secours Community Hospital – Port Jervis			
CATTARAUGUS, NY			
Olean General Hospital			

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

Out of area

Facilities	PPO Blue	Choice Blue PPO	Lehigh Valley Flex Blue PPO
Providers participating in the BlueCard Program			

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

2023 PPO Blue Plans†

Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE & COPAYS)¹		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT²	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/ PATHOLOGY/ IMAGING)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	PRESSCRIPTION DRUGS WITH COMPREHENSIVE FORMULARY²***
		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	LOW-COST GENERIC/ STANDARD GENERIC/ BRAND FORMULARY/ NON-FORMULARY/ SPECIALTY FORMULARY/ SPECIALTY NON-FORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS										
Platinum	PPO Blue \$0 100/80 Platinum	\$0	\$500	100%	80%	\$4,000	\$8,000	\$20	\$35	\$40	\$0	\$0	\$150	\$35	\$75	\$3/\$10/\$50/\$85/20%/30%
Platinum	PPO Blue \$250 100/80 Platinum	\$250	\$500	100%	80%	\$4,000	\$8,000	\$20	\$35	\$40	\$0 after ded	\$0 after ded	\$150	\$35	\$75	\$3/\$10/\$50/\$85/20%/30%
Gold	PPO Blue \$0 100/80 Gold	\$0	\$500	100%	80%	\$9,100	\$18,200	\$35	\$80	\$85	\$0	\$300	\$400	\$80	\$350	\$3/\$30/\$60/\$90/20%/30%
Gold	PPO Blue \$250 100/80 Gold	\$250	\$500	100%	80%	\$9,100	\$18,200	\$35	\$70	\$75	\$0 after ded	\$0 after ded	\$400	\$65	\$360	\$3/\$30/\$60/\$90/20%/30%
Gold	PPO Blue \$500 100/80 Gold	\$500	\$1,000	100%	80%	\$9,100	\$18,200	\$30	\$70	\$75	\$0 after ded	\$0 after ded	\$405	\$65	\$375	\$3/\$20/\$60/\$90/20%/30%
Gold	PPO Blue \$750 100/80 Gold	\$750	\$1,500	100%	80%	\$9,100	\$18,200	\$30	\$65	\$75	\$0 after ded	\$0 after ded	\$300 after ded	\$60	\$300	\$3/\$30/\$60/\$90/20%/30%
Gold	PPO Blue \$1000 100/80 Gold	\$1,000	\$2,000	100%	80%	\$9,100	\$18,200	\$30	\$60	\$75	\$0 after ded	\$0 after ded	\$300	\$60	\$300	\$3/\$30/\$60/\$90/20%/30%
Gold	PPO Blue \$1000 80/60 Gold	\$1,000	\$2,000	80%	60%	\$6,900	\$13,800	\$60	\$80	\$90	20% after ded	20% after ded	\$350	\$80 after ded	\$350 after ded	\$3/\$15/\$55/\$90/20%/30%
Gold	PPO Blue \$1250 100/80 Gold	\$1,250	\$2,500	100%	80%	\$9,100	\$18,200	\$30	\$60	\$75	\$0 after ded	\$0 after ded	\$325	\$60	\$300	\$3/\$15/\$55/\$90/20%/30%
Gold	PPO Blue \$1400 100/80 Gold	\$1,400	\$2,800	100%	80%	\$7,900	\$15,800	\$45	\$75	\$85	\$0 after ded	\$0 after ded	\$250	\$75 after ded	\$325 after ded	\$3/\$15/\$55/\$90/20%/30%
Gold	PPO Blue \$1500 100/80 Gold	\$1,500	\$3,000	100%	80%	\$7,900	\$15,800	\$30	\$60	\$75	\$0 after ded	\$0 after ded	\$300	\$60	\$300	\$3/\$15/\$55/\$90/20%/30%
Gold	PPO Blue \$1550 100/80 Gold	\$1,550	\$3,100	100%	80%	\$9,100	\$18,200	\$15	\$40	\$45	\$0 after ded	\$300 after ded	\$325 after ded	\$40 after ded	\$200 after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	PPO Blue Qualified \$1500 100/80 Gold ^{4,6,7}	\$1,500	\$3,000	100%	80%	\$3,500	\$7,000	\$20 after ded	\$40 after ded	\$55 after ded	\$0 after ded	\$0 after ded	\$200 after ded	\$40 after ded	\$200 after ded	\$3/\$10/\$50/\$85/20%/30% after ded
Gold	PPO Blue \$1750 90/70 Gold	\$1,750	\$3,500	90%	70%	\$7,900	\$15,800	\$45	\$65	\$75	10% after ded	10% after ded	\$250	\$65	\$250 after ded	\$3/\$15/\$55/\$90/20%/30%
Gold	PPO Blue \$2000 100/80 Gold	\$2,000	\$4,000	100%	80%	\$7,900	\$15,800	\$30	\$60	\$75	\$0 after ded	\$0 after ded	\$300	\$60	\$300	\$3/\$15/\$55/\$90/20%/30%
Gold	PPO Blue \$2000 90/70 Gold	\$2,000	\$4,000	90%	70%	\$7,900	\$15,800	\$45	\$65	\$75	10% after ded	10% after ded	\$250	\$65	\$250	\$3/\$15/\$55/\$90/20%/30%
Gold	PPO Blue \$2500 100/80 Gold	\$2,500	\$5,000	100%	80%	\$7,900	\$15,800	\$45	\$65	\$75	\$0 after ded	\$0 after ded	\$250	\$65	\$250	\$3/\$15/\$55/\$90/20%/30%
Gold	PPO Blue \$2500 100/80 Gold 1x	\$2,500	\$5,000	100%	80%	\$8,550	\$17,100	\$15	\$35	\$40	\$0 after ded	\$300 after ded	\$300 after ded	\$35 after ded	\$150 after ded	\$3/\$20/\$60/\$90/20%/30%
Gold	PPO Blue \$3000 100/80 Gold	\$3,000	\$6,000	100%	80%	\$9,100	\$18,200	\$15	\$30	\$75	\$0 after ded	\$0 after ded	\$200 after ded	\$30	\$175 after ded	\$3/\$15/\$55/\$90/20%/30%
Gold	PPO Blue \$3500 100/80 Gold	\$3,500	\$7,000	100%	80%	\$7,900	\$15,800	\$45	\$65	\$75	\$0 after ded	\$0 after ded	\$250	\$65	\$250	\$3/\$15/\$55/\$90/20%/30%

* Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.
** Member pays (at retail) a maximum of \$350 for Specialty Formulary Rx/\$500 for Specialty Non-Formulary Rx.
† PremierBlue Shield Preferred Professional Provider Network, and the Highmark Blue Shield Participating Facility Provider Network
To view the full benefit grid, click on the product name above or contact your Highmark sales executive or local broker.
Please refer to page 16 for footnotes.

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Insurance may be offered by Highmark Benefits Group (HBG).

2023 PPO Blue Plans†

Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE & COPAYS)†		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT²	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/ PATHOLOGY/ IMAGING)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	PRESSCRIPTION DRUGS WITH COMPREHENSIVE FORMULARY²³³
		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	LOW-COST GENERIC/ STANDARD GENERIC/ BRAND FORMULARY/ NON-FORMULARY/ SPECIALTY FORMULARY/ SPECIALTY NON-FORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS										
Silver	PPO Blue \$4000 100/80 Silver	\$4,000	\$8,000	100%	80%	\$9,100	\$18,200	\$40	\$70	\$100	\$200 after ded	\$0 after ded	\$355 after ded	\$70	\$300 after ded	\$3/\$40/\$80/\$125/20%/30%
Silver	PPO Blue \$5000 100/80 Silver	\$5,000	\$10,000	100%	80%	\$9,100	\$18,200	\$40	\$75	\$95	\$105 after ded	\$0 after ded	\$325 after ded	\$75	\$300 after ded	\$3/\$30/\$90/\$150/20%/30%
Silver	PPO Blue \$2000 70/50 Silver	\$2,000	\$4,000	70%	50%	\$9,100	\$18,200	\$60	\$95	\$95	30% after ded	30% after ded	30% after ded	\$95	\$550	\$3/\$30/\$90/\$150/20%/30%
Silver	PPO Blue \$2600 70/50 Silver	\$2,600	\$5,200	70%	50%	\$9,100	\$18,200	\$50	\$95	\$90	30% after ded	30% after ded	30% after ded	\$95	30% after ded	\$3/\$30/\$90/\$150/20%/30%
Silver	PPO Blue Qualified Embedded \$3000 100/80 Silver⁴,⁵,⁶	\$3,000	\$6,000	100%	80%	\$7,050	\$14,100	\$20 after ded	\$35 after ded	\$75 after ded	\$65 after ded	\$0 after ded	\$250 after ded	\$35 after ded	\$250 after ded	\$3/\$30/\$60/\$90/20%/30% after ded
Silver	PPO Blue Qualified Embedded \$3550 100/60 Silver⁴,⁵,⁶	\$3,550	\$7,100	100%	60%	\$7,050	\$14,100	\$0 after ded	\$0 after ded	\$0 after ded	\$55 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$3/\$40/\$80/\$125/20%/30% after ded
Silver	PPO Blue Qualified Embedded \$4250 100/100 Silver⁴,⁵,⁶	\$4,250	\$8,500	100%	100%	\$5,500	\$11,000	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$3/\$40/\$80/\$125/20%/30% after ded
Silver	High Deductible PPO Embedded \$4750 Qualified⁴,⁵,⁶	\$4,750	\$9,500	60%	50%	\$6,350	\$12,700	40% after ded	40% after ded	40% after ded	40% after ded	40% after ded	40% after ded	40% after ded	40% after ded	40% after ded
Silver	PPO Blue Qualified Embedded \$5500 80/60 Silver⁴,⁵,⁶	\$5,500	\$11,000	80%	60%	\$6,250	\$12,500	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Silver	High Deductible PPO Embedded \$6100 Qualified⁴,⁵,⁶	\$6,100	\$12,200	100%	80%	\$6,100	\$12,200	\$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
Bronze	PPO Blue Qualified Embedded \$6850 100/100 Bronze⁴,⁵,⁶	\$6,850	\$13,700	100%	100%	\$6,850	\$13,700	\$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.
** Member pays (at retail) a maximum of \$350 for Specialty Formulary Rx/\$500 for Specialty Non-Formulary Rx.
† PremierBlue Shield Preferred Professional Provider Network, and the Highmark Blue Shield Participating Facility Provider Network
To view the full benefit grid, click on the product name above or contact your Highmark sales executive or local broker.
Please refer to page 16 for footnotes.

2023 Choice Blue PPO Plans†

Adams, Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry, and York counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE			COINSURANCE			OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE & COPAYS)¹			PRIMARY CARE OFFICE VISIT		SPECIALIST OFFICE VISIT²		URGENT CARE		OUTPATIENT SURGERY*		INPATIENT HOSPITAL		EMERGENCY ROOM***		BASIC DIAGNOSTICS (LAB/PATHOLOGY/IMAGING)		ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)		PRESSCRIPTION DRUGS WITH COMPREHENSIVE FORMULARY²**
		ENHANCED NETWORK (2X FAMILY)	STANDARD NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED NETWORK (2X FAMILY)	STANDARD NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED NETWORK (2X FAMILY)	STANDARD NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	LOW-COST GENERIC/STANDARD GENERIC/ NON-FORMULARY/ SPECIALTY FORMULARY/ SPECIALTY NON-FORMULARY
		MEMBER PAYS			PLAN PAYS			MEMBER PAYS																			
Gold	Choice Blue PPO 0	\$0	\$3,500	\$7,000	100%	70%	50%	\$9,100	\$9,100	\$18,200	\$25	30% after ded	\$65	30% after ded	\$75	30% after ded	\$0	30% after ded	\$0	30% after ded	\$375	\$375	\$60	30% after ded	\$400	30% after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	Choice Blue PPO 500	\$500	\$2,000	\$4,000	100%	70%	50%	\$9,100	\$9,100	\$18,200	\$30	\$65	\$50	\$100	\$75	\$100	\$0 after ded	30% after ded	\$0 after ded	30% after ded	\$325	\$325	\$50	\$100	\$325	\$400	\$3/\$30/\$60/\$90/20%/30%
Gold	Choice Blue PPO 1250	\$1,250	\$3,750	\$7,500	100%	70%	50%	\$9,100	\$9,100	\$18,200	\$25	\$60	\$45	\$85	\$75	\$100	\$0 after ded	30% after ded	\$0 after ded	30% after ded	\$325	\$325	\$45	\$85	\$300	\$400	\$3/\$20/\$60/\$90/20%/30%
Gold	Choice Blue PPO 2500	\$2,500	\$5,000	\$10,000	100%	70%	50%	\$7,900	\$7,900	\$15,800	\$10	\$40	\$50	\$85	\$75	\$100	\$0 after ded	30% after ded	\$0 after ded	30% after ded	\$250	\$250	\$50	\$85	\$250	30% after ded	\$3/\$15/\$55/\$90/20%/30%
Silver	Choice Blue PPO 2800	\$2,800	\$5,600	\$11,200	70%	60%	50%	\$9,100	\$9,100	\$18,200	\$40	40% after ded	\$85	40% after ded	\$90	40% after ded	30% after ded	40% after ded	30% after ded	40% after ded	30% after ded	30% after ded	\$85	40% after ded	30% after ded	40% after ded	\$3/\$30/\$60/\$90/20%/30%
Silver	Choice Blue PPO 3500Q Embedded⁴,⁵,⁶	\$3,500	\$3,500	\$10,500	90%	70%	50%	\$7,050	\$7,050	\$14,100	10% after ded	30% after ded	10% after ded	30% after ded	10% after ded	30% after ded	10% after ded	30% after ded	10% after ded	30% after ded	10% after ded	10% after ded	10% after ded	30% after ded	10% after ded	30% after ded	10% after ded
Silver	Choice Blue PPO 4250	\$4,250	\$7,900	\$13,800	100%	60%	50%	\$9,100	\$9,100	\$18,200	\$60	40% after ded	\$85	40% after ded	\$90	40% after ded	\$140	40% after ded	\$0 after ded	40% after ded	\$550	\$550	\$85	40% after ded	\$400	40% after ded	\$3/\$30/\$60/\$90/20%/30%
Bronze	Choice Blue PPO 6650Q Embedded⁴,⁵,⁶	\$6,650	\$6,650	\$13,300	100%	70%	50%	\$6,900	\$6,900	\$13,800	\$0 after ded	30% after ded	\$0 after ded	30% after ded	\$0 after ded	30% after ded	\$0 after ded	30% after ded	\$0 after ded	30% after ded	\$0 after ded	\$0 after ded	\$0 after ded	30% after ded	\$0 after ded	30% after ded	\$3/\$15/\$55/\$90/20%/ 30% after ded

* Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.
** Member pays (at retail) a maximum of \$350 for Specialty Formulary Rx/\$500 for Specialty Non-Formulary Rx.
*** Benefit applies after Enhanced Deductible is met.
† PremierBlue Shield Preferred Professional Provider Network, and the Highmark Blue Shield Participating Facility Provider Network
To view the full benefit grid, click on the product name above or contact your Highmark sales executive or local broker.
Please refer to page 16 for footnotes.

2023 Lehigh Valley Flex Blue PPO Plans†

Lehigh, Northampton, and Schuylkill counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE			COINSURANCE			OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE & COPAYS)¹			PRIMARY CARE OFFICE VISIT		SPECIALIST OFFICE VISIT²		URGENT CARE		OUTPATIENT SURGERY*		INPATIENT HOSPITAL		EMERGENCY ROOM***		BASIC DIAGNOSTICS (LAB/PATHOLOGY/IMAGING)		ADVANCED DIAGNOSTICS/IMAGING (MRI /CAT/PET)		PRESCRIPTION DRUGS WITH COMPREHENSIVE FORMULARY²**
		ENHANCED NETWORK (2X FAMILY)	STANDARD NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED NETWORK (2X FAMILY)	STANDARD NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED NETWORK (2X FAMILY)	STANDARD NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	LOW-COST GENERIC/STANDARD GENERIC/BRAND FORMULARY/ NON-FORMULARY/ SPECIALTY FORMULARY/ SPECIALTY NON-FORMULARY
		MEMBER PAYS			PLAN PAYS			MEMBER PAYS																			
Gold	Lehigh Valley Flex Blue PPO 500G	\$500	\$1,500	\$3,000	100%	70%	50%	\$9,100	\$9,100	\$18,200	\$30	\$65	\$50	\$100	\$75	\$100	\$0 after ded	30% after ded	\$0 after ded	30% after ded	\$400 after ded	\$400 after ded	\$45	\$90	\$225	\$375	\$3/\$20/\$60/\$90/20%/30%
Gold	Lehigh Valley Flex Blue PPO 1250G	\$1,250	\$3,750	\$7,500	100%	70%	50%	\$9,100	\$9,100	\$18,200	\$25	\$60	\$40	\$80	\$75	\$100	\$0 after ded	30% after ded	\$0 after ded	30% after ded	\$200 after ded	\$200 after ded	\$35	\$70	\$200	\$300	\$3/\$15/\$55/\$90/20%/30%
Silver	Lehigh Valley Flex Blue PPO 3300SQE⁴,⁵,⁶	\$3,300	\$3,900	\$11,700	90%	70%	50%	\$7,050	\$7,050	\$14,100	10% after ded	30% after ded	10% after ded	30% after ded	10% after ded	30% after ded	10% after ded	30% after ded	10% after ded	30% after ded	10% after ded	10% after ded	10% after ded	30% after ded	10% after ded	30% after ded	10% after ded

* Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.
** Member pays (at retail) a maximum of \$350 for Specialty Formulary Rx/\$500 for Specialty Non-Formulary Rx.
*** Benefit applies after Enhanced Deductible is met.
† PremierBlue Shield Preferred Professional Provider Network, and the Highmark Blue Shield Participating Facility Provider Network
To view the full benefit grid, click on the product name above or contact your Highmark sales executive or local broker.
Please refer to page 16 for footnotes.



Extra resources you won't find in other plans

BLUECARD AND BLUE CROSS BLUE SHIELD GLOBAL CORE PROGRAM

Coverage that goes where your employees go.

Around town or coast to coast, your employees get access to 1.7 million providers and 95% of hospitals in the U.S. And they're even covered in 190 countries around the globe.*

WELL360 VIRTUAL HEALTH

Personalized care where and when employees need it.

No more waiting rooms, no more waiting to schedule. Your employees can get care from wherever they are with a board-certified doctor, 24/7. They can register with [well360virtualhealth.com](https://www.well360virtualhealth.com) or log in if they are already using the Amwell® site.

MY CARE NAVIGATOR™

Easy-to-book appointments.

We'll help your employees find the in-network doctor they need and reserve some space on their calendar for a checkup. It's all about ensuring your people spend less of the day listening to hold music.

BLUE DISTINCTION®

See specialists who get results.

Only doctors who consistently deliver safe, effective treatments make our Blue Distinction list. When your employees use our Find a Doctor tool, a special logo will appear by the provider's name. That way, your employees can cherry-pick a top-performing specialist for any care they need.

BLUES ON CALL™

Answers from a health pro, 24/7.

For medical concerns after hours, your employees can get guidance at any time from a registered nurse or a health coach and put their worries to bed.

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



Resources continued

WELL360 DIABETES MANAGEMENT
POWERED BY ONDUO

Personalized support to control type 2 diabetes.

Tools to help your employees track their blood sugar
and manage diabetes from wherever they are.

COLLEGE TUITION REWARD PROGRAM

A rewards program that comes with Highmark coverage.

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

COPAY ARMOR POWERED BY PILLARRX

Help your employees save on pharmacy costs.

This copay assistance program reduces or completely
covers the cost of certain high-cost specialty medications
for your employees.



Endless support to help your employees on their journey to better health

HEALTH COACHES

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? A wellness coach can create a personalized plan for your employees, right over the phone, on their schedule. Sessions are confidential and there is no additional cost.

SHARECARE®

A one-stop digital platform for member wellness.

Sharecare helps employees learn their RealAge®, track health habits, and monitor sleep, stress, and fitness — all in real time.

BLUE365SM

Discounts to help your employees stay healthy and active.

From workout gear to personal wellness to healthy meal services, we'll take a little off the top while they're taking a little off their middle. Member-only deals are at blue365deals.com.



The fundamentals of coverage

Any health plan you choose should include resources that help your employees manage their health. Ours make the process seamless.

MEMBER SERVICE

Total support, day or night.

Whether it's 24/7 answers from registered nurses, a diagnosis or prescription over video visit, or just some help booking their doctor visits, when they need us, we're there.

ONLINE TOOLS AND MEMBER WEBSITE

Employees' entire plan at their fingertips.

No more searching for old files or waiting on snail mail. Your employees' digital ID card, Find a Doctor tool, deductible progress, and claims status are all available online at highmarkblueshield.com.

CARE COST ESTIMATOR

Employees can know what they'll owe for care.

Before making an appointment for a test, scan or procedure, your employees can use our Care Cost Estimator to estimate their bill.

IMPORTANT PLAN DETAILS:

- 1 Out-of-pocket maximum calculation includes deductible, copayment, and coinsurance.
- 2 Specialist cost-sharing amounts also apply to outpatient: mental health, behavior health, substance abuse, 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.
- 5 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.
- 6 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.
- 7 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.

**There’s a whole lot of legalese around these plans.
We put it all in one place for you.**

My Care Navigator is a service mark of Highmark Inc.

Sharecare is a registered trademark of Sharecare, Inc., an independent and separate company that provides a consumer care engagement platform for your health plan. Sharecare is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis or treatment. Sharecare does not endorse any specific product service or treatment. Health care plans and the benefits thereunder are subject to the terms of the applicable benefit agreement.

Amwell is an independent company that provide telemedicine services. Amwell does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its telemedicine services.

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

Highmark has contracted with PillarRx, an independent company, to secure manufacturer discounts for select prescription medications. Savings for Highmark members will vary based on drug, member copay, and program requirements. The member will never pay more than the Plan copay.

Blue Cross Blue Shield Global® Core is a registered mark of the Blue Cross Blue Shield Association.

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.

All references to “Highmark” in this communication are references to Highmark Inc., an independent licensee of the Blue Cross Blue Shield Association, and/or to one or more of its affiliated Blue companies.

Blue 365, 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.

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.

Blue Distinction® Specialty Care is a registered mark of the Blue Cross Blue Shield Association. Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers’ need for affordable health care. Each provider’s cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans’ areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. Total Care (“Total Care”) providers have met national criteria based on provider commitment to deliver value-based care to a population of Blue members. Total Care+ providers also met a goal of delivering quality care at a lower total cost relative to other providers in their area. Program details are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider’s in-network status or your own policy’s coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction, Total Care, or other provider finder information or care received from Blue Distinction, Total Care, or other providers.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/ Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual’s sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

If you speak English, language assistance services, free of charge, are available to you. Call 1-800-876-7639.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-800-876-7639.

如果您说中文，可向您提供免费语言协助服务。請致電 1-800-876-7639.

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-800-876-7639.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. 1-800-876-7639 로 전화.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyonang tulong sa wika. Tumawag sa 1-800-876-7639.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-800-876-7639.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم 1-800-876-7639 .

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-800-876-7639.

Si vous parlez français, les services d’assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-800-876-7639. Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-800-876-7639.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-800-876-7639.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l’1-800-876-7639.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-800-876-7639.

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。 1-800-876-7639 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماس با شماره 1-800-876-7639 .



Because Life.™