

2024 Small Group ACA Benefit Changes

CENTRAL PENNSYLVANIA



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Highmark 2024 Small Group ACA Benefit Changes

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

Metal Level: Platinum

Status: No changes for 2024

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

Metal Level: Platinum

Status: No changes for 2024

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

Metal Level: Gold

Status: See changes below

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$9,100	\$9,450
	Out of Network	\$18,200	\$18,900
PCP/Retail Clinic	In Network	\$35	\$25
Specialist Office Visit	In Network	\$80	\$75
Outpatient Surgery/ Facility Fee	In Network	\$0	\$50
Basic Diagnostic (Lab/Pathology/ Imaging/X-Ray)	In Network	\$80	\$75

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

Metal Level: Gold

Status: No changes for 2024

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

Metal Level: Gold

Status: No changes for 2024

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

Metal Level: Gold

Status: No changes for 2024

White Product Name:
No change

Blue Product Name Highlighted:
Name change

Coral Product Name Highlighted:
Cost changes

Highmark 2024 Small Group ACA Benefit Changes

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

Metal Level: Gold

Status: No changes for 2024

Product Name: PPO Blue \$1000 80/60 Gold

Metal Level: Gold

Status: No changes for 2024

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

Metal Level: Gold

Status: No changes for 2024

Product Name: PPO Blue \$1400 100/80 Gold

Metal Level: Gold

Status: No changes for 2024

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

Metal Level: Gold

Status: No changes for 2024

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

Metal Level: Gold

Status: See changes below

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$9,100	\$9,450
	Out of Network	\$18,200	\$18,900

White Product Name:
No change

Blue Product Name Highlighted:
Name change

Coral Product Name Highlighted:
Cost changes

Highmark 2024 Small Group ACA Benefit Changes

New Product Name: PPO Blue Qualified \$1600 100/80 Gold
Former Product Name: PPO Blue Qualified \$1500 100/80 Gold
Metal Level: Gold
Status: See changes below

Year		2023	2024
Medical Deductible (2x Family)	In Network	\$1,500	\$1,600
	Out of Network	\$3,000	\$3,200
Out-of-Pocket Maximum (2x Family)	In Network	\$3,500	\$3,750
	Out of Network	\$7,000	\$7,500
PCP/Retail Clinic	In Network	\$20 after deductible	\$15 after deductible
Outpatient Surgery/ Facility Fee	In Network	\$0 after deductible	\$25 after deductible

Product Name: PPO Blue \$1750 90/70 Gold
Metal Level: Gold
Status: No changes for 2024

Product Name: PPO Blue \$2000 100/80 Gold
Metal Level: Gold
Status: No changes for 2024

Product Name: PPO Blue \$2000 90/70 Gold
Metal Level: Gold
Status: No changes for 2024

Product Name: PPO Blue \$2500 100/80 Gold
Metal Level: Gold
Status: No changes for 2024

Product Name: PPO Blue \$2500 100/80 Gold 1x
Metal Level: Gold
Status: No changes for 2024

White Product Name:
No change

Blue Product Name Highlighted:
Name change

Coral Product Name Highlighted:
Cost changes

Highmark 2024 Small Group ACA Benefit Changes

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

Metal Level: Gold

Status: No changes for 2024

Product Name: PPO Blue \$3500 100/80 Gold

Metal Level: Gold

Status: No changes for 2024

Product Name: PPO Blue \$0 100/80 Silver

Metal Level: Silver

Status: New for 2024

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

Metal Level: Silver

Status: No changes for 2024

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

Metal Level: Silver

Status: No changes for 2024

New Product Name: PPO Blue Qualified Embedded \$3200 100/80 Silver

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

Metal Level: Silver

Status: See changes below

Year		2023	2024
Medical Deductible (2x Family)	In Network	\$3,000	\$3,200
	Out of Network	\$6,000	\$6,400
Outpatient Surgery/ Facility Fee	In Network	\$65 after deductible	\$95 after deductible

White Product Name:
No change

Blue Product Name Highlighted:
Name change

Coral Product Name Highlighted:
Cost changes

Highmark 2024 Small Group ACA Benefit Changes

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

Metal Level: Silver

Status: See changes below

Year		2023	2024
Outpatient Surgery/ Facility Fee	In Network	\$55 after deductible	\$95 after deductible

Product Name: PPO Blue \$4000 100/80 Silver

Metal Level: Silver

Status: No changes for 2024

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

Metal Level: Silver

Status: See changes below

Year		2023	2024
Outpatient Surgery/ Facility Fee	In Network	\$0 after deductible	\$65 after deductible

New Product Name: PPO Blue Qualified Embedded \$4750 60/50 Silver

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

Metal Level: Silver

Status: Name change only

Product Name: PPO Blue \$5000 100/80 Silver

Metal Level: Silver

Status: No changes for 2024

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

Metal Level: Silver

Status: No changes for 2024

White Product Name:
No change

Blue Product Name Highlighted:
Name change

Coral Product Name Highlighted:
Cost changes

Highmark 2024 Small Group ACA Benefit Changes

Product Name: PPO Blue Qualified Embedded \$6100 100/80 Silver
Former Product Name: High Deductible PPO Embedded \$6100 Qualified
Metal Level: Silver
Status: Name change only

Product Name: PPO Blue Qualified Embedded \$7050 100/100 Bronze
Former Product Name: PPO Blue Qualified Embedded \$6850 100/100 Bronze
Metal Level: Bronze
Status: See changes below

Year		2023	2024
Medical Deductible (2x Family)	In Network	\$6,850	\$7,050
	Out of Network	\$13,700	\$14,100
Out-of-Pocket Maximum (2x Family)	In Network	\$6,850	\$7,050
	Out of Network	\$13,700	\$14,100

Product Name: Choice Blue PPO 0
Metal Level: Gold
Status: No changes for 2024

Product Name: Choice Blue PPO 500
Metal Level: Gold
Status: No changes for 2024

Product Name: Choice Blue PPO 1250
Metal Level: Gold
Status: No changes for 2024

Product Name: Choice Blue PPO 2500
Metal Level: Gold
Status: No changes for 2024

White Product Name:
No change

Blue Product Name Highlighted:
Name change

Coral Product Name Highlighted:
Cost changes

Highmark 2024 Small Group ACA Benefit Changes

Product Name: Choice Blue PPO 2800

Metal Level: Silver

Status: No changes for 2024

New Product Name: Choice Blue Qualified Embedded 3500 Silver

Former Product Name: Choice Blue PPO 3500Q Embedded

Metal Level: Silver

Status: See changes below

Year		2023	2024
Medical Deductible (2x Family) (2x Family)	Enhanced Network	\$3,500	\$3,500
	Standard Network	\$3,500	\$4,500
	Out of Network	\$10,500	\$13,500
Out-of-Pocket Maximum (2x Family)	Enhanced Network	\$7,050	\$7,500
	Standard Network	\$7,050	\$7,500
	Out of Network	\$14,100	\$15,000

Product Name: Choice Blue PPO 4250

Metal Level: Silver

Status: See changes below

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	Enhanced Network	\$9,100	\$9,450
	Standard Network	\$9,100	\$9,450
	Out of Network	\$18,200	\$18,900

New Product Name: Choice Blue Qualified Embedded 6650 Bronze

Former Product Name: Choice Blue PPO 6650Q Embedded

Metal Level: Bronze

Status: See changes below

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	Enhanced Network	\$6,900	\$7,500
	Standard Network	\$6,900	\$7,500
	Out of Network	\$13,800	\$15,000

White Product Name:
No change

Blue Product Name Highlighted:
Name change

Coral Product Name Highlighted:
Cost changes

Highmark 2024 Small Group ACA Benefit Changes

New Product Name: Lehigh Valley Flex Blue PPO 500 Gold

Former Product Name: Lehigh Valley Flex Blue PPO 500G

Metal Level: Gold

Status: Name change only

New Product Name: Lehigh Valley Flex Blue PPO 1250 Gold

Former Product Name: Lehigh Valley Flex Blue PPO 1250G

Metal Level: Gold

Status: Name change only

New Product Name: Lehigh Valley Flex Blue PPO Qualified Embedded 3300 Silver

Former Product Name: Lehigh Valley Flex Blue PPO 3300SQE

Metal Level: Silver

Status: See changes below

Year		2023	2024
Medical Deductible (2x Family)	Enhanced Network	\$3,300	\$3,300
	Standard Network	\$3,900	\$5,000
	Out of Network	\$11,700	\$15,000
Out-of-Pocket Maximum (2x Family)	Enhanced Network	\$7,050	\$7,500
	Standard Network	\$7,050	\$7,500
	Out of Network	\$14,100	\$15,000

White Product Name:
No change

Blue Product Name Highlighted:
Name change

Coral Product Name Highlighted:
Cost changes

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 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
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 - Qualified interpreters
 - Information written in other languages

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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)。

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