

Highmark Grandmothered Small Group Policy Renewal Options 2023-2024

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 continuously 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 2023-2024 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	Centre	Greene	Somerset
Armstrong	Clarion	Huntingdon	Venango
Beaver	Clearfield	Indiana	Warren
Bedford	Crawford	Jefferson	Washington
Blair	Elk	Lawrence	Westmoreland
Butler	Erie	McKean	
Cambria	Fayette	Mercer	
Cameron	Forest	Potter	

Coverage is issued by Highmark Health Insurance Company.

Grandmothered PPO Blue Small Group Portfolio

2023-2024

		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	\$35	\$25	\$5	\$10	\$10			\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$20	\$0	\$500	100%	80%	\$0	\$3,000	\$50	\$35	\$10	\$20	\$20			\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$20/\$40	\$0	\$500	100%	80%	\$0	\$3,000	\$100	\$60	\$10	\$20	\$40			\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
Take Charge Plans																		
PPO Blue 90/70	\$0	\$500	90%	70%	\$500	\$1,000	10%	10%	10%	10%	10%			\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$250 90/70	\$250	\$500	90%	70%	\$1,500	\$3,000	\$75	\$50	\$10	\$20	\$30			\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$250 80/60	\$250	\$500	80%	60%	\$2,500	\$5,000	20%	20%	\$10	\$20	\$20			\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
Sharing Plans																		
PPO Blue \$250	\$250	\$500	100%	80%	\$0	\$2,000	\$50	\$35	\$10	\$20	\$20			\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$500	\$500	\$1,000	100%	80%	\$0	\$3,000	\$75	\$40	\$5	\$20	\$20	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$750	\$750	\$1,500	100%	80%	\$0	\$5,000	\$100	\$50	\$5	\$10	\$25	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$1,000	\$1,000	\$2,000	100%	80%	\$0	\$5,000	\$100	\$50	\$5	\$10	\$25	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$1,250	\$1,250	\$2,500	100%	80%	\$0	\$5,000	\$100	\$50	\$5	\$10	\$25	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$1,500	\$1,500	\$3,000	100%	80%	\$0	\$5,000	\$100	\$50	\$5	\$10	\$25	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$2,000	\$2,000	\$4,000	100%	80%	\$0	\$2,000	\$100	\$60	\$10	\$20	\$35	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$2,500	\$2,500	\$5,000	100%	80%	\$0	\$5,000	\$100	\$60	\$5	\$10	\$25	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$3,000	\$3,000	\$6,000	100%	80%	\$0	\$2,000	\$100	\$60	\$10	\$20	\$35	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$5,000	\$5,000	\$10,000	100%	80%	\$0	\$2,500	\$100	\$60	\$10	\$20	\$35	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
Smart Plans																		
PPO Blue \$500 90/70	\$500	\$1,000	90%	70%	\$1,000	\$4,000	\$100	\$60	\$10	\$25	\$25	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$500 80/60	\$500	\$1,000	80%	60%	\$4,000	\$5,000	\$100	\$60	\$10	\$25	\$25	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$750 90/70	\$750	\$1,500	90%	70%	\$1,500	\$3,000	10%	10%	\$10	\$25	\$35	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$1,000 80/60	\$1,000	\$2,000	80%	60%	\$1,500	\$3,000	\$100	\$60	\$10	\$25	\$35	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
PPO Blue \$1,250 90/70	\$1,250	\$2,500	90%	70%	\$1,500	\$3,000	10%	10%	\$10	\$25	\$35	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80	
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		\$8/\$35/\$50	\$20/\$90/\$125	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	\$125	\$60	\$10	\$25	\$35	YES		\$8/\$35/\$50	\$20/\$90/\$125	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	\$125	\$60	\$10	\$25	\$35	YES		\$8/\$35/\$50	\$20/\$90/\$125	N/A	N/A	
Healthy Savings Plans																		
Open formulary integrated with medical deductible design D (for healthy savings plans only)																		
PPO Blue \$1,600Q A	\$1,600	\$3,200	100%	80%	\$3,950	\$7,900	\$100 after deductible	\$60 after deductible	\$0 after deductible	\$20 after deductible	\$35 after deductible		YES	Integrated plan pays 100% after deductible	Integrated plan pays 100% after deductible	N/A	N/A	
PPO Blue \$1,600Q B	\$1,600	\$3,200	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 \$2,000Q	\$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	\$150	\$75	\$10	\$35	\$50			N/A	N/A	N/A	N/A	
PPO Blue \$500 80/60	\$500	\$1,500	80%	60%	\$4,000	\$5,000	\$150	\$75	\$10	\$35	\$50	YES		N/A	N/A	N/A	N/A	

Grandmothered Community Blue PPO Small Group Portfolio

2023-2024

	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	\$50	\$35	\$10	\$20	\$20			\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80
Sharing Plans																	
Community Blue \$250	\$250	\$500	100%	80%	\$0	\$2,000	\$50	\$35	\$10	\$20	\$20			\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80
Community Blue \$500	\$500	\$1,000	100%	80%	\$0	\$3,000	\$75	\$40	\$5	\$20	\$20	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80
Community Blue \$750	\$750	\$1,500	100%	80%	\$0	\$5,000	\$100	\$50	\$5	\$10	\$25	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80
Community Blue \$1,000	\$1,000	\$2,000	100%	80%	\$0	\$5,000	\$100	\$50	\$5	\$10	\$25	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80
Community Blue \$1,250	\$1,250	\$2,500	100%	80%	\$0	\$5,000	\$100	\$50	\$5	\$10	\$25	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80
Community Blue \$1,500	\$1,500	\$3,000	100%	80%	\$0	\$5,000	\$100	\$50	\$5	\$10	\$25	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80
Community Blue \$2,500	\$2,500	\$5,000	100%	80%	\$0	\$5,000	\$100	\$60	\$5	\$10	\$25	YES		\$8/\$35/\$50	\$20/\$90/\$125	\$8/\$40	\$16/\$80
Healthy Savings Plans	Open formulary integrated with medical deductible design D (for healthy savings plans only)																
Community Blue \$1,600Q	\$1,600	\$3,200	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
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 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 المعاونة 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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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.
- 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 2024.

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.

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, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc. or Highmark Senior Health 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.

Current federal and state transitional relief requires that clients who are enrolled in grandmothered policies transition to ACA-compliant plans by January 2024, regardless of renewal date.

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.