

2024 Small Group ACA Benefit Changes

WESTERN 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 \$0 100/80 Gold

Metal Level: Gold

Status: See changes below

Year		2023	2024
PCP/Retail Clinic	In Network	\$45	\$35
Outpatient Surgery/ Facility Fee	In Network	\$25	\$75
Basic Diagnostic (Lab/ Pathology/Imaging/X-Ray)	In Network	\$75	\$70

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

Metal Level: Gold

Status: No changes for 2024

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 \$1400 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

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 \$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 Qualified Embedded \$3200 100/80 Gold
Metal Level: Gold
Status: New for 2024

Product Name: PPO Blue \$0 100/80 Silver
Metal Level: Silver
Status: New 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 \$4800 100/100 Silver

Metal Level: Silver

Status: See changes below

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$4,800	\$5,400
	Out of Network	\$9,600	\$10,800
Outpatient Surgery/ Facility Fee	In Network	\$0 after deductible	\$35 after deductible

New Product Name: Together Blue EPO \$250

Former Product Name: Together Blue EPO Platinum \$250

Metal Level: Platinum

Status: Name change only

Product Name: Together Blue EPO \$0

Metal Level: Gold

Status: See changes below

Year		2023	2024
Outpatient Surgery/ Facility Fee	In Network	\$50	\$75

Product Name: Together Blue EPO \$500

Metal Level: Gold

Status: No changes for 2024

Product Name: Together Blue EPO \$1000

Metal Level: Gold

Status: No changes for 2024

Product Name: Together Blue EPO \$1500

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: Together Blue EPO \$2500 1x

Metal Level: Gold

Status: No changes for 2024

Product Name: Together Blue EPO \$5000 1x

Metal Level: Gold

Status: No changes for 2024

Product Name: Together Blue EPO \$0 Virtual Choice

Metal Level: Silver

Status: New for 2024

Product Name: Together Blue EPO \$2000

Metal Level: Silver

Status: See changes below

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$9,100	\$9,450
	Out of Network	N/A	N/A
Emergency Room	In Network	\$550	\$565
Outpatient Surgery/ Facility Fee	In Network	\$165 after deductible	\$185 after deductible

New Product Name: Together Blue EPO Embedded Q\$3800

Former Product Name: Together Blue EPO Embedded Q\$3900

Metal Level: Silver

Status: See changes below

Year		2023	2024
Medical Deductible (2x Family)	In Network	\$3,900	\$3,800
	Out of Network	N/A	N/A
Out-of-Pocket Maximum (2x Family)	In Network	\$7,050	\$7,500
	Out of Network	N/A	N/A
Outpatient Surgery/ Facility Fee	In Network	\$0 after deductible	\$40 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: Together Blue EPO Embedded Q\$6650

Metal Level: Bronze

Status: See changes below

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$6,900	\$7,200
	Out of Network	N/A	N/A

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

Metal Level: Platinum

Status: See changes below

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$7,500	\$6,500
	Out of Network	\$15,000	\$13,000
Outpatient Surgery/ Facility Fee	In Network	\$0	\$20

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

Metal Level: Platinum

Status: No changes for 2024

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

Metal Level: Gold

Status: See changes below

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$7,900	\$8,700
	Out of Network	\$23,700	\$26,100

Product Name: Performance Blue PPO \$250 100/80 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: Performance Blue PPO \$500 100/80 Gold

Metal Level: Gold

Status: No changes for 2024

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

Metal Level: Gold

Status: No changes for 2024

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

Metal Level: Gold

Status: No changes for 2024

Product Name: Performance Blue PPO \$1000 90/70 Gold

Metal Level: Gold

Status: No changes for 2024

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

Metal Level: Gold

Status: No changes for 2024

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

Metal Level: Gold

Status: No changes for 2024

Product Name: Performance Blue PPO \$1500 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: Performance Blue PPO \$1550 100/80 Gold

Metal Level: Gold

Status: See changes below

Year		2023	2024
PCP/Retail Clinic	In Network	\$15	\$10
Specialist Office Visit	In Network	\$40	\$30
Urgent Care	In Network	\$45	\$40
Outpatient Surgery/ Facility Fee	In Network	\$0 after deductible	\$60 after deductible
Inpatient Hospital (includes Mental Health/ Substance Abuse)	In Network	\$300 after deductible	\$250 after deductible
Emergency Room	In Network	\$315 after deductible	\$300 after deductible
Advanced Diagnostic/ Imaging (MRI/CAT/PET)	In Network	\$200 after deductible	\$175 after deductible

New Product Name: Performance Blue PPO Qualified \$1600 100/80 Gold

Former Product Name: Performance Blue PPO 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	\$4,500	\$4,800
Outpatient Surgery/ Facility Fee	In Network	\$0 after deductible	\$40 after deductible

Product Name: Performance Blue PPO \$1750 90/70 Gold

Metal Level: Gold

Status: No changes for 2024

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

Metal Level: Gold

Status: No changes for 2024

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

Metal Level: Gold

Status: No changes for 2024

Product Name: Performance Blue PPO \$4500 100/80 Gold

Metal Level: Gold

Status: See changes below

Year		2023	2024
PCP/Retail Clinic	In Network	\$15	\$10
Emergency Room	In Network	\$150 after deductible	\$100 after deductible

Product Name: Performance Blue PPO \$5000 1x 100/80 Gold

Metal Level: Gold

Status: No changes for 2024

Product Name: Performance Blue PPO \$600 50/40 Silver

Metal Level: Silver

Status: See changes below

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$9,100	\$9,350
	Out of Network	\$27,300	\$28,050

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

New Product Name: Performance Blue PPO Qualified Embedded \$3200 100/80 Silver
Former Product Name: Performance Blue PPO 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	\$9,000	\$9,600
Outpatient Surgery/ Facility Fee	In Network	\$120 after deductible	\$150 after deductible

Product Name: Performance Blue PPO Qualified Embedded \$3700 100/100 Silver
Metal Level: Silver
Status: See changes below

Year		2023	2024
Outpatient Surgery/ Facility Fee	In Network	\$50 after deductible	\$90 after deductible

Product Name: Performance Blue PPO \$5000 1x 70/50 Silver
Metal Level: Silver
Status: No changes for 2024

Product Name: Performance Blue PPO Qualified Embedded \$5500 80/60 Silver
Metal Level: Silver
Status: No changes for 2024

Product Name: Performance Blue PPO Qualified Embedded \$6000 100/100 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

New Product Name: Performance Blue PPO Qualified Embedded \$7050 100/100 Bronze
Former Product Name: Performance Blue PPO 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	\$20,550	\$21,150

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).

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请拨打您的身份证背面的号码（TTY：711）。

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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).

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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.

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