

# 2023 Small Group ACA Benefit Changes

WEST VIRGINIA

## Highmark 2023 Small Group ACA Benefit Changes\*

**Product Name: Shared Cost Blue PPO 100**

**Metal Level: Platinum**

**Status: No changes for 2023**

**Product Name: Shared Cost Blue PPO 500**

**Metal Level: Platinum**

**Status: No changes for 2023**

**Product Name: Shared Cost Blue PPO 750**

**Metal Level: Platinum**

**Status: No changes for 2023**

**Product Name: Shared Cost Blue PPO 0**

**Metal Level: Gold**

**Status: New for 2023**

**Product Name: Health Savings Blue PPO 3150**

**Metal Level: Gold**

**Status: See changes below**

Year	2022	2023
	Silver	Gold
In network	\$6,900	\$3,600
Out of Network	\$13,800	\$7,200

\*Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**Product Name: Shared Cost Blue PPO 6000**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
<b>Metal Level:</b>		<b>Silver</b>	<b>Gold</b>
Coinsurance	In network	75%	85%
	Out of network	55%	55%
Outpatient Surgery/ Facility Fee		\$150 after deductible	\$50
Inpatient Hospital (includes Mental Health and Substance Abuse)		25% after deductible	15% after deductible
Emergency Room		\$600	\$175
Advanced Diagnostic/ Imaging (MRI/CAT/PET)		\$350	\$150

**Product Name: Shared Cost Blue PPO 1000**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,550	\$8,700
	Out of Network	\$17,100	\$17,400

**Product Name: Shared Cost Blue PPO 1500**

**Metal Level: Gold**

**Status: No changes for 2023**

\*Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**Product Name: Shared Cost Blue PPO 1750**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,550	\$9,100
	Out of network	\$17,100	\$18,200
Primary Care Provider/ Retail Clinic/Physical Therapy/Occupational Therapy		\$65	\$70
Outpatient Surgery/ Facility Fee		\$150 after deductible	\$200 after deductible
Prescription Drugs	In network	\$3/\$20/\$60/\$100/40%/50%	\$3/\$30/\$60/\$90/40%/50%

**Product Name: Shared Cost Blue PPO 2500**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,150	\$9,100
	Out of network	\$16,300	\$18,200
Primary Care Provider/ Retail Clinic/Physical Therapy/Occupational Therapy	In network	\$55	\$60
Specialist	In network	\$80	\$85
Urgent Care	In network	\$90	\$95
Basic Diagnostic	In network	\$75	\$80
Outpatient Surgery/ Facility Fee	In network	\$150	\$200
Prescription Drugs	In network	\$3/\$20/\$60/\$100/40%/50%	\$3/\$30/\$60/\$100/40%/50%

\*Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**Product Name: Shared Cost Blue PPO 3000**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,550	\$9,100
	Out of network	\$17,100	\$18,200
Primary Care Provider/ Retail Clinic/Physical Therapy/Occupational Therapy	In network	\$45	\$55
Specialist	In network	\$70	\$75
Urgent Care	In network	\$80	\$85
Basic Diagnostic	In network	\$65	\$75
Outpatient Surgery/ Facility Fee	In network	\$150	\$200
Prescription Drugs	In network	\$3/\$20/\$60/\$100/40%/50%	\$3/\$30/\$60/\$100/40%/50%

**Product Name: Shared Cost Blue PPO 3700**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,700	\$9,100
	Out of network	\$17,400	\$18,200
Primary Care Provider/ Retail Clinic/Physical Therapy/Occupational Therapy	In network	\$45	\$55
Specialist	In network	\$75	\$85
Urgent Care	In network	\$85	\$95
Basic Diagnostic	In network	\$75	\$80
Outpatient Surgery/ Facility Fee	In network	\$150	\$200
Prescription Drugs	In network	\$3/\$20/\$60/\$100/40%/50%	\$3/\$30/\$60/\$100/40%/50%

\*Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**Product Name: Shared Cost Blue PPO 4000**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$7,900	\$9,100
	Out of network	\$15,800	\$18,200
Outpatient Surgery/ Facility Fee	In network	\$150 after deductible	\$200 after deductible
Prescription Drugs	In network	\$3/\$20/\$60/\$100/40%/50%	\$3/\$30/\$60/\$100/40%/50%

**Product Name: Shared Cost Blue PPO 4500 1x**

**Metal Level: Silver**

**Status: No changes for 2023**

**Product Name: Shared Cost Blue PPO 5100**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,550	\$9,100
	Out of network	\$17,100	\$18,200
Primary Care Provider/ Retail Clinic/Physical Therapy/Occupational Therapy	In network	\$15	\$20
Specialist	In network	\$35	\$40
Urgent Care	In network	\$40	\$50
Basic Diagnostic	In network	\$35 after deductible	\$40 after deductible
Inpatient Hospital Professional Services	In network	20% after deductible	100% after deductible and \$10 copay, per admission

**Product Name: Shared Cost Blue PPO 7150**

**Metal Level: Bronze**

**Status: No changes for 2023**

\*Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**Product Name: Balance Blue PPO 2000**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,550	\$9,100
	Out of network	\$17,100	\$18,200
Specialist	In network	\$85	\$90
Urgent Care	In network	\$95	\$100
Outpatient Surgery/ Facility Fee	In network	\$150 after deductible	\$200 after deductible
Basic Diagnostic	In network	\$85	\$95
Prescription Drugs		\$3/\$20/\$60/\$100/40%/50%	\$3/\$30/\$60/\$100/40%/50%

**Product Name: Health Savings Blue PPO 4750**

**Metal Level: Silver**

**Status: No changes for 2023**

**Product Name: Health Savings Blue PPO 5500**

**Metal Level: Silver**

**Status: No changes for 2023**

**Product Name: Health Savings Blue PPO 6850**

**Metal Level: Bronze**

**Status: No changes for 2023**

\*Coinsurance applies after deductible, unless otherwise noted.

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