
Monthly Premium Rates

**For Benefit Period:
January 1 to December 31, 2023**

NORTHEASTERN PA

Coverage is offered by Highmark Benefits Group.



Here's how to calculate your monthly premium.

By this point, you know the Highmark plan you want. The grids in the following section will help you know what your total monthly premium should add up to.

Who to include in your calculation:

- Yourself
- Your spouse or partner who will be covered
- All children between ages 21 and 26 who will be covered
- The three oldest children under age 21 who will be covered
- Any additional family members who will be covered

If you're going to have more than three children under 21 on your plan, only include premiums for the oldest three below. Your policy will cover any younger children; just be sure to list all of them as dependents when you enroll.

Fill in the chart below to calculate your total monthly premium.

Highmark Plan Name: _____

	Name	Age	Tobacco user? (yes or no)	Premium amount (from chart)
You				
Your spouse or partner				
Children between ages 21 and 26				
Children under 21				
Additional family members				
Total =				

If you need help filling out your enrollment application, call 833-796-0888.

Premium Rates

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

If you are purchasing a plan directly through Highmark, use the Non-Marketplace Plan ID.

Age	Catastrophic		Bronze		Bronze		Bronze	
	my Priority Blue Major Events PPO Catastrophic 9100 - 3 Free PCP Visits		my Priority Blue Flex PPO Bronze 8900		my Priority Blue Flex PPO Bronze 6900 HSA - Custom Drug Benefit		my Priority Blue Flex PPO Bronze 3800	
	Pricing Area: 3		Pricing Area: 3		Pricing Area: 3		Pricing Area: 3	
	Marketplace Plan ID: 79962PA0320001		Marketplace Plan ID: 79962PA0270002		Marketplace Plan ID: 79962PA0290001		Marketplace Plan ID: 79962PA0270001	
	Non-Marketplace Plan ID: 79962PA0320001		Non-Marketplace Plan ID: 79962PA0270002		Non-Marketplace Plan ID: 79962PA0290001		Non-Marketplace Plan ID: 79962PA0270001	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$164.36	\$164.36	\$195.34	\$195.34	\$226.51	\$226.51	\$218.68	\$218.68
15	\$178.97	\$178.97	\$212.70	\$212.70	\$246.64	\$246.64	\$238.12	\$238.12
16	\$184.56	\$184.56	\$219.34	\$219.34	\$254.34	\$254.34	\$245.55	\$245.55
17	\$190.14	\$190.14	\$225.98	\$225.98	\$262.04	\$262.04	\$252.99	\$252.99
18	\$196.16	\$196.16	\$233.13	\$233.13	\$270.33	\$270.33	\$260.99	\$260.99
19	\$202.17	\$202.17	\$240.27	\$240.27	\$278.62	\$278.62	\$268.99	\$268.99
20	\$208.40	\$208.40	\$247.68	\$247.68	\$287.21	\$287.21	\$277.28	\$277.28
21	\$214.85	\$220.22	\$255.34	\$261.72	\$296.09	\$303.49	\$285.86	\$293.01
22	\$214.85	\$220.22	\$255.34	\$261.72	\$296.09	\$303.49	\$285.86	\$293.01
23	\$214.85	\$220.22	\$255.34	\$261.72	\$296.09	\$303.49	\$285.86	\$293.01
24	\$214.85	\$220.22	\$255.34	\$261.72	\$296.09	\$303.49	\$285.86	\$293.01
25	\$215.71	\$221.10	\$256.36	\$262.77	\$297.27	\$304.70	\$287.00	\$294.18
26	\$220.01	\$225.51	\$261.47	\$268.01	\$303.20	\$310.78	\$292.72	\$300.04
27	\$225.16	\$230.79	\$267.60	\$274.29	\$310.30	\$318.06	\$299.58	\$307.07
28	\$233.54	\$239.38	\$277.55	\$284.49	\$321.85	\$329.90	\$310.73	\$318.50
29	\$240.42	\$246.43	\$285.73	\$292.87	\$331.32	\$339.60	\$319.88	\$327.88
30	\$243.85	\$249.95	\$289.81	\$297.06	\$336.06	\$344.46	\$324.45	\$332.56
31	\$249.01	\$255.24	\$295.94	\$303.34	\$343.17	\$351.75	\$331.31	\$339.59
32	\$254.17	\$260.52	\$302.07	\$309.62	\$350.27	\$359.03	\$338.17	\$346.62
33	\$257.39	\$263.82	\$305.90	\$313.55	\$354.72	\$363.59	\$342.46	\$351.02
34	\$260.83	\$267.35	\$309.98	\$317.73	\$359.45	\$368.44	\$347.03	\$355.71
35	\$262.55	\$269.11	\$312.03	\$319.83	\$361.82	\$370.87	\$349.32	\$358.05
36	\$264.27	\$270.88	\$314.07	\$321.92	\$364.19	\$373.29	\$351.61	\$360.40
37	\$265.98	\$272.63	\$316.11	\$324.01	\$366.56	\$375.72	\$353.89	\$362.74
38	\$267.70	\$274.39	\$318.15	\$326.10	\$368.93	\$378.15	\$356.18	\$365.08
39	\$271.14	\$277.92	\$322.24	\$330.30	\$373.67	\$383.01	\$360.76	\$369.78
40	\$274.58	\$302.04	\$326.32	\$338.95	\$378.40	\$416.24	\$365.33	\$401.86
41	\$279.73	\$309.10	\$332.45	\$367.36	\$385.51	\$425.99	\$372.19	\$411.27
42	\$284.68	\$316.56	\$338.33	\$376.22	\$392.32	\$436.26	\$378.76	\$421.18
43	\$291.55	\$326.83	\$346.50	\$388.43	\$401.79	\$450.41	\$387.91	\$434.85
44	\$300.15	\$339.77	\$356.71	\$403.80	\$413.64	\$468.24	\$399.35	\$452.06
45	\$310.24	\$355.22	\$368.71	\$422.17	\$427.55	\$489.54	\$412.78	\$472.63
46	\$322.28	\$373.84	\$383.01	\$444.29	\$444.14	\$515.20	\$428.79	\$497.40
47	\$335.81	\$395.25	\$399.10	\$469.74	\$462.79	\$544.70	\$446.80	\$525.88
48	\$351.28	\$420.13	\$417.48	\$499.31	\$484.11	\$579.00	\$467.38	\$558.99
49	\$366.53	\$446.07	\$435.61	\$530.14	\$505.13	\$614.74	\$487.68	\$593.51
50	\$383.72	\$470.06	\$456.04	\$558.65	\$528.82	\$647.80	\$510.55	\$625.42
51	\$400.70	\$490.86	\$476.21	\$583.36	\$552.21	\$676.46	\$533.13	\$653.08
52	\$419.39	\$513.75	\$498.42	\$610.56	\$577.97	\$708.01	\$558.00	\$683.55
53	\$438.29	\$536.91	\$520.89	\$638.09	\$604.02	\$739.92	\$583.15	\$714.36
54	\$458.70	\$561.91	\$545.15	\$667.81	\$632.15	\$774.38	\$610.31	\$747.63
55	\$479.12	\$586.92	\$569.41	\$697.53	\$660.28	\$808.84	\$637.47	\$780.90
56	\$501.25	\$614.03	\$595.71	\$729.74	\$690.78	\$846.21	\$666.91	\$816.96
57	\$523.59	\$641.40	\$622.26	\$762.27	\$721.57	\$883.92	\$696.64	\$853.38
58	\$547.44	\$670.61	\$650.61	\$797.00	\$754.44	\$924.19	\$728.37	\$892.25
59	\$559.25	\$685.08	\$664.65	\$814.20	\$770.72	\$944.13	\$744.09	\$911.51
60	\$583.10	\$714.30	\$692.99	\$848.91	\$803.59	\$984.40	\$775.82	\$950.38
61	\$603.73	\$739.57	\$717.51	\$878.95	\$832.01	\$1,019.21	\$803.27	\$984.01
62	\$617.26	\$756.14	\$733.59	\$898.65	\$850.67	\$1,042.07	\$821.28	\$1,006.07
63	\$634.24	\$776.94	\$753.76	\$923.36	\$874.06	\$1,070.72	\$843.86	\$1,033.73
64+	\$644.55	\$789.57	\$766.02	\$938.37	\$888.27	\$1,088.13	\$857.58	\$1,050.54

Premium Rates

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

If you are purchasing a plan directly through Highmark, use the Non-Marketplace Plan ID.

Age	Bronze		Silver		Silver		Silver	
	my Priority Blue Flex PPO Bronze 3800 + Adult Dental and Vision		my Priority Blue Flex PPO Silver 5900		my Priority Blue Flex PPO Silver 3500		my Priority Blue Flex PPO Silver 3500 + Adult Dental and Vision	
	Pricing Area: 3		Pricing Area: 3		Pricing Area: 3		Pricing Area: 3	
	Marketplace Plan ID: 79962PA0280001		Marketplace Plan ID: 79962PA0270003		Marketplace Plan ID: N/A		Marketplace Plan ID: N/A	
	Non-Marketplace Plan ID: 79962PA0280001		Non-Marketplace Plan ID: 79962PA0270003		Non-Marketplace Plan ID: 79962PA0270004		Non-Marketplace Plan ID: 79962PA0280002	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$236.68	\$236.68	\$305.36	\$305.36	\$244.05	\$244.05	\$262.04	\$262.04
15	\$257.71	\$257.71	\$332.50	\$332.50	\$265.74	\$265.74	\$285.34	\$285.34
16	\$265.76	\$265.76	\$342.88	\$342.88	\$274.04	\$274.04	\$294.24	\$294.24
17	\$273.80	\$273.80	\$353.26	\$353.26	\$282.33	\$282.33	\$303.15	\$303.15
18	\$282.46	\$282.46	\$364.43	\$364.43	\$291.27	\$291.27	\$312.74	\$312.74
19	\$291.13	\$291.13	\$375.61	\$375.61	\$300.20	\$300.20	\$322.33	\$322.33
20	\$300.10	\$300.10	\$387.19	\$387.19	\$309.45	\$309.45	\$332.26	\$332.26
21	\$309.38	\$317.11	\$399.16	\$409.14	\$319.02	\$327.00	\$342.54	\$351.10
22	\$309.38	\$317.11	\$399.16	\$409.14	\$319.02	\$327.00	\$342.54	\$351.10
23	\$309.38	\$317.11	\$399.16	\$409.14	\$319.02	\$327.00	\$342.54	\$351.10
24	\$309.38	\$317.11	\$399.16	\$409.14	\$319.02	\$327.00	\$342.54	\$351.10
25	\$310.62	\$318.39	\$400.76	\$410.78	\$320.30	\$328.31	\$343.91	\$352.51
26	\$316.81	\$324.73	\$408.74	\$418.96	\$326.68	\$334.85	\$350.76	\$359.53
27	\$324.23	\$332.34	\$418.32	\$428.78	\$334.33	\$342.69	\$358.98	\$367.95
28	\$336.30	\$344.71	\$433.89	\$444.74	\$346.77	\$355.44	\$372.34	\$381.65
29	\$346.20	\$354.86	\$446.66	\$457.83	\$356.98	\$365.90	\$383.30	\$392.88
30	\$351.15	\$359.93	\$453.05	\$464.38	\$362.09	\$371.14	\$388.78	\$398.50
31	\$358.57	\$367.53	\$462.63	\$474.20	\$369.74	\$378.98	\$397.00	\$406.93
32	\$366.00	\$375.15	\$472.21	\$484.02	\$377.40	\$386.84	\$405.22	\$415.35
33	\$370.64	\$379.91	\$478.19	\$490.14	\$382.19	\$391.74	\$410.36	\$420.62
34	\$375.59	\$384.98	\$484.58	\$496.69	\$387.29	\$396.97	\$415.84	\$426.24
35	\$378.06	\$387.51	\$487.77	\$499.96	\$389.84	\$399.59	\$418.58	\$429.04
36	\$380.54	\$390.05	\$490.97	\$503.24	\$392.39	\$402.20	\$421.32	\$431.85
37	\$383.01	\$392.59	\$494.16	\$506.51	\$394.95	\$404.82	\$424.06	\$434.66
38	\$385.49	\$395.13	\$497.35	\$509.78	\$397.50	\$407.44	\$426.80	\$437.47
39	\$390.44	\$400.20	\$503.74	\$516.33	\$402.60	\$412.67	\$432.29	\$443.10
40	\$395.39	\$434.93	\$510.13	\$561.14	\$407.71	\$448.48	\$437.77	\$481.55
41	\$402.81	\$445.11	\$519.71	\$574.28	\$415.36	\$458.97	\$445.99	\$492.82
42	\$409.93	\$455.84	\$528.89	\$588.13	\$422.70	\$470.04	\$453.87	\$504.70
43	\$419.83	\$470.63	\$541.66	\$607.20	\$432.91	\$485.29	\$464.83	\$521.07
44	\$432.20	\$489.25	\$557.63	\$631.24	\$445.67	\$504.50	\$478.53	\$541.70
45	\$446.74	\$511.52	\$576.39	\$659.97	\$460.66	\$527.46	\$494.63	\$566.35
46	\$464.07	\$538.32	\$598.74	\$694.54	\$478.53	\$555.09	\$513.81	\$596.02
47	\$483.56	\$569.15	\$623.89	\$734.32	\$498.63	\$586.89	\$535.39	\$630.15
48	\$505.84	\$604.98	\$652.63	\$780.55	\$521.60	\$623.83	\$560.05	\$669.82
49	\$527.80	\$642.33	\$680.97	\$828.74	\$544.25	\$662.35	\$584.37	\$711.18
50	\$552.55	\$676.87	\$712.90	\$873.30	\$569.77	\$697.97	\$611.78	\$749.43
51	\$576.99	\$706.81	\$744.43	\$911.93	\$594.97	\$728.84	\$638.84	\$782.58
52	\$603.91	\$739.79	\$779.16	\$954.47	\$622.73	\$762.84	\$668.64	\$819.08
53	\$631.14	\$773.15	\$814.29	\$997.51	\$650.80	\$797.23	\$698.78	\$856.01
54	\$660.53	\$809.15	\$852.21	\$1,043.96	\$681.11	\$834.36	\$731.32	\$895.87
55	\$689.92	\$845.15	\$890.13	\$1,090.41	\$711.41	\$871.48	\$763.86	\$935.73
56	\$721.78	\$884.18	\$931.24	\$1,140.77	\$744.27	\$911.73	\$799.15	\$978.96
57	\$753.96	\$923.60	\$972.75	\$1,191.62	\$777.45	\$952.38	\$834.77	\$1,022.59
58	\$788.30	\$965.67	\$1,017.06	\$1,245.90	\$812.86	\$995.75	\$872.79	\$1,069.17
59	\$805.32	\$986.52	\$1,039.01	\$1,272.79	\$830.41	\$1,017.25	\$891.63	\$1,092.25
60	\$839.66	\$1,028.58	\$1,083.32	\$1,327.07	\$865.82	\$1,060.63	\$929.65	\$1,138.82
61	\$869.36	\$1,064.97	\$1,121.64	\$1,374.01	\$896.45	\$1,098.15	\$962.54	\$1,179.11
62	\$888.85	\$1,088.84	\$1,146.79	\$1,404.82	\$916.54	\$1,122.76	\$984.12	\$1,205.55
63	\$913.29	\$1,118.78	\$1,178.32	\$1,443.44	\$941.75	\$1,153.64	\$1,011.18	\$1,238.70
64+	\$928.14	\$1,136.97	\$1,197.48	\$1,466.91	\$957.06	\$1,172.40	\$1,027.62	\$1,258.83

Premium Rates

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

If you are purchasing a plan directly through Highmark, use the Non-Marketplace Plan ID.

Age	Silver		Silver		Gold		Gold	
	my Priority Blue Flex PPO Premier Silver 2900		my Priority Blue Flex PPO Premier Silver 2900 + Adult Dental and Vision		my Priority Blue Flex PPO Gold 1700 HSA		my Priority Blue Flex PPO Gold 0	
	Pricing Area: 3		Pricing Area: 3		Pricing Area: 3		Pricing Area: 3	
	Marketplace Plan ID: 79962PA0300001		Marketplace Plan ID: 79962PA0310001		Marketplace Plan ID: 79962PA0290002		Marketplace Plan ID: 79962PA0270005	
Non-Marketplace Plan ID: 79962PA0300001		Non-Marketplace Plan ID: 79962PA0310001		Non-Marketplace Plan ID: 79962PA0290002		Non-Marketplace Plan ID: 79962PA0270005		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$336.18	\$336.18	\$354.16	\$354.16	\$272.11	\$272.11	\$288.63	\$288.63
15	\$366.06	\$366.06	\$385.65	\$385.65	\$296.30	\$296.30	\$314.29	\$314.29
16	\$377.49	\$377.49	\$397.68	\$397.68	\$305.55	\$305.55	\$324.10	\$324.10
17	\$388.91	\$388.91	\$409.72	\$409.72	\$314.79	\$314.79	\$333.91	\$333.91
18	\$401.22	\$401.22	\$422.68	\$422.68	\$324.75	\$324.75	\$344.47	\$344.47
19	\$413.52	\$413.52	\$435.65	\$435.65	\$334.71	\$334.71	\$355.04	\$355.04
20	\$426.27	\$426.27	\$449.07	\$449.07	\$345.03	\$345.03	\$365.98	\$365.98
21	\$439.45	\$450.44	\$462.96	\$474.53	\$355.70	\$364.59	\$377.30	\$386.73
22	\$439.45	\$450.44	\$462.96	\$474.53	\$355.70	\$364.59	\$377.30	\$386.73
23	\$439.45	\$450.44	\$462.96	\$474.53	\$355.70	\$364.59	\$377.30	\$386.73
24	\$439.45	\$450.44	\$462.96	\$474.53	\$355.70	\$364.59	\$377.30	\$386.73
25	\$441.21	\$452.24	\$464.81	\$476.43	\$357.12	\$366.05	\$378.81	\$388.28
26	\$450.00	\$461.25	\$474.07	\$485.92	\$364.24	\$373.35	\$386.36	\$396.02
27	\$460.54	\$472.05	\$485.18	\$497.31	\$372.77	\$382.09	\$395.41	\$405.30
28	\$477.68	\$489.62	\$503.24	\$515.82	\$386.65	\$396.32	\$410.13	\$420.38
29	\$491.74	\$504.03	\$518.05	\$531.00	\$398.03	\$407.98	\$422.20	\$432.76
30	\$498.78	\$511.25	\$525.46	\$538.60	\$403.72	\$413.81	\$428.24	\$438.95
31	\$509.32	\$522.05	\$536.57	\$549.98	\$412.26	\$422.57	\$437.29	\$448.22
32	\$519.87	\$532.87	\$547.68	\$561.37	\$420.79	\$431.31	\$446.35	\$457.51
33	\$526.46	\$539.62	\$554.63	\$568.50	\$426.13	\$436.78	\$452.01	\$463.31
34	\$533.49	\$546.83	\$562.03	\$576.08	\$431.82	\$442.62	\$458.04	\$469.49
35	\$537.01	\$550.44	\$565.74	\$579.88	\$434.67	\$445.54	\$461.06	\$472.59
36	\$540.52	\$554.03	\$569.44	\$583.68	\$437.51	\$448.45	\$464.08	\$475.68
37	\$544.04	\$557.64	\$573.14	\$587.47	\$440.36	\$451.37	\$467.10	\$478.78
38	\$547.55	\$561.24	\$576.85	\$591.27	\$443.20	\$454.28	\$470.12	\$481.87
39	\$554.59	\$568.45	\$584.26	\$598.87	\$448.89	\$460.11	\$476.15	\$488.05
40	\$561.62	\$617.78	\$591.66	\$650.83	\$454.58	\$500.04	\$482.19	\$530.41
41	\$572.16	\$632.24	\$602.77	\$666.06	\$463.12	\$511.75	\$491.24	\$542.82
42	\$582.27	\$647.48	\$613.42	\$682.12	\$471.30	\$524.09	\$499.92	\$555.91
43	\$596.33	\$668.49	\$628.24	\$704.26	\$482.68	\$541.08	\$512.00	\$573.95
44	\$613.91	\$694.95	\$646.76	\$732.13	\$496.91	\$562.50	\$527.09	\$596.67
45	\$634.57	\$726.58	\$668.51	\$765.44	\$513.63	\$588.11	\$544.82	\$623.82
46	\$659.18	\$764.65	\$694.44	\$805.55	\$533.55	\$618.92	\$565.95	\$656.50
47	\$686.86	\$808.43	\$723.61	\$851.69	\$555.96	\$654.36	\$589.72	\$694.10
48	\$718.50	\$859.33	\$756.94	\$905.30	\$581.57	\$695.56	\$616.89	\$737.80
49	\$749.70	\$912.38	\$789.81	\$961.20	\$606.82	\$738.50	\$643.67	\$783.35
50	\$784.86	\$961.45	\$826.85	\$1,012.89	\$635.28	\$778.22	\$673.86	\$825.48
51	\$819.57	\$1,003.97	\$863.42	\$1,057.69	\$663.38	\$812.64	\$703.66	\$861.98
52	\$857.81	\$1,050.82	\$903.70	\$1,107.03	\$694.33	\$850.55	\$736.49	\$902.20
53	\$896.48	\$1,098.19	\$944.44	\$1,156.94	\$725.63	\$888.90	\$769.69	\$942.87
54	\$938.23	\$1,149.33	\$988.42	\$1,210.81	\$759.42	\$930.29	\$805.54	\$986.79
55	\$979.97	\$1,200.46	\$1,032.40	\$1,264.69	\$793.21	\$971.68	\$841.38	\$1,030.69
56	\$1,025.24	\$1,255.92	\$1,080.09	\$1,323.11	\$829.85	\$1,016.57	\$880.24	\$1,078.29
57	\$1,070.94	\$1,311.90	\$1,128.23	\$1,382.08	\$866.84	\$1,061.88	\$919.48	\$1,126.36
58	\$1,119.72	\$1,371.66	\$1,179.62	\$1,445.03	\$906.32	\$1,110.24	\$961.36	\$1,177.67
59	\$1,143.89	\$1,401.27	\$1,205.08	\$1,476.22	\$925.89	\$1,134.22	\$982.11	\$1,203.08
60	\$1,192.67	\$1,461.02	\$1,256.47	\$1,539.18	\$965.37	\$1,182.58	\$1,023.99	\$1,254.39
61	\$1,234.85	\$1,512.69	\$1,300.92	\$1,593.63	\$999.52	\$1,224.41	\$1,060.21	\$1,298.76
62	\$1,262.54	\$1,546.61	\$1,330.08	\$1,629.35	\$1,021.93	\$1,251.86	\$1,083.98	\$1,327.88
63	\$1,297.26	\$1,589.14	\$1,366.66	\$1,674.16	\$1,050.00	\$1,286.29	\$1,113.79	\$1,364.39
64+	\$1,318.35	\$1,614.98	\$1,388.88	\$1,701.38	\$1,067.10	\$1,307.20	\$1,131.90	\$1,386.58

Premium Rates

Use the Marketplace Plan ID to find your plan on the Pennsylvania Insurance Exchange.

If you are purchasing a plan directly through Highmark, use the Non-Marketplace Plan ID.

Age	Gold		Gold		Gold	
	my Priority Blue Flex PPO Gold 0 + Adult Dental and Vision		my Priority Blue Flex PPO Premier Gold 0		my Priority Blue Flex PPO Premier Gold 0 + Adult Dental and Vision	
	Pricing Area: 3		Pricing Area: 3		Pricing Area: 3	
	Marketplace Plan ID: 79962PA0280003		Marketplace Plan ID: 79962PA0300002		Marketplace Plan ID: 79962PA0310002	
	Non-Marketplace Plan ID: 79962PA0280003		Non-Marketplace Plan ID: 79962PA0300002		Non-Marketplace Plan ID: 79962PA0310002	
	No Tobacco	Tobacco	No Tobacco	Tobacco	No Tobacco	Tobacco
0-14	\$306.63	\$306.63	\$306.75	\$306.75	\$324.73	\$324.73
15	\$333.88	\$333.88	\$334.02	\$334.02	\$353.60	\$353.60
16	\$344.30	\$344.30	\$344.44	\$344.44	\$364.64	\$364.64
17	\$354.73	\$354.73	\$354.87	\$354.87	\$375.67	\$375.67
18	\$365.95	\$365.95	\$366.09	\$366.09	\$387.56	\$387.56
19	\$377.17	\$377.17	\$377.32	\$377.32	\$399.45	\$399.45
20	\$388.80	\$388.80	\$388.95	\$388.95	\$411.76	\$411.76
21	\$400.82	\$410.84	\$400.98	\$411.00	\$424.49	\$435.10
22	\$400.82	\$410.84	\$400.98	\$411.00	\$424.49	\$435.10
23	\$400.82	\$410.84	\$400.98	\$411.00	\$424.49	\$435.10
24	\$400.82	\$410.84	\$400.98	\$411.00	\$424.49	\$435.10
25	\$402.42	\$412.48	\$402.58	\$412.64	\$426.19	\$436.84
26	\$410.44	\$420.70	\$410.60	\$420.87	\$434.68	\$445.55
27	\$420.06	\$430.56	\$420.23	\$430.74	\$444.87	\$455.99
28	\$435.69	\$446.58	\$435.87	\$446.77	\$461.42	\$472.96
29	\$448.52	\$459.73	\$448.70	\$459.92	\$475.00	\$486.88
30	\$454.93	\$466.30	\$455.11	\$466.49	\$481.80	\$493.85
31	\$464.55	\$476.16	\$464.74	\$476.36	\$491.98	\$504.28
32	\$474.17	\$486.02	\$474.36	\$486.22	\$502.17	\$514.72
33	\$480.18	\$492.18	\$480.37	\$492.38	\$508.54	\$521.25
34	\$486.60	\$498.77	\$486.79	\$498.96	\$515.33	\$528.21
35	\$489.80	\$502.05	\$490.00	\$502.25	\$518.73	\$531.70
36	\$493.01	\$505.34	\$493.21	\$505.54	\$522.12	\$535.17
37	\$496.22	\$508.63	\$496.41	\$508.82	\$525.52	\$538.66
38	\$499.42	\$511.91	\$499.62	\$512.11	\$528.91	\$542.13
39	\$505.83	\$518.48	\$506.04	\$518.69	\$535.71	\$549.10
40	\$512.25	\$563.48	\$512.45	\$563.70	\$542.50	\$596.75
41	\$521.87	\$576.67	\$522.08	\$576.90	\$552.69	\$610.72
42	\$531.09	\$590.57	\$531.30	\$590.81	\$562.45	\$625.44
43	\$543.91	\$609.72	\$544.13	\$609.97	\$576.03	\$645.73
44	\$559.95	\$633.86	\$560.17	\$634.11	\$593.01	\$671.29
45	\$578.78	\$662.70	\$579.02	\$662.98	\$612.96	\$701.84
46	\$601.23	\$697.43	\$601.47	\$697.71	\$636.74	\$738.62
47	\$626.48	\$737.37	\$626.73	\$737.66	\$663.48	\$780.92
48	\$655.34	\$783.79	\$655.60	\$784.10	\$694.04	\$830.07
49	\$683.80	\$832.18	\$684.07	\$832.51	\$724.18	\$881.33
50	\$715.86	\$876.93	\$716.15	\$877.28	\$758.14	\$928.72
51	\$747.53	\$915.72	\$747.83	\$916.09	\$791.67	\$969.80
52	\$782.40	\$958.44	\$782.71	\$958.82	\$828.60	\$1,015.04
53	\$817.67	\$1,001.65	\$818.00	\$1,002.05	\$865.96	\$1,060.80
54	\$855.75	\$1,048.29	\$856.09	\$1,048.71	\$906.29	\$1,110.21
55	\$893.83	\$1,094.94	\$894.19	\$1,095.38	\$946.61	\$1,159.60
56	\$935.11	\$1,145.51	\$935.49	\$1,145.98	\$990.34	\$1,213.17
57	\$976.80	\$1,196.58	\$977.19	\$1,197.06	\$1,034.48	\$1,267.24
58	\$1,021.29	\$1,251.08	\$1,021.70	\$1,251.58	\$1,081.60	\$1,324.96
59	\$1,043.33	\$1,278.08	\$1,043.75	\$1,278.59	\$1,104.95	\$1,353.56
60	\$1,087.83	\$1,332.59	\$1,088.26	\$1,333.12	\$1,152.07	\$1,411.29
61	\$1,126.30	\$1,379.72	\$1,126.75	\$1,380.27	\$1,192.82	\$1,461.20
62	\$1,151.56	\$1,410.66	\$1,152.02	\$1,411.22	\$1,219.56	\$1,493.96
63	\$1,183.22	\$1,449.44	\$1,183.69	\$1,450.02	\$1,253.09	\$1,535.04
64+	\$1,202.46	\$1,473.01	\$1,202.94	\$1,473.60	\$1,273.47	\$1,560.00

You should confirm the network status of a provider prior to receiving services.

You can call My Care Navigator at 1-888-Blue-428 to confirm if a doctor or facility will be in network in 2023.

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.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield or Highmark Benefits Group, which are independent licensees of the Blue Cross Blue Shield Association.

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 libheng serbisyong 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 المساعدة 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 .