



# Zero reasons your health can't be a priority.

Individual and family plan offerings

For benefit period:  
January 1 to December 31, 2024



Because Life.™





# Say hello to a great health plan.

Shopping for your own health insurance? With Highmark, you get the coverage and benefits that matter most to you. This guide will help you find an affordable plan that checks all the boxes.

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# Why choose a Highmark health plan?

Here are a few big benefits  
right off the top of our heads.





1

## Expert care, close to home.

Highmark invests big in a patient-first approach to care, with easy access to high-quality, lower-cost health care services in your area.



2

## Coverage that travels with you.

All of our plans come with access to **BlueCard**<sup>®</sup>. It connects you to the largest physician and hospital networks in the U.S. with over 1.8 million providers, including 97% of all hospitals.\*

Your coverage extends to many top-rated, out-of-state facilities, like:

- Cleveland Clinic
- Duke University Medical Center
- Inova Health System Hospitals
- Johns Hopkins Hospital
- Marietta Memorial Hospitals
- MD Anderson Cancer Center
- Memorial Sloan Kettering Cancer Center
- NewYork-Presbyterian Hospital
- TidalHealth
- University of Maryland Medical Center
- Winchester Medical Center

And, you're covered in 190 countries too — it's just like getting care close to home. Keep in mind that BlueCard covers routine,\*\* emergency, and urgent care for most plans.



3

## No red tape.

See whichever in-network doctors you want to see — no referral needed. Call 1-888-BLUE-428, and we'll find a specialist for you. No hoops, no hoopla.

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\* According to the Blue Cross Blue Shield Association.

\*\* Certain services may require you to work with your BlueCard-participating provider to obtain prior authorization.





4

## All your care, all in one plan.

Healthy eyes and teeth are important parts of overall health and regular checkups can help you stay ahead of potential problems down the road. It's especially important for kids, which is why all our plans come with pediatric dental and vision benefits.

**Our plans with “Adult Dental and Vision” in their name include adult dental and vision benefits, so there's no need to purchase separate plans.**



5

## Easy access to top-performing specialists.

Only doctors who consistently deliver safe, effective treatments make the **Blue Distinction**<sup>®</sup> list. When you use our Find a Doctor tool, the Blue Distinction logo will appear by their names to help you choose a top-performing specialist for any care you need.



6

## Mental health care that's exactly the right fit.

Our Mental Well-Being solution provides expanded, quicker access to mental health care. A personalized care plan will help guide you to the right resources based on your needs.

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**And that's just for starters.**

Turn the page for even more reasons to choose Highmark.

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**We make it easier  
for you to get the  
care you want.**





#### VIRTUAL HEALTH

## Face-to-face with a doctor, 24/7.

Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. Best of all, the virtual health services provided by Well360 Virtual Health are also available through many in-network providers. That's laid-back-in-a-recliner easy.

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#### BLUES ON CALL<sup>SM</sup>

## Answers from a health pro, 24/7.

Medical concerns during off hours? Just call 1-888-BLUE-428 to get support from a registered nurse or a health coach any time and put your worries to bed.

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#### THE HIGHMARK MEMBER APP AND WEBSITE

## Your entire plan at your fingertips.

No more searching for old files or waiting on snail mail. Your digital ID card, Find a Doctor tool, deductible progress, and claims status are all available on the My Highmark app or at [myhighmark.com](https://myhighmark.com). You can also access **MyChart** via the app or website.

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#### VIRTUAL PHYSICAL CARE

## Physical care from the comfort of home.

This personalized digital physical care program helps with back, joint, or muscle pain from the comfort of your own home.

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#### MY CARE NAVIGATOR<sup>SM</sup>

## Your appointments, booked for you.

It's as simple as calling **1-888-BLUE-428**. We'll help you find the in-network doctor you need and reserve some space on their calendar. Which means less on-hold music for you.

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#### HEALTH SAVINGS ACCOUNT

## Helping you save for today and tomorrow.

Health savings accounts let you put money away for things like medical costs, vision and dental services, and prescriptions. They're available on qualified high-deductible health plans with "HSA" in the plan name.

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# **Need help with your health goals?**

**We've got you covered.**



#### FITNESS

## Hitting the gym has never been easier.

All our plans include a fitness extra with discounted rates and access to 10,000+ gyms nationwide.\* You'll also get discounts for acupuncture and chiropractic care, nutritional counseling, personal training, and more.

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#### WELLNESS

## Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Get guidance based on your lifestyle, and access to experienced wellness coaches to make healthy choices and keep you motivated. Once you're enrolled, visit [myhighmark.com](https://myhighmark.com).

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#### BLUE365®

## Discounts to help you stay healthy and active.

With Blue365, you get exclusive discounts on travel, car rentals, and even clothing and footwear. Check out member-only deals at [blue365deals.com](https://blue365deals.com).

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\* Does not apply to digital-only plans.

**Let's take a minute  
to cover the basics  
of ACA plans.**



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# Here's your ACA Enrollment Checklist.

You'll need this info for each person who will be covered on your plan.

- Date of birth**
- Social Security number**  
(or legal immigrant documents)
- Income documentation for all household members, even if they won't be covered by the plan**  
(pay stubs, W-2 forms, or wage and tax statements)
- Current health insurance policy numbers**  
(if applicable)
- Info on any health insurance you or your family could get from your job**

**All set? Great. Let's move on to the essentials.**

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# Next, enrollment dates.

There are two ways you can enroll in or change your ACA coverage. One is a fixed period that happens every year. The other is for special cases that can happen any time.

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## 1 Open Enrollment Period

### November 1, 2023 – January 15, 2024

If you sign up by December 15, 2023, your plan takes effect on January 1, 2024.

If you sign up between December 16, 2023, and January 15, 2024, your plan takes effect on February 1, 2024.

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## 2 Special Enrollment Period

### Can happen any time throughout the year

During a Special Enrollment Period, you can only get or change coverage if you have a qualifying life event. Examples include losing your existing coverage, a new addition to the family, getting married, or moving to a new area where you can't keep your current plan. Many Special Enrollment Periods only last 60 days from the qualifying life event.

If you think you're eligible for a Special Enrollment Period, you may be asked to submit documents to verify it. You can go to [highmark.com](https://www.highmark.com) for more information.

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# Metal levels

ACA plans\* are broken into four categories based on how you and your plan share the costs of your health care. Just so you know, metal levels reflect cost-sharing\*\* differences only – which means you get the same quality of care at any level.

## Bronze



**60%**  
of costs covered  
by your plan

**40%**  
out-of-pocket  
costs

If you don't use a lot of health care services and/or want to keep premium payments low, a Bronze plan might be for you.

## Silver



**70%**  
of costs covered  
by your plan

**30%**  
out-of-pocket  
costs

If you want to balance premiums with out-of-pocket costs, a Silver plan might be the way to go.

## Gold



**80%**  
of costs covered  
by your plan

**20%**  
out-of-pocket  
costs

If you use health care services somewhat frequently and/or want low out-of-pocket costs for most commonly used services, you might want to consider a Gold plan.

## Platinum



**90%**  
of costs covered  
by your plan

**10%**  
out-of-pocket  
costs

If you use health care services frequently and/or want to keep out-of-pocket costs low for all services, consider a Platinum plan.

## Extra Savings Silver



**73-94%**  
of costs covered  
by your plan

**6-27%**  
out-of-pocket  
costs

If you're CSR-eligible, Extra Savings Silver plans give you lower out-of-pocket costs.

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Financial help in the form of advance premium tax credits (APTCs) or cost-sharing reductions (CSRs) are available only on plans purchased through [healthcare.gov](https://www.healthcare.gov).

\* Catastrophic plans are available if you're under 30 or have a financial hardship. They're for people who do not go to the doctor frequently or only go to the doctor when there's an emergency.

\*\* The portion of health care services that you pay out of pocket. This generally includes deductibles, coinsurance, and copays.



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# Ways to save

**Good news:** There are two ways available to save for ACA members.  
**Even better news:** Nearly 90% of our ACA members qualify to save.

## Advance premium tax credits (APTC)

APTCs may be applied — in advance — to lower what you pay each month for your premium on any level **healthcare.gov** plan except Catastrophic.

## Cost-sharing reductions (CSR)

CSRs lower out-of-pocket costs that you may pay at the time of service for doctor visits, lab tests, drugs, and other covered services. CSR plans offer lower deductibles, copays, and coinsurance. You can only get these savings if you enroll in an Extra Savings Silver plan.

**You can qualify for both an APTC and CSR.**

## Extra ACA assistance

The Inflation Reduction Act lowers the cost of health plans for middle- and lower-income individuals and families. It may provide more aid even if you've previously qualified for financial help. And it makes it easier to qualify if you've been denied in the past.

Your savings can be significant. **See for yourself.**

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### Kyle

Single, 40 years old,  
non-smoker  
Annual income: \$20,170

**Before:** \$50 monthly premium

**After:** \$0 monthly premium

**Savings: \$600/year**

### Dean and Vanessa

Married couple,  
64 years old, non-smokers  
Annual income: \$78,930

**Before:** \$2,741 monthly premium

**After:** \$559 monthly premium

**Savings: \$26,184/year**

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Premiums and advance premium tax credits (APTC) will vary by county. The APTC can lower the monthly premium. Examples are based on the second-lowest cost Silver plan available on **healthcare.gov** in a given area. The price of this plan is used to calculate premium subsidies.

# Financial help

To see if you're eligible for financial help, locate your qualifying income and household size on the chart below. Then refer to the Base or Extra Savings plans for your county to find the plans that meet your needs.

Even if you don't qualify for cost-sharing reductions, you may be eligible for advance premium tax credits. Please refer to the Base plan options for your county.

## What is the income for those covered under your health plan?

Who needs coverage?	Eligible for Medicaid	Eligible for CSRs and APTCs			Eligible for APTCs
	Medicaid Eligible Range (138% or less FPL)	Extra Savings Silver Plans 138–149% CSR plans	150–199% CSR plans	200–249% CSR plans	Base 250% or more
Single	Less than \$20,120	\$20,121 - \$21,869	\$21,870 - \$29,159	\$29,160 - \$36,449	\$36,450 or more
Family of 2	Less than \$27,214	\$27,215 - \$29,579	\$29,580 - \$39,439	\$39,440 - \$49,299	\$49,300 or more
Family of 3	Less than \$34,307	\$34,308 - \$37,289	\$37,290 - \$49,719	\$49,720 - \$62,149	\$62,150 or more
Family of 4	Less than \$41,400	\$41,401 - \$44,999	\$45,000 - \$59,999	\$60,000 - \$74,999	\$75,000 or more
Family of 5	Less than \$48,493	\$48,494 - \$52,709	\$52,710 - \$70,279	\$70,280 - \$87,849	\$87,850 or more
Family of 6	Less than \$55,586	\$55,587 - \$60,419	\$60,420 - \$80,559	\$80,560 - \$100,699	\$100,700 or more
Family of 7	Less than \$62,680	\$62,681 - \$68,129	\$68,130 - \$90,839	\$90,840 - \$113,549	\$113,550 or more
Family of 8	Less than \$69,773	\$69,774 - \$75,839	\$75,840 - \$101,119	\$101,120 - \$126,399	\$126,400 or more

Most individuals and families with household incomes 100% or more of the federal poverty limit (FPL) will qualify for premium tax credits. These credits help lower the cost of health insurance coverage and are based on the second-lowest-cost Silver plan available in your area on the federal marketplace. The second-lowest-cost Silver plan is also known as the “benchmark plan.” Premium tax credits vary by income. Households with incomes 150% or less of the FPL will pay no premium for the benchmark plan. Those households with annual incomes 400% or more of the FPL will pay no more than 8.5% of their household income on health insurance premiums for the benchmark plan.

Income below 138% FPL: If your income is below 138% FPL and your state has expanded Medicaid coverage, you qualify for Medicaid based only on your income.\*

American Indians and Alaska Natives who are members of federally recognized tribes are eligible for cost-sharing reductions at alternative dollar thresholds.

This chart is only applicable for coverage in 2024 and in the 48 contiguous states and the District of Columbia. For families/households with more than 8 persons, add \$5,140 for each additional person.

\* HHS Poverty Guidelines for 2023 (March 14, 2023). Retrieved from <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

**Check to see if you qualify for one or both types of help.**

**Call 833-882-6533.**

# 2024 Highmark products and plan designs

Phew, that was a lot of good info. Now, let's take a look at the products and plans available in your area for 2024.

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# You get all the essentials.

You get access to the 10 Essential Health Benefits — plus coverage for preexisting conditions.

They include:

**1** Outpatient care

**2** Emergency services

**3** Hospitalization  
(like surgery and overnight stays)

**4** Pregnancy, maternity, and newborn care

**5** Mental health and substance use disorder services

**6** Prescription drugs

**7** Laboratory services

**8** Rehabilitative and habilitative services and devices

**9** Preventive and wellness services and chronic disease management

**10** Pediatric services, including dental and vision care



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# Our networks and products

No matter what plan you choose, you get in-network access to top-quality care, close to home. You can even see in-network specialists without a referral. Whatever your health care needs and budget, we have a plan for you. All you have to do is choose.

## my Blue Access PPO

### Your choice for comprehensive in-network access throughout Delaware.

With a my Blue Access PPO plan from Highmark, you have in-network access to high-quality, cost-effective care with Highmark's largest network in Delaware. You also have access to providers in Maryland, New Jersey, and Pennsylvania. With a PPO, you also get the flexibility to see out-of-network providers.

Check out page 44 for in-network facilities.

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Plans are available for residents of the counties highlighted below.



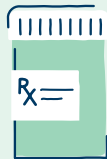
To see if your provider is in network, visit [highmark.com](https://www.highmark.com), select **Individual and Family Plans**, scroll down to **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Medical Care**.

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# Bronze 7100 HSA – Custom Drug Benefit plan

This plan allows you to save for your care with a health savings account (HSA) and provides low out-of-pocket costs on select prescriptions.

An HSA lets you put money away into a savings account that you can use for things like medical costs, vision and dental services, and prescriptions.



With the custom drug benefit, Highmark pays 100% of the costs for preventive and maintenance drugs immediately. There's no need to meet the deductible. For a complete list of covered drugs, visit [highmark.link/cdbde](https://highmark.link/cdbde).

Free preventive and maintenance drugs include:

- Eliquis 5 mg tablet
- rosuvastatin calcium  
5, 10, 20 mg tablet (Crestor)
- venlafaxine HCL ER  
150 mg capsule (Effexor)
- Jardiance 10, 25 mg tablet
- ezetimibe 10 mg tablet (Zetia)
- Trulicity 1.5 mg/5.0 ml pen
- Ozempic 0.25–0.5 mg/dose pen
- Januvia 100 mg tablet
- Xarelto 20 mg tablet
- Breo Ellipta 100–25 mcg inhaler
- budesonide-formoterol fumarate  
160 - 4.5 mcg inhaler (Symbicort)

Also included in the list are 20 of the most filled prescriptions. They include drugs for things like diabetes, asthma, heart conditions, anxiety, and depression.

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# Premier Gold plans

Our Premier Gold plans offer some of our lowest office visit copays — \$15 for Premier Gold plans. You'll also have lower out-of-pocket costs on covered services. Included in these plans are bonus benefits like a \$25 over-the-counter quarterly allowance and access to TruHearing.



## Over-the-counter benefit

You'll get a \$25 allowance on certain over-the-counter products per quarter for every member covered by your plan. You can use it for things like minor wound care, ibuprofen, and allergy medication. It's convenient too. To place an order, visit [shophighmarkotc.com](https://shophighmarkotc.com). Items are shipped directly to your home.



## TruHearing

**TruHearing™** can help lower copays on hearing aids. Plus, you can receive a hearing evaluation, as well as training, setup, fine-tuning, and adjustments from an in-network TruHearing provider without ever leaving your home. All you need is a smartphone, tablet, or computer. To learn more about TruHearing, visit [truhearing.com/highmark-hs](https://truhearing.com/highmark-hs).



# Looking for plan details?

You're in the right place.

You'll see plan summaries here. If you want any plan's full benefit list, visit [highmarksbcs.com](https://highmarksbcs.com) or get a paper copy by calling 1-833-258-0188 (TTY/TDD 711).

## Coverage Level

### MAJOR EVENTS 9450

3 free PCP visits

### BRONZE 8900

### STANDARD BRONZE 7500

Plan Availability	my Blue Access Major Events PPO 9450 3 free PCP visits	my Blue Access PPO Bronze 8900	my Blue Access PPO Standard Bronze 7500
<b>In-Network Deductible</b>	Individual: \$9,450 Family: \$18,900	Individual: \$8,900 Family: \$17,800	Individual: \$7,500 Family: \$15,000
<b>In-Network, Out-of-Pocket Maximum</b>	Individual: \$9,450 Family: \$18,900	Individual: \$8,900 Family: \$17,800	Individual: \$9,400 Family: \$18,800
<b>Primary Care Visit</b>	\$0 after deductible; First 3 visits \$0 (not subject to deductible)	\$0 after deductible	\$50 copay
<b>Specialist Visit</b>	\$0 after deductible	\$0 after deductible	\$100 copay
<b>Outpatient Mental Health and Substance Abuse Visits</b>	\$0 after deductible	\$0 after deductible	\$50 copay
<b>Speech, Physical, and Occupational Therapy and Chiropractic Care<sup>1</sup></b>	\$0 after deductible	\$0 after deductible	\$17 copay \$50 speech therapy copay
<b>Diagnostic Test (Lab/X-ray)</b>	\$0 after deductible	\$0 after deductible	50% after deductible
<b>Urgent Care<sup>2</sup></b>	\$0 after deductible	\$0 after deductible	\$75 copay
<b>Emergency Services</b>	\$0 after deductible	\$0 after deductible	50% after deductible
<b>Hospital Inpatient (including facility and professional)<sup>3</sup></b>	\$0 after deductible	\$0 after deductible	50% after deductible
<b>Pharmacy Summary<sup>4</sup></b>	\$0/\$0/\$0/\$0 after deductible	\$0 after deductible	\$25 <sup>5</sup> /\$50/\$100/\$150
<b>Includes Adult Dental and Vision Option<sup>6</sup></b>	No	No	No

<sup>1</sup> Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to the treatment of back pain by chiropractors and physical therapists or when therapy services are prescribed for the treatment of mental illness or substance abuse.

<sup>2</sup> The copayment, if any, does not apply to urgent care services prescribed for the treatment of mental health or substance abuse.

<sup>3</sup> The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

<sup>4</sup> Visit [highmarkacaformulary.com](http://highmarkacaformulary.com) to view our Formulary and see if your drug is covered, and at which tier.

<sup>5</sup> This tier not subject to deductible.

<sup>6</sup> See page 33-37 for adult dental and vision benefit details.

## Coverage Level

**BRONZE  
7100 HSA**

Custom Drug Benefit

**BRONZE  
3800**

**SILVER  
7000**

**STANDARD  
SILVER 5900**

Plan Availability	my Blue Access PPO Bronze 7100 HSA Custom Drug Benefit	my Blue Access PPO Bronze 3800	my Blue Access PPO Silver 7000	my Blue Access PPO Standard Silver 5900
<b>In-Network Deductible</b>	Individual: \$7,100 Family: \$14,200	Individual: \$3,800 Family: \$7,600	Individual: \$7,000 Family: \$14,000	Individual: \$5,900 Family: \$18,200
<b>In-Network, Out-of-Pocket Maximum</b>	Individual: \$7,100 Family: \$14,200	Individual: \$9,200 Family: \$18,400	Individual: \$9,450 Family: \$18,900	Individual: \$9,100 Family: \$11,800
<b>Primary Care Visit</b>	\$0 after deductible	\$75 copay	\$75 copay	\$40 copay
<b>Specialist Visit</b>	\$0 after deductible	\$75 copay	\$75 copay	\$80 copay
<b>Outpatient Mental Health and Substance Abuse Visits</b>	\$0 after deductible	\$75 copay	\$75 copay	\$40 copay
<b>Speech, Physical, and Occupational Therapy and Chiropractic Care<sup>2</sup></b>	\$0 after deductible	\$17 copay	\$17 copay	\$17 copay \$40 speech therapy copay
<b>Diagnostic Test (Lab/X-ray)</b>	\$0 after deductible	Lab: \$65 copay X-ray: \$150 copay	\$75 copay	40% after deductible
<b>Urgent Care<sup>3</sup></b>	\$0 after deductible	\$100 copay	\$100 copay	\$60 copay
<b>Emergency Services</b>	\$0 after deductible	50% after deductible	\$750 after deductible	40% after deductible
<b>Hospital Inpatient (including facility and professional)<sup>4</sup></b>	\$0 after deductible	50% after deductible	\$1,125 copay after deductible	40% after deductible
<b>Pharmacy Summary<sup>5</sup></b>	Select Rx: \$0 no deductible <sup>6</sup> All other Rx: \$0/\$0/\$0/\$0 after deductible	50%/50%/50%/50% after deductible	\$0/\$30/\$150/50%	\$20 <sup>7</sup> /\$40 <sup>7</sup> /\$80/\$125
<b>Includes Dental and Vision Option<sup>8</sup></b>	No	Yes	No	Yes

	Coverage Level			
	SILVER 3500*	GOLD 1700 HSA <sup>1</sup>	STANDARD GOLD 1500	GOLD 0
<b>Plan Availability</b>	my Blue Access PPO Silver 3500	my Blue Access PPO Gold 1700 HSA <sup>1</sup>	my Blue Access PPO Standard Gold 1500	my Blue Access PPO Gold 0
<b>In-Network Deductible</b>	Individual: \$3,500 Family: \$7,000	Individual: \$1,700 Family: \$3,400	Individual: \$1,500 Family: \$3,000	Individual: \$0 Family: \$0
<b>In-Network, Out-of-Pocket Maximum</b>	Individual: \$9,350 Family: \$18,700	Individual: \$5,700 Family: \$11,400	Individual: \$8,700 Family: \$17,400	Individual: \$7,500 Family: \$15,000
<b>Primary Care Visit</b>	\$55 copay	\$20 after deductible	\$30 copay	\$20 copay
<b>Specialist Visit</b>	\$55 copay	\$20 after deductible	\$60 copay	\$20 copay
<b>Outpatient Mental Health and Substance Abuse Visits</b>	\$55 copay	\$20 after deductible	\$30 copay	\$20 copay
<b>Speech, Physical, and Occupational Therapy and Chiropractic Care<sup>2</sup></b>	\$17 copay	\$17 after deductible	\$17 copay \$30 speech therapy copay	\$17 copay
<b>Diagnostic Test (Lab/X-ray)</b>	\$75 copay	\$20 after deductible	25% after deductible	\$35 copay
<b>Urgent Care<sup>3</sup></b>	\$100 copay	\$40 after deductible	\$45 copay	\$40 copay
<b>Emergency Services</b>	40% after deductible	\$175 after deductible	25% after deductible	\$300 copay
<b>Hospital Inpatient (including facility and professional)<sup>4</sup></b>	40% after deductible	\$450 after deductible	25% after deductible	\$725 copay
<b>Pharmacy Summary<sup>5</sup></b>	\$0/\$50/\$225/50%	\$0/\$30/\$150/50% after deductible	\$15/\$30/\$60/\$100	\$0/\$30/\$150/50%
<b>Includes Dental and Vision Option<sup>8</sup></b>	Yes	No	No	Yes

\* These plans are available directly from Highmark and are not available on [healthcare.gov](https://healthcare.gov). They do not qualify for advance premium tax credits or cost-sharing reductions.

<sup>1</sup> This plan has a Non-Embedded deductible. See Disclosures page for more information.

<sup>2</sup> Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to the treatment of back pain by chiropractors and physical therapists or when therapy services are prescribed for the treatment of mental illness or substance abuse.

<sup>3</sup> The copayment, if any, does not apply to urgent care services prescribed for the treatment of mental health or substance abuse.

<sup>4</sup> The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

<sup>5</sup> Visit [highmarkacaformulary.com](https://highmarkacaformulary.com) to view our Formulary and see if your drug is covered, and at which tier.

<sup>6</sup> For a full list of drugs covered at \$0 prior to deductible, visit [highmark.link/cdbde](https://highmark.link/cdbde).

<sup>7</sup> This tier not subject to deductible.

<sup>8</sup> See page 33-37 for adult dental and vision benefit details.

## Coverage Level

**PREMIER  
GOLD 0**

**STANDARD  
PLATINUM 0**

**PLATINUM  
0**

	<b>PREMIER GOLD 0</b>	<b>STANDARD PLATINUM 0</b>	<b>PLATINUM 0</b>
<b>Plan Availability</b>	my Blue Access PPO Premier Gold 0	my Blue Access PPO Standard Platinum 0	my Blue Access PPO Platinum 0
<b>In-Network Deductible</b>	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
<b>In-Network, Out-of- Pocket Maximum</b>	Individual: \$6,700 Family: \$13,400	Individual: \$3,200 Family: \$6,400	Individual: \$5,000 Family: \$10,000
<b>Primary Care Visit</b>	\$15 copay	\$10 copay	\$5 copay
<b>Specialist Visit</b>	\$15 copay	\$20 copay	\$5 copay
<b>Outpatient Mental Health and Substance Abuse Visits</b>	\$15 copay	\$10 copay	\$5 copay
<b>Speech, Physical, and Occupational Therapy and Chiropractic Care<sup>1</sup></b>	\$15 copay	\$10 copay	\$5 copay
<b>Diagnostic Test (Lab/X-ray)</b>	\$65 copay	\$30 copay	\$10 copay
<b>Urgent Care<sup>2</sup></b>	\$30 copay	\$15 copay	\$10 copay
<b>Emergency Services</b>	\$280 copay	\$100 copay	\$100 copay
<b>Hospital Inpatient (including facility and professional)<sup>3</sup></b>	\$525 copay	\$360 copay	\$325 copay
<b>Pharmacy Summary<sup>4</sup></b>	\$0/\$25/\$75/50%	\$5/\$10/\$50/\$75	\$0/\$10/\$50/50%
<b>Includes Dental and Vision Option<sup>5</sup></b>	Yes	No	Yes

<sup>1</sup> Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to the treatment of back pain by chiropractors and physical therapists or when therapy services are prescribed for the treatment of mental illness or substance abuse.

<sup>2</sup> The copayment, if any, does not apply to urgent care services prescribed for the treatment of mental health or substance abuse.

<sup>3</sup> The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

<sup>4</sup> Visit [highmarkacaformulary.com](https://highmarkacaformulary.com) to view our Formulary and see if your drug is covered, and at which tier.

<sup>5</sup> This tier not subject to deductible.



<b>Income Level</b>			
<b>138-149% FPL</b>		<b>150-199% FPL</b>	
<b>Coverage Level</b>			
<b>Extra Savings Silver</b>		<b>6%</b>	<b>Extra Savings Silver</b>
<b>94%</b> of costs covered by your plan		out-of-pocket costs	<b>87%</b> of costs covered by your plan
<b>SILVER 0</b>		<b>STANDARD SILVER 0</b>	<b>SILVER 0</b>
<b>Plan Availability</b>	my Blue Access PPO Extra Savings Silver 0	my Blue Access PPO Extra Saving Standard Silver 0	my Blue Access PPO Extra Savings Silver 0
<b>In-Network Deductible</b>	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
<b>In-Network, Out-of-Pocket Maximum</b>	Individual: \$1,200 Family: \$2,400	Individual: \$1,900 Family: \$3,800	Individual: \$3,150 Family: \$6,300
<b>Primary Care Visit</b>	\$1 copay	\$0 copay	\$15 copay
<b>Specialist Visit</b>	\$1 copay	\$10 copay	\$15 copay
<b>Outpatient Mental Health and Substance Abuse Visits</b>	\$1 copay	\$0 copay	\$15 copay
<b>Speech, Physical, and Occupational Therapy and Chiropractic Care<sup>1</sup></b>	\$1 copay	\$0 copay	\$15 copay
<b>Diagnostic Test (Lab/X-ray)</b>	\$1 copay	25% after deductible	\$25 copay
<b>Urgent Care<sup>2</sup></b>	\$5 copay	\$5 copay	\$30 copay
<b>Emergency Services</b>	\$75 copay	25% after deductible	\$275 copay
<b>Hospital Inpatient (including facility and professional)<sup>3</sup></b>	\$175 copay	25% after deductible	\$450 copay
<b>Pharmacy Summary<sup>4</sup></b>	\$0/\$5/\$15/50%	\$0/\$5/\$10/\$20	\$0/\$10/\$50/50%
<b>Includes Dental and Vision Option<sup>5</sup></b>	No	Yes	No

<b>Income Level</b>			
<b>150-199% FPL</b>		<b>200-249% FPL</b>	
<b>Coverage Level</b>			
<b>Extra Savings Silver</b>	<b>13%</b> out-of-pocket costs	<b>Extra Savings Silver</b>	<b>27%</b> out-of-pocket costs
<b>87%</b> of costs covered by your plan		<b>73%</b> of costs covered by your plan	
<b>STANDARD SILVER 700</b>	<b>SILVER 3700</b>	<b>STANDARD SILVER 5700</b>	
<b>Plan Availability</b>	my Blue Access PPO Extra Savings Standard Silver 700	my Blue Access PPO Extra Savings Silver 3700	my Blue Access PPO Extra Savings Standard Silver 5700
<b>In-Network Deductible</b>	Individual: \$700 Family: \$1,400	Individual: \$3,700 Family: \$7,400	Individual: \$5,700 Family: \$11,400
<b>In-Network, Out-of-Pocket Maximum</b>	Individual: \$3,000 Family: \$6,000	Individual: \$7,550 Family: \$15,100	Individual: \$7,200 Family: \$14,400
<b>Primary Care Visit</b>	\$20 copay	\$75 copay	\$40 copay
<b>Specialist Visit</b>	\$40 copay	\$75 copay	\$80 copay
<b>Outpatient Mental Health and Substance Abuse Visits</b>	\$20 copay	\$75 copay	\$40 copay
<b>Speech, Physical, and Occupational Therapy and Chiropractic Care<sup>1</sup></b>	\$17 copay \$20 speech therapy copay	\$17 copay	\$17 copay \$40 speech therapy copay
<b>Diagnostic Test (Lab/X-ray)</b>	30% after deductible	\$65 copay	40% after deductible
<b>Urgent Care<sup>2</sup></b>	\$30 copay	\$100 copay	\$60 copay
<b>Emergency Services</b>	30% after deductible	\$750 after deductible	40% after deductible
<b>Hospital Inpatient (including facility and professional)<sup>3</sup></b>	30% after deductible	\$1,125 after deductible	40% after deductible
<b>Pharmacy Summary<sup>4</sup></b>	\$10/\$20/\$60/\$100	\$0/\$30/\$150/50%	\$20/\$40/\$80/\$125 after deductible
<b>Includes Dental and Vision Option<sup>5</sup></b>	Yes	No	Yes

<sup>1</sup> Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to the treatment of back pain by chiropractors and physical therapists or when therapy services are prescribed for the treatment of mental illness or substance abuse.

<sup>2</sup> The copayment, if any, does not apply to urgent care services prescribed for the treatment of mental health or substance abuse.

<sup>3</sup> The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

<sup>4</sup> Visit [highmarkacaformulary.com](http://highmarkacaformulary.com) to view our Formulary and see if your drug is covered, and at which tier.

<sup>5</sup> See page 33-37 for adult dental and vision benefit details.

# Vision and dental benefits

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# Plans that include adult vision and dental



Highmark is making vision and dental care more accessible. At every metal level, we offer plans with the option to have adult dental and vision included. Pediatric dental and vision benefits are automatically included with every plan.

You can find adult dental and vision benefits on pages 35–37 and pediatric dental and vision benefits on pages 38–42.

## Vision coverage

Getting your eyes checked can help identify issues like diabetes early on when they're easier to treat. Our adult vision covers a free annual eye exam.

## Dental coverage

Seeing a dentist is the best way to take care of your oral health. Our adult dental includes 100% coverage on cleanings,\* X-rays, and sealants.

## It pays to have dental coverage

Service	Average cost with dental coverage	Average cost without dental coverage (usual fee)
Exams, cleanings, and X-rays	\$0-37	Up to \$400 <sup>1</sup>
Composite filling	\$71	\$170 <sup>2</sup>
Simple extraction	\$33	\$163 <sup>3</sup>
Root canal	\$400	\$1,250 <sup>4</sup>

\* Two cleanings per year.

<sup>1</sup> [https://www.dentaly.org/us/oral-hygiene/teeth-cleaning/#How\\_much\\_does\\_a\\_dental\\_cleaning\\_cost](https://www.dentaly.org/us/oral-hygiene/teeth-cleaning/#How_much_does_a_dental_cleaning_cost), last accessed April 25, 2023; <https://www.dentaly.org/us/panoramic-dental-xray/>, last accessed April 25, 2023

<sup>2</sup> [https://www.dentaly.org/us/tooth-filling/#How\\_much\\_do\\_fillings\\_cost](https://www.dentaly.org/us/tooth-filling/#How_much_do_fillings_cost), last accessed April 25, 2023

<sup>3</sup> [https://www.dentaly.org/us/tooth-extraction/#How\\_much\\_does\\_tooth\\_removal\\_cost\\_in\\_the\\_US](https://www.dentaly.org/us/tooth-extraction/#How_much_does_tooth_removal_cost_in_the_US), last accessed April 25, 2023

<sup>4</sup> <https://www.webmd.com/oral-health/guide/dental-root-canals>, last accessed April 25, 2023

# For all plans with adult dental and vision coverage – these are your vision benefits.

## In-network

Vision benefits	Frequency - once every:
Eye examination (including dilation when professionally indicated)	12 months
Spectacle lenses	12 months
Frame	12 months
Contact lenses (in lieu of eyeglass lenses)	12 months

Copayments	
Eye examination	\$0
Spectacle lenses	\$0
Contact lens evaluation, fitting, and follow-up care	If a member chooses collection lenses, no copayment is required. If non-collection lenses are chosen, the member must pay all associated costs.

Eyeglass benefit - spectacle lenses	Average retail value	Member charges
Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any Rx)	\$60-\$120	Included
Oversize lenses	\$20	Included
Tinting of plastic lenses	\$20	\$11
Scratch-resistant coating	\$25-\$40	Included
Scratch protection plan – single vision	\$60-\$120	\$20
Scratch protection plan – multifocal	\$60-\$120	\$40
Polycarbonate lenses <sup>1</sup>	\$60-\$75	\$0 or \$30
Ultraviolet coating	\$25-\$30	\$12
Standard anti-reflective (AR) coating	\$50-\$70	\$35
Blue light filtering	\$25	\$15
Premium AR coating	\$65-\$90	\$48
Ultra AR coating	\$100-\$125	\$60
Standard progressive lenses	\$150-\$195	\$50
Premium progressives (varilux®, etc.)	\$195-\$225	\$90
Ultra progressive lenses	\$225-\$300	\$140
Intermediate-vision lenses	\$150-\$175	\$30
High-index lenses	\$90-\$150	\$55
Polarized lenses	\$95-\$110	\$75
Plastic photosensitive lenses	\$95-\$150	\$65



Eyeglass benefit - frame		Average retail value	
<b>Non-collection frame allowance (retail):</b>		Up to \$130	Up to \$150
<b>Davis Vision Frame Collection<sup>2</sup> (in lieu of allowance):</b>	Fashion level	Up to \$125	Included
	Designer level	Up to \$175	Included
	Premier level	Up to \$225	Included

Contact lens benefit (in lieu of eyeglasses)		
<b>Non-collection contact lenses: materials allowance</b>		Up to \$150
<b>Collection contact lenses<sup>2</sup> (in lieu of allowance): materials</b>	Disposable	Covered in full
	Planned replacement	Covered in full
	Evaluation, fitting, and follow-up care	Included
<b>Medically necessary contact lenses (with prior approval)</b>	Materials, evaluation, fitting, and follow-up care	Included

<sup>1</sup> Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

<sup>2</sup> Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

### One-year eyeglass breakage warranty included.

Adult vision benefits utilize the Davis Vision Network. There is no out-of-network coverage. Davis Vision is a separate company that administers Highmark vision benefits.

To find a provider in the Davis Vision Network, visit [highmark.com](http://highmark.com), scroll down to **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Vision Care**.

# For all plans with adult dental and vision coverage — these are your dental benefits.

Dental Benefits			
Annual deductible per insured person		\$50 per calendar year	
Annual deductible per insured family		\$150 per calendar year	
Annual maximum per insured person		\$1,250	
Covered services:	Policy pays		Elimination period
	In network	Out of network	
Oral evaluations (exams)	100%	0%	None
Radiographs (all X-rays)	100%	0%	None
Prophylaxis (cleanings)	100%	0%	None
Palliative treatment (emergency)	100%	0%	None
Sealants	100%	0%	None
Space maintainers	100%	0%	None
Repairs of crowns, inlays, onlays, fixed partial dentures, and dentures	80%	0%	6 months
Basic restorative (fillings, etc.)	80%	0%	None
Simple extractions	80%	0%	6 months
Surgical extractions	50%	0%	6 months
Complex oral surgery	50%	0%	6 months
Endodontics (root canals, etc.)	50%	0%	6 months
General anesthesia and/or nitrous oxide and/or IV sedation	80%	0%	6 months
Nonsurgical periodontics	50%	0%	6 months
Periodontal maintenance	50%	0%	None
Surgical periodontics	50%	0%	6 months
Crowns, inlays, onlays	50%	0%	6 months
Prosthetics (fixed partial dentures, dentures)	50%	0%	6 months
Adjustments and repairs of prosthetics	80%	0%	None
Implant services	0%	0%	None
Consultations	100%	0%	None
Orthodontics	0%	0%	None

The percentage in the Policy Pays column is the percentage of the set amount that the Policy will pay for Covered Services provided by a Participating Dentist. Participating Dentists accept the plan allowance as payment in full.

Adult dental benefits utilize the Concordia Advantage Network. Members must use a United Concordia provider. There is no out-of-network coverage for this benefit.

Our dental plan uses the Concordia Advantage network. To find in-network dentists, visit [highmark.com](http://highmark.com), scroll down to **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Dental Care**.

# All plans have pediatric vision coverage — these are your vision benefits.

## In-network

Network benefit (Independents and Visionworks) <sup>1</sup>	Frequency - once every:	Members under 19 years of age <sup>2</sup>
Eye examination including dilation (when professionally indicated)*	12 months	\$0 copay
Spectacle lenses <sup>3**</sup>	12 months	\$0 copay
Frame <sup>**</sup>	12 months	\$0 copay
Contact lens evaluation, fitting, and follow-up care (in lieu of eyeglasses)	12 months	\$0 copay
Contact lenses (in lieu of eyeglass) <sup>**</sup>	12 months	\$0 copay

Eyeglass benefit - spectacle lenses	Member charges
Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any size or Rx)	\$0
Digital single vision (intermediate)	\$30
Tinting of plastic lenses (solid/gradient)	\$11
Scratch-resistant coating	\$0
Polycarbonate lenses	\$0
Ultraviolet coating	\$12
Blue-light filtering	\$15
Anti-reflective (AR) coating (standard/premium/ultra/ultimate)	\$35/\$48/\$60/\$85
Progressive lenses <sup>4</sup> (standard/premium/ultra/ultimate)	\$50/\$90/\$140/\$175
High-index lenses (thinner and lighter)	\$55/\$120
Polarized lenses	\$75
Plastic photochromic lenses	\$65
Scratch protection plan: single vision/multifocal lenses	\$20/\$40
Intermediate-vision lenses	\$30
Plastic photosensitive lenses	\$65

<b>Eyeglass benefit - frame<sup>5</sup></b>	<b>Member charges</b>
<b>Davis Vision exclusive collection (in lieu of allowance)</b>	
<b>Fashion/Designer/Premier - member charge (if applicable)</b>	\$0/\$0/\$0
<b>Non-collection frame allowance (retail)</b>	Up to \$150 Plus a 20% discount on any overage

<b>Contact lens benefit (in lieu of eyeglasses)</b>	
<b>Contact lenses: Materials allowance</b>	Up to \$150 Plus a 15% discount on any overage
<b>Evaluation, fitting, and follow-up care - standard and specialty lens types</b>	Not covered
<b>Evaluation, fitting, and follow-up care - standard lens types</b>	Not covered
<b>Exclusive collection contact lenses<sup>6</sup> (in lieu of allowance)</b>	
<b>Materials: disposable or planned replacement</b>	Up to 4 or 2 boxes
<b>Evaluation, fitting, and follow-up care</b>	\$0
<b>Visually required contact lenses (with prior approval) - materials, evaluation, fitting, and follow-up care</b>	\$0 with prior approval

<sup>1</sup> Vision benefits utilize the Davis Vision Network. There is no out-of-network coverage. Davis Vision is a separate company that administers Highmark vision benefits. Visionworks, also a separate company, is a provider within the Davis Vision Network.

<sup>2</sup> Dependents will be terminated from vision coverage at the end of the month in which they turn 19.

<sup>3</sup> Includes glass, plastic, or oversized lenses.

<sup>4</sup> Progressive multifocals can be worn by most people. Conventional bifocals will be supplied at no additional charge for anyone who is unable to adapt to progressive lenses. However, the member's payment toward the progressive upgrade will not be refunded.

<sup>5</sup> Collection frames will be covered at 100%. If a non-collection frame is selected, a \$150 allowance will be applied. For any amount over \$150 on a non-collection frame, the member will be responsible for 20% of the cost of the overage.

<sup>6</sup> Disposable contact lens wearers will receive four multipacks of lenses. Planned replacement lens wearers will receive two multipacks of lenses.

\* Subject to deductible on Major Events/Catastrophic plans.

\*\* Subject to deductible on high-deductible (plans that include an HSA) and Major Events/Catastrophic plans.

# All plans have pediatric dental coverage — these are your dental benefits.

These plans will pay benefits for Covered Services shown below subject to exclusions and other Policy terms.

Payment is based on the plan allowance for the specific Covered Service.

There is no waiting period on covered services.

Dental benefits	All plans except high-deductible health plans that include an HSA and Major Events/ Catastrophic health plans	High-deductible health plans that include an HSA	Major Events/ Catastrophic health plans
Contract year deductible per member	\$0	Expenditures for medical, dental, and vision care all contribute to the member's deductible.	Expenditures for medical, dental, and vision care all contribute to the member's deductible.
Annual maximum per member	Unlimited	Unlimited	Unlimited
Out-of-pocket year maximum per member	Expenditures for medical, dental, and vision care all contribute to the member's out-of-pocket maximum.	Expenditures for medical, dental, and vision care all contribute to the member's out-of-pocket maximum.	Expenditures for medical, dental, and vision care all contribute to the member's out-of-pocket maximum.
Network	Advantage	Advantage	Advantage
Covered services	Policy pays at participating dentists		
Oral evaluations (exams)	100%	100%	Coinsurance matches medical coinsurance (after deductible)
Radiographs (all X-rays)	100%	100%	
Prophylaxis (cleanings)	100%	100%	
Fluoride treatments	100%	100%	
Sealants	100%	100%	
Space maintainers	100%	100%	
Crowns, crown repair, inlays, and onlays	50%	Coinsurance matches medical coinsurance (after deductible)	
Basic restorative (anterior composite, anterior amalgam, and posterior amalgam)	50%	Coinsurance matches medical coinsurance (after deductible)	
Simple extractions	50%	Coinsurance matches medical coinsurance (after deductible)	
Surgical extractions	50%	Coinsurance matches medical coinsurance (after deductible)	
Oral surgery	50%	Coinsurance matches medical coinsurance (after deductible)	
Apicoectomy/ periradicular surgery	50%	Coinsurance matches medical coinsurance (after deductible)	



Dental benefits	All plans except high-deductible health plans that include an HSA and Major Events/ Catastrophic health plans	High-deductible health plans that include an HSA	Major Events/ Catastrophic health plans
Network	Advantage	Advantage	Advantage
Consultations	100%	Coinsurance matches medical coinsurance (after deductible)	
General anesthesia, nitrous oxide and/or IV sedation	50%	Coinsurance matches medical coinsurance (after deductible)	
Palliative treatment (emergency)	100%	Coinsurance matches medical coinsurance (after deductible)	
Endodontics (root canals, etc.)	50%	Coinsurance matches medical coinsurance (after deductible)	
Surgical periodontics	50%	Coinsurance matches medical coinsurance (after deductible)	
Non-surgical periodontics	50%	Coinsurance matches medical coinsurance (after deductible)	
Periodontal maintenance	50%	Coinsurance matches medical coinsurance (after deductible)	
Prosthodontic (fixed partial dentures)	50%	Coinsurance matches medical coinsurance (after deductible)	
Prosthetics (complete dentures, adjustments, and repairs)	50%	Coinsurance matches medical coinsurance (after deductible)	
Implant services	50%	Coinsurance matches medical coinsurance (after deductible)	
Maxillofacial prosthetics	Not covered		
Medically necessary orthodontics	50%	Coinsurance matches medical coinsurance (after deductible)	
Cosmetic orthodontic services	Not covered		

These plans meet the minimum essential health benefit requirements for pediatric oral health as required under the federal Affordable Care Act.

These benefits are only available for children through the end of the benefit period that they turn 19 years old.

Participating dentists accept contracted plan allowance as payment in full for services. **There is no coverage for services provided by out-of-network providers.**

Our dental plan uses the Concordia Advantage network. To find in-network dentists, visit [highmark.com](http://highmark.com), scroll down to **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Dental Care**.

# Pediatric dental benefits (continued)

## Medically necessary orthodontics coverage

In this section, “Medically Necessary” or “Medical Necessity” shall mean health care services that a physician or Dentist, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

1. In accordance with the generally accepted standards of medical/dental practice;
2. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient’s illness, injury or disease; and
3. Not primarily for the convenience of the patient or physician/Dentist, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.

As used subpart 1, above, “generally accepted standards of medical/dental practice” means:

- Standards that are based on credible scientific evidence published in peer-reviewed, medical/dental literature generally recognized by the relevant professional community;
- Recognized Medical/Dental and Specialty Society recommendations;
- The views of physicians/Dentists practicing in the relevant clinical area; and
- Any other relevant factors.

A Medically Necessary orthodontic service is an orthodontic procedure that occurs as part of an approved orthodontic plan that is intended to treat severe functional difficulties, developmental anomalies of facial bones and/or oral structures, facial trauma resulting in functional difficulties or documentation of a psychological/psychiatric diagnosis from a mental health provider that orthodontic treatment will improve the mental/psychological condition of the child.

## Coverage of medically necessary orthodontics

1. Orthodontic treatment must be Medically Necessary and be the only method capable of:
  - a) Preventing irreversible damage to the insured person’s teeth or their supporting structures and,
  - b) Restoring the insured person’s oral structure to health and function.
2. The insured person must have a fully erupted set of permanent teeth to be eligible for comprehensive, Medically Necessary orthodontic services for handicapping malocclusions of the adult dentition.
3. Other orthodontic Covered Services include: pre-orthodontic treatment visit for completion of HLD (NJ-Mod2) form, diagnostic photographs and panoramic radiographs; limited treatment for the primary, transitional and adult dentition; interceptive treatment for the primary transitional dentition; minor treatment to control harmful habits; continuation of transfer cases or cases started prior to the insured person’s Effective Date; orthognathic surgical cases with comprehensive orthodontic treatment; placement and removal of orthodontic appliances; repairs to orthodontic appliances; replacement of lost or broken retainer; rebonding or recementing of brackets and/or bands; and removal of appliances by a provider that did not start the case when requested by report.
4. All Medically Necessary orthodontic services require prior approval and a written plan of care.

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# Health care lingo, translated.

When you're choosing plans, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones.

## **BLUECARD**

A program that connects independent Blue Plans across the country. It gives Blue Plan members access to in-network coverage while outside their plan area. The level of coverage depends on your chosen plan.

## **COINSURANCE**

The percentage of total cost of care you may owe for certain covered services after reaching your deductible. For example, if your plan pays 80%, you pay 20%.

## **COPAY**

The set amount you pay for certain covered services. For example, it could be \$20 for a doctor visit or \$30 for a specialist visit. If you owe a copay, you must pay it when you check in for your visit.

## **DEDUCTIBLE**

The set amount you pay for covered health services or drug costs before your plan starts paying.

## **EMERGENCY SERVICES**

Care for a condition that needs immediate attention to avoid severe harm.

## **FORMULARY**

A list of drugs selected by the plan based on certain clinical factors. The list of medicines is sorted by tier. Lower tiers usually mean lower copays.

## **HABILITATIVE SERVICES**

Health care services that help you keep, acquire, or improve skills and functioning for daily living following disease, illness, or injury.

## **HEALTH SAVINGS ACCOUNT (HSA)**

An account to set aside pre-tax money to pay for qualified medical expenses. You can only have an HSA if you have a qualified high-deductible health plan.

## **HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)**

A plan that usually comes with a lower premium because you pay more for health care services upfront before the insurance company starts to pay. These plans are often combined with a health savings account.

## **IN-NETWORK PROVIDER**

A doctor or hospital that has an agreement with the plan and will accept plan allowance plus member copay or coinsurance as payment in full.

## **OUT-OF-NETWORK PROVIDER**

A doctor or hospital that does not have an agreement with the plan and does not have to accept plan allowance as payment in full.

## **OUT-OF-POCKET MAXIMUM**

The most you'd pay for covered care in a benefit period or year. If you reach this amount, your plan pays 100% after that.

## **PLAN ALLOWANCE**

The set amount an in-network provider has agreed to accept for a covered health care service. Member responsibility for the service can be found in the Outline of Coverage. The plan pays the difference between the plan allowance and the member responsibility. If an out-of-network provider bills for more than the plan allowance, you may have to pay the difference. If your plan does not include out-of-network coverage and you receive care, other than emergency or urgent care, you may be responsible for the entire cost.

## **PREMIUM**

The monthly amount paid for coverage.

## **PREVENTIVE CARE SERVICES**

Routine care like screenings and checkups that help keep you healthy. Refer to the Highmark Preventive Schedule for the list of preventive care services.

## **PRIMARY CARE PROVIDER (PCP)**

The medical professional you see for most of your basic care, like yearly preventive visits and screenings.

## **QUALIFIED HEALTH PLAN (QHP)**

A plan that has been certified by the Health Insurance Marketplace and meets all ACA requirements. That includes providing the 10 Essential Health Benefits and staying inside the limits for deductibles, copays, and out-of-pocket maximums.

## **REHABILITATIVE SERVICES**

Care that helps you keep, get back, or improve skills and functioning after you were sick, hurt, or disabled.

## **RETAIL CLINIC**

Walk-in centers for less complex health needs, generally open in the evenings and on weekends.

## **URGENT CARE CENTER**

A walk-in center for when you have a condition that's serious enough to need care right away, but not serious enough for a trip to the emergency room.

## **VIRTUAL VISIT**

A real-time visit with a doctor at a remote location, conducted via interactive audio or streaming video telecommunications.

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# In-network facilities

Facilities
<b>Kent County</b>
Bayhealth Hospital - Kent Campus
<b>New Castle County</b>
ChristianaCare - Christiana Hospital
ChristianaCare - Wilmington Hospital
Delaware Psychiatric Center
Nemours Children's Hospital
Saint Francis Hospital
<b>Sussex County</b>
Bayhealth Hospital - Sussex Campus
Beebe Medical Center
TidalHealth - Nanticoke Hospital

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at [highmark.com](https://highmark.com). Select **Individual and Family Plans** and click on **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Medical Care**.

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# There's a whole lot of legalese around these plans. We put it all in one place for you.

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## Important Benefit Details

**Non-Embedded Family Deductible:** For an agreement covering more than one (1) family member, the family deductible must be satisfied before the plan will begin to pay benefits for covered services for any covered family member. When the family deductible has been satisfied, the family deductible will be considered to have been satisfied for all family members, the plan will begin to pay benefits for covered services for all covered family members for the remainder of the benefit period (January 1, 2024– December 31, 2024). The family deductible can be met by one family member or a combination of members.

**Aggregate/Embedded Family Deductible Plans:** For an Agreement covering more than one (1) family member, as each Member satisfies their individual Deductible, the Plan will begin to pay benefits for Covered Services for that Member for the remainder of the Benefit Period (January 1, 2024– December 31, 2024), whether or not the entire family Deductible has been satisfied. When the family Deductible has been satisfied, the family Deductible will be considered to have been satisfied for all remaining covered family members. Not every individual member must meet the individual deductible for the family deductible to be met and no individual member may satisfy the entire family Deductible.

You are responsible for out-of-pocket costs each benefit period (January 1, 2024– December 31, 2024) up to the maximum amount shown. Thereafter, the plan pays 100% of the Plan Allowance. During the remainder of the benefit period. This amount does not include amounts in excess of the plan allowance.

Diagnostic Lab services include Laboratory and Pathology. Diagnostic Lab services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service.

Basic Diagnostic Services include Diagnostic X-ray, diagnostic medical and allergy testing. Basic diagnostic services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service. The copayment, if any, does not apply to diagnostic services prescribed for the treatment of mental health or substance abuse.

Advanced Imaging services include, but are not limited to, CAT scan, CTA, MRI, MRA, PET scan, and PET/CT Scan. Advanced Imaging services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service. The copayment, if any, does not apply to diagnostic services prescribed for the treatment of mental health or substance abuse.

Essential Formulary prescription drug cost covers a 90-day (Mail Order) or 31-day (Retail) supply. All plans have a four-tier closed formulary prescription drug structure.

Qualified High Deductible Health Plans may be coupled with a Health Savings Account (HSA). However, certain cost-sharing reductions (CSR) or plan variations of this plan that are offered through the Health Insurance Marketplace are not intended to be used with an HSA. If you have questions, please check with your financial advisor.

If you purchase coverage through an agent or broker, that individual may receive a commission. Bonus or incentive compensation may also apply. For more details visit [highmark.com](https://highmark.com) and enter your ZIP code. Select Plans followed by Shop Individual and Family Plans. Scroll to the bottom of the page and look for Highmark Individual Market Broker Compensation.

Please note that information regarding the Patient Protection and Affordable Care Act of 2010 (a.k.a. "PPACA", "Affordable Care Act", "ACA", and/or "Health Care Reform"), 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. This information is intended to provide general information only and does not attempt to give you advice that relates to your specific circumstances. The information regarding any health plan will be subject to the terms of the applicable health plan benefit agreement. Any review of materials, request for information, or application does not obligate you to enroll for coverage. Please request the Outline of Coverage for details on benefits, conditions, and exclusions. Providing your information is voluntary.

To find more information about Highmark's benefits and operating procedures, such as accessing the drug formulary or using network providers, visit our website. Go to [highmark.com](https://highmark.com) and enter your ZIP code. Select Plans followed by Shop Individual and Family Plans. Scroll to the blue bar at bottom of the page. Look for Be Informed and select Quality Assurance. For a paper copy, call 1-855-873-4108 (TTY/TDD 711).

## Highmark Disclosures

Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. Blue Distinction Total Care ("Total Care") providers have met national criteria based on provider commitment to deliver value-based care to a population of Blue members. Total Care+ providers also met a goal of delivering quality care at a lower total cost relative to other providers in their area. Program details and national criteria for BDC and BDC+ are displayed on [www.bcbs.com](https://www.bcbs.com). Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross Blue Shield Association nor any Blue Plans are responsible for noncovered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

BlueCard coverage is available for emergency or urgent care for all plans when you are away from home. Routine care is also covered for some plans. Consult your plan documents for additional information.

Blues On Call is a service mark of the Blue Cross Blue Shield Association.

Highmark Blue Cross Blue Shield is a Qualified Health Plan insurer in the Health Insurance Marketplace.

BlueCard is a registered mark of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.

Blue Distinction is a registered mark of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.

Blue365 is a registered mark of the Blue Cross Blue Shield Association.

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 2024.

Spring Health is a separate company that provides mental health care services. Spring Health does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its services.



My Care Navigator is a service mark of Highmark Inc.

TruHearing is a separate company that provides hearing aid devices and services that TruHearing is providing to Highmark or Highmark members.

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.

Highmark BCBSA Inc. d/b/a Highmark Blue Cross Blue Shield serves the state of Delaware and is an independent licensee of the Blue Cross Blue Shield Association.

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.

### 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](mailto: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 libreng 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 .

# Ready to (en)roll?

## Cool. Here's how to do it:

- By phone: 1-833-796-0888
- Online: [Highmark.com](https://www.Highmark.com)
- By contacting your agent or broker



Because Life.™