

There's a plan in here for a life like yours.



Your guide to finding just the right
Individual or **Family** plan for you.

For Benefit Period:
January 1 to December 31, 2022

Plans may be offered by First Priority Health
or Highmark Benefits Group.

HIGHMARK 

Because Life.™

Go ahead. Get picky about your plan.

With lots of great coverage options from Highmark, this book will help you find the plan, the product, and the network access that matters most to you.

Why choose Highmark?	5
Affordable Care Act basics.....	10
Financial help info.....	12
Enrollment dates.....	14
Enrollment checklist	15
Product and network highlights.....	16
Plan details	28
Helpful health insurance definitions.....	38
Legal info	40

Why choose a Highmark health plan?

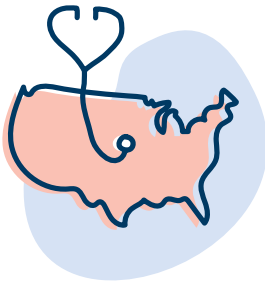
Woah. So many reasons. Here are three big ones right off the top of our heads.



1

Expert care, close to home.

Get easy access to in-network care throughout northeastern Pennsylvania. All of our coverage options give you in-network access to top-quality care, close to home

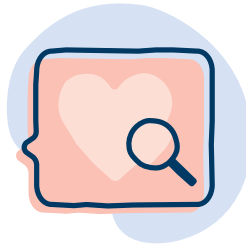


2

Coast-to-coast coverage with BlueCard®.

All of our plans come with access to BlueCard, which connects you to the largest physician and hospital networks in the U.S. with over 1.7 million providers, including 95% of all hospitals.*

With most Highmark plans, BlueCard also gives you access to routine,** urgent, and emergency care, no matter where you are. Some plans only provide BlueCard coverage for emergency and urgent care. See page 17 for more information on BlueCard.



3

No red tape.

Lose the timewasting of going to an appointment just to get another appointment. **See whichever in-network doctors you want to see — no referral needed.** Or call 1-888-BLUE-428, and we'll find a specialist for you. No hoops, no hoopla.

And that's just for starters.

Turn the page for even more reasons to choose Highmark.

* According to the Blue Cross and Blue Shield Association.

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

**How easy do we
make it to find care
and get care?**

Almost too easy.



DENTAL AND VISION COVERAGE

All your care, all in one plan.

Healthy eyes and teeth are important parts of your overall health and regular checkups can help you stay ahead of potential problems down the road. That's why all of our plans come with pediatric dental and vision benefits. Some of our plans include adult dental and vision benefits too — so there's no need to purchase separate plans.



VIRTUAL HEALTH

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

Need to see a doctor but don't want to leave your couch? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. Best of all, the virtual health services provided by Amwell® are also available through many in-network providers. That's laid-back-in-a-recliner easy.



BLUE DISTINCTION®

See specialists who get better results.

Only doctors who consistently deliver safe, effective treatments make the Blue Distinction list. When you use our Find a Doctor tool, a special logo will be by their name, so you can cherry-pick a top-performing specialist for any care you need.



JOHNS HOPKINS MEDICINE COLLABORATION

Expert teamwork for advanced care.

We collaborate with some of the best minds, like Johns Hopkins Medicine, for cancer research. That lets us bring the latest innovative medical breakthroughs right to your neighborhood.

**How simple is it
for you to get
answers and
reach your goals?**

Super simple.



THE HIGHMARK APP AND MEMBER 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 via the Highmark Plan app (available on Google Play or in the Apple App Store) or online at highmarkbcbs.com.



MY CARE NAVIGATOR™

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 for a checkup. Which means less on-hold music for you.



BLUES ON CALL™

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.



WELLNESS

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Get guidance based on your lifestyle, trackers to measure your progress, resources like Sharecare®, and access to experienced wellness coaches to make healthy choices and keep you motivated. Once you're enrolled, visit mycare.sharecare.com.



BLUE365®

Discounts to help you stay healthy and active.

From workout gear to gym memberships to healthy meal services, we'll take a little off the top while you're taking a little off your middle. Member-only deals are at blue365deals.com.

**Before we get
much further,
let's cover some
Affordable Care Act
(ACA) essentials.**

ACA basics

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.

	CATASTROPHIC	BRONZE	SILVER	GOLD	EXTRA SAVINGS SILVER
Premium	low	low	medium	high	medium
Out-of-Pocket Costs	highest	highest	high	medium	low
Makes sense if you:	Never use health care services unless it's an emergency. Only available if you're under 30 or have a hardship.	Don't use a lot of health care services and/or want to keep premium payments low.	Are not eligible for APTC but want to balance premiums with out-of-pocket costs.	Use health care services somewhat frequently and/or want low out-of-pocket costs for most commonly used services.	Are CSR eligible OR want to balance premiums with out-of-pocket costs.

* ACA also includes Platinum level plans; however, Highmark does not offer these types of plans in Pennsylvania.

Ways to save

Good news: There are two ways available to save for Affordable Care Act (ACA) enrollees.

Advance Premium Tax Credits (APTC), which may be applied – in advance – to lower what you pay each month for your premium on any level Marketplace plan except Catastrophic.

Cost-Sharing Reductions (CSR) will 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 also offer lower deductible, 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, too.

Even better news: 4 out of 5 Marketplace enrollees will be able to find a plan for \$10 or less a month with advance premium tax credits, and over half will be able to find a Silver plan for \$10 or less a month with advance premium tax credits.

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

See if you qualify

To see if you're eligible for financial help, locate your qualifying income and household size on the chart below. Then refer to the Standard or Extra Savings plans for your county to find the plans that will reduce how much you pay for care.

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

Who Needs Coverage?	What is the income for those covered under health plan?				
	Eligible for Medicaid	Eligible for CSRs and APTCs			Eligible for APTCs
	Medicaid Eligible Range (100-138% or less FPL)	Silver Extra Savings Plans			Standard
		138-149% CSR plans	150-199% CSR plans	200-249% CSR plans	250% or more
Single	Less than \$17,774	\$17,775 - \$19,319	\$19,320 - \$25,759	\$25,760 - \$32,199	\$32,200 or more
Family of 2	Less than \$24,040	\$24,041 - \$26,129	\$26,130 - \$34,839	\$34,840 - \$43,549	\$43,550 or more
Family of 3	Less than \$30,305	\$30,306 - \$32,939	\$32,940 - \$43,919	\$43,920 - \$54,899	\$54,900 or more
Family of 4	Less than \$36,570	\$36,571 - \$39,749	\$39,750 - \$52,999	\$53,000 - \$66,249	\$66,250 or more
Family of 5	Less than \$42,835	\$42,836 - \$46,559	\$46,560 - \$62,079	\$62,080 - \$77,599	\$77,600 or more
Family of 6	Less than \$49,100	\$49,101 - \$59,369	\$53,370 - \$71,159	\$71,160 - \$88,949	\$88,950 or more
Family of 7	Less than \$55,356	\$55,357 - \$60,179	\$60,180 - \$80,239	\$80,240 - \$100,299	\$100,300 or more
Family of 8	Less than \$61,631	\$61,632 - \$66,989	\$66,990 - \$89,319	\$89,320 - \$111,649	\$111,650 or more

*Most individuals and families with household incomes 100% or more of the FPL will qualify for advance 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 Pennsylvania Insurance Exchange. The second-lowest-cost Silver plan is also known as the "benchmark plan." Advance 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 2022 and in the 48 contiguous states and the District of Columbia. For families/households with more than 8 persons, add \$5,220 for each additional person. HHS Poverty Guidelines for 2021 (January 31, 2021). Retrieved from <https://aspe.hhs.gov/poverty-guidelines>.

**Check to see if you qualify for one or both types of help.
Call 855-957-5150.**

ACA plans vs. short-term plans and Health Care Sharing Ministries

In addition to the availability of APTC and CSR, all ACA plans provide coverage for preexisting conditions and the 10 Essential Health Benefits (see page 17). Short-term plans and Health Care Sharing Ministries – which are plans that come with a fixed, limited term – do not. These plans can seem like a cheaper alternative to ACA coverage but often come with hidden costs and exclusions that can make them more expensive in the long run.

Other types of hidden costs in short-term and Health Care Sharing Ministries plans:

	SHORT-TERM PLANS AND HEALTH CARE SHARING MINISTRIES	ACA PLANS
Capped out-of-pocket spending	not included	included
Coverage of 10 Essential Health Benefits	not included	included
No limits on covered doctor visits	not included	included
No dollar limits on covered benefits	not included	included
No limits on prescription drug coverage	not included	included
Coverage for preexisting conditions with no waiting period	not included	included

A listing of the 10 Essential Health Benefits can be found on page 17.



Next, enrollment dates.

There are two different ways you can be eligible to 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.

1 EXTENDED OPEN ENROLLMENT PERIOD November 1, 2021 – January 15, 2022

If you sign up by December 15, 2021,
your plan takes effect on January 1, 2022.

If you sign up between December 16, 2021
and January 15, 2022, your plan takes effect
on February 1, 2022.



2 SPECIAL ENROLLMENT PERIODS 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 [discoverhighmark.com](https://www.discoverhighmark.com) for more information.

Finally, your ACA Enrollment Checklist.

Here's the info you'll need 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 dig into the details for 2022 — and find you the plan with the benefits and features that matter most to you.

2022 Highmark product and network highlights

Now that we've gotten the preliminaries out of the way, let's take a look at the products and networks available in your area in 2022.

Cue the highlight reel.

With Highmark, you get all the essentials — and so much more.

First, you get access to the 10 Essential Health Benefits — plus coverage for preexisting conditions. They include:

- Outpatient care
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Pregnancy, maternity, and newborn care
- Mental health and substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including dental and vision care

But Highmark goes above and beyond.

Here are just a few of the awesome advantages you'll find in some of our plans this year.* Go ahead. Start circling the ones you want.

- Low office visit copay
- \$0 prescription copays for Tier 1 drugs
- Free preventive vaccines,** tests, and screenings***
- Adult dental and vision coverage
- Predictable copays that start on day 1
- Plans with \$0 deductibles
- Prescription drug coverage that starts day 1, no deductible to meet
- Enhanced resources for managing chronic conditions
- Potential tax-free savings with a Health Savings Account****
 - Money can go in tax-free and lower your taxable income.
 - Money comes out tax-free when used for qualified medical expenses.
 - Interest and earnings on any unused money grows tax-free.
 - Unused money rolls over from year to year.

* Not all plans include these benefits. The availability of benefits depends on your selected plan.

** As listed on the Highmark Preventive Schedule when given at a participating pharmacy.

*** As presented on the Highmark Preventive Schedule. To check the preventive schedule for covered care, visit https://www.highmarkbcbs.com/pdffiles/Highmark_Preventive_Schedule_2022.pdf

**** Please note: 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 Pennsylvania Insurance Exchange are not intended to be used with an HSA. If you have questions, please check with your financial advisor.

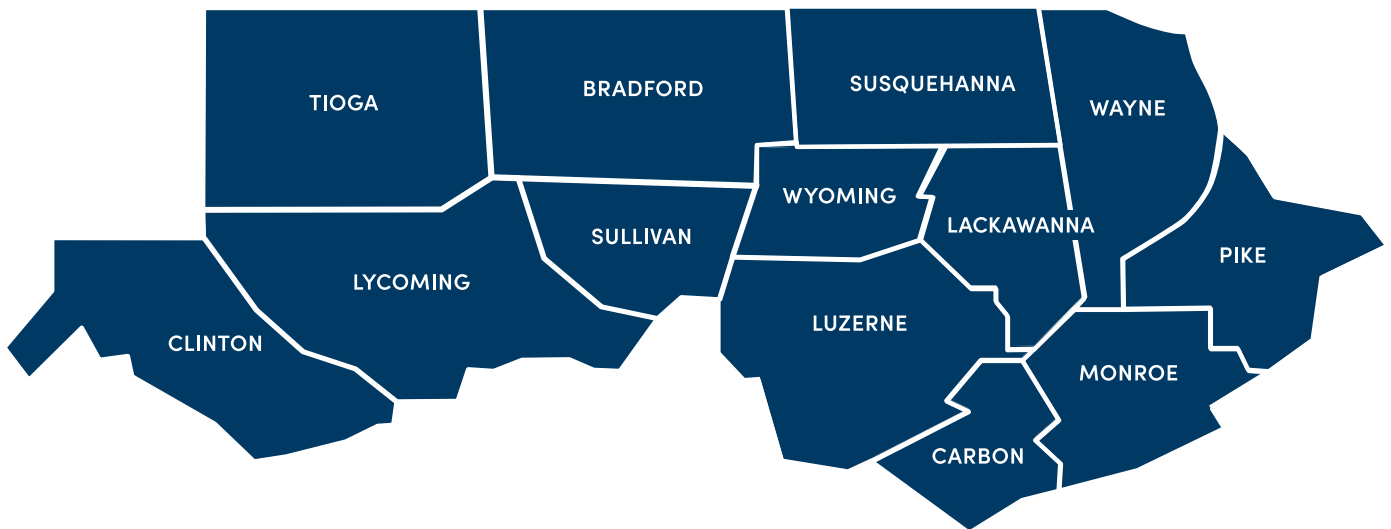
my Priority Blue Flex EPO

Enjoy in-network access to top-quality care throughout northeastern Pennsylvania, plus full BlueCard access coast to coast including New York, New Jersey, and the Philadelphia region.

With my Priority Blue Flex EPO plans, in-network care is covered at both the Enhanced and Standard Levels of Benefits, giving you more choice in what you spend for in-network care. You can even see in-network specialists with no need for referrals. Through the BlueCard program, your in-network access is expanded to include 95% of hospitals and 1.7 million providers across the country – so you'll be covered for routine, urgent, and emergency care wherever you go.

To see if your provider is in network, visit highmarkbcbs.com and click Find a Doctor or Pharmacy.

my Priority Blue Flex EPO plans are available for residents of the counties highlighted below.



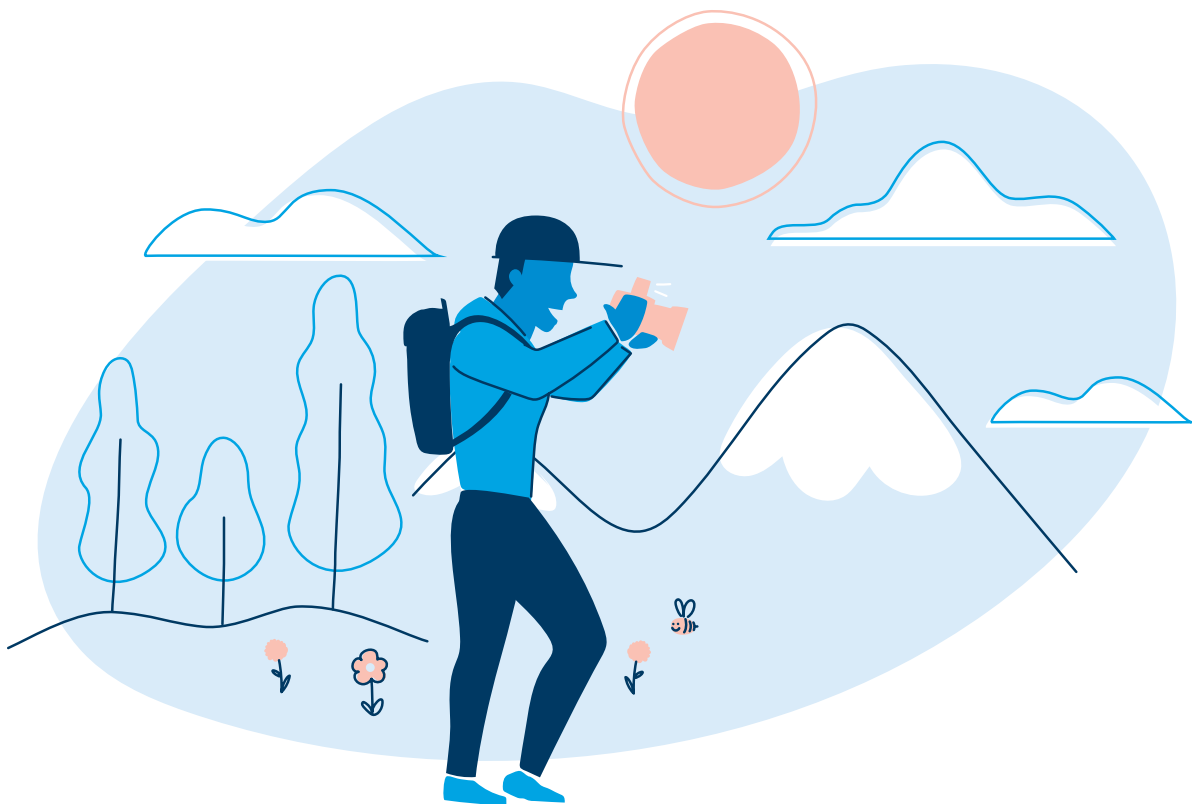
Coverage that goes where you go.



Planning to hit the road or travel abroad this year? With BlueCard, your health care benefits go with you across the country. We give you access to doctors and hospitals almost everywhere, so you'll have peace of mind that you can always find the care you need.

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

- Cleveland Clinic
- Memorial Sloan Kettering Cancer Center
- Johns Hopkins Hospital
- University of Maryland Medical Center



In-network facilities

Facilities
Allegheny County
AHN Allegheny General Hospital
AHN Allegheny Valley Hospital
AHN Brentwood Neighborhood Hospital
AHN Forbes Hospital
AHN Harmar Neighborhood Hospital
AHN Jefferson Hospital
AHN McCandless Neighborhood Hospital
AHN West Penn Hospital
AHN Wexford Hospital
Curahealth Pittsburgh
Heritage Valley Kennedy
Heritage Valley Sewickley
LifeCare Behavioral Health Hospital of Pittsburgh
St. Clair Hospital
UPMC Children's Hospital of Pittsburgh
UPMC Western Psychiatric Hospital
Armstrong County
Armstrong County Memorial Hospital
Beaver County
Heritage Valley Beaver
Bedford County
UPMC Bedford

Facilities
Berks County
Penn State Health St. Joseph Medical Center
Surgical Institute of Reading
Blair County
Conemaugh Nason Medical Center
Penn Highlands Tyrone
UPMC Altoona
Bradford County
Guthrie Robert Packer Hospital*
Guthrie Robert Packer Hospital - Towanda Campus*
Guthrie Troy Community Hospital*
Bucks County
Doylestown Hospital
Grand View Hospital
Jefferson Health - Bucks Hospital
St. Luke's Hospital - Quakertown Campus
St. Luke's Hospital - Upper Bucks Campus
St. Mary Medical Center
Butler County
BHS Butler Memorial Hospital
Cambria County
Conemaugh Memorial Medical Center
Conemaugh Memorial Medical Center - Lee Campus

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmarkbcbs.com under the **Find a Doctor** or **Pharmacy** tab.

* Enhanced Level of Benefits. All others facilities are at the Standard Level.

In-network facilities (continued)

Facilities
Conemaugh Miners Medical Center
Select Specialty Hospital - Johnstown
Carbon County
St. Luke's Hospital - Carbon Campus
St. Luke's Hospital - Lehighton Campus
Centre County
Mount Nittany Medical Center
Chester County
Main Line Health - Bryn Mawr Rehab Hospital
Main Line Health - Paoli Hospital
Penn Medicine - Chester County Hospital
Tower Health - Brandywine Hospital
Tower Health - Jennersville Hospital
Tower Health - Phoenixville Hospital
Clarion County
BHS Clarion Hospital
Clinton County
Bucktail Medical Center
UPMC Lock Haven
Crawford County
Meadville Medical Center
Titusville Area Hospital
Cumberland County
Penn State Health Hampden Medical Center
Penn State Health Holy Spirit Medical Center

Facilities
Select Specialty Hospital - Camp Hill
UPMC Carlisle
Dauphin County
Penn State Health Children's Hospital
Penn State Health Milton S. Hershey Medical Center
Delaware County
Crozer Health - Chester Medical Center
Crozer Health - Delaware County Memorial Hospital
Crozer Health - Springfield Hospital
Crozer Health - Taylor Hospital
Main Line Health - Riddle Hospital
Erie County
AHN Saint Vincent Hospital
LECOM Health - Corry Memorial Hospital
LECOM Health - Millcreek Community Hospital
Select Specialty Hospital - Erie
Fayette County
Highlands Hospital
WVU Medicine - Uniontown Hospital
Franklin County
WellSpan Chambersburg Hospital
WellSpan Waynesboro Hospital

* Enhanced Level of Benefits. All others facilities are at the Standard Level.

In-network facilities (continued)

Facilities
Greene County
Washington Health System Greene
Lackawanna County
CHS Moses Taylor Hospital*
CHS Regional Hospital of Scranton*
Geisinger Community Medical Center
Lancaster County
Lancaster General Hospital
Lancaster General Hospital Women & Babies
Lancaster Surgery Center
Lawrence County
Lawrence County Surgery Center of Edgewood Surgical Hospital
UPMC Jameson
Lebanon County
WellSpan Good Samaritan Hospital
Lehigh County
Lehigh Valley Hospital - 17th Street*
Lehigh Valley Hospital - Cedar Crest*
Lehigh Valley Hospital - Coordinated Health Allentown*
Lehigh Valley Reilly Children's Hospital*
St. Luke's Hospital - Allentown Campus
St. Luke's Hospital - Sacred Heart Campus

Facilities
Luzerne County
CHS First Hospital Wyoming Valley*
CHS Wilkes-Barre General Hospital*
Geisinger Wyoming Valley Medical Center
Lehigh Valley Hospital - Hazleton*
Lycoming County
Geisinger Jersey Shore Hospital
UPMC Muncy
UPMC Williamsport
UPMC Williamsport Divine Providence Campus
McKean County
Bradford Regional Medical Center
UPMC Kane
Mercer County
AHN Grove City Hospital
Edgewood Surgical Hospital
Sharon Regional Medical Center
UPMC Horizon - Greenville
UPMC Horizon - Shenango Valley
Monroe County
Lehigh Valley Hospital - Pocono*
St. Luke's Hospital - Monroe Campus

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmarkbcbs.com under the **Find a Doctor** or **Pharmacy** tab.

* Enhanced Level of Benefits. All others facilities are at the Standard Level.

In-network facilities (continued)

Facilities
Montgomery County
Einstein Medical Center Elkins Park
Einstein Medical Center Montgomery
Holy Redeemer Hospital
Jefferson Health - Abington Hospital
Jefferson Health - Abington-Lansdale Hospital
Main Line Health - Bryn Mawr Hospital
Main Line Health - Lankenau Medical Center
Tower Health - Pottstown Hospital
Northampton County
Lehigh Valley Hospital - Coordinated Health Bethlehem*
Lehigh Valley Hospital - Hecktown Oaks*
Lehigh Valley Hospital - Muhlenberg*
St. Luke's Hospital - Anderson Campus
St. Luke's Hospital - Easton Campus
St. Luke's University Hospital - Bethlehem
Philadelphia County
Children's Hospital of Philadelphia
Einstein Medical Center Philadelphia
Jefferson Health - Frankford Hospital
Jefferson Health - Methodist Hospital
Jefferson Health - Thomas Jefferson University Hospital

Facilities
Jefferson Health - Torresdale Hospital
Jefferson Health - WillsEye Hospital
Penn Medicine - Hospital of the University of Pennsylvania
Penn Medicine - Penn Presbyterian Medical Center
Penn Medicine - Pennsylvania Hospital
Temple Health - Fox Chase Cancer Center
Temple Health - Temple University Hospital
Tower Health - Chestnut Hill Hospital
Potter County
UPMC Cole
Schuylkill County
Geisinger St. Luke's Hospital
Lehigh Valley Hospital - Schuylkill E. Norwegian Street
Lehigh Valley Hospital - Schuylkill S. Jackson Street
St. Luke's Hospital - Miners Campus
Somerset County
Chan Soon-Shiong Medical Center at Windber
Conemaugh Meyersdale Medical Center
UPMC Somerset

* Enhanced Level of Benefits. All others facilities are at the Standard Level.

In-network facilities (continued)

Facilities
Susquehanna
Barnes-Kasson Hospital
Endless Mountains Health Systems*
Tioga County
UPMC Wellsboro
Union County
Evangelical Community Hospital
Venango County
UPMC Northwest
Warren County
Warren General Hospital
Washington County
Advanced Surgical Hospital
AHN Canonsburg Hospital
Monongahela Valley Hospital
Washington Hospital

Facilities
Wayne County
Wayne Memorial Hospital*
Westmoreland County
AHN Hempfield Neighborhood Hospital
Excelsa Health Frick Hospital
Excelsa Health Latrobe Hospital
Excelsa Health Westmoreland Hospital
Select Specialty Hospital - Laurel Highlands
Wyoming County
CHS Tyler Memorial 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 highmarkbcbs.com under the **Find a Doctor** or **Pharmacy** tab.

* Enhanced Level of Benefits. All others facilities are at the Standard Level.

In-network facilities (continued)

Facilities
New Jersey in-network facilities
Memorial Sloan Kettering Cancer Center - Basking Ridge
Morristown Medical Center
Newton Medical Center
St. Luke's Hospital - Warren Campus
New York in-network facilities **
AHN Westfield Memorial Hospital
Arnot Ogden Medical Center
Bon Secours Community Hospital
Garnet Health Medical Center
Garnet Health Medical Center - Catskills
Guthrie Corning Hospital
Ira Davenport Memorial Hospital
Memorial Sloan Kettering Cancer Center
Mount Sinai Beth Israel
NewYork-Presbyterian Hospital
NYU Langone Tisch Hospital
Olean General Hospital

Facilities
Our Lady of Lourdes Memorial Hospital
St. Anthony Community Hospital
UHS Binghamton General Hospital
UHS Wilson Medical Center
UPMC Chautauqua
Upstate University Hospital & Cancer Center
UR Medicine - Jones Memorial Hospital
UR Medicine - Strong Memorial Hospital
Westchester Medical Center

This is not a comprehensive list. In addition to the out-of-state hospitals listed here, my Priority Blue Flex EPO plans include all BlueCard providers across the country, as well as other out-of-state hospitals. Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmarkbcbs.com under the **Find a Doctor** or **Pharmacy** tab.

* Enhanced Level of Benefits. All others facilities are at the Standard Level.

Your Gold 0 plan options

While all of our Gold plans come with a \$0 deductible, there are some differences in copay rates and other benefits from plan to plan. Check out your options below to find the Gold plan that's right for you.

my Priority Blue Flex EPO Gold 0

my Priority Blue Flex EPO Premier Gold 0 offers lower copays for care than other metal levels with copays as low as \$20 for office visits. Even better, you'll have predictable copays for most services — so you'll know what you owe going in.

my Priority Blue Flex EPO Premier Gold 0

Our my Priority Blue Flex EPO Premier Gold 0 plan offers Highmark's lowest copays on office visits, as low as \$15. Plus lower out-of-pocket costs on other covered services and exclusive access to Papa Pals and TruHearing.



Papa Pals

With Papa Pals, each member gets up to 36 hours per year of help with everyday tasks like light cleaning, laundry, grocery shopping, and getting to and from appointments so you have more time to focus on living your best, and healthiest, life. To learn more, visit joinpapa.com/activities/video-visits.



TruHearing

Exclusive to the my Priority Blue Flex EPO Premier Gold 0 plan, **TruHearing™** provides lower copays for hearing aids purchased through the TruHearing Program. 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 Highmark-HS.TruHearing.com or refer to your contract.

Plans that include adult vision and dental



Highmark is making pediatric and adult 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 at [PediatricDentalAndVision.com](https://www.highmarkbcbs.com/pediatric-dental-and-vision).

Benefits of adult vision coverage:

- Free eye exam
- Allowance for glasses or contacts

Our vision plans use the Davis Vision Network — a list of in-network providers can be accessed through [highmarkbcbs.com](https://www.highmarkbcbs.com). To access network providers, click **Health Care Reform Vision Network**.

Benefits of adult dental coverage:

- Convenience of only having one bill to pay for comprehensive medical and dental coverage
- Decreased waiting period
- Two free cleanings

Our plans use the Concordia Advantage network. To find a provider, visit [highmarkbcbs.com](https://www.highmarkbcbs.com) and select the **Find a Doctor** or **Pharmacy** tab.

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	\$288 ¹
Composite filling	\$71	\$170 ²
Simple extraction	\$33	\$163 ³
Root canal	\$400	\$1,000 ⁴

¹ https://www.dentaly.org/us/oral-hygiene/teeth-cleaning/#How_much_does_a_dental_cleaning_cost, last accessed September 19, 2021
<https://www.dentaly.org/us/panoramic-dental-xray/>, last accessed September 19, 2021

² https://www.dentaly.org/us/tooth-filling/#How_much_do_fillings_cost, last accessed September 20, 2021

³ https://www.dentaly.org/us/tooth-extraction/#How_much_does_tooth_removal_cost_in_the_US, last accessed September 20, 2021

⁴ <https://www.webmd.com/oral-health/guide/dental-root-canals>, last accessed September 20, 2021

Now, let's dig into plan details.

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

Coverage Level

Catastrophic 8700

3 Free PCP visits

Plan Availability	my Priority Blue Major Events EPO 8700
In-Network Deductible	Individual: \$8,700 Family: \$17,400
In-Network, Out-of-Pocket Maximum	Individual: \$8,700 Family: \$17,400
Primary Care Visit	First 3 visits free, then \$0 after deductible
Specialist Visit	\$0 after deductible
Outpatient Mental Health and Substance Abuse Visits	\$0 after deductible
Speech, Physical, Occupational and Chiropractic Care Therapy¹	\$0 after deductible
Diagnostic Test Lab Services	\$0 after deductible
Diagnostic Test X-Rays	\$0 after deductible
Urgent Care	\$0 after deductible
Emergency Services	\$0 after deductible
Hospital Inpatient (including maternity)	\$0 after deductible
Pharmacy Summary²	\$0/\$0/\$0/\$0 after deductible
Includes Adult Dental and Vision Option³	No

¹ Limit of 30 combined physical and occupational therapy visits per benefit period.

² Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

³ See page 35 for Adult Dental and Vision benefit details.



Coverage Level

	Bronze HSA 6900		Bronze 3800		Silver HSA 3250		Silver 2900	
	Enhanced	Standard	Enhanced	Standard	Enhanced	Standard	Enhanced	Standard
Plan Availability	my Priority Blue Flex EPO Bronze 6900 HSA		my Priority Blue Flex EPO Bronze 3800		my Priority Blue Flex EPO Silver 3250 HSA		my Priority Blue Flex EPO Silver 2900	
In-Network Deductible**	Individual: \$6,900 Family: \$13,800	Individual: \$6,900 Family: \$13,800	Individual: \$3,800 Family: \$7,600	Individual: \$3,800 Family: \$7,600	Individual: \$3,250 Family: \$6,500	Individual: \$3,250 Family: \$6,500	Individual: \$2,900 Family: \$5,800	Individual: \$2,900 Family: \$5,800
In-Network, Out-of-Pocket Maximum**	Individual: \$6,900 Family: \$13,800	Individual: \$6,900 Family: \$13,800	Individual: \$8,700 Family: \$17,400	Individual: \$8,700 Family: \$17,400	Individual: \$6,900 Family: \$13,800	Individual: \$6,900 Family: \$13,800	Individual: \$7,800 Family: \$15,600	Individual: \$7,800 Family: \$15,600
Primary Care Visit	\$0 after deductible	\$0 after deductible	\$80 copay	\$95 copay	\$70 after deductible	\$95 after deductible	\$50 copay	\$70 copay
Specialist Visit	\$0 after deductible	\$0 after deductible	\$80 copay	\$95 copay	\$70 after deductible	\$95 after deductible	\$50 copay	\$70 copay
Outpatient Mental Health and Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$80 copay	\$80 copay	\$70 after deductible	\$70 after deductible	\$50 copay	\$50 copay
Speech, Physical, Occupational and Chiropractic Care Therapy²	\$0 after deductible	\$0 after deductible	\$80 copay	\$95 copay	\$70 after deductible	\$95 after deductible	\$75 copay	\$100 copay
Diagnostic Test Lab Services	\$0 after deductible	\$0 after deductible	\$65 copay	\$95 copay	\$85 after deductible	\$100 after deductible	\$75 copay	\$100 copay
Diagnostic Test X-Rays	\$0 after deductible	\$0 after deductible	\$140 copay	\$150 copay	\$85 after deductible	\$100 after deductible	\$75 copay	\$100 copay
Urgent Care	\$0 after deductible	\$0 after deductible	\$100 copay	\$100 copay	\$140 after deductible	\$140 after deductible	\$75 copay	\$100 copay
Emergency Services	\$0 after deductible	\$0 after deductible	50% after deductible	50% after deductible	\$750 after deductible	\$750 after deductible	\$750 after deductible	\$750 after deductible
Hospital Inpatient (including maternity)	\$0 after deductible	\$0 after deductible	50% after deductible	60% after deductible	\$900 after deductible	\$1,100 after deductible	30% after deductible	50% after deductible
Pharmacy Summary³	\$0/\$0/\$0/\$0 after deductible		50%/50%/50%/50% after deductible		\$0/\$30/\$150/50% after deductible		\$0/\$30/\$150/50%	
Includes Adult Dental and Vision Option⁴	No		Yes		No		Yes	

Coverage Level

	Silver 2600*		Gold HSA 1400 ¹ *		Gold 0		Premier Gold 0	
	Enhanced	Standard	Enhanced	Standard	Enhanced	Standard	Enhanced	Standard
Plan Availability	my Priority Blue Flex EPO Silver 2600*		my Priority Blue Flex EPO Gold 1400 HSA ¹ *		my Priority Blue Flex EPO Gold 0		my Priority Blue Flex EPO Premier Gold 0	
In-Network Deductible**	Individual: \$2,600 Family: \$5,200	Individual: \$2,600 Family: \$5,200	Individual: \$1,400 Family: \$2,800	Individual: \$1,400 Family: \$2,800	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network, Out-of-Pocket Maximum**	Individual: \$8,500 Family: \$17,000	Individual: \$8,500 Family: \$17,000	Individual: \$5,000 Family: \$10,000	Individual: \$5,000 Family: \$10,000	Individual: \$7,500 Family: \$15,000	Individual: \$7,500 Family: \$15,000	Individual: \$6,500 Family: \$13,000	Individual: \$6,500 Family: \$13,000
Primary Care Visit	\$40 copay	\$60 copay	20% after deductible	50% after deductible	\$20 copay	\$30 copay	\$15 copay	\$25 copay
Specialist Visit	\$40 copay	\$60 copay	20% after deductible	50% after deductible	\$20 copay	\$30 copay	\$15 copay	\$25 copay
Outpatient Mental Health and Substance Abuse Visits	\$40 copay	\$40 copay	20% after deductible	20% after deductible	\$20 copay	\$20 copay	\$15 copay	\$15 copay
Speech, Physical, Occupational and Chiropractic Care Therapy²	\$40 copay	\$60 copay	20% after deductible	50% after deductible	\$45 copay	\$65 copay	\$40 copay	\$60 copay
Diagnostic Test Lab Services	\$65 copay	\$80 copay	20% after deductible	50% after deductible	\$35 copay	\$50 copay	\$30 copay	\$45 copay
Diagnostic Test X-Rays	\$65 copay	\$80 copay	20% after deductible	50% after deductible	\$35 copay	\$50 copay	\$30 copay	\$45 copay
Urgent Care	\$80 copay	\$80 copay	20% after deductible	20% after deductible	\$40 copay	\$40 copay	\$30 copay	\$30 copay
Emergency Services	30% after deductible	30% after deductible	20% after deductible	20% after deductible	\$300 copay	\$300 copay	\$250 copay	\$250 copay
Hospital Inpatient (including maternity)	30% after deductible	30% after deductible	20% after deductible	50% after deductible	\$500 copay	\$625 copay	\$375 copay	\$500 copay
Pharmacy Summary³	\$0/\$30/\$150/50%		20%/20%/20%/20% after deductible		\$0/\$30/\$150/50%		\$0/\$25/\$75/50%	
Includes Adult Dental and Vision Option⁴	Yes		No		Yes		Yes	

** Medically necessary services and care received at both the Enhanced and Standard Levels of Benefits contribute toward the same deductible and out-of-pocket maximum.

* These plans are available directly from Highmark and are not available on the Pennsylvania Insurance Exchange. They do not qualify for advance premium tax credits or cost-sharing reductions.

¹ This plan has a Non-Embedded deductible. See Disclosures page for more info.

² Limit of 30 combined physical and occupational therapy visits per benefit period.

³ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁴ See page 35 for Adult Dental and Vision benefit details.

Income Level				
138% - 149% FPL				
Coverage Level				
Silver 100		Silver 0		
	Enhanced	Standard	Enhanced	Standard
Plan Availability	my Priority Blue Flex EPO Extra Savings Silver 100		my Priority Blue Flex EPO Extra Savings Silver 0	
In-Network Deductible**	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network, Out-of-Pocket Maximum**	Individual: \$1,300 Family: \$2,600	Individual: \$1,300 Family: \$2,600	Individual: \$1,200 Family: \$2,400	Individual: \$1,200 Family: \$2,400
Primary Care Visit	\$5 copay	\$10 copay	\$1 copay	\$5 copay
Specialist Visit	\$5 copay	\$10 copay	\$1 copay	\$5 copay
Outpatient Mental Health and Substance Abuse Visits	\$5 copay	\$5 copay	\$1 copay	\$1 copay
Speech, Physical, Occupational and Chiropractic Care Therapy¹	\$5 copay	\$10 copay	\$5 copay	\$10 copay
Diagnostic Test Lab Services	\$10 copay	\$20 copay	\$1 copay	\$10 copay
Diagnostic Test X-Rays	\$10 copay	\$20 copay	\$1 copay	\$10 copay
Urgent Care	\$10 copay	\$10 copay	\$5 copay	\$5 copay
Emergency Services	\$100 after deductible	\$100 after deductible	\$75 copay	\$75 copay
Hospital Inpatient (including maternity)	10% after deductible	40% after deductible	\$100 copay	\$140 copay
Pharmacy Summary²	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%
Includes Adult Dental and Vision Option³	Yes	Yes	No	No

Income Level

150% - 199% FPL

Coverage Level

Silver 700

Silver 0

Enhanced

Standard

Enhanced

Standard

	Silver 700		Silver 0	
	Enhanced	Standard	Enhanced	Standard
Plan Availability	my Priority Blue Flex EPO Extra Savings Silver 700		my Priority Blue Flex EPO Extra Savings Silver 0	
In-Network Deductible**	Individual: \$700 Family: \$1,400	Individual: \$700 Family: \$1,400	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network, Out-of-Pocket Maximum**	Individual: \$2,850 Family: \$5,700	Individual: \$2,850 Family: \$5,700	Individual: \$2,800 Family: \$5,600	Individual: \$2,800 Family: \$5,600
Primary Care Visit	\$25 copay	\$35 copay	\$15 copay	\$25 copay
Specialist Visit	\$25 copay	\$35 copay	\$15 copay	\$25 copay
Outpatient Mental Health and Substance Abuse Visits	\$25 copay	\$25 copay	\$15 copay	\$15 copay
Speech, Physical, Occupational and Chiropractic Care Therapy¹	\$25 copay	\$35 copay	\$30 copay	\$45 copay
Diagnostic Test Lab Services	\$45 copay	\$65 copay	\$25 copay	\$35 copay
Diagnostic Test X-Rays	\$45 copay	\$65 copay	\$25 copay	\$35 copay
Urgent Care	\$50 copay	\$50 copay	\$30 copay	\$30 copay
Emergency Services	\$300 after deductible	\$300 after deductible	\$275 copay	\$275 copay
Hospital Inpatient (including maternity)	10% after deductible	40% after deductible	\$375	\$500
Pharmacy Summary²	\$0/\$10/\$50/50%	\$0/\$10/\$50/50%	\$0/\$10/\$50/50%	\$0/\$10/\$50/50%
Includes Adult Dental and Vision Option³	Yes	Yes	No	No

** Medically necessary services and care received at both the Enhanced and Standard Levels of Benefits contribute toward the same deductible and out-of-pocket maximum.

¹ Limit of 30 combined physical and occupational therapy visits per benefit period.

² Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

³ See page 35 for Adult Dental and Vision benefit details.

Income Level				
200% - 249% FPL				
Coverage Level				
Silver 2100		Silver 1050		
	Enhanced	Standard	Enhanced	Standard
Plan Availability	my Priority Blue Flex EPO Extra Savings Silver 2100		my Priority Blue Flex EPO Extra Savings Silver 1050	
In-Network Deductible**	Individual: \$2,100 Family: \$4,200	Individual: \$2,100 Family: \$4,200	Individual: \$1,050 Family: \$2,100	Individual: \$1,050 Family: \$2,100
In-Network, Out-of-Pocket Maximum**	Individual: \$6,800 Family: \$13,600	Individual: \$6,800 Family: \$13,600	Individual: \$5,800 Family: \$11,600	Individual: \$5,800 Family: \$11,600
Primary Care Visit	\$50 copay	\$70 copay	\$60 after deductible	\$95 after deductible
Specialist Visit	\$50 copay	\$70 copay	\$60 after deductible	\$95 after deductible
Outpatient Mental Health and Substance Abuse Visits	\$50 copay	\$50 copay	\$60 after deductible	\$60 after deductible
Speech, Physical, Occupational and Chiropractic Care Therapy¹	\$75 copay	\$100 copay	\$60 after deductible	\$95 after deductible
Diagnostic Test Lab Services	\$75 copay	\$100 copay	\$75 after deductible	\$100 after deductible
Diagnostic Test X-Rays	\$75 copay	\$100 copay	\$75 after deductible	\$100 after deductible
Urgent Care	\$100 copay	\$100 copay	\$120 after deductible	\$120 after deductible
Emergency Services	\$750 after deductible	\$750 after deductible	\$750 after deductible	\$750 after deductible
Hospital Inpatient (including maternity)	30% after deductible	50% after deductible	\$800 after deductible	\$1,000 after deductible
Pharmacy Summary²	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50% after deductible	\$0/\$30/\$150/50% after deductible
Includes Adult Dental and Vision Option³	Yes	Yes	No	No

** Medically necessary services and care received at both the Enhanced and Standard Levels of Benefits contribute toward the same deductible and out-of-pocket maximum.

¹ Limit of 30 combined physical and occupational therapy visits per benefit period.

² Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

³ See page 35 for Adult Dental and Vision benefit details.

For all plans with Adult Dental and Vision — 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 Policy’s plan allowance 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. United Concordia Companies, Inc., is a separate company that administers pediatric dental benefits for Highmark BCBS members.

To find a dental provider in the Advantage Network, visit highmarkbcbs.com and select the **Find a Doctor or Pharmacy** tab.

For all plans with Adult Dental and Vision — 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	n/a

Eyeglass Benefit - Frame	Average Retail Value	
Non-Collection Frame Allowance (Retail):	Up to \$130	Up to \$60
Davis Vision Frame Collection¹ (in lieu of Allowance):	Fashion level	Included
	Designer level	\$20 copayment
	Premier level	\$40 copayment

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 ²	\$60-\$75	\$0 or \$30
Ultraviolet Coating	\$25-\$30	\$12
Standard Anti-Reflective (AR) Coating	\$50-\$70	\$35
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

Contact Lens Benefit (in lieu of eyeglasses)		
Non-Collection Contact Lenses: Materials Allowance		Up to \$85
Collection Contact Lenses ¹ (in lieu of Allowance): Materials	Disposable	Covered In Full
	Planned Replacement	Covered In Full
	Evaluation, Fitting, and Follow-up Care	Included
Medically Necessary Contact Lenses (with prior approval)	Materials, Evaluation, Fitting, and Follow-Up Care	Included

¹ Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

² Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

One-year eyeglass breakage warranty included.

Adult Vision benefits utilize the Davis Vision Network. Members must use a Davis Vision provider. 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 highmarkbcbs.com and select the **Find a Doctor** or **Pharmacy** tab.



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, 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 needing 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 up front 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 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 office visit with a doctor at a remote location, conducted via interactive audio and streaming video telecommunications.

Notes

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

HIGHMARK DISCLOSURES

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, 2022– December 31, 2022). 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, 2022– December 31, 2022), 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, 2022 – December 31, 2022) 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.

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.

Pediatric vision benefits utilize the Davis Vision Network. Pediatric dental benefits utilize United Concordia's Advantage Network.

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.

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

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

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.

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, please go to DiscoverHighmark.com/QualityAssurance; or for a paper copy, call 1-855-873-4108 (TTY/TDD 711).

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. National criteria for BDC and BDC+ are displayed on 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 and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

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

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

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 2022.

American Well is an independent company that provides telemedicine services. American Well does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its telemedicine services.

Sharecare, RealAge Test and AskMD are registered trademarks of Sharecare, LLC., an independent and separate company that provides a consumer care engagement platform for Highmark members. Sharecare is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis or treatment. Sharecare does not endorse any specific product service or treatment. Health care plans and the benefits thereunder are subject to the terms of the applicable benefit agreement.

My Care Navigator is a service mark of Highmark Inc.

Papa Pals is a separate company that provides companionship and assistance with everyday tasks to Highmark members.

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

Health insurance or benefit administration may be offered by or through Highmark Blue Cross Blue Shield, Highmark Benefits Group, or First Priority Health, all of 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 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 المعونة 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 .

Highmark, a member of the Blue Cross Blue Shield Association,* has been providing secure and stable health care coverage for over 80 years. With 1 in 3 Americans covered by a Blue Cross and/or Blue Shield plan, when you're with Highmark, you're in good company.

* The Blue Cross Blue Shield Association is an association of independent Blue Cross Blue Shield plans.

Ready to (en)roll? Cool. Here's how to do it:

- By phone: 1-855-957-5150
- Online: Highmark2022Plans.com
- By contacting your agent or broker



Because Life.™