

2023 Small Group ACA Benefit Changes

DELAWARE

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: Shared Cost PPO \$2600-70

New Metal Level: Gold

Former Metal Level: Silver

Status: New for 2023

Year		2022	2023
Out-of-Pocket Maximum (2x Family)		\$8,550	\$7,000
Emergency Room		\$625	\$425
Outpatient Surgery/ Facility Fee	In network	\$200	30%
Advanced Imaging		\$570	\$275

New Product Name: Shared Cost PPO \$0-100

Metal Level: Silver

Status: New for 2023

New Product Name: Shared Cost PPO \$0/\$150

Former Product Name: Shared Cost EPO \$0/\$150

Metal Level: Platinum

Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$0	\$0
	Out of network	N/A	\$0
Coinsurance	In network	100%	100%
	Out of network	N/A	80%
Out-of-Pocket Maximum (2x Family)	In network	\$2,250	\$2,250
	Out of network	N/A	\$4,500
Inpatient Hospital Professional Services		\$0	\$10 copay/day, up to 5 days/ per admission/then 100%

*Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

New Product Name: Shared Cost PPO \$250/100
Former Product Name: Shared Cost EPO \$250/100
Metal Level: Platinum
Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$250	\$250
	Out of network	N/A	\$500
Coinsurance	In network	100%	100%
	Out of network	N/A	80%
Out-of-Pocket Maximum (2x Family)	In network	\$2,000	\$2,000
	Out of network	N/A	\$4,000

New Product Name: Shared Cost PPO \$500/100
Former Product Name: Shared Cost EPO \$500/100
Metal Level: Platinum
Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$500	\$500
	Out of network	N/A	\$1,000
Coinsurance	In network	100%	100%
	Out of network	N/A	80%
Out-of-Pocket Maximum (2x Family)	In network	\$2,000	\$2,000
	Out of network	N/A	\$4,000

*Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

New Product Name: Shared Cost PPO \$0/\$250

Former Product Name: Shared Cost EPO \$0/\$250

Metal Level: Gold

Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$0	\$0
	Out of network	N/A	\$0
Coinsurance	In network	100%	100%
	Out of network	N/A	80%
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	N/A	\$18,200
Outpatient Surgery/ Facility Fee	In network	\$100	\$115
Inpatient Hospital Professional Services		\$0	\$10 copay/day, up to 5 days/ per admission/then 100%

New Product Name: Shared Cost PPO \$0/\$500

Former Product Name: Shared Cost EPO \$0/\$500

Metal Level: Gold

Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$0	\$0
	Out of network	N/A	\$0
Coinsurance	In network	100%	100%
	Out of network	N/A	80%
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$7,900	\$9,100
	Out of network (2x Family)	N/A	\$18,200
Outpatient Surgery/ Facility Fee	In network	\$100	\$110
Prescription Drugs		\$3/\$15/\$65/\$100	\$3/\$20/\$65/\$100
Inpatient Hospital Professional Services	In network	\$0	\$10 copay/day, up to 5 days/ per admission/then 100%

*Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

New Product Name: Shared Cost PPO \$750/100

Former Product Name: Shared Cost EPO \$750/100

Metal Level: Gold

Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$750	\$750
	Out of network	N/A	\$1,500
Coinsurance	In network	100%	100%
	Out of network	N/A	80%
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	N/A	\$18,200
Outpatient Surgery/ Facility Fee	In network	\$100 after deductible	\$140 after deductible

New Product Name: Shared Cost PPO \$1000/80

Former Product Name: Shared Cost EPO \$1000/80

Metal Level: Gold

Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$1,000	\$1,000
	Out of network	N/A	\$2,000
Coinsurance	In network	80%	80%
	Out of network	N/A	60%
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	N/A	\$18,200
Outpatient Surgery/ Facility Fee	In network	\$105 after deductible	\$135 after deductible

*Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

New Product Name: Shared Cost PPO \$1200/100

Former Product Name: Shared Cost EPO \$1200/100

Metal Level: Gold

Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$1,200	\$1,200
	Out of network	N/A	\$2,400
Coinsurance	In network	100%	100%
	Out of network	N/A	80%
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	N/A	\$18,200
Outpatient Surgery/ Facility Fee	In network	\$115 after deductible	\$135 after deductible
Prescription Drugs		\$3/\$15/\$65/\$100	\$3/\$30/\$65/\$100

New Product Name: Shared Cost PPO \$1500/100

Former Product Name: Shared Cost EPO \$1500/100

Metal Level: Gold

Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$1,500	\$1,500
	Out of network	N/A	\$3,000
Coinsurance	In network	100%	100%
	Out of network	N/A	80%
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	N/A	\$18,200
Outpatient Surgery/ Facility Fee	In network	\$105 after deductible	\$120 after deductible
Prescription Drugs		\$3/\$15/\$65/\$100	\$3/\$30/\$65/\$100

*Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

New Product Name: Shared Cost PPO \$2000/100

Former Product Name: Shared Cost EPO \$2000/100

Metal Level: Gold

Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$2,000	\$2,000
	Out of network	N/A	\$4,000
Coinsurance	In network	100%	100%
	Out of network	N/A	80%
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$7,900	\$7,900
	Out of network (2x Family)	N/A	\$15,800

New Product Name: Shared Cost PPO \$2500 1x/90

Former Product Name: Shared Cost EPO \$2500 1x/90

Metal Level: Gold

Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$2,500 1x per family	\$2,500 1x per family
	Out of network	N/A	\$5,000 1x per family
Coinsurance	In network	90%	90%
	Out of network	N/A	70%
Out-of-Pocket Maximum	In network	\$8,550 1x per family	\$8,550 1x per family
	Out of network	N/A	\$17,100 1x per family
Inpatient Hospital Professional Services In Network		10% after deductible	100% after deductible and \$10 copay, per admission

Product Name: Shared Cost PPO \$300/100

Metal Level: Gold

Status: See changes below

Year		2022	2023
Outpatient Surgery/ Facility Fee	In network	\$100 after deductible	\$150 after deductible

*Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: Shared Cost PPO \$1000/100

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Outpatient Surgery/ Facility Fee	In network	\$130 after deductible	\$145 after deductible
Prescription Drugs		\$3/\$15/\$65/\$100	\$3/\$30/\$65/\$100

Product Name: Shared Cost PPO \$1400/100

Metal Level: Gold

Status: No changes for 2023

Product Name: Shared Cost PPO \$1500/80

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Outpatient Surgery/ Facility Fee	In network	\$85 after deductible	\$110 after deductible

Product Name: Shared Cost PPO \$2500/100

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$7,900	\$9,100
	Out of network (2x Family)	\$15,800	\$18,200
Prescription Drugs		\$3/\$15/\$65/\$100	\$3/\$30/\$65/\$100

Product Name: Shared Cost PPO \$2750/100

Metal Level: Gold

Status: No changes for 2023

*Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: Shared Cost PPO \$2850/100

Metal Level: Gold

Status: No changes for 2023

Product Name: Shared Cost PPO \$3000/90

Metal Level: Gold

Status: No changes for 2023

New Product Name: Shared Cost PPO \$4500/100

Former Product Name: Shared Cost EPO \$4500/100

Metal Level: Silver

Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$4,500	\$4,500
	Out of network	N/A	\$9,000
Coinsurance	In network	100%	100%
	Out of network	N/A	80%
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,700	\$9,100
	Out of network (2x Family)	N/A	\$18,200
PCP/Retail Clinic/Mental Health/Substance Abuse	In network	\$25	\$40
Specialist Office Visit	In network	\$45	\$60
Urgent Care	In network	\$55	\$70
Outpatient Surgery/ Facility Fee	In network	\$300 after deductible	\$200 after deductible
Inpatient Hospital (includes Mental Health and Substance Abuse)	In network	\$500 after deductible	\$550 after deductible
Emergency Room	In network	\$300 after deductible	\$350 after deductible
Basic Diagnostics (Lab/ Pathology)	In network	\$45 after deductible	\$60 after deductible
Basic Diagnostics (X-Ray)	In network	\$45 after deductible	\$60 after deductible
Inpatient Hospital Professional Services In Network		\$0	100% after deductible and \$10 copay, per admission

*Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

New Product Name: Shared Cost PPO \$5200/100

Former Product Name: Shared Cost EPO \$5200/100

Metal Level: Silver

Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$5,200	\$5,200
	Out of network	N/A	\$10,400
Coinsurance	In network	100%	100%
	Out of network	N/A	80%
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,700	\$9,100
	Out of network (2x Family)	N/A	\$18,200
PCP/Retail Clinic	In network	\$25	\$35
Specialist Office Visit	In network	\$40	\$55
Urgent Care	In network	\$50	\$65
Outpatient Surgery/ Facility Fee	In network	\$300 after deductible	\$200 after deductible
Emergency Room	In network	\$300 after deductible	\$375 after deductible
Basic Diagnostics (Lab/ Pathology)	In network	\$40 after deductible	\$55 after deductible
Basic Diagnostics (X-Ray)	In network	\$40 after deductible	\$55 after deductible
Advanced Diagnostic/ Imaging (MRI/CAT/PET)	In network	\$150 after deductible	\$200 after deductible
Prescription Drugs		\$3/\$20/\$60/\$90	\$3/\$30/\$60/\$90
Inpatient Hospital Professional Services In Network		\$0	100% after deductible and \$10 copay, per admission

*Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

New Product Name: Shared Cost PPO Basic \$2000/75

Former Product Name: Shared Cost EPO Basic \$2000/75

Metal Level: Silver

Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$2,000	\$2,000
	Out of network	N/A	\$4,000
Coinsurance	In network	75%	75%
	Out of network	N/A	55%
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,700	\$9,100
	Out of network (2x Family)	N/A	\$18,200
PCP/Retail Clinic	In network	\$40	\$55
Basic Diagnostics (Lab/ Pathology)	In network	\$40	\$55
Prescription Drugs		\$3/\$30/\$60/\$90	\$3/\$40/\$80/\$125

Product Name: Shared Cost PPO \$1400/50

Metal Level: Silver

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
PCP/Retail Clinic	In network	\$55	\$65
Specialist Office Visit	In network	\$80	\$90
Urgent Care	In network	\$90	\$100
Outpatient Surgery/ Facility Fee	In network	\$350 after deductible	\$400 after deductible
Basic Diagnostics (Lab/Pathology)	In network	\$75	\$90
Basic Diagnostics (X-Ray)	In network	\$75	\$90
Prescription Drugs		\$3/\$40/\$80/\$125	\$3/\$45/\$95/\$150

*Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: Shared Cost PPO \$7400/70

Metal Level: Bronze

Status: No changes for 2023

Product Name: Health Savings PPO HSA \$1500/100

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$3,450	\$4,000
	Out of network (2x Family)	\$6,900	\$8,000

New Product Name: Health Savings PPO HSA \$2600/100

Former Product Name: Health Savings PPO HSA \$2500/100

Metal Level: Gold

Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$2,500	\$2,600
	Out of network	\$5,000	\$5,200
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$2,500	\$2,600
	Out of network (2x Family)	\$5,000	\$5,200

New Product Name: Health Savings Embedded PPO HSA \$3850/100

Former Product Name: Health Savings Embedded PPO HSA \$3850/100 C

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$3,850	\$7,000
	Out of network (2x Family)	\$7,700	\$14,000
Outpatient Surgery/ Facility Fee	In network	\$0 after deductible	\$100 after deductible

*Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

New Product Name: Health Savings Embedded PPO HSA Copay \$3000

Former Product Name: Health Savings Embedded PPO HSA Copay \$2800

Metal Level: Silver

Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$2,800	\$3,000
	Out of network	\$5,600	\$6,000
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$6,900	\$7,050
	Out of network (2x Family)	\$13,800	\$14,100
Outpatient Surgery/ Facility Fee	In network	\$35 after deductible	\$110 after deductible

Product Name: Health Savings Embedded PPO HSA \$4250/100

Metal Level: Silver

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$4,250	\$6,250
	Out of network (2x Family)	\$8,500	\$12,500
Outpatient Surgery/ Facility Fee	In network	\$0 after deductible	\$50 after deductible

Product Name: Health Savings Embedded PPO HSA \$6850/100

Metal Level: Bronze

Status: No changes for 2023

Discontinued Products

Shared Cost EPO \$5500/70

Silver

*Coinsurance applies after deductible, unless otherwise noted.

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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