

Q2

**HIGHMARK BLUE SHIELD
NORTHEASTERN NEW YORK**

**Plans that work
as hard for your
business as you do.**



**Small groups with 100
or fewer employees**

HIGHMARK 

Because Life.™

Highmark has a plan that's right for your business.

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Contact your broker or Highmark small group representative to get started.

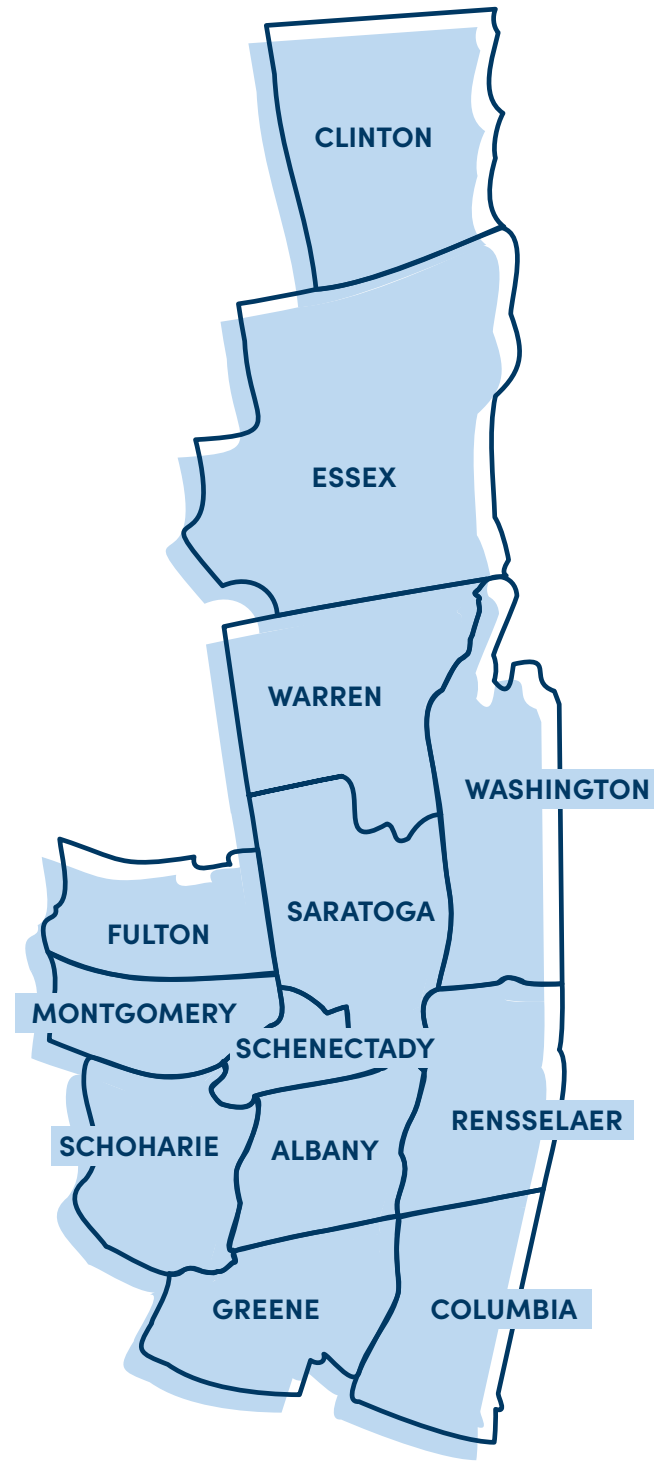
Insurance is offered by Highmark Blue Shield, a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association.

Your employees want more from their health care.

Give your employees benefits that make them want to stick around.

Turn the page for network options, plan descriptions, and extra resources that come with our coverage.

Where is your company headquartered?



FLEXIBILITY OF A LOCAL NETWORK WITH POS

Point of Service (POS)

With a POS plan, your employees have in-network access to 99% of the doctors in our 13-county service area. These plans are flexible and the most affordable for those who get health care close to home.



COVERAGE BEYOND THE CAPITAL REGION WITH PPO, EPO, AND EX NETWORKS

Preferred Provider Organization (PPO)/ Exclusive Provider Organization (EPO)

- PPO and EPO networks offer the same great local coverage. They go the distance with employees who live or travel outside the POS service area.
- PPO coverage includes all BlueCard® providers both in and out of our service area.
- With an EPO network, your employees must see a Highmark Blue Shield provider in our service area. Nationally, they'll have access to the entire BlueCard PPO network.



Expanded network (EX)

- EX network offers great local coverage, plus in-network access to doctors outside our region.
- It works best for those living or working in the 13-county service area, but receiving treatment or services elsewhere. Your employees must choose a participating PCP in our service area who will coordinate care in and outside the region.

Second quarter 2024 medical coverage

Highlighted items are changes for 2024

	Platinum PPO Plus	Platinum EX Plus	Platinum Radius Plus	Gold EPO High	Gold High EX	Gold Radius High
Deductible (single/family)	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-pocket maximum (single/family)	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200
Deductible and OOP max type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
OON deductible (single/family)	\$5,000/\$10,000	N/C	\$5,000/\$10,000	N/C	N/C	\$5,000/\$10,000
OON coinsurance	50% FS	N/C	50% FS	N/C	N/C	50% FS
OON out-of-pocket maximum (single/family)	\$10,000/\$20,000	N/C	\$10,000/\$20,000	N/C	N/C	\$10,000/\$20,000
PCP/specialist	\$15/\$30	\$15/\$30	\$15/\$30	\$30/\$50	\$30/\$50	\$30/\$50
DME and orthotics/external prosthetics	50%	50%	50%	50%	50%	50%
Laboratory services	\$30	\$30	\$30	\$50	\$50	\$50
Diagnostic X-rays and radiology	\$30	\$30	\$30	\$50	\$50	\$50
Advanced imaging	\$60	\$60	\$60	\$100	\$100	\$100
Telemedicine	\$0	\$0	\$0	\$0	\$0	\$0
Diabetic equipment and supplies†	\$15	\$15	\$15	\$30	\$30	\$30
Inpatient hospital (per admission)	\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Outpatient facility	\$100	\$100	\$100	\$250	\$250	\$250
Emergency room and ambulance	\$150	\$150	\$150	\$300	\$300	\$300
Urgent care	\$75	\$75	\$75	\$75	\$75	\$75
Generic/formulary/nonformulary	\$10/\$35/\$100	\$10/\$35/\$100	\$10/\$35/\$100	\$10/\$50/\$100	\$10/\$50/\$100	\$10/\$50/\$100
Preventive enhanced drug list*	No	No	No	No	No	No
Pediatric annual exam (routine) and vision equipment	\$0	\$0	\$0	\$0	\$0	\$0
HSA-eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible
Creditable coverage	Yes	Yes	Yes	Yes	Yes	Yes
Away From Home Care	Not eligible	Not eligible	Eligible	Not eligible	Not eligible	Eligible

* All plans include Affordable Care Act (ACA) preventive drug coverage.

† For plans with a deductible, insulin is subject to cost-sharing but capped at \$100 for a 30-day supply.

Gold Blended EPO	Gold Blended EX	Gold Blended Radius	Silver POS Classic	Silver EPO 6300	Silver EX 6300
\$1,250/\$2,500	\$1,250/\$2,500	\$1,250/\$2,500	\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,000
30% FS	30% FS	30% FS	N/A	N/A	N/A
\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$7,500/\$15,000	\$7,500/\$15,000
Embedded	Embedded	Embedded	Embedded	True Family/Embedded	True Family/Embedded
N/C	N/C	\$5,000/\$10,000	\$5,000/\$10,000	N/C	N/C
N/C	N/C	50% FS	50% FS	N/C	N/C
N/C	N/C	\$10,000/\$20,000	\$10,000/\$20,000	N/C	N/C
\$25/\$50 not subject to deductible	\$25/\$50 not subject to deductible	\$25/\$50 not subject to deductible	\$30/\$50 after deductible	\$40/\$60 after deductible	\$40/\$60 after deductible
30% after deductible	30% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible
\$50 not subject to deductible	\$50 not subject to deductible	\$50 not subject to deductible	\$50 after deductible	\$60 after deductible	\$60 after deductible
\$50 not subject to deductible	\$50 not subject to deductible	\$50 not subject to deductible	\$50 after deductible	\$60 after deductible	\$60 after deductible
\$100 not subject to deductible	\$100 not subject to deductible	\$100 not subject to deductible	\$100 after deductible	\$120 after deductible	\$120 after deductible
\$0 not subject to deductible	\$0 not subject to deductible	\$0 not subject to deductible	\$0 not subject to deductible	\$0 after deductible	\$0 after deductible
\$25 not subject to deductible	\$25 not subject to deductible	\$25 not subject to deductible	\$30 after deductible	\$40 after deductible	\$40 after deductible
30% after deductible	30% after deductible	30% after deductible	\$1,500 after deductible	\$1,000 after deductible	\$1,000 after deductible
30% after deductible	30% after deductible	30% after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible
\$350 not subject to deductible	\$350 not subject to deductible	\$350 not subject to deductible	\$250 after deductible	\$250 after deductible	\$250 after deductible
\$100 not subject to deductible	\$100 not subject to deductible	\$100 not subject to deductible	\$70 after deductible	\$75 after deductible	\$75 after deductible
\$10/\$35/\$100 not subject to deductible	\$10/\$35/\$100 not subject to deductible	\$10/\$35/\$100 not subject to deductible	\$10/\$35/\$100 not subject to deductible	\$10/\$35/\$100 after deductible	\$10/\$35/\$100 after deductible
No	No	No	No	Yes	Yes
\$0 not subject to deductible	\$0 not subject to deductible	\$0 not subject to deductible	\$0 not subject to deductible	\$0 after deductible	\$0 after deductible
Not eligible	Not eligible	Not eligible	Not eligible	Eligible	Eligible
Yes	Yes	Yes	Yes	Yes	Yes
Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible

Second quarter 2024 medical coverage, continued

Highlighted items are changes for 2024

	Silver POS 6300	Silver EPO 7000	Silver EX 7000	Silver POS 7000	Silver EPO 8000	Silver EX 8000
Deductible (single/family)	\$2,500/\$5,000	\$3,500/\$7,000	\$3,500/\$7,000	\$3,500/\$7,000	\$5,500/\$11,000	\$5,500/\$11,000
Coinsurance	N/A	N/A	N/A	N/A	0% FS	0% FS
Out-of-pocket maximum (single/family)	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000
Deductible and OOP max type	True Family/Embedded	True Family/Embedded	True Family/Embedded	True Family/Embedded	Embedded	Embedded
OON deductible (single/family)	\$5,000/\$10,000	N/C	N/C	\$5,000/\$10,000	N/C	N/C
OON coinsurance	50%	N/C	N/C	50% FS	N/C	N/C
OON out-of-pocket maximum (single/family)	\$10,000/\$20,000	N/C	N/C	\$10,000/\$20,000	N/C	N/C
PCP/specialist	\$40/\$60 after deductible	\$30/\$50 after deductible	\$30/\$50 after deductible	\$30/\$50 after deductible	0% after deductible	0% after deductible
DME and orthotics/external prosthetics	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Laboratory services	\$60 after deductible	\$50 after deductible	\$50 after deductible	\$50 after deductible	0% after deductible	0% after deductible
Diagnostic X-rays and radiology	\$60 after deductible	\$50 after deductible	\$50 after deductible	\$50 after deductible	0% after deductible	0% after deductible
Advanced imaging	\$120 after deductible	\$100 after deductible	\$100 after deductible	\$100 after deductible	0% after deductible	0% after deductible
Telemedicine	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	0% after deductible	0% after deductible
Diabetic equipment and supplies†	\$40 after deductible	\$30 after deductible	\$30 after deductible	\$30 after deductible	0% after deductible	0% after deductible
Inpatient hospital (per admission)	\$1,000 after deductible	\$1,000 after deductible	\$1,000 after deductible	\$1,000 after deductible	0% after deductible	0% after deductible
Outpatient facility	\$350 after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible	0% after deductible	0% after deductible
Emergency room and ambulance	\$250 after deductible	\$250 after deductible	\$250 after deductible	\$250 after deductible	0% after deductible	0% after deductible
Urgent care	\$75 after deductible	\$75 after deductible	\$75 after deductible	\$75 after deductible	0% after deductible	0% after deductible
Generic/formulary/nonformulary	\$10/\$35/\$100 after deductible	\$10/\$35/\$100 after deductible	\$10/\$35/\$100 after deductible	\$10/\$35/\$100 after deductible	\$10/\$35/\$100 after deductible	\$10/\$35/\$100 after deductible
Preventive enhanced drug list*	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric annual exam (routine) and vision equipment	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	0% after deductible	0% after deductible
HSA-eligible	Eligible	Eligible	Eligible	Eligible	Eligible	Eligible
Creditable coverage	Yes	Yes	Yes	Yes	Yes	Yes
Away From Home Care	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible

* All plans include Affordable Care Act (ACA) preventive drug coverage.

† For plans with a deductible, insulin is subject to cost-sharing but capped at \$100 for a 30-day supply.

Silver POS 8000	Bronze POS Classic	Bronze Value EPO	Bronze Value POS	Bronze POS
\$5,500/\$11,000	\$6,000/\$12,000	\$7,500/\$15,000	\$7,500/\$15,000	\$8,500/\$17,000
0% FS	50% FS	0% FS	0% FS	0% FS
\$7,500/\$15,000	\$9,100/\$18,200	\$7,500/\$15,000	\$7,500/\$15,000	\$9,100/\$18,200
Embedded	Embedded	Embedded	Embedded	Embedded
\$10,000/\$20,000	\$10,000/\$20,000	N/C	\$10,000/\$20,000	\$10,000/\$20,000
30% FS	50% FS	N/C	30% FS	30% FS
\$20,000/\$40,000	\$20,000/\$40,000	N/C	\$20,000/\$40,000	\$20,000/\$40,000
0% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible
0% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible
0% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible
0% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible
0% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible
0% after deductible	0% not subject to deductible	0% after deductible	0% after deductible	0% not subject to deductible
0% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible
0% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible
0% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible
0% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible
0% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible
\$10/\$35/\$100 after deductible	\$10/\$35/\$100 after deductible	0%/0%/0% after deductible	0%/0%/0% after deductible	\$10/50%/50% after deductible
Yes	No	Yes	Yes	No
0% after deductible	0% not subject to deductible	0% after deductible	0% after deductible	0% not subject to deductible
Eligible	Not eligible	Eligible	Eligible	Not eligible
Yes	No	Yes	Yes	No
Not eligible	Not eligible	Not eligible	Not eligible	Not eligible

Dependent age 26 rates

	Single	Subscriber and spouse	Subscriber and child(ren)	Family
Region 1 Rates Effective Q2				
Platinum PPO Plus	\$1,224.63	\$2,449.26	\$2,081.87	\$3,490.20
Platinum Radius Plus	\$1,078.91	\$2,157.82	\$1,834.14	\$3,074.89
Platinum EX Plus	\$1,136.28	\$2,272.57	\$1,931.68	\$3,238.41
Gold Radius High	\$999.99	\$1,999.98	\$1,699.98	\$2,849.97
Gold EPO High	\$1,142.94	\$2,285.88	\$1,943	\$3,257.38
Gold High EX	\$1,053.26	\$2,106.52	\$1,790.54	\$3,001.79
Gold Blended Radius	\$917.26	\$1,834.51	\$1,559.34	\$2,614.18
Gold Blended EPO	\$1,048.65	\$2,097.30	\$1,782.70	\$2,988.65
Gold Blended EX	\$966.22	\$1,932.44	\$1,642.57	\$2,753.72
Silver POS Classic	\$846.76	\$1,693.53	\$1,439.50	\$2,413.28
Silver EPO 6300	\$927.72	\$1,855.44	\$1,577.13	\$2,644.01
Silver 6300 EX	\$861.85	\$1,723.70	\$1,465.15	\$2,456.28
Silver POS 6300	\$809.72	\$1,619.44	\$1,376.53	\$2,307.71
Silver EPO 7000	\$884.32	\$1,768.63	\$1,503.34	\$2,520.30
Silver 7000 EX	\$813.09	\$1,626.17	\$1,382.25	\$2,317.30
Silver POS 7000	\$771.70	\$1,543.40	\$1,311.89	\$2,199.35
Silver EPO 8000	\$876.83	\$1,753.65	\$1,490.60	\$2,498.95
Silver 8000 EX	\$814.48	\$1,628.96	\$1,384.62	\$2,321.27
Silver POS 8000	\$773.03	\$1,546.05	\$1,314.14	\$2,203.12
Bronze POS Classic	\$671.03	\$1,342.06	\$1,140.75	\$1,912.44
Bronze Value EPO	\$787.32	\$1,574.63	\$1,338.44	\$2,243.85
Bronze Value POS	\$701.08	\$1,402.16	\$1,191.84	\$1,998.08
Bronze POS	\$643.80	\$1,287.61	\$1,094.46	\$1,834.84

Dependent age 30 rates

	Single	Subscriber and spouse	Subscriber and child(ren)	Family
Region 1 Rates Effective Q2				
Platinum PPO Plus	\$1,230.41	\$2,460.82	\$2,091.70	\$3,506.67
Platinum Radius Plus	\$1,084.01	\$2,168.03	\$1,842.82	\$3,089.44
Platinum EX Plus	\$1,141.66	\$2,283.31	\$1,940.81	\$3,253.72
Gold Radius High	\$1,004.73	\$2,009.46	\$1,708.04	\$2,863.48
Gold EPO High	\$1,148.34	\$2,296.68	\$1,952.18	\$3,272.77
Gold High EX	\$1,058.25	\$2,116.49	\$1,799.02	\$3,016
Gold Blended Radius	\$921.61	\$1,843.23	\$1,566.74	\$2,626.60
Gold Blended EPO	\$1,053.61	\$2,107.23	\$1,791.14	\$3,002.80
Gold Blended EX	\$970.80	\$1,941.60	\$1,650.36	\$2,766.78
Silver POS Classic	\$850.79	\$1,701.59	\$1,446.35	\$2,424.76
Silver EPO 6300	\$932.13	\$1,864.25	\$1,584.61	\$2,656.56
Silver 6300 EX	\$865.95	\$1,731.90	\$1,472.12	\$2,467.96
Silver POS 6300	\$813.58	\$1,627.16	\$1,383.09	\$2,318.70
Silver EPO 7000	\$888.52	\$1,777.04	\$1,510.48	\$2,532.28
Silver 7000 EX	\$816.96	\$1,633.92	\$1,388.83	\$2,328.34
Silver POS 7000	\$775.38	\$1,550.77	\$1,318.15	\$2,209.84
Silver EPO 8000	\$880.99	\$1,761.99	\$1,497.69	\$2,510.83
Silver 8000 EX	\$818.36	\$1,636.72	\$1,391.21	\$2,332.33
Silver POS 8000	\$776.71	\$1,553.43	\$1,320.41	\$2,213.63
Bronze POS Classic	\$674.25	\$1,348.50	\$1,146.22	\$1,921.61
Bronze Value EPO	\$791.07	\$1,582.14	\$1,344.82	\$2,254.55
Bronze Value POS	\$704.44	\$1,408.87	\$1,197.54	\$2,007.64
Bronze POS	\$646.89	\$1,293.79	\$1,099.72	\$1,843.64

Dependent age 26 rates

	Single	Subscriber and spouse	Subscriber and child(ren)	Family
Region 7 Rates Effective Q2				
Platinum PPO Plus	\$1,347.09	\$2,694.19	\$2,290.06	\$3,839.22
Platinum Radius Plus	\$1,186.80	\$2,373.60	\$2,017.56	\$3,382.38
Platinum EX Plus	\$1,249.91	\$2,499.83	\$2,124.85	\$3,562.25
Gold Radius High	\$1,099.99	\$2,199.98	\$1,869.98	\$3,134.97
Gold EPO High	\$1,257.23	\$2,514.47	\$2,137.30	\$3,583.12
Gold High EX	\$1,158.59	\$2,317.17	\$1,969.60	\$3,301.97
Gold Blended Radius	\$1,008.98	\$2,017.96	\$1,715.27	\$2,875.60
Gold Blended EPO	\$1,153.51	\$2,307.03	\$1,960.97	\$3,287.52
Gold Blended EX	\$1,062.84	\$2,125.68	\$1,806.83	\$3,029.09
Silver POS Classic	\$931.44	\$1,862.88	\$1,583.45	\$2,654.60
Silver EPO 6300	\$1,020.49	\$2,040.99	\$1,734.84	\$2,908.41
Silver 6300 EX	\$948.04	\$1,896.07	\$1,611.66	\$2,701.90
Silver POS 6300	\$890.69	\$1,781.39	\$1,514.18	\$2,538.48
Silver EPO 7000	\$972.75	\$1,945.50	\$1,653.67	\$2,772.33
Silver 7000 EX	\$894.40	\$1,788.79	\$1,520.47	\$2,549.03
Silver POS 7000	\$848.87	\$1,697.74	\$1,443.08	\$2,419.28
Silver EPO 8000	\$964.51	\$1,929.02	\$1,639.66	\$2,748.85
Silver 8000 EX	\$895.93	\$1,791.86	\$1,523.08	\$2,553.39
Silver POS 8000	\$850.33	\$1,700.66	\$1,445.56	\$2,423.43
Bronze POS Classic	\$738.13	\$1,476.27	\$1,254.83	\$2,103.68
Bronze Value EPO	\$866.05	\$1,732.10	\$1,472.28	\$2,468.24
Bronze Value POS	\$771.19	\$1,542.38	\$1,311.02	\$2,197.89
Bronze POS	\$708.18	\$1,416.37	\$1,203.91	\$2,018.32

Dependent age 30 rates

	Single	Subscriber and spouse	Subscriber and child(ren)	Family
Region 7 Rates Effective Q2				
Platinum PPO Plus	\$1,353.45	\$2,706.90	\$2,300.87	\$3,857.34
Platinum Radius Plus	\$1,192.41	\$2,384.83	\$2,027.11	\$3,398.38
Platinum EX Plus	\$1,255.82	\$2,511.64	\$2,134.90	\$3,579.09
Gold Radius High	\$1,105.20	\$2,210.41	\$1,878.85	\$3,149.83
Gold EPO High	\$1,263.18	\$2,526.35	\$2,147.40	\$3,600.05
Gold High EX	\$1,164.07	\$2,328.14	\$1,978.92	\$3,317.60
Gold Blended Radius	\$1,013.77	\$2,027.55	\$1,723.42	\$2,889.26
Gold Blended EPO	\$1,158.98	\$2,317.95	\$1,970.26	\$3,303.08
Gold Blended EX	\$1,067.88	\$2,135.76	\$1,815.40	\$3,043.46
Silver POS Classic	\$935.87	\$1,871.75	\$1,590.98	\$2,667.24
Silver EPO 6300	\$1,025.34	\$2,050.68	\$1,743.08	\$2,922.21
Silver 6300 EX	\$952.55	\$1,905.09	\$1,619.33	\$2,714.76
Silver POS 6300	\$894.94	\$1,789.88	\$1,521.39	\$2,550.57
Silver EPO 7000	\$977.37	\$1,954.74	\$1,661.53	\$2,785.51
Silver 7000 EX	\$898.66	\$1,797.31	\$1,527.72	\$2,561.17
Silver POS 7000	\$852.92	\$1,705.84	\$1,449.97	\$2,430.83
Silver EPO 8000	\$969.09	\$1,938.19	\$1,647.46	\$2,761.92
Silver 8000 EX	\$900.20	\$1,800.39	\$1,530.33	\$2,565.56
Silver POS 8000	\$854.38	\$1,708.77	\$1,452.45	\$2,435
Bronze POS Classic	\$741.67	\$1,483.34	\$1,260.84	\$2,113.77
Bronze Value EPO	\$870.18	\$1,740.36	\$1,479.30	\$2,480.01
Bronze Value POS	\$774.88	\$1,549.76	\$1,317.29	\$2,208.41
Bronze POS	\$711.58	\$1,423.16	\$1,209.69	\$2,028.01

Dental coverage

Dental plans have no participation requirements and can be added to your medical plan or purchased separately. Groups can choose one dental plan to offer their employees.

Pediatric dental is included with all medical plans at no additional charge.

Blue Pediatric Dental Embedded in Medical			
Medical Product	HSA Qualified Medical Products	HSA Qualified Bronze Value Plans	Non-HSA Qualified Medical Products
Annual Deductible	Follows In-Network Medical Deductible	Follows In-Network Medical Deductible	Not Subject to Medical Deductible
Annual Out-of-Pocket Maximum	Follows In-Network Medical Out-of-Pocket Maximum	Follows In-Network Medical Out-of-Pocket Maximum	Follows In-Network Medical Out-of-Pocket Maximum
Description of Service	Member Pays	Member Pays	Member Pays
Oral Evaluations (Exams)	\$25 copay	\$25 copay	\$25 copay
Consultations	\$25 copay	\$25 copay	\$25 copay
Radiographs (Bitewings, Full Mouth, Occlusal, and Periapical Films)	\$25 copay	\$25 copay	\$25 copay
Prophylaxis (Cleanings)	\$25 copay	\$25 copay	\$25 copay
Fluoride Treatments	\$25 copay	\$25 copay	\$25 copay
Palliative Treatment (Emergency)	\$25 copay	\$25 copay	\$25 copay
Sealants	\$25 copay	\$25 copay	\$25 copay
Space Maintainers	\$25 copay	\$25 copay	\$25 copay
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures, and Dentures	50% after deductible	0% after deductible	50%
Resin-Based Composite–Anterior (White Fillings)	50% after deductible	0% after deductible	50%
Resin-Based Composite–Posterior (White Filling)	50% after deductible	0% after deductible	50%
Amalgam Restorations	50% after deductible	0% after deductible	50%
Simple Extractions	50% after deductible	0% after deductible	50%
Surgical Extractions	50% after deductible	0% after deductible	50%
Complex Oral Surgery	50% after deductible	0% after deductible	50%
Endodontics (Root canals, etc.)	50% after deductible	0% after deductible	50%
General Anesthesia and/or Nitrous Oxide and/or IV Sedation	50% after deductible	0% after deductible	50%
Nonsurgical Periodontics	50% after deductible	0% after deductible	50%
Periodontal Maintenance	50% after deductible	0% after deductible	50%
Surgical Periodontics	50% after deductible	0% after deductible	50%
Adjustments and Repairs of Prosthetics	50% after deductible	0% after deductible	50%
Crowns, Inlays, Onlays	50% after deductible	0% after deductible	50%
Prosthetics (Fixed Partial Dentures, Dentures)	50% after deductible	0% after deductible	50%
Implant Services	Not covered	Not covered	Not covered
Medically Necessary Orthodontics	50% after deductible	0% after deductible	50%
Cosmetic Orthodontics	Not covered	Not covered	Not covered

*Smile for Health–Wellness® and the Pregnancy Benefit are included with Blue Edge Dental plans, which offer enhanced benefits for members with gum disease who have chronic conditions or are pregnant.

Participating Dentists accept the Allowed Amount as payment in full. Non-Participating Dentists may bill for the difference between their charge and the Allowed Amount paid by the Certificate. All services listed may be subject to Exclusions and Limitations. Blue Edge Dental does not include New York State Essential Health Pediatric Dental benefits. These plans are not considered Qualified Dental Plans. Waiting periods do not apply to these plans. Smile for Health–Wellness is built into any Blue Edge Dental plan that covers Periodontics.

	Blue Edge Dental F-2W*	Blue Edge Dental F-3W*	Blue Edge Dental F-3Wo*
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150	\$50/\$150
Annual Benefit Maximum Per Person	\$1000	\$1500	\$2000
Network	Elite Prime Northeastern New York		
Description of Service	Member Pays	Member Pays	Member Pays
Oral Evaluations (Exams)	Covered in full	Covered in full	Covered in full
Consultations	Covered in full	Covered in full	Covered in full
Radiographs (Bitewings, Full Mouth, Occlusal, and Periapical Films)	Covered in full	Covered in full	Covered in full
Prophylaxis (Cleanings)	Covered in full	Covered in full	Covered in full
Fluoride Treatments	Covered in full	Covered in full	Covered in full
Palliative Treatment (Emergency)	Covered in full	Covered in full	Covered in full
Sealants	Covered in full	Covered in full	Covered in full
Space Maintainers	Covered in full	Covered in full	Covered in full
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures, and Dentures	20% after deductible	20% after deductible	20% after deductible
Resin-Based Composite–Anterior (White Fillings)	20% after deductible	20% after deductible	20% after deductible
Resin-Based Composite–Posterior (White Filling)	20% after deductible	20% after deductible	20% after deductible
Amalgam Restorations	20% after deductible	20% after deductible	20% after deductible
Simple Extractions	20% after deductible	20% after deductible	20% after deductible
Surgical Extractions	20% after deductible	20% after deductible	20% after deductible
Complex Oral Surgery	20% after deductible	20% after deductible	20% after deductible
Endodontics (Root canals, etc.)	20% after deductible	20% after deductible	20% after deductible
General Anesthesia and/or Nitrous Oxide and/or IV Sedation	20% after deductible	20% after deductible	20% after deductible
Nonsurgical Periodontics	20% after deductible	20% after deductible	20% after deductible
Periodontal Maintenance	20% after deductible	20% after deductible	20% after deductible
Surgical Periodontics	20% after deductible	20% after deductible	20% after deductible
Adjustments and Repairs of Prosthetics	20% after deductible	20% after deductible	20% after deductible
Crowns, Inlays, Onlays	Not covered	50% after deductible	50% after deductible
Prosthetics (Fixed Partial Dentures, Dentures)	Not covered	50% after deductible	50% after deductible
Implant Services	Not covered	Not covered	Not covered
Medically Necessary Orthodontics	Not covered	Not covered	Covered; see cosmetic orthodontics.
Cosmetic Orthodontics	Not covered	Not covered	50% up to a \$1,000 Lifetime Maximum; under age 19 only
Age 26 Rates	Blue Edge Dental F-2W	Blue Edge Dental F-3W	Blue Edge Dental F-3Wo
Subscriber	\$20.39	\$26.23	\$28.61
Subscriber and Spouse/Domestic Partner	\$37.88	\$49.56	\$54.32
Subscriber and Child(ren)	\$46.52	\$61.08	\$73.16
Family	\$69.24	\$91.38	\$109.41
Age 30 Rates	Blue Edge Dental F-2W	Blue Edge Dental F-3W	Blue Edge Dental F-3Wo
Subscriber	\$20.39	\$26.23	\$28.61
Subscriber and Spouse/Domestic Partner	\$37.88	\$49.56	\$54.32
Subscriber and Child(ren)	\$46.66	\$61.27	\$73.37
Family	\$69.46	\$91.67	\$109.74

Extra resources you won't find in other plans

BLUECARD® AND BLUE CROSS BLUE SHIELD GLOBAL CORE PROGRAM

Coverage that goes where your employees go.

Around town or coast to coast, your employees get access to 1.8 million providers and 97% of hospitals in the U.S. And they're even covered in 190 countries.*

WELL360 VIRTUAL HEALTH

Personalized care where and when employees need it.

Your employees can get care from wherever they are with 24/7 access to virtual urgent care and scheduled therapy and psychiatry appointments. In 2024, they'll also have access to virtual primary care providers, dermatology services, and specialized women's health clinics for medical, therapy, and lactation consulting. Well360 Virtual Health will also be exclusively available through My Highmark, under the Get Care section of your account.

BLUE DISTINCTION®

See specialists who get results.

Only doctors who consistently deliver safe, effective treatments make our Blue Distinction list. When your employees use our Find a Doctor tool, a special logo will appear by the provider's name.

DIABETES MANAGEMENT POWERED BY ONDUO

Personalized support to control diabetes.

Tools to help your employees track their blood sugar and manage diabetes from wherever they are.

BLUES ON CALL™

Answers from a health pro, 24/7.

For medical concerns after hours, your employees can get guidance at any time from a registered nurse or a health coach.

\$250 WELLNESS CARD

Redeemable for gym memberships.

Consider it a little something extra for the journey to good health.

\$0 PREVENTIVE RX

On more than 600 brand-name and generic drugs.

Includes enhanced coverage on all HSA-qualified plans to provide \$0 drugs not subject to the deductible. Eligible plans include: Silver 6300, Silver 7000, Silver 8000, and Bronze Value.

Non-HSA qualified plans include the Federal ACA Preventive Drug List with over 350 covered drugs at no additional cost to members.

Available spending accounts

- HEALTH SAVINGS ACCOUNT (HSA)
- FLEXIBLE SPENDING ACCOUNT (FSA)
- TRANSIT EXPENSE ADMINISTRATION (TEA)

Worry-free administration

- Turnkey implementation and support
- Resources to make it easy to update employees on key benefit details
- Real-time reporting with rich data insights

A streamlined employee experience

- View balances, pay expenses, see recent transactions, and more — right on their phones
- Real-time text or email alerts to easily manage their account
- Support when they need it

Annual benefit limits

Rehabilitation and habilitation, outpatient (PT/OT/ST)

60 combined visits per plan year

Rehabilitation and habilitation, inpatient (PT/OT/ST)

Unlimited

Home health care

40 visits per plan year

Hearing aids

Single purchase every three years

- Members are entitled to discounts through TruHearing®

Hospice

Unlimited, five visits per plan year for family bereavement

Substance abuse, outpatient

Unlimited, 20 visits per plan year for family counseling

Skilled nursing facility

Unlimited

Questions?

Contact your broker or Highmark Blue Shield client manager.

* According to the Blue Cross Blue Shield Association, an association of Blue Cross and Blue Shield plans.

Endless support to help your employees on their journey to better health

HEALTH COACHES

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? A wellness coach can create a personalized plan for your employees, right over the phone, on their schedule. Sessions are free and confidential.

BLUE365SM

Discounts to help your employees stay healthy and active.

From workout gear to personal wellness to healthy meal services, we'll take a little off the top while they're taking a little off their middle. Member-only deals are at blue365deals.com/bsneny.

VIRTUAL PHYSICAL CARE PROGRAM POWERED BY SWORD

Virtual physical care — anytime and anywhere you happen to be.

Sword puts technology and the expertise of a physical therapist at your fingertips to help you overcome joint and muscle pain.

MENTAL WELL-BEING

Give your members care that meets them where they are.

Mental Well-Being is a solution that provides mental health support tailored to each individual member. And it's available on our app and website.

The fundamentals of coverage

Any health plan you choose should include resources that help your employees manage their health. Ours make the process seamless.

MEMBER SERVICE

Total support, day or night.

Whether it's 24/7 answers from registered nurses, a diagnosis or prescription via video visit, or just some help booking their doctor visits, when they need us, we're there.

MEMBER APP AND WEBSITE

My Highmark helps your employees take care of their health.

It's the one-stop digital experience that allows members to easily access their benefit coverage and care all in one place. Visit myhighmark.com to learn more.

CARE COST ESTIMATOR

Employees can know what they'll owe for care.

Before making an appointment for a test, scan, or procedure, your employees can use our Care Cost Estimator to estimate their bill.

Important plan details

Out-of-pocket maximum calculation includes deductible, copayment, and coinsurance.

- 1 Primary care cost-sharing amounts also apply to outpatient: mental health, behavioral health, substance abuse, chiropractic, physical therapy, speech therapy, and occupational therapy office visits.
- 2 Integrated Rx plans include all medical and prescription claims accumulating toward one overall deductible.
- 3 Embedded plans: In this approach, an individual family member can be eligible for payment of benefits upon meeting the individual deductible amount (even if the rest of the family has not met the family deductible amount). Additionally, an individual family member's out-of-pocket (OOP) maximum will be the same as that of a member purchasing individual coverage for the specified health plan.
- 4 A health savings account (HSA) is available to employees. Employer contributions in amounts that exceed annual federally mandated maximum(s) may result in actuarial value changes that may impact compliance as a qualified health plan.
- 5 Non-embedded plans: In this approach, the entire family deductible must be met before any family member is eligible for payment of benefits. Additionally, the entire family out-of-pocket (maximum) must be met before the plan begins paying 100%. One family member may satisfy the entire family deductible and/or OOP.

Notes

This is not a contract. This benefits summary presents plan highlights only. Contract limitations and exclusions apply. Please refer to the member contract for complete information. To determine the availability of services under your health plan, please review your contract for details on benefits, conditions, and exclusions or call the number on the back of your member ID card. Information above presents in-network plan highlights only. PPO and POS plans also provide benefits for many out-of-network services, generally with higher member cost sharing. Please see plan materials for information.

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

Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Sword Health, Inc. does not provide health care services. Sword Health, Inc. is an independent company that provides wellness services for your health plan. Sword Health Professionals provides its services through a group of independently owned professional practices consisting of Sword Health Care Providers, P.A., Sword Health Care Providers of NJ, P.C., and Sword Health Care Physical Therapy Providers of CA, P.C. The Sword virtual physical care program is made available with support from Sword Health.

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

United Concordia provides the provider network for Blue Edge Dental and is a separate company that administers dental benefits.

Smile for Health – Wellness is a registered mark of United Concordia, Inc.

Onduo is a separate company that provides a virtual diabetes care program for Highmark members.

TruHearing is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing-aid benefit.

Blue Cross Blue Shield Global® Core is a registered mark of the Blue Cross Blue Shield Association.

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.

Blue Distinction® Specialty Care is a registered mark of the Blue Cross Blue Shield Association. Blue Distinction Centers (BDC) met overall quality measures, 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 health care. 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. 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 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, Total Care, or other provider finder information or care received from Blue Distinction, Total Care, or other providers.

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

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>.

ATTENTION: If you speak English, assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY:711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

אכטונג: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, אוועלעבל פאר אייך. רופט די נומער וואס איז אויף די פארקערטע זייט פון אייער ID קארטל (TTY:711).

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। আপনার আইডি কার্ডের (TTY:711) পিছনে থাকা নম্বরে ফোন করুন।

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

توجه فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ اپنے شناختی کارڈ کی پشت پر درج شدہ نمبر پر کال کریں (TTY: 711)۔

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ΠΡΟΣΟΧΗ: Σε περίπτωση που μιλάτε Ελληνικά, οι διαθέσιμες υπηρεσίες γλωσσικής βοήθειας σας παρέχονται δωρεάν. Καλέστε τον αριθμό στο πίσω μέρος της ταυτότητας σας (TTY:711).



Because Life.™