

# 2024 Small Group ACA Benefit Changes

**NORTHEASTERN NEW YORK**



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## Highmark 2024 Small Group ACA Benefit Changes

**Product Name: Platinum EX Plus**

**Metal Level: Platinum**

**Status: See changes below**

Year		2023	2024
Advanced imaging	In-Network	\$30	\$60
Emergency room visit	In-Network	\$100	\$150
Urgent care	In-Network	\$50	\$75

**Product Name: Platinum PPO Plus**

**Metal Level: Platinum**

**Status: See changes below**

Year		2023	2024
Advanced imaging	In-Network	\$30	\$60
Emergency room visit	In-Network	\$100	\$150
Urgent care	In-Network	\$50	\$75

**Product Name: Platinum Radius Plus**

**Metal Level: Platinum**

**Status: See changes below**

Year		2023	2024
Advanced imaging	In-Network	\$30	\$60
Emergency room visit	In-Network	\$100	\$150
Urgent care	In-Network	\$50	\$75

**Product Name: Gold EPO High**

**Metal Level: Gold**

**Status: See changes below**

Year		2023	2024
Advanced imaging	In-Network	\$50	\$100
Outpatient facility	In-Network	\$200	\$250
Tier 2 Rx	In-Network	\$35	\$50

White Product Name:  
No change

Blue Product Name Highlighted:  
Name change

Coral Product Name Highlighted:  
Cost changes

## Highmark 2024 Small Group ACA Benefit Changes

**Product Name: Gold High EX**

**Metal Level: Gold**

**Status: See changes below**

Year		2023	2024
Advanced imaging	In-Network	\$50	<b>\$100</b>
Outpatient facility	In-Network	\$200	<b>\$250</b>
Tier 2 Rx	In-Network	\$35	<b>\$50</b>

**Product Name: Gold Radius High**

**Metal Level: Gold**

**Status: See changes below**

Year		2023	2024
Advanced imaging	In-Network	\$50	<b>\$100</b>
Outpatient facility	In-Network	\$200	<b>\$250</b>
Tier 2 Rx	In-Network	\$35	<b>\$50</b>

**Product Name: Gold Blended EPO**

**Metal Level: Gold**

**Status: See changes below**

Year		2023	2024
Deductible (single/family)	In-Network	\$1,000/\$2,000	<b>\$1,250/\$2,500</b>
Diagnostic X-rays and radiology	In-Network	30% after deductible	<b>\$50 after deductible</b>
Advanced imaging	In-Network	30% after deductible	<b>\$100 after deductible</b>

White Product Name:  
No change

Blue Product Name Highlighted:  
Name change

Coral Product Name Highlighted:  
Cost changes

## Highmark 2024 Small Group ACA Benefit Changes

**Product Name: Gold Blended EX**

**Metal Level: Gold**

**Status: See changes below**

Year		2023	2024
Deductible (single/family)	In-Network	\$1,000/\$2,000	<b>\$1,250/\$2,500</b>
Diagnostic X-rays and radiology	In-Network	30% after deductible	<b>\$50 after deductible</b>
Advanced imaging	In-Network	30% after deductible	<b>\$100 after deductible</b>

**Product Name: Gold Blended Radius**

**Metal Level: Gold**

**Status: See changes below**

Year		2023	2024
Deductible (single/family)	In-Network	\$1,000/\$2,000	<b>\$1,250/\$2,500</b>
Diagnostic X-rays and radiology	In-Network	30% after deductible	<b>\$50 after deductible</b>
Advanced imaging	In-Network	30% after deductible	<b>\$100 after deductible</b>

**Product Name: Silver POS Classic**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Advanced imaging	In-Network	\$50 after deductible	<b>\$100 after deductible</b>

**Product Name: Silver EPO 6300**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Out-of-pocket maximum (single/family)	In-Network	\$7,000/\$14,000	<b>\$7,500/\$15,000</b>
Advanced imaging	In-Network	\$60 after deductible	<b>\$120 after deductible</b>

White Product Name:  
No change

Blue Product Name Highlighted:  
Name change

Coral Product Name Highlighted:  
Cost changes

## Highmark 2024 Small Group ACA Benefit Changes

**Product Name: Silver 6300 EX**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Out-of-pocket maximum (single/family)	In-Network	\$7,000/\$14,000	<b>\$7,500/\$15,000</b>
Advanced imaging	In-Network	\$60 after deductible	<b>\$120 after deductible</b>

**Product Name: Silver POS 6300**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Out-of-pocket maximum (single/family)	In-Network	\$7,000/\$14,000	<b>\$7,500/\$15,000</b>
Advanced imaging	In-Network	\$60 after deductible	<b>\$120 after deductible</b>

**Product Name: Silver EPO 7000**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Out-of-pocket maximum (single/family)	In-Network	\$7,000/\$14,000	<b>\$7,500/\$15,000</b>
PCP/specialist	In-Network	\$20/\$40 after deductible	<b>\$30/\$50 after deductible</b>
Laboratory services	In-Network	\$40 after deductible	<b>\$50 after deductible</b>
Diagnostic X-rays and radiology	In-Network	\$40 after deductible	<b>\$50 after deductible</b>
Advanced imaging	In-Network	\$40 after deductible	<b>\$100 after deductible</b>
Diabetic equipment and supplies	In-Network	\$20 after deductible	<b>\$30 after deductible</b>

White Product Name:  
No change

Blue Product Name Highlighted:  
Name change

Coral Product Name Highlighted:  
Cost changes

## Highmark 2024 Small Group ACA Benefit Changes

**Product Name: Silver 7000 EX**

**Metal Level: Platinum**

**Status: See changes below**

Year		2023	2024
Out-of-pocket maximum (single/family)	In-Network	\$7,000/\$14,000	<b>\$7,500/\$15,000</b>
PCP/specialist	In-Network	\$20/\$40 after deductible	<b>\$30/\$50 after deductible</b>
Laboratory services	In-Network	\$40 after deductible	<b>\$50 after deductible</b>
Diagnostic X-rays and radiology	In-Network	\$40 after deductible	<b>\$50 after deductible</b>
Advanced imaging	In-Network	\$40 after deductible	<b>\$100 after deductible</b>
Diabetic equipment and supplies	In-Network	\$20 after deductible	<b>\$30 after deductible</b>

**Product Name: Silver POS 7000**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Out-of-pocket maximum (single/family)	In-Network	\$7,000/\$14,000	<b>\$7,500/\$15,000</b>
PCP/specialist	In-Network	\$20/\$40 after deductible	<b>\$30/\$50 after deductible</b>
Laboratory services	In-Network	\$40 after deductible	<b>\$50 after deductible</b>
Diagnostic X-rays and radiology	In-Network	\$40 after deductible	<b>\$50 after deductible</b>
Advanced imaging	In-Network	\$40 after deductible	<b>\$100 after deductible</b>
Diabetic equipment and supplies	In-Network	\$20 after deductible	<b>\$30 after deductible</b>

**Product Name: Silver EPO 8000**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Out-of-pocket maximum (single/family)	In-Network	\$7,000/\$14,000	<b>\$7,500/\$15,000</b>

White Product Name:  
No change

Blue Product Name Highlighted:  
Name change

Coral Product Name Highlighted:  
Cost changes



## Highmark 2024 Small Group ACA Benefit Changes

**Product Name: Silver 8000 EX**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Out-of-pocket maximum (single/family)	In-Network	\$7,000/\$14,000	<b>\$7,500/\$15,000</b>

**Product Name: Silver POS 8000**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Out-of-pocket maximum (single/family)	In-Network	\$7,000/\$14,000	<b>\$7,500/\$15,000</b>
Deductible (single/family)	Out-of-Network	\$5,000/\$10,000	<b>\$10,000/\$20,000</b>
Out-of-pocket maximum (single/family)	Out-of-Network	\$10,000/\$20,000	<b>\$20,000/\$40,000</b>
Out-of-network coinsurance	Out-of-Network	50%	<b>30%</b>

**Product Name: Bronze POS Classic**

**Metal Level: Bronze**

**Status: No changes for 2024**

**Product Name: Bronze Value EPO**

**Metal Level: Bronze**

**Status: See changes below**

Year		2023	2024
Deductible (single/family)	In-Network	\$7,000/\$14,000	<b>\$7,500/\$15,000</b>
Out-of-pocket maximum (single/family)	In-Network	\$7,000/\$14,000	<b>\$7,500/\$15,000</b>

White Product Name:  
No change

Blue Product Name Highlighted:  
Name change

Coral Product Name Highlighted:  
Cost changes

## Highmark 2024 Small Group ACA Benefit Changes

**Product Name: Bronze Value POS**

**Metal Level: Bronze**

**Status: See changes below**

Year		2023	2024
Deductible (single/family)	In-Network	\$7,000/\$14,000	<b>\$7,500/\$15,000</b>
Out-of-pocket maximum (single/family)	In-Network	\$7,000/\$14,000	<b>\$7,500/\$15,000</b>
Out-of-network coinsurance	Out-of-Network	50%	<b>30%</b>

**Product Name: Bronze POS**

**Metal Level: Bronze**

**Status: See changes below**

Year		2023	2024
Out-of-network coinsurance	Out-of-Network	50%	<b>30%</b>

White Product Name:  
No change

Blue Product Name Highlighted:  
Name change

Coral Product Name Highlighted:  
Cost changes







# Notice of Nondiscrimination

The plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The plan 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)
- 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, please call the customer service number on the back of your member ID card or contact the Civil Rights Coordinator.

If you believe that the plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, PO Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295 (TTY 711), Fax: 1-412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org)

You can file a grievance in person or by mail, fax, or email. You can also file a civil rights complaint with the US 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 US Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**For assistance in English, call the customer service number listed on your member ID card.**

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

פאר הילף אין אידיש, רופט די קאסטומער סערוויס אויפן נומער וואס שטייט אויף אייער ID קארטל.

বাংলায় সহায়তার জন্য, আপনার আইডি কার্ডে তালিকাভুক্ত নম্বরে ক্রেতা পরিষেবায় ফোন করুন।

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

اردو میں مدد کے لیے، کسٹمر سروس آپ کے شناختی کارڈ پر درج کردہ نمبر پر کال کریں۔

Pour une assistance en français, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

اردو زبان میں مدد کے لئے، کسٹمر سروس کو اپنے آئی ڈی کارڈ پر درج نمبر پر کال کریں۔

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

**Για βοήθεια στα ελληνικά, καλέστε το τμήμα εξυπηρέτησης πελατών στον αριθμό που αναφέρεται στην ταυτότητά σας.**

**Për ndihmë në gjuhën shqipe, merrni në telefon shërbimin klientor në numrin e renditur në kartën tuaj të identitetit.**

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

Diné k'ehjí yá'áti' bee shíká'adoowot nohsingo naaltsoos nihaa halne'go nidaahtinígíí bine'déé' Customer Service bibéesh bee hane'é biká'ígíí bich'j' dahodootnih.

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Because Life.™