

2024 Small Group ACA Benefit Changes

WESTERN NEW YORK



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Highmark 2024 Small Group ACA Benefit Changes

Product Name: Platinum Classic

Metal Level: Platinum

Status: See changes below

Year		2023	2024
OON Coinsurance	Out-of-Network	50%	40%
Advanced Imaging	In-Network	\$35	\$70
Outpatient Facility	In-Network	\$100	\$250

Product Name: Platinum Plus

Metal Level: Platinum

Status: See changes below

Year		2023	2024
PCP/Specialist	In-Network	\$5/\$25	\$10/\$30
Diagnostic X-rays and Radiology	In-Network	\$25	\$30
Advanced Imaging	In-Network	\$25	\$60
Diabetic Equipment and Supplies	In-Network	\$5	\$10
Tier 2 Rx	In-Network	\$25	\$30

Product Name: Gold Classic

Metal Level: Gold

Status: See changes below

Year		2023	2024
Out-of-Pocket Maximum (single/family)	In-Network	\$5,000/\$10,000	\$5,500/\$11,000
Advanced Imaging	In-Network	\$40 after deductible	\$80 after deductible
Outpatient Facility	In-Network	\$100 after deductible	\$250 after deductible
Tier 3 Rx	In-Network	\$70 not subject to deductible	\$80 not subject to deductible

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 Complete

Metal Level: Gold

Status: See changes below

Year		2023	2024
Out-of-Network Coinsurance	Out-of-Network	50%	30%

Product Name: Gold 7100

Metal Level: Gold

Status: See changes below

Year		2023	2024
Deductible (single/family)	In-Network	\$1,500/\$3,000	\$1,600/\$3,200
Advanced Imaging	In-Network	\$40 after deductible	\$80 after deductible
Outpatient Facility	In-Network	\$150 after deductible	\$250 after deductible

Product Name: Silver Classic

Metal Level: Silver

Status: See changes below

Year		2023	2024
Deductible (single/family)	In-Network	\$1,750/\$3,500	\$2,000/\$4,000
Out-of-Pocket Maximum (single/family)	In-Network	\$9,100/\$18,200	\$9,450/\$18,900
Advanced Imaging	In-Network	\$65 after deductible	\$130 after deductible
Outpatient Facility	In-Network	\$150 after deductible	\$250 after deductible
Tier 3 Rx	In-Network	\$75 not subject to deductible	\$100 not subject to deductible

New Product Name: Silver 6100

Metal Level: Silver

Status: New for 2024

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 7100

Metal Level: Silver

Status: See changes below

Year		2023	2024
Deductible (single/family)	In-Network	\$2,500/\$5,000	\$2,750/\$5,500
Out-of-Pocket Maximum (single/family)	In-Network	\$7,000/\$14,000	\$7,500/\$15,000
Advanced Imaging	In-Network	\$50 after deductible	\$100 after deductible
Inpatient Hospital	In-Network	\$1,000 after deductible	\$1,500 after deductible
Emergency Room Visit	In-Network	\$250 after deductible	\$500 after deductible

Product Name: Silver 8100

Metal Level: Silver

Status: See changes below

Year		2023	2024
Out-of-Pocket Maximum (single/family)	In-Network	\$7,000/\$14,000	\$7,500/\$15,000

Product Name: Bronze Classic

Metal Level: Bronze

Status: No changes for 2024

Product Name: Bronze 8000

Metal Level: Bronze

Status: See changes below

Year		2023	2024
Deductible (single/family)	In-Network	\$7,000/\$14,000	\$7,500/\$15,000
Out-of-Pocket Maximum (single/family)	In-Network	\$7,000/\$14,000	\$7,500/\$15,000
Out-of-Network Coinsurance	Out-of-Network	50%	30%

Product Name: Bronze Apex

Metal Level: Bronze

Status: No changes for 2024

White Product Name:
No change

Blue Product Name Highlighted:
Name change

Coral Product Name Highlighted:
Cost changes

Notes

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

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 איינער 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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