

**Better benefits.
Easier access.
More life.**



Care that keeps up with your life.

Wherever you are,
we've got you covered.

HIGHMARK 
HMO NYSHIP Copay
with Rx
NYSHIP

Hi there,

We know choosing coverage is about more than just your health care. It's about peace of mind. That's why when you choose Highmark for your coverage, you get a plan that's simple to understand, easy to use, and easy to love.

With Highmark, you get access to personalized wellness programs, handy online tools, and 24/7 support for any questions you might have along the way.

We look forward to making it easier for you to feel your best.



Jessica Cox
President, Highmark Western and Northeastern New York Inc.

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Why Highmark





MY HIGHMARK APP

Your health plan in your pocket.

Get instant access to your digital member ID card, care-finding tools, claims updates, and easy online premium payments right on your mobile device. Scan the QR code to download the MyHighmark app or go to [MyHighmark.com](https://www.myhighmark.com) to get started.



24/7 NURSELINE

Answers from a health pro, 24/7.

Medical concerns during off hours? Just call the phone number on the back of your ID card or from the My Highmark app to get support from a registered nurse anytime and put your worries to bed.



DIABETES PREVENTION PROGRAM

Tips on how to avoid diabetes.

Lower your risk for prediabetes with simple, effective, practical strategies using this lifestyle program. Get started at [myhighmark.com](https://www.myhighmark.com) or on the MyHighmark app.





WELL360 VIRTUAL HEALTH

Personalized care when and where you want it.

Get care 24/7, wherever you are, with Well360 Virtual Health. A board-certified doctor can see you in minutes for virtual urgent care visits and more. Scan the QR code to download the MyHighmark app or go to [MyHighmark.com](https://www.MyHighmark.com) to get started.



HIGHMARK WELLNESS CARD

One little card. Big health benefits.

This card helps you live a healthier life with an annual allowance for wellness products and services. You get more spending freedom for lifestyle perks like gym memberships, meal plans, fitness subscriptions, and more.



DISEASE MANAGEMENT PROGRAMS

Help managing chronic conditions.

Receive one-on-one nurse support for conditions like asthma, diabetes, heart disease, and other chronic conditions. Get started at [myhighmark.com](https://www.myhighmark.com) or on the MyHighmark app.



VISION BENEFITS

Comprehensive eye care coverage.

From regular exams to preventive care, to lenses, frames, and contacts, you can get the care you need with over 75,000 locations to choose from nationwide. No need to squint. You read that right. See more vision coverage details in the Vision Benefits section.



EMERGENCY CARE

When you need it most, you're covered.

Emergency care is always covered at the in-network level, wherever you get it. So don't hesitate. If you think it's an emergency, go straight to the nearest emergency room or dial 911. Your plan may also cover emergency care received outside the United States. Check your Summary of Benefits for more information.



WORLDWIDE CARE

Support around the globe.

No matter where you travel, the Blue Cross Blue Shield Global[®] Core program gives you access to providers for your health care needs. For worldwide help, just call **1-800-810-BLUE**.



MENTAL HEALTH CARE

Get care for your mind, too.

Highmark covers a wide range of mental health services, including counseling and treatment. You get a choice of providers within your plan for the type of care that fits your situation best.



CARE FOR SUBSTANCE USE DISORDERS

Guidance to keep you on track.

Highmark covers a spectrum of services for substance use disorders. Pick the professional you feel will give you the necessary care from our list of providers.



MENTAL WELL-BEING POWERED BY SPRING HEALTH

The right mental health care starts right here.

Simple and easy access to care is what Mental Well-Being powered by Spring Health is all about. This program can help you get the right care, right when you need it.



THRIVE – BY SWORD

Virtual Joint Health.

This program may be right for you if you're experiencing discomfort, even if you're not recovering from an injury and your pain is manageable. Meet virtually with a physical therapist (PT) who designs a customized program just for you. You'll receive a tablet with motion-tracking technology and direct chat support with your PT.

Product Information /Benefit Summary



NYSHIP HMO COPAY WITH RX

Here's how Highmark Blue Shield makes it simple for you:

Close-to-home coverage.

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

Easy access to top-performing specialists.

Many of our network doctors and hospitals have earned Blue Distinction status for their exceptional safety and results. That means great specialty care for you, across the board. Easy-peasy.

And you're covered close to home, too.

Our local provider network gives you easy access to hospitals and doctors right in your community. From behavioral health to cancer care to cardiology, children's health to neuroscience to women's care, we've got you covered for local specialty care, too.

Need help finding top-quality doctors and hospitals?

To search for in-network providers:

1. Go to highmark.com/blueshielddeny .
2. Choose find a doctor.
3. Select **Continue** under Just Browsing or **Log In** if you're already a member.
4. Enter city, state, or ZIP and Select **Continue**.
5. Choose a **Network** from the list.
6. Type a name or specialty into the search window.

For over-the-phone help, call **1-844-639-2440**.



2025 New York State Employees HMO Plan 069 Benefit Summary

| Physician and other health professional services | Cost |
|---|-------------------------------|
| Primary care office visit copayment | \$10 |
| Primary care office visit for children age 19 and under | \$0 |
| Specialty care office visit | \$15 |
| Specialty care office visit for children age 19 and under | \$0 |
| In-network out-of-pocket maximum | \$3,000 single/\$6,000 family |
| Telemedicine hosted by Well360 Virtual Health | \$0 |

| Prescription drugs | Cost |
|---------------------------|--|
| Retail, 30-day supply | \$5 generic \$30 brand \$60 non-formulary \$0 preventive Rx drug list |
| Mail order, 90-day supply | \$10 generic \$60 brand \$90 non-formulary |

| Office or outpatient hospital-based health services | Cost |
|--|------|
| Routine physical exam | \$0 |
| Routine gynecological physical exam | \$0 |
| Diagnostic services; radiology and imaging, including X-rays, ultrasounds, diagnostic nuclear medicine, MRIs, and CT scans | \$15 |
| Mammograms | \$0 |
| Bone mineral density measurements and tests | \$0 |
| Cervical cytology screenings | \$0 |
| Well child visits | \$0 |
| Immunizations | \$0 |
| In-office surgical procedures | \$15 |
| Chiropractic services | \$15 |
| Standard diagnostic testing for prostatic cancer | \$0 |
| Chemotherapy | \$15 |
| Radiation therapy | \$15 |
| Urgent care services | \$0 |
| Physical therapy | \$15 |
| Occupational therapy | \$15 |
| Speech therapy | \$15 |

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

| Laboratory services | Cost |
|---|-------------|
| Office laboratory services | \$0 |
| Outpatient hospital laboratory services | \$0 |

| Inpatient hospital services | Cost |
|------------------------------------|-------------|
| Inpatient hospital service | \$0 |
| Maternity care | \$0 |
| Skilled nursing facility services | \$0 |

| Outpatient hospital surgery and ambulatory surgery facility services | Cost |
|---|-------------|
| Hospital | \$100 |
| Physician's office | \$15 |
| Outpatient surgery facility | \$100 |

| Emergency services | Cost |
|---------------------------------|-------------|
| Emergency department services | \$100 |
| Professional ambulance services | \$100 |

| Additional services | Cost |
|---------------------------------|-------------|
| Home health care | \$15 |
| Durable medical equipment | 50% |
| Prosthetic and orthotic devices | 20% |
| Hospice care* | \$0 |

| Wellness | Cost |
|-----------------|--------------------------------------|
| Wellness card | \$600 Single/ \$750 Family Allowance |

Prescription Drug Coverage





PRESCRIPTION DRUG BENEFITS

A pharmacy plan that fits your life.

First off, you'll use the same ID card for your medications as you do for your medical coverage. When you go to an in-network pharmacy, depending on your plan and the prescription, you might have a copay or need to pay a percentage of the drug's cost.

Knowing that, here are two important things to remember:

1. You'll usually save money by choosing a generic drug over a brand-name drug.
2. Our mail order service for maintenance prescription drugs is a convenient option that saves you trips to the pharmacy.

And when it comes to staying on top of your coverage, your member website has details on your drug coverage and easy-to-use tools to manage your benefits and prescriptions. Use the website to:

- **Find in-network pharmacies.**
- **View covered drugs.**
- **See drug prices and lower-cost options.**
- **Enroll in mail-order refills.**
- **Refill or renew a prescription.**
- **Get drug interaction warnings.**
- **Compare cost savings with mail order.**
- **Access forms needed for your coverage.**

Once you're a member, you can log in to the My Highmark app, or the member website at myhighmark.com, or call the number on the back of your member ID card to learn more.



Programs to keep you safe while keeping drug costs down.

When it comes to your medications, Highmark uses programs to help you make safer, more cost-effective drug choices. In the course of getting you the right drug, at the right time, in the right amount, at the right price, you might run into one of the following programs:

Prior authorization:

When you're enrolled and it's time to fill a prescription, we'll automatically check to be sure it's the best way to treat your diagnosed condition (or that you've tried other treatments before that didn't work for you). If the prescription isn't right for you, you'll need to get a prior authorization from your doctor. It's our way of double-checking that you're getting safe, effective, medically necessary drugs.

Quantity limits:

Some drugs are regulated to make sure you get the right dosage. Limits can be based on gender, age, or other factors that restrict how often or how much of a refill you can get. They're in place to keep you safe.

Step therapy:

For certain medications, our drug programs use a "step" approach. That means you'll need to try preferred medications first before less-preferred medications are covered. Preferred medications tend to be the lower-cost generic drugs that have already been clinically proven to be safe and just as effective as their more expensive counterparts. Step therapy is designed to help lower costs while still providing access to non-preferred medications.

For fully insured business, members may qualify for an exception from this protocol in certain circumstances.



Save even more with the mail order pharmacy.

If you take medications regularly, the mail order pharmacy can make life simpler and help you save with:

- 90-day drug refills with just a single copay.
- 24/7 ordering online, by mail or by phone.
- Typical delivery in three to five days.
- Free standard shipping.
- Helpful pharmacists available to you 24/7.
- Simple payments via e-check, credit card, or a health spending account.



How to start using the mail order pharmacy

Get a new prescription for up to a 90-day supply, plus refills for up to one year from your doctor. Then:

- Have your doctor fax in your new prescription or submit it as an e-prescription.

Or

- Use it to file your Pharmacy Mail Order Form and Health, Allergy, and Medication Questionnaire.

You'll find those forms at the end of this Pharmacy Benefits section. They're also available in the My Highmark app, or the member website at myhighmark.com. Log in, click on the **Support** tab, scroll down to the Health Plan Documents section, and select **Forms Library**. Next, select the **Pharmacy/Rx** tab to locate the Home Delivery Order Form.

Mail your completed forms to:

Express Scripts Pharmacy
PO Box 66577
St Louis, MO 63166-6577

For help with your order, call pharmacy services at 1-800-903-6228 (TTY call 1-800-759-1089).



PARTICIPATING ADVANTAGE NETWORK PHARMACIES:

Over 34,000 pharmacies are in the Advantage network, including:

- Accredo
- Ahold
- Albertsons
- Aurora Pharmacy
- Bi-Lo Holdings
- Brookshire Grocery
- Coborn's
- Coram Healthcare
- Costco
- Dept. of Veterans Affairs
- Discount Drug Mart
- Food City Pharmacy
- Giant Eagle
- Hannaford Brothers
- H-E-B Grocery
- Hy-Vee
- Ingles Markets
- Kinney Drugs
- Kmart
- MK Stores
- Marc Glassman
- Maxor Pharmacy
- The Medicine Shoppe
- Meijer
- Planned Parenthood
- Price Chopper Pharmacy
- Raley's
- Rite Aid
- Roundy's Supermarkets Safeway
- Sam's Club
- Sav-On
- Save Mart Supermarkets
- Schnucks
- SuperValu
- Thrifty White Stores
- Value Drugs
- Wakefern
- Walmart
- Wegmans
- Weis Markets



Home Delivery Order Options

Ask your doctor to write your prescription for up to a 90-day supply or the maximum days allowed by your plan with refills up to one year, if appropriate.

ePrescribe: For fastest service ask your doctor to submit prescriptions electronically to Express Scripts Home Delivery. **Online/mobile app:** Log in to [express-scripts.com/rx](https://www.express-scripts.com/rx) or the Express Scripts® mobile app, choose the medicine you want delivered, add it to your cart, then check out.

Fax: Have your doctor call **1.888.327.9791** for faxing instructions. (Faxes can only be accepted from a doctor’s office.)

Phone: Call Express Scripts at the toll-free number on the back of your ID card for assistance in switching to home delivery.

Mail: Complete the order form and send to Express Scripts® Pharmacy along with prescriptions and payment.

Please use ALL CAPITAL LETTERS with black or blue ink. Fill in the circles as shown. (●)

| | |
|---|-------------------|
| 1 Member Information | |
| Member ID Number | Group # |
| Member Last Name | Member First Name |
| Want updates on your order? Register on our website. https://www.express-scripts.com | Email address |
| To GO GREEN go to https://www.express-scripts.com/green to update your Communication Preferences under Account | |

| | | | |
|--|---------|---|------------------------|
| 2 Shipping Address | | | |
| <input type="radio"/> Permanent <input type="radio"/> Temporary | | If temporary address, please provide effective dates From ___/___/___ To ___/___/___ | |
| Shipping Address Line 1 (Street address is preferred over PO Box) | | | Apt# |
| Shipping Address Line 2 | | | |
| City | | State | Zip |
| Primary Phone Number | | Choose One M H W | Secondary Phone Number |
| | | | Choose One M H W |
| Shipping Method (Expedited shipping will not rush prescription processing) | | | |
| <input type="radio"/> Standard | Free | Arrives within 5-10 days after order is shipped | |
| <input type="radio"/> Two Day | \$12.00 | Arrives 2 business days after order is shipped | |
| <input type="radio"/> One Day | \$21.00 | Arrives 1 business day after order is shipped | |

| | |
|--|--------------------------|
| 3 Patient Information | |
| Please only include prescriptions for patients covered under the above Member ID | |
| Patient #1 | |
| Patient Last Name | Patient First Name |
| Patient DOB | Gender Male Female |
| Physician Name | Physician Phone |
| Patient #2 | |
| Patient Last Name | Patient First Name |
| Patient DOB | Gender Male Female |
| Physician Name | Physician Phone |

| | | |
|----------|-----------------------|-------------------------|
| 4 | Payment Method | Do not send cash |
|----------|-----------------------|-------------------------|

You authorize us to retain on file your payment card details that you used to make this purchase and to charge your payment card account to pay for any prescription orders requested by you. Should you also choose to enroll in the auto-pay program, you further consent that we may charge your enrolled payment method for prescription orders made by covered household members, including previously ordered prescriptions which are unpaid.

- We will notify you of any changes to this authorization by email or mail as applicable. This Card on File Authorization, and if applicable auto-pay enrollment, will remain in effect until you cancel the authorization by logging into your account or calling the toll-free number on the back of your ID card. The transaction amount is determined by your plan's benefit structure at the time the prescription is shipped.
- State law prohibits the return of prescription medications for resale or reuse. We cannot accept the return of properly dispensed prescription medications for credit or refund.
- See our privacy policy for information regarding our use and disclosure of personally identifiable information.

Signature X _____

| | |
|--|---|
| <p>Credit Card: We accept VISA, MC, Discover, AMEX, Diners</p> <p><input type="radio"/> Automatic, ongoing payment through credit card Authorize to pay for this order and all future orders with the credit card below.</p> <p><input type="radio"/> For this order only. Simply fill in your credit card information below.</p> <p>Credit Card Number</p> <p>_____</p> <p>Exp Date</p> <p>_____</p> | <p>Check or Checking Account</p> <p><input type="radio"/> Automatic, ongoing payment through checking account I authorize to pay for this order and all future orders with the checking account information below or include a voided check.</p> <p><input type="radio"/> For this order only. Enclose a check payable to Express Scripts® Pharmacy. Write invoice number on the check.</p> <p>Name of checking account holder</p> <p>_____</p> <p>Checking Account Number</p> <p>_____</p> <p>Routing Number (first 9 digits lower-left corner of personal check)</p> <p>_____</p> |
|--|---|

Review your account balance and pay outstanding balances anytime at express-scripts.com/rx. To change the limit of the amount we can charge your card without a call to you:

- Go to express-scripts.com/rx
- Log in to your account
- Under Account, select Payment Methods; under the method, select Edit
- Change the payment authorization limit and Save

You can manage all account preferences at express-scripts.com/rx or call Member Services at the toll-free number on your ID card.

| | |
|----------|-----------------------|
| 5 | Health History |
|----------|-----------------------|

To update your allergies or health conditions: Visit us at <https://www.express-scripts.com/frontend/consumer/#/health-profile> or call **1.877.438.4417**. This information helps us protect you against potentially harmful drug interactions and allergies.

| | |
|----------|--|
| 6 | Important reminders and other information |
|----------|--|

If you are a Medicare Part B beneficiary AND have private health insurance, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the toll-free number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at **1.800.633.4227**.

For additional information or help, visit us at express-scripts.com/rx or call Member Services at the toll-free number found on your ID card. TTY/TDD users should call **1.800.759.1089**.

Your order may be filled at any one of our Express Scripts® Pharmacies located nationwide.

| | |
|----------|-----------------------------|
| 7 | Generic Substitution |
|----------|-----------------------------|

State law permits a pharmacist to substitute a less expensive generic equivalent drug for a brand-name drug unless you or your physician directs otherwise. Please note that this applies to new prescriptions and to any future refills of that prescription. Also be aware that you may pay more for a brand-name drug.

I do not wish to receive a less expensive brand or generic medication.

If the prescription is being submitted electronically, discuss with your doctor.

Place your prescription(s), order form(s) and your payment in an envelope. Do not use staples or paper clips. Do not affix sticky notes to form.



EXPRESS SCRIPTS PHARMACY
PO BOX 66577
ST LOUIS, MO 63166-6577

Highmark Vision Coverage





VISION COVERAGE

Plans that help keep your vision clear and your eyes healthy.

As an important part of complete health coverage, vision benefits make it easier for you to get quality care when and where you need it, while paying little or no out-of-pocket costs. Plus, you can use the same health plan member website to easily access and maintain all your vision benefits and claims information.

With your Highmark Vision plan, you get:

- Coverage for eye exams, eyeglass lenses and frames, or contact lenses instead of eyeglasses.
- A 24/7 toll-free line for up-to-date plan info, network provider list, and claims status.
- Over 150,000 access points, like optometrists, ophthalmologists, and retailers like Visionworks®.

Benefits that save you time and money:

- **Mail order contact lens replacement.** Call 1-855-589-7911 or visit davisvisioncontacts.com with your prescription and get a free starter kit with your first order.
- **Up to 40%–50% off the cost of traditional LASIK** at over 1,000 nationwide network providers.
- **Extra \$50 frame benefit** when you shop at a Visionworks store.*

To use your frame benefit:

- Choose from Davis Vision® Collection frames in your vision care office, most of which are covered in full or require just a small copay.
- Apply the program allowance toward a network provider's own frames. (If the frames cost more than your allowance, you'll be responsible for the balance.)
- Glasses.com and befitting.com are now full, in-network online retailers where you can apply your full allowance. You will pay the same fixed out-of-pocket amounts for lens options that you would pay an independent eye care professional.

To use your contact lens benefit:

- Select contacts from the formulary list** of covered lens types, including disposable and planned replacement contacts in standard, multifocal, and toric.
- If you choose a provider's own contacts, you'll get an allowance to put toward your purchase.
- At a network chain or retail location, you'll get an allowance for contacts from their supply.
- **1-800-CONTACTS** (1800Contacts.com) is now a full, in-network online retailer where you can apply your full allowance.

To find a network provider:

- Go to highmark.com/find-a-doctor.
- Locate your region and select FIND CARE.
- Under Find a Vision Care provider, select GET STARTED.

To get services from a network provider:

- Choose a network provider and schedule an appointment.
- Tell them the ID number on your benefit card.
- Give them the name and birthdate of the member who's getting care.
- No claim forms are required when using a participating network provider.

*Additional Visionworks allowance available only with Blue Edge Vision and Visionworks Enhanced plans.

**Not applicable to Focus plans.

To get these benefits, enroll by following the instructions from your employer. Once you're enrolled, if you need an out-of-network provider reimbursement form or have other questions about your vision coverage, call the Member Service number on the back of your ID card.

Wellness





WELLNESS COACHES

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Balance stress? A wellness coach can create a personalized plan for you, right over the phone, on your schedule. Sessions are free and confidential. Call 1-800-650-8442, Monday – Friday, or visit [HighmarkHealthCoachblueshield.com](https://www.HighmarkHealthCoachblueshield.com).



BABY BLUEPRINTS®

Pregnancy advice, answers, and support.

Our maternity education program for mom-to-be questions and over-the-phone support from a nurse health coach that's available at no additional cost. Call 1-866-918-5267 to enroll.

Health Tools and Resources





ONLINE TOOLS 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 online at myhighmark.com.



CARE COST ESTIMATOR

Know what you'll owe for care.

Before making an appointment for a test, scan, or procedure, Care Cost Estimator helps you estimate your bill in advance. Available on your member website, myhighmark.com.



BLUE365[®]

Discounts to help you stay healthy and active.

From workout gear to personal wellness 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/HighmarkBS.



HIGHMARK COMMUNITY SUPPORT PLATFORM

We're here when you need us.

The Highmark Community Support Platform connects you to organizations that offer free or reduced cost services for food, housing, transportation, and more. Visit highmarkcommunitysupport.com and enter your ZIP code to search anonymously for resources in your community.

Additional Important Information



Health care lingo, translated.

When you're reviewing plans, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones. (If you want the complete glossary, check your benefit booklet.)

CLAIM

The request for payment that's sent to your health insurance company after you receive covered care.

COINSURANCE

The percentage 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 a covered service. For example, \$20 for a doctor visit or \$30 for a specialist visit.

COVERED SERVICES

All the care, drugs, supplies, and equipment that are paid for, at least in some part, by your health plan after you've met your deductible.

DEDUCTIBLE

The set amount you pay for a health service before your plan starts paying.

EXCLUSIVE PROVIDER ORGANIZATION (EPO)

A type of plan where services are usually only covered if you use in-network providers, except for emergencies or urgent care.

EXPLANATION OF BENEFITS (EOB)

A statement from your insurance company that shows services you received, including the amount your insurance covers and what you'll owe.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A plan that usually comes with a lower premium because you pay more for health care services upfront before the insurance company starts to pay. These plans are often combined with a health savings account.

IN-NETWORK PROVIDER

A doctor, hospital, or other provider that has an agreement with your plan to accept your plan allowance and cost sharing as full payment. They won't bill you extra for covered services, but you could still have to pay your deductible, coinsurance, or copays.

MAXIMUM OUT-OF-POCKET

The most you'd pay for covered care. If you hit this amount, your plan pays after that.

NETWORK TYPES

Broad: The network that provides access to many doctors and facilities in your area.

Tiered: A network that offers access to most doctors and facilities in your area based on a tiered system — Enhanced and Standard. You generally pay less for the Enhanced level of benefits than the Standard level.

Narrow: Local networks specific to certain markets. They tend to be close to where you live. You have access to the doctors and facilities in that network.

OUT-OF-NETWORK PROVIDER

Out-of-network providers are not in the program's network. You may be responsible for paying any differences between the program's payments and the provider's actual charges.

PLAN ALLOWANCE

The set amount you and your plan will pay for a health service. In-network providers aren't allowed to bill you more than this amount.

PRECERTIFICATION

A decision made ahead of time by your health plan that a service, treatment, or drug is medically necessary for you. It can be called prior authorization or prior approval, but it's not a promise that anything will be fully covered.

PREFERRED PROVIDER ORGANIZATION (PPO)

A type of plan that offers more flexibility in choosing providers, usually with the added security of coverage for care you might need when you're away from home.

PREMIUM

The monthly amount you or your employer pay so you have health coverage.

PROVIDER

Whether it's your primary doctor, a lab technician, or a physical therapist, the person or facility providing your care is referred to as a health care provider.

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.

All your resources, all in one place

Keep this page handy. It lists the tools and programs available to you and how to find them.



My Highmark App

It's your health plan at your fingertips. Visit myhighmark.com or download the My Highmark app from the Apple App Store or Google Play.



Well360 Virtual Health

Get care from wherever you are. Visit myhighmark.com or use the MyHighmark app.



Blues On Call

A registered nurse is ready to answer your questions. Call **1-888-BLUE-428** or use the My Highmark app or website.



Blue365

For discounts to help you stay healthy and active, visit blue365deals.com.



Baby BluePrints

Our no-cost maternity program provides support from specially trained health coaches. Call **1-866-918-5267** to enroll.



Member Service

Have questions about your plan? Call the number on the back of your ID card or use the My Highmark app. You can also view a digital copy of your ID card on the member website at myhighmark.com.

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association:

Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. **Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.**

Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

Highmark Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal.

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.

Onduo is a separate company that provides a virtual diabetes care program for your health plan.

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.

Express Scripts is an independent company that administers the pharmacy benefit for your health plan.

Lark is an independent company that manages digital health and wellness coaching programs on behalf of your health plan.

Livongo is an independent company that provides a diabetes management program on behalf of Highmark.

Mental Well-Being is offered by your health plan and powered by Spring Health. Spring Health is an independent company that provides mental health care services through its agents. Spring Health does not provide Blue Cross and/or Blue Shield products or services. Spring Health is solely responsible for their mental health care services.

Sapphire Digital is an independent company that administers the SmartShopper program for your health plan. Pricing may not be available on all medical procedures, tests or healthcare providers.

Verily Life Sciences LLC ("Verily") is an independent company that offers virtual care management programs for eligible individuals. Verily collaborates with Onduo Management Services LLC ("OMS"), Onduo LLC, and a network of affiliated Professional Entities to offer the services. These services are not intended to replace routine care.

Vida is a separate company that provides cardiometabolic condition management services for certain eligible members of your health plan. There is no cost for most health plan members. If you have a qualified high-deductible plan, you may have to pay out of pocket for some services with this solution until you meet your deductible.

Well360 Virtual Health is offered by your health plan and powered by Amwell. Amwell is an independent company that provides telemedicine services and does not provide Blue Cross and/or Blue Shield products or services. Amwell is solely responsible for their telemedicine services.

Baby BluePrints is a registered mark of the Blue Cross Blue Shield Association.

Blue365 is a registered mark of the Blue Cross Blue Shield Association.

Davis Vision provides the provider network for Blue Edge Vision and is a separate company that administers vision benefits.

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 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. 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.

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

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

BlueCard is a registered mark of the Blue Cross Blue Shield Association. Statics regarding coverage are according to the Blue Cross Blue Shield Association.

Blue High Performance Network is an in-network only, Exclusive Provider Organization (EPO), single-tier network in most markets. However, there are exceptions in these two markets: New Jersey and Philadelphia. Please contact your client manager for additional information on the two-tier in-network model in these markets. Blue High Performance Network is a service mark of the Blue Cross Blue Shield Association.

The programs discussed herein are not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions or concerns regarding a medical condition. Health plan coverage is subject to the terms of your health plan benefit agreement.

This is not a contract.

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>.

Pennsylvania, Delaware, West Virginia, and New York: 1-833-521-1424 (TTY:711)

ATTENTION: If you speak English, assistance services, free of charge, are available to you. Call the number provided for your state of residence.

ATENCIÓN: Si habla español, tiene servicios de asistencia lingüística sin cargo. Llame al número correspondiente a su estado de residencia.

注意: 如果您说中文, 您可获得免费的语言援助服务。请拨打您在州相应的电话号码。

توجه کنید: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی به صورت رایگان در دسترس شما هستند. با شماره ارائه شده برای ایالت محل سکونتتان تماس بگیرید.

주의: 한국어(를) 사용하는 경우, 언어 지원 서비스를 무료로 이용할 수 있습니다. 거주하시는 주의 전화 번호로 문의하십시오.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo telefòn ki koresponn ak Eta kote w rete a.

ATTENZIONE: Se parla italiano, avrà a disposizione un servizio di assistenza linguistica gratuito. Chiami il numero fornito per il suo stato di residenza.

אכטונג: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, אוועילעבל פאר אייך. רופט די נומער וואס איז צוגעשטעלט פאר אייער סטעיט וואו איר וואוינט.

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। আপনি বসবাসরত রাজ্যের জন্য দেওয়া নম্বরে ফোন করুন।

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل بالرقم المقدم للولاية التي نقيم فيها.

UWAGA: jeżeli posługuje się Pan/Pani językiem polsku, udostępniamy bezpłatne usługi wsparcia językowego. Prosimy zadzwonić pod numer podany dla stanu, w którym Pan/Pani mieszka.

ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le numéro de téléphone pour votre État de résidence.

توجه دین: اگر آپ اردو بولتے ہیں، تو لسانی مدد کی خدمات آپ کے لیے مفت دستیاب ہیں۔ اپنی رہائش والی ریاست کے لیے فراہم کردہ نمبر پر کال کریں۔

CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí được cung cấp sẵn cho quý vị. Gọi số được cung cấp cho tiểu bang cư trú của quý vị.

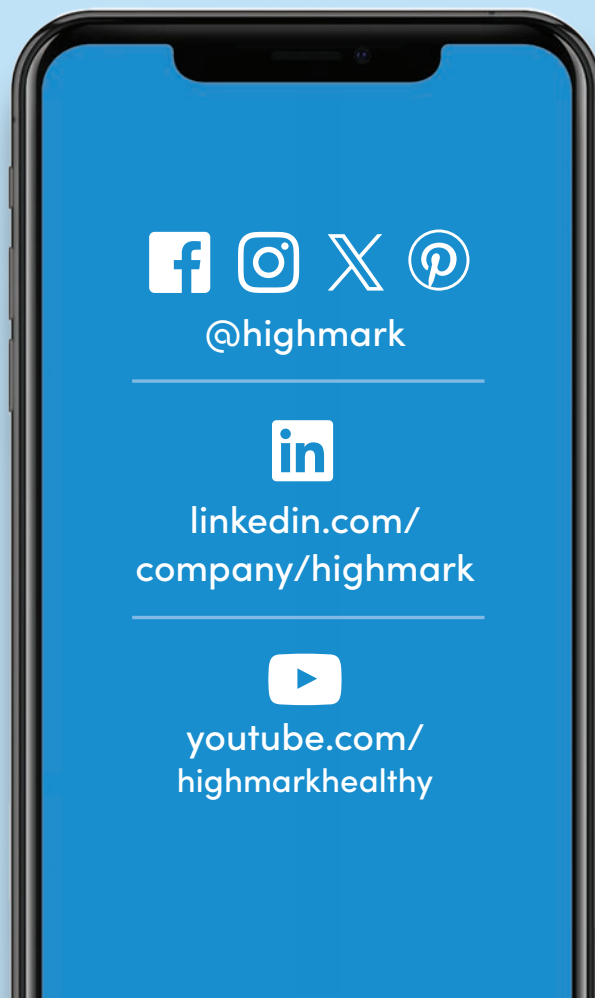
PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numerong ibinigay para sa estadong tinitirhan mo.

ΠΡΟΣΟΧΗ: Αν μιλάτε Ελληνικά, έχετε πρόσβαση σε δωρεάν υπηρεσίες γλωσσικής βοήθειας. Καλέστε τον αριθμό που παρέχεται για την περιοχή σας.

Connect with us.

We're on most of your favorite social media sites, so contact us there if it's easier for you. You can say hi, ask questions, or give feedback.

Find us here:



We've got your back.

For coverage questions, call the number on the back of your member ID card or talk with your plan administrator.