Zero reasons your health can't be a priority.

Individual and family plan offerings

For benefit period:
January 1 to December 31, 2025

HIGHMARK.
Because Life.™

Say hello to a great health plan.

Shopping for your own health insurance? With Highmark, you get the coverage and benefits that matter most to you. This guide will help you find an affordable plan that checks all the boxes.

Looking for something in particular? Click on the headings below to jump to that section.

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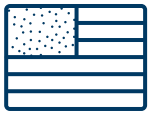
Why choose a Highmark health plan?

Here are a few big benefits right off the top of our heads.

1

Expert care, close to home.

Highmark invests big in a patient-first approach to care, with easy access to high-quality, lower-cost health care services in your area.



2

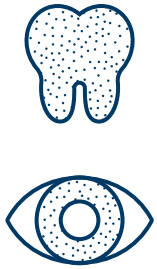
Coverage that travels with you.

Planning to hit the road or travel abroad this year? With **BlueCard®**, your health care benefits go with you — across the country and around the world. We give you access to doctors and hospitals almost everywhere for urgent and emergency health care needs, so you'll have peace of mind when you're on the go.

3

No red tape.

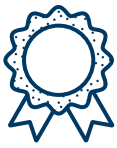
See whichever in-network doctors you want to see — no referral needed. Call **1-888-BLUE-428**, and we'll find a specialist for you. No hoops, no hoopla.



4 All your care, all in one plan.

Healthy eyes and teeth are important parts of overall health, and regular checkups can help you stay ahead of potential problems down the road. It's especially important for kids, which is why all our plans come with pediatric dental and vision benefits.

Our plans with "Adult Dental and Vision" in their name include these benefits, so there's no need to purchase separate plans.



5 Easy access to top-performing specialists.

Only doctors who consistently deliver safe, effective treatments make the **Blue Distinction**® list. When you use our Find a Doctor tool, the Blue Distinction logo will appear by their names to help you choose a top-performing specialist for any care you need.

6 Mental health care that's exactly the right fit.

With Mental Well-Being powered by Spring Health, you get expanded, quicker access to mental health care. A personalized care plan will help guide you to the right resources based on your needs.

And that's just for starters.

Turn the page for even more reasons to choose Highmark.

We make it easier for you to get the care you want.

VIRTUAL HEALTH

Face-to-face with a doctor, 24/7.

Get a diagnosis, treatment plan, or prescription anytime, right from your phone or computer. Best of all, the virtual health services provided by Well360 Virtual Health are also available through many in-network providers. That's laid-back-in-a-recliner easy.

BLUES ON CALL℠

Answers from a health pro, 24/7.

Medical concerns during off hours? Just call 1-888-BLUE-428 to get support from a registered nurse or a health coach anytime and put your worries to bed.

THE HIGHMARK MEMBER APP AND 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 on the **My Highmark app** or at **myhighmark.com**.

MY CARE NAVIGATOR℠

Your appointments, booked for you.

It's as simple as calling **1-888-BLUE-428**. We'll help you find the in-network doctor you need and reserve some space on their calendar. Which means less on-hold music for you.

VIRTUAL PHYSICAL CARE, POWERED BY SWORD

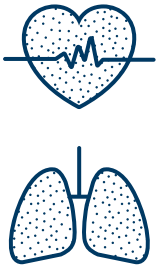
Physical care from the comfort of home.

This personalized digital physical care program helps with back, joint, or muscle pain from the comfort of your own home.

DIABETES MANAGEMENT

Support to control diabetes.

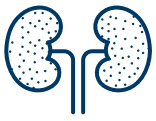
We offer two app-based programs to help with diabetes management. Eligible members with type 1 diabetes have access to Verily, and members with type 2 diabetes have access to Onduo. Both provide tools, coaching, and clinical support to help you better take control of your health.



CHF AND COPD MANAGEMENT

Health coaching for CHF and COPD made personal.

Through an easy-to-use app and website, this personalized health program offers support for managing congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD).



KIDNEY CARE MANAGEMENT

Coordinating kidney care between doctor visits.

This care coordination program works to provide early detection of kidney disease and help slow disease progression.

Need help with your health goals?

We’ve got you covered.

$250 WELLNESS CARD

Redeemable for gym memberships.

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

* Limited to one (1) $250 wellness reward per contract.

WELLNESS

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? You have access to experienced wellness coaches and tools that will help you make healthy choices based on your lifestyle. Once you're enrolled, visit **myhighmark.com**.

BLUE365®

Discounts to help you stay healthy and active.

With Blue365, you get exclusive discounts on travel, car rentals, and even clothing and footwear. Check out member-only deals at **blue365deals.com/bsneny**.

Let’s take a minute to cover the basics of ACA plans.

Here's your ACA Enrollment Checklist.

You'll need this info for each person who will be covered on your plan.

- [ ] **Date of birth**
- [ ] **Social Security number**
  (or legal immigrant documents)
- [ ] **Income documentation for all household members, even if they won't be covered by the plan**
  (pay stubs, W-2 forms, or wage and tax statements)
- [ ] **Current health insurance policy numbers**
  (if applicable)
- [ ] **Info on any health insurance you or your family could get from your job**

All set? Great. Let's move on to the essentials.

Enrollment dates

There are two ways you can enroll in or change your ACA coverage. One is a fixed period that happens every year. The other is for special cases that can happen anytime.

1 Open Enrollment Period

November 1, 2024 – January 31, 2025

If you sign up by December 15, 2024, your plan takes effect on January 1, 2025.

If you sign up between December 16, 2024, and January 15, 2025, your plan takes effect on February 1, 2025.

If you sign up between January 16, 2025, and January 31, 2025, your plan takes effect on March 1, 2025.

2 Special Enrollment Period

Can happen anytime throughout the year

During a Special Enrollment Period, you can only get or change coverage if you have a qualifying life event. Examples include losing your existing coverage, a new addition to the family, getting married, or moving to a new area where you can't keep your current plan. Many Special Enrollment Periods only last 60 days from the qualifying life event.

If you think you're eligible for a Special Enrollment Period, you may be asked to submit documents to verify it. You can go to **HighmarkCatalog2025.com/NENY** for more information.

Metal levels

ACA plans are broken into four categories based on how you and your plan share the costs of your health care. Just so you know, metal levels reflect cost-sharing* differences only — which means you get the same quality of care at any level.

Bronze

60% of costs covered by your plan

40% out-of-pocket costs

If you don't use a lot of health care services and/or want to keep premium payments low, a Bronze plan might be for you.

Silver

70% of costs covered by your plan

30% out-of-pocket costs

If you want to balance premiums with out-of-pocket costs, Silver plans might be the way to go.

Gold

80% of costs covered by your plan

20% out-of-pocket costs

If you use health care services somewhat frequently and/or want low out-of-pocket costs for most commonly used services, you might want to consider a Gold plan.

Platinum

90% of costs covered by your plan

10% out-of-pocket costs

If you use health care services frequently and/or want to keep out-of-pocket costs low for all services, consider a Platinum plan.

Financial help in the form of advance premium tax credits (APTCs) or cost-sharing reductions (CSRs) are available only on plans purchased through **nystateofhealth.ny.gov**.

* The portion of health care services that you pay out of pocket. This generally includes deductibles, coinsurance, and copays.

Ways to save

Good news: There are two ways available to save for ACA members.
Even better news: Nearly 90% of our ACA members qualify to save.

Advance premium tax credits (APTC)

APTCs* may be applied — in advance — to lower what you pay each month for your premium on any level **nystateofhealth.ny.gov** plan except Catastrophic.

Cost-sharing reductions (CSR)

CSRs lower out-of-pocket costs that you may pay at the time of service for doctor visits, lab tests, drugs, and other covered services. CSR plans offer lower deductibles, copays, and coinsurance. You can only get these savings if you enroll in an Extra Savings Silver plan.

You can qualify for both an APTC and CSR.

Extra ACA assistance

The Inflation Reduction Act lowers the cost of health plans for middle- and lower-income individuals and families. It may provide more aid even if you've previously qualified for financial help. And it makes it easier to qualify if you've been denied in the past.

Your savings can be significant. **See for yourself.**

Taylor

Single, 26 years old, non-smoker
Annual income: $40,000

Before: $293 monthly premium

After: $154 monthly premium

Savings: $1,668/year

Kris and Jamie

Married couple, 64 years old, non-smokers
Annual income: $80,000

Before: $3,315 monthly premium

After: $567 monthly premium

Savings: $32,976/year

The Martinez family

Family of four, ages 35, 35, 8, and 5, all non-smokers
Annual income: $100,000

Before: $819 monthly premium

After: $543 monthly premium

Savings: $3,312/year

Premiums and advance premium tax credits (APTC) will vary by county. The APTC can lower the monthly premium. Examples are based on the second-lowest cost Silver plan available on **nystateofhealth.ny.gov** in a given area. The price of this plan is used to calculate premium subsidies.

* Financial help in the form of advance premium tax credits (APTCs) or cost-sharing reductions (CSRs) are available only on plans purchased through **nystateofhealth.ny.gov**.

Financial help

To see if you're eligible for financial help, locate your qualifying income and household size on the chart below. Then refer to the Base or Extra Savings plans for your county to find the plans that meet your needs.

Even if you don't qualify for cost-sharing reductions, you may be eligible for APTCs. Please refer to the Base plan options for your county. The chart below is a guide. Final eligibility will be determined by **nystateofhealth.ny.gov**.

What is the income for those covered under your health plan?

Who needs coverage?	Eligible for Medicaid	Eligible for CSRs and APTCs			Eligible for APTCs
	Medicaid Eligible Range	Essential Plan	CSR 87%	CSR 73%	Standard Plans
	138% FPL or less	138 – 250%*	251 – 350%	351 – 400%	401% or higher FPL
Single	Less than $20,783	$20,784 – $37,650	$37,651 – $52,710	$52,711 – $60,240	$60,241 or more
Family of 2	Less than $28,207	$28,208 – $51,100	$51,101 – $71,540	$71,541 – $81,760	$81,761 or more
Family of 3	Less than $35,632	$35,633 – $64,550	$64,551 – $90,370	$90,371 – $103,280	$103,281 or more
Family of 4	Less than $43,056	$43,057 – $78,000	$78,001 – $109,200	$109,201 – $124,800	$124,801 or more
Family of 5	Less than $50,480	$50,481 – $91,450	$91,451 – $128,030	$128,031 – $146,320	$146,321 or more
Family of 6	Less than $57,905	$57,906 – $104,900	$104,901 – $146,860	$146,861 – $167,840	$167,841 or more
Family of 7	Less than $65,329	$65,330 – $118,350	$118,351 – $165,690	$165,691 – $189,360	$189,361 or more
Family of 8	Less than $72,754	$72,755 – $131,800	$131,801 – $184,520	$184,521 – $210,880	$210,881 or more

Most individuals and families with household incomes 100% or more of the federal poverty limit (FPL) will qualify for premium tax credits. These credits help lower the cost of health insurance coverage and are based on the second-lowest cost Silver plan available in your area on **nystateofhealth.ny.gov**. The second-lowest cost Silver plan is also known as the "benchmark plan." Premium tax credits vary by income. Households with incomes 150% or less of the FPL will pay no premium for the benchmark plan. Those households with annual incomes 400% or more of the FPL will pay no more than 8.5% of their household income on health insurance premiums for the benchmark plan.

Income below 138% FPL: If your income is below 138% FPL and your state has expanded Medicaid coverage, you qualify for Medicaid based only on your income.**

American Indians and Alaska Natives who are members of federally recognized tribes are eligible for cost-sharing reductions at alternative dollar thresholds.

This chart is only applicable for coverage in 2025 and in the 48 contiguous states and the District of Columbia. For families/households with more than 8 persons, add $5,380 for each additional person.

* If you are below 250% FPL and not eligible for the Essential Plan, you may be eligible for CSR products and APTCs.

** HHS Poverty Guidelines for 2024 (April 1, 2024). Retrieved from https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines.

Check to see if you qualify for one or both types of help.
Call 844-933-4429.

2025 Highmark products and plan designs

Phew, that was a lot of good info. Now, let’s take a look at the products and plans available in your area for 2025.

You get all the essentials.

You get access to the 10 Essential Health Benefits — plus coverage for preexisting conditions.

They include:

1. **Outpatient care**
2. **Emergency services**
3. **Hospitalization** (like surgery and overnight stays)
4. **Pregnancy, maternity, and newborn care**
5. **Mental health and substance use disorder services**
6. **Prescription drugs**
7. **Laboratory services**
8. **Rehabilitative and habilitative services and devices**
9. **Preventive and wellness services and chronic disease management**
10. **Pediatric services, including dental and vision care**

Our networks and products

No matter what plan you choose, you get in-network access to top-quality care, close to home. You can even see in-network specialists without a referral. Whatever your health care needs and budget, we have a plan for you. All you have to do is choose.

my Blue Access EX

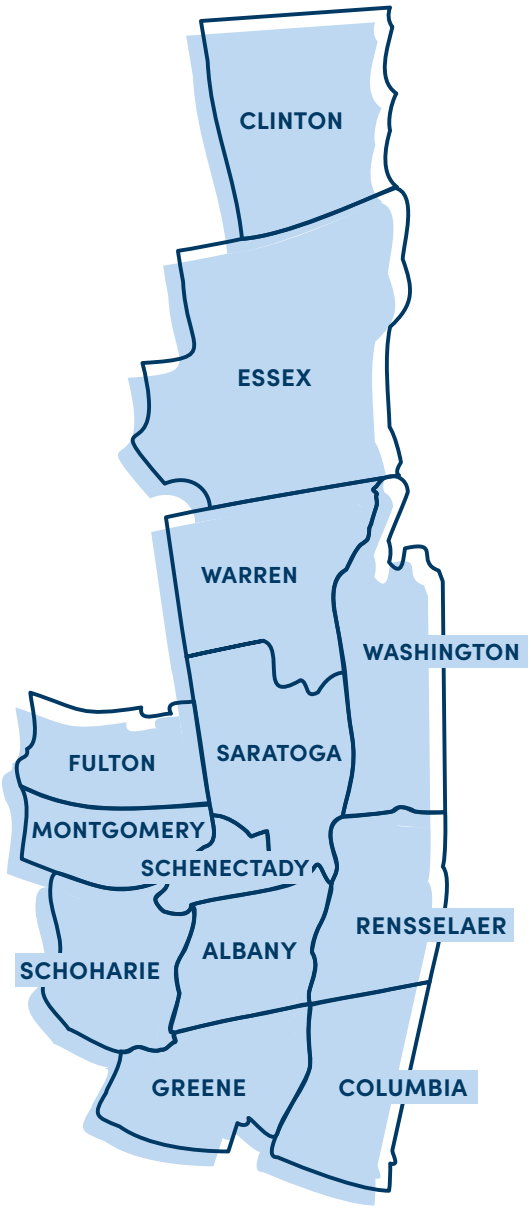
my Blue Access EX plans give you access to high-quality, cost-effective care throughout New York with Highmark's largest network. And with the BlueCard program, you get in-network access to providers outside New York for routine, emergency, and urgent care, too.

BlueCard Program coverage

	Inside NY	Outside NY		
	In-Network	In-Network	Out-of-Network	
	ER/Urgent Care/ Routine	ER/Urgent Care/ Routine	ER/Urgent Care	Routine
my Blue Access EX	Yes	Yes	Yes	No

Plans are available for residents of the counties highlighted below.

my Blue Access EX



To see if your provider is in network, visit **HighmarkCatalog2025.com/NENYPro**. Select **Find a Doctor or Rx**. Select the region where you live. Scroll down to **Find Care** and select **Find a Doctor**. Select **Just Browsing**. Enter your city, state, or ZIP code and click **Continue**.

Looking for plan details?

You're in the right place.

Here are a few questions to consider when looking for a plan that best fits your needs and budget.

- [ ] Are your doctors in network?
- [ ] Are your prescriptions covered? And how much do they cost?
- [ ] Are there any individual or family deductibles?
- [ ] If you want a health savings account (HSA), do the plans you're looking at include them?
- [ ] What does coverage look like when you travel?

You'll see plan summaries here. If you want any plan's full benefit list, visit **highmarksbcs.com** or get a paper copy by calling **1-833-258-0188** (TTY/TDD 711).

	Coverage Level			
	BRONZE STANDARD	BRONZE DESTINATION 65	SILVER STANDARD	SILVER DESTINATION 65
Plan Availability	my Blue Access EX Bronze Standard	my Blue Access EX Bronze Destination 65	my Blue Access EX Standard Silver	my Blue Access EX Silver Destination 65
Monthly Premium				
Individual	$760.54	$750.04 + Adult Dental & Vision $781.45	$1,032.02	$1,017.77 + Adult Dental & Vision $1,058.15
Individual and Children	$1,292.92	$1,275.07 + Adult Dental & Vision $1,328.47	$1,754.43	$1,730.21 + Adult Dental & Vision $1,798.86
Individual and Spouse/ Domestic Partner	$1,521.08	$1,500.08 + Adult Dental & Vision $1,562.90	$2,064.04	$2,035.54 + Adult Dental & Vision $2,116.30
Family	$2,167.54	$2,137.61 + Adult Dental & Vision $2,227.13	$2,941.26	$2,900.64 + Adult Dental & Vision $3,015.73
In-Network Deductible	Individual: $3,800 Family: $7,600	Individual: $3,800 Family: $7,600	Individual: $2,100 Family: $4,200	Individual: $0 Family: $0
In-Network, Out-of-Pocket Maximum	Individual: $9,200 Family: $18,400	Individual: $9,200 Family: $18,400	Individual: $9,200 Family: $18,400	Individual: $9,200 Family: $18,400
Primary Care Visit	$50 copay after deductible	$75 copay	$30 copay after deductible	$0 copay
Specialist Visit	$75 copay after deductible	$75 copay	$65 copay after deductible	$50 copay
Outpatient Mental Health and Substance Abuse Visits	$50 copay after deductible	$75 copay	$30 copay after deductible	$0 copay
Physical and Occupational Therapy[1]	$50 copay after deductible	$75 copay	$30 copay after deductible	$50 copay
Chiropractic Care	$75 copay after deductible	$75 copay	$65 copay after deductible	$0 copay
Diagnostic Test - Lab Services	$50 copay after deductible	$75 copay	$50 copay after deductible	$40 copay
Diagnostic Test - X-rays	$75 copay after deductible	50% after deductible	$75 copay after deductible	$200 copay
Urgent Care[2]	$75 copay after deductible	$100 copay	$70 copay after deductible	$100 copay
Emergency Services	$500 copay after deductible	50% after deductible	$500 copay after deductible	$1,000 copay
Hospital Inpatient (including facility and professional)	$1,500 copay after deductible	50% after deductible	$1,500 copay after deductible	$2,000 copay
Pharmacy Summary[3]	$10 after deductible/ $35 after deductible/ $70 after deductible	$25 not subject to deductible/ 50% after deductible/ 50% after deductible	$15/$40/$75	$15/50%/50%
Integrated Adult Dental and Vision Option[4]	No	Yes	No	Yes

[1] Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to therapy services for the treatment of mental health or substance abuse.

[2] The copayment, if any, does not apply to urgent care services prescribed for the treatment of mental health or substance abuse.

	Coverage Level			
	GOLD STANDARD	GOLD DESTINATION 65	PLATINUM STANDARD	PLATINUM DESTINATION 65
Plan Availability	my Blue Access EX Gold Standard	my Blue Access EX Gold Destination 65	my Blue Access EX Platinum Standard	my Blue Access EX Platinum Destination 65
Monthly Premium				
Individual	$1,330.95	$1,312.57 + Adult Dental & Vision $1,358.74	$1,623.86	$1,601.44 + Adult Dental & Vision $1,652.00
Individual and Children	$2,262.62	$2,231.37 + Adult Dental & Vision $2,309.86	$2,760.56	$2,722.45 + Adult Dental & Vision $2,808.40
Individual and Spouse/ Domestic Partner	$2,661.90	$2,625.14 + Adult Dental & Vision $2,717.48	$3,247.72	$3,202.88 + Adult Dental & Vision $3,304.00
Family	$3,793.21	$3,740.82 + Adult Dental & Vision $3,872.41	$4,628.00	$4,564.10 + Adult Dental & Vision $4,708.20
In-Network Deductible	Individual: $600 Family: $1,200	Individual: $0 Family: $0	Individual: $0 Family: $0	Individual: $0 Family: $0
In-Network, Out-of-Pocket Maximum	Individual: $7,900 Family: $15,800	Individual: $7,500 Family: $15,000	Individual: $2,000 Family: $4,000	Individual: $5,000 Family: $10,000
Primary Care Visit	$25 copay after deductible	$0 copay	$15 copay	$0 copay
Specialist Visit	$40 copay after deductible	$30 copay	$35 copay	$0 copay
Outpatient Mental Health and Substance Abuse Visits	$25 copay after deductible	$0 copay	$15 copay	$0 copay
Physical and Occupational Therapy[1]	$30 copay after deductible	$30 copay	$25 copay	$0 copay
Chiropractic Care	$40 copay after deductible	$0 copay	$35 copay	$0 copay
Diagnostic Test - Lab Services	$40 copay after deductible	$20 copay	$35 copay	$0 copay
Diagnostic Test - X-rays	$40 copay after deductible	50%	$35 copay	10%
Urgent Care[2]	$60 copay after deductible	$60 copay	$55 copay	$0 copay
Emergency Services	$150 copay after deductible	$300 copay	$100 copay	$100 copay
Hospital Inpatient (including facility and professional)	$1,000 copay after deductible	$725 copay	$500 copay	$325 copay
Pharmacy Summary[3]	$10/$35/$70	$5/$50/50%	$10/$30/$60	$5/$30/50%
Integrated Adult Dental and Vision Option[4]	No	Yes	No	Yes

[3] Visit **highmarkacaformulary.com** to view our Formulary and see if your drug is covered, and at which tier.

[4] See pages 30-34 for adult dental and vision benefit details.

	Income Level		
	138-150% FPL		151-350% FPL
	Coverage Level		
	Extra Savings Silver 94% of costs covered by your plan — 6% out-of-pocket costs		Extra Savings Silver 87% of costs covered by your plan — 13% out-of-pocket costs
	Standard Extra Savings Silver C	Destination 65 Extra Savings Silver C	Standard Extra Savings Silver B
Plan Availability	my Blue Access EX Standard Extra Savings Silver C	my Blue Access EX Destination 65 Extra Savings Silver C	my Blue Access EX Standard Extra Savings Silver B
In-Network Deductible	Individual: $0 Family: $0	Individual: $0 Family: $0	Individual: $350 Family: $700
In-Network, Out-of-Pocket Maximum	Individual: $1,075 Family: $2,150	Individual: $900 Family: $1,800	Individual: $3,050 Family: $6,100
Primary Care Visit	$10 copay	$0 copay	$15 copay after deductible
Specialist Visit	$20 copay	$0 copay	$35 copay after deductible
Outpatient Mental Health and Substance Abuse Visits	$10 copay	$0 copay	$15 copay after deductible
Physical and Occupational Therapy[1]	$15 copay	$0 copay	$25 copay after deductible
Chiropractic Care	$20 copay	$0 copay	$35 copay after deductible
Diagnostic Test - Lab Services	$20 copay	$0 copay	$35 copay after deductible
Diagnostic Test - X-rays	$20 copay	$0 copay	$35 copay after deductible
Urgent Care[2]	$30 copay	$0 copay	$50 copay after deductible
Emergency Services	$50 copay	$75 copay	$75 copay after deductible
Hospital Inpatient (including facility and professional)	$100 copay	$175 copay	$250 copay after deductible
Pharmacy Summary[3]	$6/$15/$30	$15/50%/50%	$9/$20/$40
Integrated Adult Dental and Vision Option[4]	No	Yes	No

	Income Level		
	151-350% FPL	351-400% FPL	
	Coverage Level		
	Extra Savings Silver 87% of costs covered by your plan / 13% out-of-pocket costs	Extra Savings Silver 73% of costs covered by your plan / 27% out-of-pocket costs	
	Destination 65 Extra Savings Silver B	Standard Extra Savings Silver A	Destination 65 Extra Savings Silver A
Plan Availability	my Blue Access EX Destination 65 Extra Savings Silver B	my Blue Access EX Standard Extra Savings Silver A	my Blue Access EX Destination 65 Extra Savings Silver A
In-Network Deductible	Individual: $0 Family: $0	Individual: $1,855 Family: $3,710	Individual: $0 Family: $0
In-Network, Out-of-Pocket Maximum	Individual: $3,050 Family: $6,100	Individual: $7,350 Family: $14,700	Individual: $7,350 Family: $14,700
Primary Care Visit	$0 copay	$30 copay after deductible	$0 copay
Specialist Visit	$0 copay	$65 copay after deductible	$50 copay
Outpatient Mental Health and Substance Abuse Visits	$0 copay	$30 copay after deductible	$0 copay
Physical and Occupational Therapy[1]	$0 copay	$30 copay after deductible	$50 copay
Chiropractic Care	$0 copay	$65 copay after deductible	$0 copay
Diagnostic Test - Lab Services	$0 copay	$50 copay after deductible	$40 copay
Diagnostic Test - X-rays	$100 copay	$75 copay after deductible	$200 copay
Urgent Care[2]	$0 copay	$70 copay after deductible	$100 copay
Emergency Services	$500 copay	$275 copay after deductible	$1,000 copay
Hospital Inpatient (including facility and professional)	$450 copay	$1,500 copay after deductible	$2,000 copay
Pharmacy Summary[3]	$15/50%/50%	$15/$40/$75	$15/50%/50%
Integrated Adult Dental and Vision Option[4]	Yes	No	Yes

[1] Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to therapy services for the treatment of mental health or substance abuse.

[2] The copayment, if any, does not apply to urgent care services prescribed for the treatment of mental health or substance abuse.

[3] Visit **highmarkacaformulary.com** to view our Formulary and see if your drug is covered, and at which tier.

[4] See pages 30-34 for adult dental and vision benefit details.

Vision and dental benefits

Plans that include adult vision and dental

Highmark is making vision and dental care more accessible. At every metal level, we offer plans with the option to have adult dental and vision included. Pediatric dental and vision benefits are automatically included with every plan.

You can find adult dental and vision benefits on pages 32–34 and pediatric dental and vision benefits on pages 36–40.

Vision coverage

Getting your eyes checked can help identify issues like diabetes early on when they're easier to treat. Our adult vision covers a free annual eye exam.

Dental coverage

Seeing a dentist is the best way to take care of your oral health. Our adult dental includes 100% coverage on cleanings,* X-rays, and sealants.

It pays to have dental coverage

Service	Average cost with dental coverage	Average cost without dental coverage (usual fee)
Exams, cleanings, and X-rays	$0-37	Up to $400[1]
Composite filling	$71	$170[2]
Simple extraction	$33	$163[3]
Root canal	$400	$1,250[4]

* Three cleanings per year.

[1] https://www.dentaly.org/us/oral-hygiene/teeth-cleaning/#How_much_does_a_dental_cleaning_cost, last accessed April 25, 2024; https://www.dentaly.org/us/panoramic-dental-xray/, last accessed April 25, 2024

[2] https://www.dentaly.org/us/tooth-filling/#How_much_do_fillings_cost, last accessed April 25, 2024

[3] https://www.dentaly.org/us/tooth-extraction/#How_much_does_tooth_removal_cost_in_the_US, last accessed April 25, 2024

[4] https://www.webmd.com/oral-health/guide/dental-root-canals, last accessed April 25, 2024

For all plans with adult dental and vision coverage — these are your vision benefits.

In-network

Vision benefits	Frequency - once every:
Eye examination (including dilation when professionally indicated)	12 months
Spectacle lenses	12 months
Frame	12 months
Contact lenses (in lieu of eyeglass lenses)	12 months

Copayments	
Eye examination	$0
Spectacle lenses	$0
Contact lens evaluation, fitting, and follow-up care	If a member chooses collection lenses, no copayment is required. If non-collection lenses are chosen, the member must pay all associated costs.

Eyeglass benefit - spectacle lenses	Average retail value	Member charges
Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any Rx)	$60-$120	Included
Intermediate-vision lenses	$150-$175	$30
Tinting of plastic lenses	$20	$11
Scratch-resistant coating	$25-$40	Included
Polycarbonate lenses[1]	$60-$75	$0 or $30
Ultraviolet coating	$25-$30	$12
Standard anti-reflective (AR) coating	$50-$70	$35
Blue light filtering	$25	$15
Premium AR coating	$65-$90	$48
Ultra AR coating	$100-$125	$60
Standard progressive lenses	$150-$195	$50
Premium progressives (varilux®, etc.)	$195-$225	$90
Ultra progressive lenses	$225-$300	$140
High-index lenses (thinner and lighter)	$90-$150	$55
Polarized lenses	$95-$110	$75
Plastic photosensitive lenses	$95-$150	$65
Scratch protection plan single/multifocal	$60-$120	$20/$40

Eyeglass benefit - frame		Average retail value	
Non-collection frame allowance (retail):		Up to $130	Up to $150
Davis Vision Frame Collection[2] (in lieu of allowance):	Fashion level	Up to $125	Included
	Designer level	Up to $175	Included
	Premier level	Up to $225	Included

Contact lens benefit (in lieu of eyeglasses)		
Non-collection contact lenses: materials allowance		Up to $150
Collection contact lenses[2] (in lieu of allowance): materials	Disposable	Covered in full
	Planned replacement	Covered in full
	Evaluation, fitting, and follow-up care	Included
Medically necessary contact lenses (with prior approval)	Materials, evaluation, fitting, and follow-up care	Included

[1] Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

[2] Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

One-year eyeglass breakage warranty included.

Adult vision benefits utilize the Davis Vision Network. There is no out-of-network coverage. Davis Vision is a separate company that administers Highmark vision benefits.

To find a provider in the Davis Vision Network, visit **HighmarkCatalog2025.com/NENY**. Select **Find a Doctor or Rx**. Select the region where you live. Scroll down to **Find a Vision Care Provider** and select **Get Started**.

For all plans with adult dental and vision coverage — these are your dental benefits.

Dental Benefits		
Annual deductible per insured person	$50 per calendar year	
Annual deductible per insured family	$150 per calendar year	
Annual maximum per insured person	$1,500	
Covered services:	Member pays In network	Elimination period
Oral Evaluations (exams)	$0 copayment not subject to deductible	None
Consultations	$0 copayment not subject to deductible	None
Radiographs (all X-rays)	$0 copayment not subject to deductible	None
Prophylaxis (cleanings — 3 per benefit period)	$0 copayment not subject to deductible	None
Palliative treatment (emergency)	$0 copayment not subject to deductible	None
Sealants	$0 copayment not subject to deductible	None
Space maintainers	$0 copayment not subject to deductible	None
Repairs of crowns, inlays, onlays, fixed partial dentures, and dentures	50% coinsurance after deductible	6 months
Basic restorative (fillings, etc.)	20% coinsurance after deductible	None
Simple extractions	20% coinsurance after deductible	6 months
Surgical extractions	50% coinsurance after deductible	6 months
Complex oral surgery	50% coinsurance after deductible	6 months
Endodontics (root canals, etc.)	50% coinsurance after deductible	6 months
General anesthesia and/or IV sedation	20% coinsurance after deductible	6 months
Nonsurgical periodontics	50% coinsurance after deductible	6 months
Periodontal maintenance	50% coinsurance after deductible	None
Surgical periodontics	50% coinsurance after deductible	6 months
Crowns, inlays, onlays	50% coinsurance after deductible	6 months
Prosthetics (fixed partial dentures, dentures)	50% coinsurance after deductible	6 months
Adjustments and repairs of prosthetics	50% coinsurance after deductible	None
Implant services	Not covered	None
Orthodontics	Not covered	None

Participating dentists accept the allowed amount as payment in full. Adult dental benefits utilize the Concordia Elite Prime Network. Members must use a United Concordia provider. United Concordia is a separate company administering dental benefits. There is no out-of-network coverage for this benefit.

All services listed may be subject to exclusions and limitations.

Our dental plan uses the Concordia Elite Prime network. To find in-network dentists, visit **HighmarkCatalog2025.com/NENY**. Select **Find a Doctor or Rx**. Select the region where you live. Scroll down to **Find a Dentist** and select **Get Started**.

Notes

All plans have pediatric vision coverage — these are your vision benefits.

In-network

Network benefit	Frequency - once every:	Members under 19 years of age
Eye examination including dilation (when professionally indicated)	12 months	$0
Spectacle lenses	Unlimited	$0
Frame	Unlimited	$0
Contact lens evaluation, fitting, and follow-up care (in lieu of eyeglasses)	Unlimited	$0

In-network (standard)

Network benefit	Frequency - once every:	Members under 19 years of age
Eye examination including dilation (when professionally indicated)	12 months	Platinum Standard: $15 copayment Gold Standard: $25 copayment after deductible Silver Standard: $30 copayment after deductible Silver Standard A: $30 copayment after deductible Silver Standard B: $15 copayment after deductible Silver Standard C: $10 copayment Bronze Standard: $50 copay after deductible
Spectacle lenses	12 months	Platinum Standard: 10% coinsurance Gold Standard: 20% coinsurance after deductible Silver Standard: 30% coinsurance after deductible Silver Standard A: 25% coinsurance after deductible Silver Standard B: 10% coinsurance after deductible Silver Standard C: 5% coinsurance Bronze Standard: 50% coinsurance after deductible
Frame	12 months	Platinum Standard: 10% coinsurance Gold Standard: 20% coinsurance after deductible Silver Standard: 30% coinsurance after deductible Silver Standard A: 25% coinsurance after deductible Silver Standard B: 10% coinsurance after deductible Silver Standard C: 5% coinsurance Bronze Standard: 50% coinsurance after deductible
Contact lens evaluation, fitting, and follow-up care (in lieu of eyeglasses)	12 months	Platinum Standard: 10% coinsurance Gold Standard: 20% coinsurance after deductible Silver Standard: 30% coinsurance after deductible Silver Standard A: 25% coinsurance after deductible Silver Standard B: 10% coinsurance after deductible Silver Standard C: 5% coinsurance Bronze Standard: 50% coinsurance after deductible

All plans have pediatric dental coverage — these are your dental benefits.

These plans will pay benefits for Covered Services shown below subject to exclusions and other Policy terms.
Payment is based on the plan allowance for the specific Covered Service.
There is no waiting period on covered services.

Dental benefits	Non-standard plans	Standard plans
Contract year deductible per member	N/A	Follows in-network medical deductible
Annual maximum per member	N/A	N/A
Out-of-pocket year maximum per member	Follows in-network medical out-of-pocket maximum	Follows in-network medical out-of-pocket maximum
Network	**Elite Prime**	**Elite Prime**
Covered services	Member pays at participating dentists	
Oral evaluations (exams)	Platinum/Gold/Silver: $25 copay Bronze: 50% coinsurance after deductible	Platinum Standard: $15 copay Gold Standard: $25 copay after deductible Silver Standard: $30 copay after deductible Silver Standard A: $30 copay after deductible Silver Standard B: $15 copay after deductible Silver Standard C: $10 copay Bronze Standard: $50 copay after deductible
Consultations	Platinum/Gold/Silver: $25 copay Bronze: 50% coinsurance after deductible	
Radiographs (all X-rays)	Platinum/Gold/Silver: $25 copay Bronze: 50% coinsurance after deductible	
Prophylaxis (cleanings)	Platinum/Gold/Silver: $25 copay Bronze: 50% coinsurance after deductible	
Fluoride treatments	Platinum/Gold/Silver: $25 copay Bronze: 50% coinsurance after deductible	
Sealants	Platinum/Gold/Silver: $25 copay Bronze: 50% coinsurance after deductible	
Space maintainers	Platinum/Gold/Silver: $25 copay Bronze: 50% coinsurance after deductible	
Crowns, crown repair, inlays, and onlays	Platinum/Gold/Silver: $25 copay Bronze: 50% coinsurance after deductible	
Basic restorative (anterior composite, anterior amalgam, and posterior amalgam)	Platinum/Gold/Silver: $25 copay Bronze: 50% coinsurance after deductible	
Simple extractions	Platinum/Gold/Silver: $25 copay Bronze: 50% coinsurance after deductible	
Surgical extractions	Platinum/Gold/Silver: $25 copay Bronze: 50% coinsurance after deductible	
Oral surgery	Platinum/Gold/Silver: $25 copay Bronze: 50% coinsurance after deductible	
Apicoectomy/ periradicular surgery	Platinum/Gold/Silver: $25 copay Bronze: 50% coinsurance after deductible	

Dental benefits	Non-standard plans	Standard plans
Network	**Elite Prime**	**Elite Prime**
General anesthesia and/or IV sedation	Platinum/Gold/Silver: 50% coinsurance Bronze: 50% coinsurance after deductible	Platinum Standard: $15 copay Gold Standard: $25 copay after deductible Silver Standard: $30 copay after deductible Silver Standard A: $30 copay after deductible Silver Standard B: $15 copay after deductible Silver Standard C: $10 copay Bronze Standard: $50 copay after deductible
Palliative treatment (emergency)	Platinum/Gold/Silver: 50% coinsurance Bronze: 50% coinsurance after deductible	
Endodontics (root canals, etc.)	Platinum/Gold/Silver: 50% coinsurance Bronze: 50% coinsurance after deductible	
Surgical periodontics	Platinum/Gold/Silver: 50% coinsurance Bronze: 50% coinsurance after deductible	
Periodontal maintenance	Platinum/Gold/Silver: 50% coinsurance Bronze: 50% coinsurance after deductible	
Prosthodontics (fixed partial dentures)	Platinum/Gold/Silver: 50% coinsurance Bronze: 50% coinsurance after deductible	
Prosthetics (complete dentures, adjustments, and repairs)	Platinum/Gold/Silver: 50% coinsurance Bronze: 50% coinsurance after deductible	
Implant services	Not covered	
Maxillofacial prosthetics	Platinum/Gold/Silver: 50% coinsurance Bronze: 50% coinsurance after deductible	Platinum Standard: $15 copay Gold Standard: $25 copay after deductible Silver Standard: $30 copay after deductible Silver Standard A: $30 copay after deductible Silver Standard B: $15 copay after deductible Silver Standard C: $10 copay Bronze Standard: $50 copay after deductible
Medically necessary orthodontics	Platinum/Gold/Silver: 50% coinsurance Bronze: 50% coinsurance after deductible	
Cosmetic orthodontic services	Not covered	

Participating dentists accept the allowed amount as payment in full. Pediatric dental benefits utilize the Concordia Elite Prime Network. Members must use a United Concordia provider. There is no out-of-network coverage for this benefit.

All services listed may be subject to exclusions and limitations.

These plans meet the minimum essential health benefit requirements for pediatric oral health as required under the federal Affordable Care Act.

These benefits are only available for children through the end of the benefit period that they turn 19 years old.

Our dental plan uses the Concordia Elite Prime network. To find in-network dentists, visit **HighmarkCatalog2025.com/NENY**. Select **Find a Doctor or Rx**. Select the region where you live. Scroll down to **Find a Dentist** and select **Get Started**.

Pediatric dental benefits (continued)

Medically necessary orthodontics coverage

In this section, "Medically Necessary" or "Medical Necessity" shall mean health care services that a physician or Dentist, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

1. In accordance with the generally accepted standards of medical/dental practice;
2. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and
3. Not primarily for the convenience of the patient or physician/Dentist, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

As used subpart 1, above, "generally accepted standards of medical/dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, medical/dental literature generally recognized by the relevant professional community;
- Recognized Medical/Dental and Specialty Society recommendations;
- The views of physicians/Dentists practicing in the relevant clinical area; and
- Any other relevant factors.

A Medically Necessary orthodontic service is an orthodontic procedure that occurs as part of an approved orthodontic plan that is intended to treat severe functional difficulties, developmental anomalies of facial bones and/or oral structures, facial trauma resulting in functional difficulties or documentation of a psychological/psychiatric diagnosis from a mental health provider that orthodontic treatment will improve the mental/psychological condition of the child.

Coverage of medically necessary orthodontics

1. Orthodontic treatment must be Medically Necessary and be the only method capable of:
   a) Preventing irreversible damage to the insured person's teeth or their supporting structures and,
   b) Restoring the insured person's oral structure to health and function.
2. The insured person must have a fully erupted set of permanent teeth to be eligible for comprehensive, Medically Necessary orthodontic services for handicapping malocclusions of the adult dentition.
3. Other orthodontic Covered Services include: pre-orthodontic treatment visit for completion of HLD (NJ-Mod2) form, diagnostic photographs and panoramic radiographs; limited treatment for the primary, transitional and adult dentition; interceptive treatment for the primary transitional dentition; minor treatment to control harmful habits; continuation of transfer cases or cases started prior to the insured person's Effective Date; orthognathic surgical cases with comprehensive orthodontic treatment; placement and removal of orthodontic appliances; repairs to orthodontic appliances; replacement of lost or broken retainer; rebonding or recementing of brackets and/or bands; and removal of appliances by a provider that did not start the case when requested by report.
4. All Medically Necessary orthodontic services require prior approval and a written plan of care.

Health care lingo, translated.

When you're choosing plans, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones.

BLUECARD
A program that connects independent Blue Plans across the country. It gives Blue Plan members access to in-network coverage while outside their plan area. The level of coverage depends on your chosen plan.

COINSURANCE
The percentage of total cost of care 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 certain covered services. For example, it could be $20 for a doctor visit or $30 for a specialist visit. If you owe a copay, you must pay it when you check in for your visit.

DEDUCTIBLE
The set amount you pay for covered health services or drug costs before your plan starts paying.

EMERGENCY SERVICES
Care for a condition that you think needs immediate attention to avoid severe harm.

FORMULARY
A list of drugs selected by the plan based on certain clinical factors. The list of medicines is sorted by tier. Lower tiers usually mean lower copays.

HABILITATIVE SERVICES
Health care services that help you keep, acquire, or improve skills and functioning for daily living following disease, illness, or injury.

HEALTH SAVINGS ACCOUNT (HSA)
An account to set aside pre-tax money to pay for qualified medical expenses. You can only have an HSA if you have a qualified high-deductible health plan.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)
A plan that usually comes with a lower premium because you pay more for health care services up-front before the insurance company starts to pay. Qualified HDHPs are often combined with a health savings account.

IN-NETWORK PROVIDER
A doctor or hospital that has an agreement with the plan and will accept plan allowance plus member copay or coinsurance as payment in full.

OUT-OF-NETWORK PROVIDER
A doctor or hospital that does not have an agreement with the plan and does not have to accept plan allowance as payment in full.

OUT-OF-POCKET MAXIMUM
The most you'd pay for covered care in a benefit period or year. If you reach this amount, your plan pays 100% after that.

PLAN ALLOWANCE
The set amount an in-network provider has agreed to accept for a covered health care service. Member responsibility for the service can be found in the Outline of Coverage. The plan pays the difference between the plan allowance and the member responsibility. If an out-of-network provider bills for more than the plan allowance, you may have to pay the difference. If your plan does not include out-of-network coverage and you receive care, other than emergency or urgent care, you may be responsible for the entire cost.

PREMIUM
The monthly amount paid for coverage.

PREVENTIVE CARE SERVICES
Routine care like screenings and checkups that help keep you healthy. Refer to the Highmark Preventive Schedule for the list of preventive care services.

PRIMARY CARE PROVIDER (PCP)
The medical professional you see for most of your basic care, like yearly preventive visits and screenings.

QUALIFIED HEALTH PLAN (QHP)
A plan that has been certified by the Health Insurance Marketplace and meets all ACA requirements. That includes providing the 10 Essential Health Benefits and staying inside the limits for deductibles, copays, and out-of-pocket maximums.

REHABILITATIVE SERVICES
Care that helps you keep, get back, or improve skills and functioning after you were sick, hurt, or disabled.

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.

VIRTUAL VISIT
A real-time office visit with a doctor at a remote location, conducted via interactive audio and streaming video telecommunications.

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

Important Benefit Details

Non-Embedded Family Deductible: For an agreement covering more than one (1) family member, the family deductible must be satisfied before the plan will begin to pay benefits for covered services for any covered family member. When the family deductible has been satisfied, the family deductible will be considered to have been satisfied for all family members, the plan will begin to pay benefits for covered services for all covered family members for the remainder of the benefit period (January 1, 2025 – December 31, 2025). The family deductible can be met by one family member or a combination of members.

Aggregate/Embedded Family Deductible Plans: For an Agreement covering more than one (1) family member, as each Member satisfies their individual Deductible, the Plan will begin to pay benefits for Covered Services for that Member for the remainder of the Benefit Period (January 1, 2025 – December 31, 2025), whether or not the entire family Deductible has been satisfied. When the family Deductible has been satisfied, the family Deductible will be considered to have been satisfied for all remaining covered family members. Not every individual member must meet the individual deductible for the family deductible to be met and no individual member may satisfy the entire family Deductible.

You are responsible for out-of-pocket costs each benefit period (January 1, 2025 – December 31, 2025) up to the maximum amount shown. Thereafter, the plan pays 100% of the Plan Allowance. During the remainder of the benefit period. This amount does not include amounts in excess of the plan allowance.

Diagnostic Lab services include Laboratory and Pathology. Diagnostic Lab services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service.

Basic Diagnostic Services include Diagnostic X-ray, diagnostic medical and allergy testing. Basic diagnostic services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service. The copayment, if any, does not apply to diagnostic services prescribed for the treatment of mental health or substance abuse.

Advanced Imaging services include, but are not limited to, CAT scan, CTA, MRI, MRA, PET scan, and PET/CT Scan. Advanced Imaging services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service. The copayment, if any, does not apply to diagnostic services prescribed for the treatment of mental health or substance abuse.

Essential Formulary prescription drug cost covers a 90-day (Mail Order) or 31-day (Retail) supply. All plans have a four-tier closed formulary prescription drug structure.

Qualified High Deductible Health Plans may be coupled with a Health Savings Account (HSA). However, certain cost-sharing reductions (CSR) or plan variations of this plan that are offered through the Health Insurance Marketplace are not intended to be used with an HSA. If you have questions, please check with your financial advisor.

The preventive vision exam is a routine eye examination, with refraction, that focuses on assessment, preventive eye care, and determination of the refractive state of the eye. A complete routine eye examination with refraction includes: case history, visual acuities (near and distance), external examination that includes pupils motilities, and color vision test, tonometry, refraction, binocular vision testing, slit lamp examination of the anterior segment (including the crystalline lens), fundus examination (including dilated fundus exam), assessment, and plans.

You should confirm the network status of a provider prior to receiving services. You can call My Care Navigator at 1-888-BLUE-428 to confirm if a doctor or facility will be in network in 2025.

If you purchase coverage through an agent or broker, that individual may receive a commission. Bonus or incentive compensation may also apply. For more details visit highmark.com and enter your ZIP code. Select Plans followed by Shop Individual and Family Plans. Scroll to the bottom of the page and look for Highmark Individual Market Broker Compensation.

Please note that information regarding the Patient Protection and Affordable Care Act of 2010 (a.k.a. "PPACA", "Affordable Care Act", "ACA", and/or "Health Care Reform"), as amended, and/or any other law, does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws. This information is intended to provide general information only and does not attempt to give you advice that relates to your specific circumstances. The information regarding any health plan will be subject to the terms of the applicable health plan benefit agreement. Any review of materials, request for information, or application does not obligate you to enroll for coverage. Please request the Outline of Coverage for details on benefits, conditions, and exclusions. Providing your information is voluntary.

To find more information about Highmark's benefits and operating procedures, such as accessing the drug formulary or using network providers, visit our website. Go to highmark.com and enter your ZIP code. Select Plans followed by Shop Individual and Family Plans. Scroll to the blue bar at bottom of the page. Look for Be Informed and select Quality Assurance. For a paper copy, call 1-855-873-4108 (TTY/TDD 711).

Additional Disclosures

Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, 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. Blue Distinction 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 and national criteria for BDC and BDC+ 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 Blue Shield Association nor any Blue Plans are responsible for noncovered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

BlueCard coverage is available for emergency or urgent care for all plans when you are away from home. Routine care is also covered for some plans. Consult your plan documents for additional information.

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

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

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

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

My Care Navigator is a service mark of Highmark Inc.

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

Spring Health is a separate company that provides mental health care services. Spring Health does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its services.

SWORD Health, Inc. does not provide health care services. SWORD Health Professionals provides wellness 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.

Verily Life Sciences LLC ("Verily") is an independent company that offers virtual care management programs for eligible individuals, as further described in these materials and at verily.com. Verily collaborates with Onduo Management Services LLC ("OMS"), Onduo LLC, and a network of affiliated Professional Entities to offer the services.

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.

Highmark Blue Shield is a Qualified Health Plan insurer on the NY Health Plan Marketplace.

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。请拨打您所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: 한국어을(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 تقيم 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.

توجہ دیں: 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.

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