



Zero reasons your health can't be a priority.

Individual and family plan offerings

For benefit period:
January 1 to December 31, 2024



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.

All of our plans come with access to **BlueCard**[®]. It connects you to the largest physician and hospital networks in the U.S. with over 1.8 million providers, including 97% of all hospitals.*

Your coverage extends to many top-rated, out-of-state facilities, like:

- Cleveland Clinic
- Duke University Medical Center
- Inova Health System Hospitals
- Johns Hopkins Hospital
- Marietta Memorial Hospitals
- MD Anderson Cancer Center
- Memorial Sloan Kettering Cancer Center
- NewYork-Presbyterian
- TidalHealth
- University of Maryland Medical Center
- Winchester Medical Center

And, you're covered in 190 countries too — it's just like getting care close to home. Keep in mind that BlueCard covers routine,** emergency, and urgent care for most plans.



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.

* According to the Blue Cross Blue Shield Association.

** Certain services may require you to work with your BlueCard-participating provider to obtain prior authorization. BlueCard may not cover routine care for all plans. Please see plan documents for additional information.





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.

Our Mental Well-Being solution provides 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 any time, 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 CALLSM

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 any time 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**. You can also access **MyChart** via the app or website.



VIRTUAL PHYSICAL CARE

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.





MY CARE NAVIGATORSM

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.



HEALTH SAVINGS ACCOUNT

Helping you save for today and tomorrow.

Health savings accounts let you put money away for things like medical costs, vision and dental services, and prescriptions. They're available for qualified high-deductible plans with "HSA" in the plan name.

Need help with your health goals?

We've got you covered.



FITNESS

Hitting the gym has never been easier.

All our plans include a fitness extra with discounted rates and access to 10,000+ gyms nationwide.* You'll also get discounts for acupuncture and chiropractic care, nutritional counseling, personal training, and more.



WELLNESS

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Get guidance based on your lifestyle and access to experienced wellness coaches to make healthy choices and keep you motivated. Once you're enrolled, visit mycare.sharecare.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.

* Does not apply to digital-only plans.

**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.

Next, 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 any time.

1 Open Enrollment Period

November 1, 2023 – January 15, 2024

If you sign up by December 15, 2023, your plan takes effect on January 1, 2024.

If you sign up between December 16, 2023, and January 15, 2024, your plan takes effect on February 1, 2024.

2 Special Enrollment Period

Can happen any time 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 [highmark.com](https://www.highmark.com) 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.

Extra Savings Silver



73-94%
of costs covered
by your plan

6-27%
out-of-pocket
costs

If you're CSR-eligible, Extra Savings Silver plans give you lower out-of-pocket costs.

Financial help in the form of advance premium tax credits (APTCs) or cost-sharing reductions (CSRs) are available only on plans purchased through [Pennie.com](https://www.pennie.com).

* Catastrophic plans are available if you're under 30 or have a financial hardship. They're for people who do not go to the doctor frequently or only go to the doctor when there's an emergency. Highmark does not offer Platinum plans in Pennsylvania.

** 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 **Pennie.com** 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.**

Kyle

Single, 40 years old,
non-smoker
Annual income: \$20,170

Before: \$50 monthly premium

After: \$0 monthly premium

Savings: \$600/year

Dean and Vanessa

Married couple,
64 years old, non-smokers
Annual income: \$78,930

Before: \$2,741 monthly premium

After: \$559 monthly premium

Savings: \$26,184/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 the **Pennie.com** in a given area. The price of this plan is used to calculate premium subsidies.

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 advance premium tax credits. Please refer to the Base plan options for your county.

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 (138% or less FPL) | Extra Savings Silver Plans 138–149% CSR plans | 150–199% CSR plans | 200–249% CSR plans | Base 250% or more |
| Single | Less than \$20,120 | \$20,121 - \$21,869 | \$21,870 - \$29,159 | \$29,160 - \$36,449 | \$36,450 or more |
| Family of 2 | Less than \$27,214 | \$27,215 - \$29,579 | \$29,580 - \$39,439 | \$39,440 - \$49,299 | \$49,300 or more |
| Family of 3 | Less than \$34,307 | \$34,308 - \$37,289 | \$37,290 - \$49,719 | \$49,720 - \$62,149 | \$62,150 or more |
| Family of 4 | Less than \$41,400 | \$41,401 - \$44,999 | \$45,000 - \$59,999 | \$60,000 - \$74,999 | \$75,000 or more |
| Family of 5 | Less than \$48,493 | \$48,494 - \$52,709 | \$52,710 - \$70,279 | \$70,280 - \$87,849 | \$87,850 or more |
| Family of 6 | Less than \$55,586 | \$55,587 - \$60,419 | \$60,420 - \$80,559 | \$80,560 - \$100,699 | \$100,700 or more |
| Family of 7 | Less than \$62,680 | \$62,681 - \$68,129 | \$68,130 - \$90,839 | \$90,840 - \$113,549 | \$113,550 or more |
| Family of 8 | Less than \$69,773 | \$69,774 - \$75,839 | \$75,840 - \$101,119 | \$101,120 - \$126,399 | \$126,400 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 **Pennie.com**. 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 2024 and in the 48 contiguous states and the District of Columbia. For families/households with more than 8 persons, add \$5,140 for each additional person.

Check to see if you qualify for one or both types of help.

Call 855-400-9159.

* HHS Poverty Guidelines for 2023 (March 14, 2023). Retrieved from <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

2024 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 2024.

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.

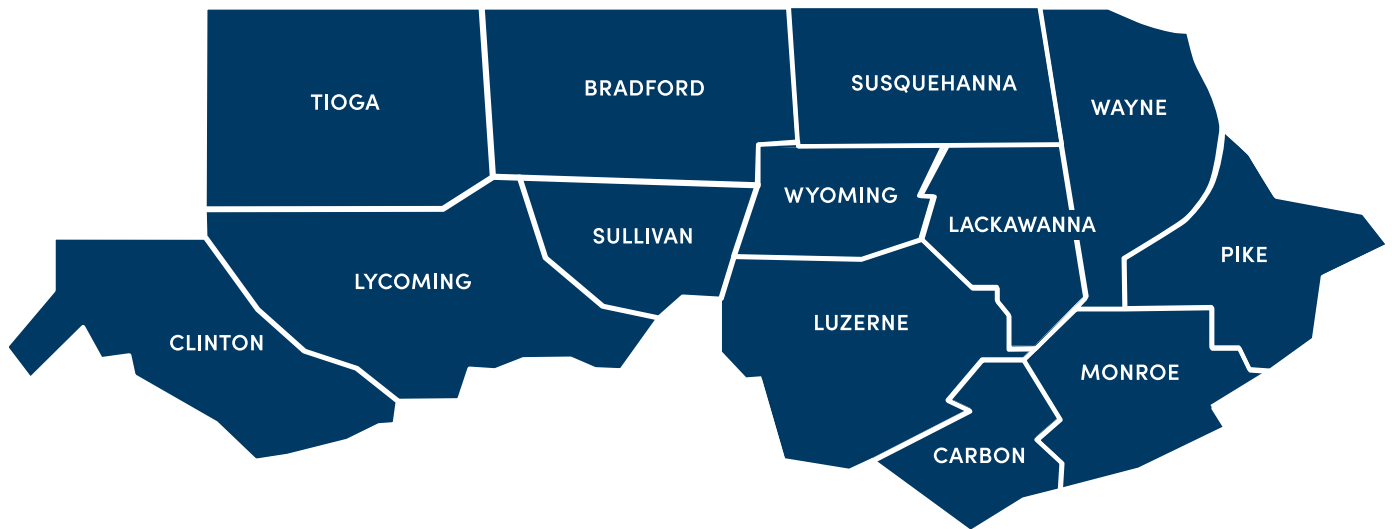
my Priority Blue Flex PPO

Enjoy in-network access to top-quality care throughout northeastern Pennsylvania, plus full BlueCard access coast to coast including New York and New Jersey.

With my Priority Blue Flex PPO plans, in-network care is covered at both the Enhanced and Standard levels of benefits, giving you more choice in what you spend for in-network care. And with the BlueCard program, you get in-network access to providers outside of Pennsylvania for routine, emergency, and urgent care, too. Plus, with a PPO, you get the flexibility to see out-of-network providers.

Check out page 43 for in-network facilities.

Plans are available for residents of the counties highlighted below.



To see if your provider is in network, visit [highmark.com](https://www.highmark.com) and click Find a Doc or Rx.

Bronze 7100 HSA — Custom Drug Benefit plan

This plan allows you to save for your care with a health savings account (HSA) and provides low out-of-pocket costs on select prescriptions.

An HSA lets you put money away into a savings account that you can use for things like medical costs, vision and dental services, and prescriptions.



With the custom drug benefit, Highmark pays 100% of the costs for many preventive and maintenance drugs immediately. There's no need to meet the deductible. For a complete list of covered drugs, visit highmark.link/cdbnepa.

Free preventive and maintenance drugs include:

- Eliquis 5 mg tablet
- rosuvastatin calcium
5, 10, 20 mg tablet (Crestor)
- venlafaxine HCL ER
150 mg capsule (Effexor)
- Jardiance 10, 25 mg tablet
- ezetimibe 10 mg tablet (Zetia)
- Trulicity 1.5 mg/5.0 ml pen
- Ozempic 0.25–0.5 mg/dose pen
- Januvia 100 mg tablet
- Xarelto 20 mg tablet
- Breo Ellipta 100–25 mcg inhaler
- budesonide-formoterol fumarate
160 - 4.5 mcg inhaler (Symbicort)

Also included in the list are 20 of the most filled prescriptions. They include drugs for things like diabetes, asthma, heart conditions, anxiety, and depression.

Premier Silver and Gold plans

Our Premier Silver and Gold plans offer some of our lowest copays — \$0 for Premier Silver plans and \$15 for Premier Gold plans. You'll also have lower out-of-pocket costs on covered services. Included in these plans are bonus benefits like a \$25 over-the-counter quarterly allowance and access to TruHearing.



Over-the-counter benefit

You'll get a \$25 allowance on certain over-the-counter products per quarter for every member covered by your plan. You can use it for things like minor wound care, ibuprofen, and allergy medication. It's convenient too. To place an order, visit shophighmarkotc.com. Items are shipped directly to your home.



TruHearing

TruHearing™ can help lower copays on hearing aids. Plus, you can receive a hearing evaluation, as well as training, setup, fine-tuning, and adjustments from an in-network TruHearing provider without ever leaving your home. All you need is a smartphone, tablet, or computer. To learn more about TruHearing, visit truhearing.com/highmark-hs.

Looking for plan details?

You're in the right place.

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

MAJOR EVENTS 9450

3 free PCP visits

BRONZE 8900

BRONZE 7100 HSA - Custom Drug Benefit

| | MAJOR EVENTS 9450 3 free PCP visits | BRONZE 8900 | BRONZE 7100 HSA - Custom Drug Benefit |
|---|--|---|---|
| Plan Availability | my Priority Blue Flex Major Events PPO 9450 - 3 free PCP visits | my Priority Blue Flex PPO Bronze 8900 | my Priority Blue Flex PPO Bronze 7100 HSA - Custom Drug Benefit |
| In-Network Deductible | Individual: \$9,450 Family: \$18,900 | Individual: \$8,900 Family: \$17,800 | Individual: \$7,100 Family: \$14,200 |
| In-Network, Out-of-Pocket Maximum | Individual: \$9,450 Family: \$18,900 | Individual: \$8,900 Family: \$17,800 | Individual: \$7,100 Family: \$14,200 |
| Primary Care Visit | \$0 after deductible; First 3 visits \$0 (not subject to deductible) | \$0 after deductible | \$0 after deductible |
| Specialist Visit | \$0 after deductible | \$0 after deductible | \$0 after deductible |
| Outpatient Mental Health and Substance Abuse Visits | \$0 after deductible | \$0 after deductible | \$0 after deductible |
| Speech, Physical, and Occupational Therapy and Chiropractic Care¹ | \$0 after deductible | \$0 after deductible | \$0 after deductible |
| Diagnostic Test (Lab/X-ray) | \$0 after deductible | \$0 after deductible | \$0 after deductible |
| Urgent Care² | \$0 after deductible | \$0 after deductible | \$0 after deductible |
| Emergency Services | \$0 after deductible | \$0 after deductible | \$0 after deductible |
| Hospital Inpatient (including facility and professional)³ | \$0 after deductible | \$0 after deductible | \$0 after deductible |
| Pharmacy Summary⁴ | \$0/\$0/\$0/\$0 after deductible | \$0/\$0/\$0/\$0 after deductible | Select Rx: \$0 ⁵ no deductible All other Rx: \$0/\$0/\$0/\$0 after deductible |
| Includes Dental and Vision Option⁶ | No | No | No |

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 The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁴ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁵ To see a full list of drugs that are covered at \$0 prior to reaching your deductible, visit highmark.link/cdbnepa.

⁶ See pages 33-36 for adult dental and vision benefit details.

Coverage Level

**BRONZE
3800**
**SILVER
7000**
**PREMIER
SILVER
2900**
**SILVER
3500***

| | BRONZE 3800 | SILVER 7000 | PREMIER SILVER 2900 | SILVER 3500* |
|---|--|--|--|--|
| Plan Availability | my Priority Blue Flex PPO Bronze 3800 | my Priority Blue Flex PPO Silver 7000 | my Priority Blue Flex PPO Premier Silver 2900 | my Priority Blue Flex PPO Silver 3500 |
| In-Network Deductible | Individual: \$3,800 Family: \$7,600 | Individual: \$7,000 Family: \$14,000 | Individual: \$2,900 Family: \$5,800 | Individual: \$3,500 Family: \$7,000 |
| In-Network, Out-of-Pocket Maximum | Individual: \$9,200 Family: \$18,400 | Individual: \$9,450 Family: \$18,900 | Individual: \$8,500 Family: \$17,000 | Individual: \$9,350 Family: \$18,700 |
| Primary Care Visit | Enhanced: \$65 copay Standard: \$80 copay | Enhanced: \$55 copay Standard: \$65 copay | Enhanced: \$75 copay Standard: \$90 copay | Enhanced: \$45 copay Standard: \$60 copay |
| Specialist Visit | Enhanced: \$65 copay Standard: \$80 copay | Enhanced: \$55 copay Standard: \$65 copay | Enhanced: \$75 copay Standard: \$90 copay | Enhanced: \$45 copay Standard: \$60 copay |
| Outpatient Mental Health and Substance Abuse Visits | \$65 copay | \$55 copay | \$75 copay | \$45 copay |
| Speech, Physical, and Occupational Therapy and Chiropractic Care² | Enhanced: \$65 copay Standard: \$80 copay | Enhanced: \$55 copay Standard: \$65 copay | Enhanced: \$75 copay Standard: \$100 copay | Enhanced: \$45 copay Standard: \$60 copay |
| Diagnostic Test (Lab/X-ray) | Lab: Enhanced: \$65 copay Standard: \$95 copay X-ray: Enhanced: \$150 copay Standard: \$160 copay | Enhanced: \$75 copay Standard: \$90 copay | Enhanced: \$75 copay Standard: \$100 copay | Enhanced: \$75 copay Standard: \$80 copay |
| Urgent Care³ | \$100 copay | \$100 copay | \$100 copay | \$90 copay |
| Emergency Services | 50% after deductible | \$750 after deductible | \$750 after deductible | 30% after deductible |
| Hospital Inpatient (including facility and professional)⁴ | Enhanced: 50% after deductible Standard: 60% after deductible | Enhanced: \$1,125 after deductible Standard: \$1,360 after deductible | Enhanced: \$510 after deductible Standard: \$635 after deductible | Enhanced: 30% after deductible Standard: 50% after deductible |
| Pharmacy Summary⁵ | 50%/50%/50%/50% after deductible | \$0/\$30/\$150/50% | \$0/\$30/\$150/50% | \$0/\$30/\$150/50% |
| Includes Dental and Vision Option⁶ | Yes | No | Yes | Yes |

| | Coverage Level | | | |
|---|--|--|--|--|
| | GOLD 1700 HSA ¹ | GOLD 1500 | GOLD 0 | PREMIER GOLD 0 |
| Plan Availability | my Priority Blue Flex PPO Gold 1700 HSA ¹ | my Priority Blue Flex PPO Gold 1500 | my Priority Blue Flex PPO Gold 0 | my Priority Blue Flex PPO Premier Gold 0 |
| In-Network Deductible | Individual: \$1,700 Family: \$3,400 | Individual: \$1,500 Family: \$3,000 | Individual: \$0 Family: \$0 | Individual: \$0 Family: \$0 |
| In-Network, Out-of-Pocket Maximum | Individual: \$5,700 Family: \$11,400 | Individual: \$8,300 Family: \$16,600 | Individual: \$7,500 Family: \$15,000 | Individual: \$6,550 Family: \$13,100 |
| Primary Care Visit | Enhanced: \$20 after deductible Standard: \$25 after deductible | Enhanced: \$35 copay Standard: \$40 copay | Enhanced: \$20 copay Standard: \$30 copay | Enhanced: \$15 copay Standard: \$25 copay |
| Specialist Visit | Enhanced: \$20 after deductible Standard: \$25 after deductible | Enhanced: \$35 copay Standard: \$40 copay | Enhanced: \$20 copay Standard: \$30 copay | Enhanced: \$15 copay Standard: \$15 copay |
| Outpatient Mental Health and Substance Abuse Visits | \$20 after deductible | \$35 copay | \$20 copay | Enhanced: \$15 copay Standard: \$25 copay |
| Speech, Physical, and Occupational Therapy and Chiropractic Care² | Enhanced: \$20 after deductible Standard: \$25 after deductible | Enhanced: \$35 copay Standard: \$40 copay | Enhanced: \$20 copay Standard: \$30 copay | Enhanced: \$40 copay Standard: \$60 copay |
| Diagnostic Test (Lab/X-ray) | Enhanced: \$20 after deductible Standard: \$25 after deductible | Enhanced: \$40 copay Standard: \$50 copay | Enhanced: \$35 copay Standard: \$50 copay | Enhanced: \$45 copay Standard: \$55 copay |
| Urgent Care³ | \$40 after deductible | \$70 copay | \$40 copay | \$30 copay |
| Emergency Services | \$175 after deductible | \$350 copay | \$300 copay | \$280 copay |
| Hospital Inpatient (including facility and professional)⁴ | Enhanced: \$450 after deductible Standard: \$560 after deductible | Enhanced: \$725 copay after deductible Standard: \$885 after deductible | Enhanced: \$725 copay Standard: \$885 copay | Enhanced: \$525 copay Standard: \$650 copay |
| Pharmacy Summary⁵ | \$0/\$30/\$150/50% after deductible | \$0/\$30/\$150/50% | \$0/\$30/\$150/50% | \$0/\$25/\$75/50% |
| Includes Dental and Vision Option⁶ | No | No | Yes | Yes |

* These plans are available directly from Highmark and are not available on **pennie.com**. They do not qualify for advance premium tax credits or cost-sharing reductions.

¹ This plan has a Non-Embedded deductible. See Disclosures page for more information.

² 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.

³ The copayment, if any, does not apply to urgent care services prescribed for the treatment of mental health or substance abuse.

⁴ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁵ Visit **highmarkacaformulary.com** to view our Formulary and see if your drug is covered, and at which tier.

⁶ See pages 33-36 for adult dental and vision benefit details.

Income Level

138-149% FPL

150-199% 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

Silver 0

Premier Silver 0

Silver 0

| | Silver 0 | Premier Silver 0 | Silver 0 |
|---|---|---|---|
| Plan Availability | my Priority Blue Flex PPO Extra Savings Silver 0 | my Priority Blue Flex PPO Premier Extra Savings Silver 0 | my Priority Blue Flex PPO Extra Savings Silver 0 |
| In-Network Deductible | Individual: \$0 Family: \$0 | Individual: \$0 Family: \$0 | Individual: \$0 Family: \$0 |
| In-Network, Out-of-Pocket Maximum | Individual: \$1,200 Family: \$2,400 | Individual: \$1,200 Family: \$2,400 | Individual: \$3,150 Family: \$6,300 |
| Primary Care Visit | Enhanced: \$1 copay Standard: \$5 copay | Enhanced: \$0 copay Standard: \$5 copay | Enhanced: \$15 copay Standard: \$25 copay |
| Specialist Visit | Enhanced: \$1 copay Standard: \$5 copay | Enhanced: \$0 copay Standard: \$5 copay | Enhanced: \$15 copay Standard: \$25 copay |
| Outpatient Mental Health and Substance Abuse Visits | \$1 copay | \$0 copay | \$15 copay |
| Speech, Physical, and Occupational Therapy and Chiropractic Care¹ | Enhanced: \$1 copay Standard: \$5 copay | Enhanced: \$0 copay Standard: \$5 copay | Enhanced: \$15 copay Standard: \$25 copay |
| Diagnostic Test (Lab/X-ray) | Enhanced: \$1 copay Standard: \$5 copay | Enhanced: \$0 copay Standard: \$5 copay | Enhanced: \$25 copay Standard: \$35 copay |
| Urgent Care² | \$5 copay | \$5 copay | \$30 copay |
| Emergency Services | \$75 copay | \$75 copay | \$275 copay |
| Hospital Inpatient (including facility and professional)³ | Enhanced: \$175 copay Standard: \$210 copay | Enhanced: \$175 copay Standard: \$210 copay | Enhanced: \$450 copay Standard: \$560 copay |
| Pharmacy Summary⁴ | \$0/\$5/\$15/50% | \$0/\$5/\$15/50% | \$0/\$10/\$50/50% |
| Includes Dental and Vision Option⁵ | No | Yes | No |

| Income Level | | | |
|---|--|--|--|
| 150-199% FPL | | 200-249% FPL | |
| Coverage Level | | | |
| Extra Savings Silver | | Extra Savings Silver | |
| 87% of costs covered by your plan | | 73% of costs covered by your plan | |
| 13% out-of-pocket costs | | 27% out-of-pocket costs | |
| Premier Silver 0 | | Silver 3700 | Premier Silver 2100 |
| Plan Availability | my Priority Blue Flex PPO Premier Extra Savings Silver 0 | my Priority Blue Flex PPO Extra Savings Silver 3700 | my Priority Blue Flex PPO Premier Extra Savings Silver 2100 |
| In-Network Deductible | Individual: \$0 Family: \$0 | Individual: \$3,700 Family: \$7,400 | Individual: \$2,100 Family: \$4,200 |
| In-Network, Out-of-Pocket Maximum | Individual: \$3,150 Family: \$6,300 | Individual: \$7,550 Family: \$15,100 | Individual: \$7,200 Family: \$14,400 |
| Primary Care Visit | Enhanced: \$0 copay Standard: \$15 copay | Enhanced: \$55 copay Standard: \$65 copay | Enhanced: \$75 copay Standard: \$90 copay |
| Specialist Visit | Enhanced: \$0 copay Standard: \$15 copay | Enhanced: \$55 copay Standard: \$65 copay | Enhanced: \$75 copay Standard: \$90 copay |
| Outpatient Mental Health and Substance Abuse Visits | \$0 copay | \$55 copay | \$75 copay |
| Speech, Physical, and Occupational Therapy and Chiropractic Care¹ | Enhanced: \$0 copay Standard: \$15 copay | Enhanced: \$55 copay Standard: \$65 copay | Enhanced: \$75 copay Standard: \$100 copay |
| Diagnostic Test (Lab/X-ray) | Enhanced: \$40 copay Standard: \$50 copay | Enhanced: \$65 copay Standard: \$80 copay | Enhanced: \$75 copay Standard: \$100 copay |
| Urgent Care² | \$10 copay | \$100 copay | \$100 copay |
| Emergency Services | \$500 copay | \$750 after deductible | \$750 after deductible |
| Hospital Inpatient (including facility and professional)³ | Enhanced: \$450 copay Standard: \$560 copay | Enhanced: \$1,125 after deductible Standard: \$1,360 after deductible | Enhanced: \$510 after deductible Standard: \$635 after deductible |
| Pharmacy Summary⁴ | \$0/\$10/\$50/50% | \$0/\$30/\$150/50% | \$0/\$30/\$150/50% |
| Includes Dental and Vision Option⁵ | Yes | No | Yes |

¹ Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply when therapies are prescribed 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 The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁴ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁵ See pages 33-36 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 34–36 and pediatric dental and vision benefits on pages 37–41.

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 |

* Two cleanings per year.

¹ https://www.dentaly.org/us/oral-hygiene/teeth-cleaning/#How_much_does_a_dental_cleaning_cost, last accessed April 25, 2023; <https://www.dentaly.org/us/panoramic-dental-xray/>, last accessed April 25, 2023

² https://www.dentaly.org/us/tooth-filling/#How_much_do_fillings_cost, last accessed April 25, 2023

³ https://www.dentaly.org/us/tooth-extraction/#How_much_does_tooth_removal_cost_in_the_US, last accessed April 25, 2023

⁴ <https://www.webmd.com/oral-health/guide/dental-root-canals>, last accessed April 25, 2023

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 |
| Oversize lenses | \$20 | Included |
| Tinting of plastic lenses | \$20 | \$11 |
| Scratch-resistant coating | \$25-\$40 | Included |
| Scratch protection plan – single vision | \$60-\$120 | \$20 |
| Scratch protection plan – multifocal | \$60-\$120 | \$40 |
| Polycarbonate lenses ¹ | \$60-\$75 | \$0 or \$30 |
| Ultraviolet coating | \$25-\$30 | \$12 |
| Standard anti-reflective (AR) coating | \$50-\$70 | \$35 |
| 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 |
| Intermediate-vision lenses | \$150-\$175 | \$30 |
| High-index lenses | \$90-\$150 | \$55 |
| Polarized lenses | \$95-\$110 | \$75 |
| Plastic photosensitive lenses | \$95-\$150 | \$65 |

| Eyeglass benefit - frame | | Average retail value | |
|--|----------------|----------------------|----------------|
| Non-collection frame allowance (retail): | | Up to \$130 | Up to \$150 |
| Davis Vision Frame Collection² (in lieu of allowance): | Fashion level | Up to \$125 | Included |
| | Designer level | Up to \$175 | \$20 copayment |
| | Premier level | Up to \$225 | \$40 copayment |

| Contact lens benefit (in lieu of eyeglasses) | | |
|--|--|-----------------|
| Non-collection contact lenses: materials allowance | | Up to \$150 |
| Collection contact lenses² (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 highmark.com, scroll down to **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Vision Care**.

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 | | \$1,250 | |
| Covered services: | Policy pays | | Elimination period |
| | In network | Out of network | |
| Oral Evaluations (exams) | 100% | 0% | None |
| Radiographs (all X-rays) | 100% | 0% | None |
| Prophylaxis (cleanings) | 100% | 0% | None |
| Palliative treatment (emergency) | 100% | 0% | None |
| Sealants | 100% | 0% | None |
| Space maintainers | 100% | 0% | None |
| Repairs of crowns, inlays, onlays, fixed partial dentures, and dentures | 80% | 0% | 6 months |
| Basic restorative (fillings, etc.) | 80% | 0% | None |
| Simple extractions | 80% | 0% | 6 months |
| Surgical extractions | 50% | 0% | 6 months |
| Complex oral surgery | 50% | 0% | 6 months |
| Endodontics (root canals, etc.) | 50% | 0% | 6 months |
| General anesthesia and/or nitrous oxide and/or IV sedation | 80% | 0% | 6 months |
| Nonsurgical periodontics | 50% | 0% | 6 months |
| Periodontal maintenance | 50% | 0% | None |
| Surgical periodontics | 50% | 0% | 6 months |
| Crowns, inlays, onlays | 50% | 0% | 6 months |
| Prosthetics (fixed partial dentures, dentures) | 50% | 0% | 6 months |
| Adjustments and repairs of prosthetics | 80% | 0% | None |
| Implant services | 0% | 0% | None |
| Consultations | 100% | 0% | None |
| Orthodontics | 0% | 0% | None |

The percentage in the Policy Pays column is the percentage of the set amount that the Policy will pay for Covered Services provided by a participating dentist. Participating dentists accept the plan allowance as payment in full.

Adult dental benefits utilize the Concordia Advantage Network. Members must use a United Concordia provider. There is no out-of-network coverage for this benefit.

Our dental plan uses the Concordia Advantage network. To find in-network dentists, visit highmark.com, scroll down to **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Dental Care**.

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

In-network

| Network benefit (Independents and Visionworks) ¹ | Frequency - once every: | Members under 19 years of age ² |
|---|-------------------------|---|
| Eye examination including dilation (when professionally indicated)* | 12 months | \$0 copay |
| Spectacle lenses ^{3**} | 12 months | \$0 copay |
| Frame** | 12 months | \$0 copay |
| Contact lens evaluation, fitting, and follow-up care (in lieu of eyeglasses) | 12 months | \$0 copay |
| Contact lenses (in lieu of eyeglass)** | 12 months | \$0 copay |

| Eyeglass benefit - spectacle lenses | Member charges |
|--|-----------------------|
| Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any size or Rx) | \$0 |
| Digital single vision (intermediate) | \$30 |
| Tinting of plastic lenses (solid/gradient) | \$11 |
| Scratch-resistant coating | \$0 |
| Polycarbonate lenses | \$0 |
| Ultraviolet coating | \$12 |
| Blue-light filtering | \$15 |
| Anti-reflective (AR) coating (standard/premium/ultra/ultimate) | \$35/\$48/\$60/\$85 |
| Progressive lenses ⁴ (standard/premium/ultra/ultimate) | \$50/\$90/\$140/\$175 |
| High-index lenses (thinner and lighter) | \$55/\$120 |
| Polarized lenses | \$75 |
| Plastic photochromatic lenses | \$65 |
| Scratch protection plan: single vision/multifocal lenses | \$20/\$40 |
| Ultra progressive lenses | \$140 |
| Intermediate-vision lenses | \$30 |
| High-index lenses | \$55 |
| Polarized lenses | \$75 |
| Plastic photosensitive lenses | \$65 |

| Eyeglass benefit - frame ⁵ | Member charges |
|---|---|
| Davis Vision exclusive collection (in lieu of allowance) | |
| Fashion/Designer/Premier - member charge (if applicable) | \$0/\$0/\$0 |
| Non-collection frame allowance (retail) | Up to \$150 Plus a 20% discount on any overage |

| Contact lens benefit (in lieu of eyeglasses) | |
|--|---|
| Contact lenses: Materials allowance | Up to \$150 Plus a 15% discount on any overage |
| Evaluation, fitting, and follow-up care - standard and specialty lens types | Not covered |
| Evaluation, fitting, and follow-up care - standard lens types | Not covered |
| Exclusive collection contact lenses⁶ (in lieu of allowance) | |
| Materials: disposable or planned replacement | Up to 4 or 2 boxes |
| Evaluation, fitting, and follow-up care | \$0 |
| Visually required contact lenses (with prior approval) - materials, evaluation, fitting, and follow-up care | \$0 with prior approval |

¹ 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. Visionworks, also a separate company, is a provider within the Davis Vision Network.

² Dependents will be terminated from vision coverage at the end of the month in which they turn 19.

³ Includes glass, plastic, or oversized lenses.

⁴ Progressive multifocals can be worn by most people. Conventional bifocals will be supplied at no additional charge for anyone who is unable to adapt to progressive lenses. However, the member's payment toward the progressive upgrade will not be refunded.

⁵ Collection frames will be covered at 100%. If a non-collection frame is selected, a \$150 allowance will be applied. For any amount over \$150 on a non-collection frame, the member will be responsible for 20% of the cost of the overage.

⁶ Disposable contact lens wearers will receive four multipacks of lenses. Planned replacement lens wearers will receive two multipacks of lenses.

* Subject to deductible on Major Events/Catastrophic plans.

** Subject to deductible on high-deductible (plans that include an HSA) and Major Events/Catastrophic plans.

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 | All plans except high-deductible health plans that include an HSA and Major Events/ Catastrophic health plans | High-deductible health plans that include an HSA | Major Events/ Catastrophic health plans |
|---|---|---|---|
| Contract year deductible per member | \$0 | Expenditures for medical, dental, and vision care all contribute to the member's deductible. | Expenditures for medical, dental, and vision care all contribute to the member's deductible. |
| Annual maximum per member | Unlimited | Unlimited | Unlimited |
| Out-of-pocket year maximum per member | Expenditures for medical, dental, and vision care all contribute to the member's out-of-pocket maximum. | Expenditures for medical, dental, and vision care all contribute to the member's out-of-pocket maximum. | Expenditures for medical, dental, and vision care all contribute to the member's out-of-pocket maximum. |
| Network | Advantage | Advantage | Advantage |
| Covered services | Policy pays at participating dentists | | |
| Oral evaluations (exams) | 100% | 100% | Coinsurance matches medical coinsurance (after deductible) |
| Radiographs (all X-rays) | 100% | 100% | |
| Prophylaxis (cleanings) | 100% | 100% | |
| Fluoride treatments | 100% | 100% | |
| Sealants | 100% | 100% | |
| Space maintainers | 100% | 100% | |
| Crowns, crown repair, inlays, and onlays | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Basic restorative (anterior composite, anterior amalgam, and posterior amalgam) | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Simple extractions | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Surgical extractions | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Oral surgery | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Apicoectomy/ periradicular surgery | 50% | Coinsurance matches medical coinsurance (after deductible) | |

| Dental benefits | All plans except high-deductible health plans that include an HSA and Major Events/ Catastrophic health plans | High-deductible health plans that include an HSA | Major Events/ Catastrophic health plans |
|---|---|--|---|
| Network | Advantage | Advantage | Advantage |
| Consultations | 100% | Coinsurance matches medical coinsurance (after deductible) | |
| General anesthesia, nitrous oxide and/or IV sedation | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Palliative treatment (emergency) | 100% | Coinsurance matches medical coinsurance (after deductible) | |
| Endodontics (root canals, etc.) | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Surgical periodontics | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Non-surgical periodontics | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Periodontal maintenance | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Prosthodontic (fixed partial dentures) | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Prosthetics (complete dentures, adjustments, and repairs) | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Implant services | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Maxillofacial prosthetics | Not covered | | |
| Medically necessary orthodontics | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Cosmetic orthodontic services | Not covered | | |

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.

Participating dentists accept contracted plan allowance as payment in full for services. **There is no coverage for services provided by out-of-network providers.**

Our dental plan uses the Concordia Advantage network. To find in-network dentists, visit highmark.com, scroll down to **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Dental Care**.

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 feel 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. These plans 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.

In-network facilities

Facilities

Adams County

WellSpan Gettysburg Hospital

Allegheny County

AHN Allegheny General Hospital

AHN Allegheny Valley Hospital

AHN Brentwood Neighborhood Hospital

AHN Forbes Hospital

AHN Harmar Neighborhood Hospital

AHN Jefferson Hospital

AHN McCandless Neighborhood Hospital

AHN West Penn Hospital

AHN Wexford Hospital

Heritage Valley Kennedy

Heritage Valley Sewickley

St. Clair Hospital

UPMC Children's Hospital of Pittsburgh

UPMC Western Psychiatric Hospital

Armstrong County

Armstrong County Memorial Hospital

Beaver County

Heritage Valley Beaver

Bedford County

UPMC Bedford

Berks County

Penn State Health St. Joseph Medical Center

Surgical Institute of Reading

Blair County

Conemaugh Nason Medical Center

Penn Highlands Tyrone

UPMC Altoona

| Facilities |
|--|
| Bradford Count |
| Guthrie Robert Packer Hospital* |
| Guthrie Robert Packer Hospital - Towanda Campus* |
| Guthrie Troy Community Hospital* |
| Bucks County** |
| Doylestown Hospital |
| Grand View Hospital |
| Jefferson Health - Bucks Hospital |
| Prime Healthcare - Lower Bucks Hospital |
| St. Luke's Hospital - Quakertown Campus |
| St. Luke's Hospital - Upper Bucks Campus |
| St. Mary Medical Center |
| Butler County |
| BHS Butler Memorial Hospital |
| Cambria County |
| Conemaugh Memorial Medical Center |
| Conemaugh Memorial Medical Center - Lee Campus |
| Conemaugh Miners Medical Center |
| Carbon County |
| Lehigh Valley Hospital - Carbon* |
| St. Luke's Hospital - Carbon Campus |
| St. Luke's Hospital - Lehighon Campus |
| Centre County |
| Mount Nittany Medical Center |

* Enhanced level of benefits. All other facilities are at the Standard level.

** We are always working to grow our network. Please visit the Provider Directory at highmark.com to confirm in-network status for facilities not listed here for 2024.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmark.com. Select **Individual and Family Plans** and scroll down to **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Medical Care**.

In-network facilities (continued)

| Facilities |
|--|
| Chester County** |
| Main Line Health - Bryn Mawr Rehab Hospital |
| Main Line Health - Paoli County Hospital |
| Penn Medicine - Chester County Hospital |
| Clarion County |
| BHS Clarion Hospital |
| Clinton County |
| Bucktail Medical Center |
| Crawford County |
| Meadville Medical Center |
| Titusville Area Hospital |
| Cumberland County |
| Penn State Health Hampden Medical Center |
| Penn State Health Holy Spirit Medical Center |
| UPMC Carlisle |
| Dauphin County |
| Penn State Health Children's Hospital |
| Penn State Health Milton S. Hershey Medical Center |
| Delaware County** |
| Crozer Health - Chester Medical Center |
| Crozer Health - Delaware County Memorial Hospital |
| Crozer Health - Springfield Hospital |
| Crozer Health - Taylor Hospital |
| Main Line Health - Riddle Hospital |
| Erie County |
| AHN Saint Vincent Hospital |
| LECOM Health - Corry Memorial Hospital |
| LECOM Health - Millcreek Community Hospital |

| Facilities |
|--|
| Fayette County |
| Penn Highlands Connellsville |
| WVU Medicine - Uniontown Hospital |
| Franklin County |
| WellSpan Chambersburg Hospital |
| WellSpan Waynesboro Hospital |
| Greene County |
| Washington Health System Greene |
| Lackawanna County |
| CHS Moses Taylor Hospital - a Campus of Regional Hospital of Scranton* |
| CHS Regional Hospital of Scranton* |
| Geisinger Community Medical Center |
| Lehigh Valley Hospital - Dickson City* |
| Lancaster County |
| Lancaster General Hospital |
| Lancaster General Hospital Women & Babies |
| Penn State Health Lancaster Medical Center |
| WellSpan Ephrata Community Hospital |
| Lawrence County |
| UPMC Jameson |
| Lebanon County |
| WellSpan Good Samaritan Hospital |

* Enhanced level of benefits. All other facilities are at the Standard level.

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Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmark.com. Select **Individual and Family Plans** and scroll down to **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Medical Care**.

In-network facilities (continued)

| Facilities |
|---|
| Lehigh County |
| Lehigh Valley Hospital - 17th Street* |
| Lehigh Valley Hospital - Cedar Crest* |
| Lehigh Valley Hospital - 1503 N. Cedar Crest* |
| Lehigh Valley Reilly Children's Hospital* |
| St. Luke's Hospital - Allentown Campus |
| St. Luke's Hospital - Sacred Heart Campus |
| Luzerne County |
| CHS Wilkes-Barre General Hospital* |
| Geisinger Wyoming Valley Medical Center |
| Lehigh Valley Hospital - Hazleton* |
| Lycoming County |
| Geisinger Jersey Shore Hospital |
| Geisinger Medical Center Muncy |
| UPMC Muncy |
| UPMC Williamsport |
| UPMC Williamsport Divine Providence Campus |
| McKean County |
| Bradford Regional Medical Center |
| UPMC Kane |
| Mercer County |
| AHN Grove City |
| Edgewood Surgical Hospital |
| Sharon Regional Medical Center |
| UPMC Horizon - Greenville |
| UPMC Horizon - Shenango Valley |

| Facilities |
|--|
| Monroe County |
| Lehigh Valley Hospital - Pocono* |
| St. Luke's Hospital - Monroe Campus |
| Montgomery County** |
| Einstein Medical Center Elkins Park |
| Einstein Medical Center Montgomery |
| Holy Redeemer Hospital |
| Jefferson Health - Abington Hospital |
| Jefferson Health - Abington-Lansdale Hospital |
| Main Line Health - Bryn Mawr Hospital |
| Main Line Health - Lankenau Medical Center |
| Prime Healthcare - Suburban Community Hospital |
| Northampton County |
| Lehigh Valley Hospital - Highland Avenue* |
| Lehigh Valley Hospital - Hecktown Oaks* |
| Lehigh Valley Hospital - Muhlenberg* |
| St. Luke's Hospital - Anderson Campus |
| St. Luke's Hospital - Easton Campus |
| St. Luke's Hospital - Bethlehem |

* Enhanced level of benefits. All other facilities are at the Standard level.

** We are always working to grow our network. Please visit the Provider Directory at highmark.com to confirm in-network status for facilities not listed here for 2024.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmark.com. Select **Individual and Family Plans** and scroll down to **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Medical Care**.

In-network facilities (continued)

| Facilities |
|--|
| Philadelphia County** |
| Jefferson Health - Frankford Hospital |
| Jefferson Health - Methodist Hospital |
| Jefferson Health - Thomas Jefferson University Hospital |
| Jefferson Health - Torresdale Hospital |
| Penn Medicine - Hospital of the University of Pennsylvania |
| Penn Medicine - Penn Presbyterian Medical Center |
| Penn Medicine - Pennsylvania Hospital |
| Prime Healthcare - Roxborough Memorial Hospital |
| Temple Health - Fox Chase Cancer Center |
| Temple Health - Temple University Hospital |
| Potter County |
| UPMC Cole |
| Schuylkill County |
| Geisinger St. Luke's Hospital |
| Lehigh Valley Hospital - Schuylkill E. Norwegian Street* |
| Lehigh Valley Hospital - Schuylkill S. Jackson Street* |
| St. Luke's Hospital - Miners Campus |
| Somerset County |
| Chan Soon-Shiong Medical Center at Windber |
| Conemaugh Meyersdale Medical Center |
| UPMC Somerset |
| Susquehanna County |
| Barnes-Kasson Hospital |
| Endless Mountains Health Systems* |

| Facilities |
|--|
| Tioga County |
| UPMC Wellsboro |
| Union County |
| Evangelical Community Hospital |
| Venango County |
| UPMC Northwest |
| Warren County |
| Warren General Hospital |
| Washington County |
| AHN Canonsburg Hospital |
| Penn Highlands Mon Valley |
| Washington Hospital |
| Wayne County |
| Wayne Memorial Hospital* |
| Westmoreland County |
| AHN Hempfield Neighborhood Hospital |
| Excelsa Health Frick Hospital |
| Excelsa Health Latrobe Hospital |
| Excelsa Health Westmoreland Hospital |
| York County |
| WellSpan York Hospital |
| WellSpan Surgery and Rehabilitation Hospital |

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In-network facilities (continued)

| Facilities |
|--|
| Additional in-network facilities |
| Memorial Sloan Kettering Cancer Center - Basking Ridge |
| Morristown Medical Center |
| Newton Medical Center |
| St. Luke's Hospital - Warren Campus |
| AHN Westfield Memorial Hospital |
| Arnot Ogden Medical Center |
| Bon Secours Community Hospital |
| Garnet Health Medical Center |
| Garnet Health Medical Center - Catskills |
| Guthrie Corning Hospital |
| Ira Davenport Memorial Hospital |
| Memorial Sloan Kettering Cancer Center |
| Mount Sinai Beth Israel |
| NewYork-Presbyterian Hospital |
| NYU Langone Tisch Hospital |
| Olean General Hospital |
| Our Lady of Lourdes Memorial Hospital |
| St. Anthony Community Hospital |
| UHS Binghamton General Hospital |
| UHS Wilson Medical Center |
| Upstate University Hospital & Cancer Center |
| UR Medicine - Jones Memorial Hospital |
| UR Medicine - Strong Memorial Hospital |
| Westchester Medical Center |
| UPMC Chautauqua |

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Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmark.com. Select **Individual and Family Plans** and scroll down to **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Medical Care**.

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, 2024– December 31, 2024). 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, 2024– December 31, 2024), 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, 2024– December 31, 2024) 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.

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).

Highmark 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 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. 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.

Highmark Blue Cross Blue Shield is a Qualified Health Plan insurer in the Pennsylvania Insurance Exchange.

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

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

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 2024.

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.

Sharecare, RealAge Test and AskMD are registered trademarks of Sharecare, LLC., an independent and separate company that provides a consumer care engagement platform for Highmark members. Sharecare is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis or treatment. Sharecare does not endorse any specific product service or treatment. Health care plans and the benefits thereunder are subject to the terms of the applicable benefit agreement.

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TruHearing is a separate company that provides hearing aid devices and services that TruHearing is providing to Highmark or Highmark members.

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Insurance or benefit administration may be provided by Highmark Blue Cross Blue Shield or Highmark Benefits Group, both of which are independent licensees of the Blue Cross Blue Shield Association.

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.

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
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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.

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

CHŪ 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.

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- Online: [Highmark.com](https://www.Highmark.com)
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