

There's a plan in here for a life like yours.



Your guide to finding just the right
Individual or Family plan for you.

**For Benefit Period:
January 1 to December 31, 2022**

Plans may be offered by Highmark Blue Cross Blue Shield or
Highmark Coverage Advantage.

HIGHMARK 

Because Life.™

Go ahead. Get picky about your plan.

With lots of great coverage options from Highmark, this book will help you find the plan, the product, and the network access that matters most to you.

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Why choose a Highmark health plan?

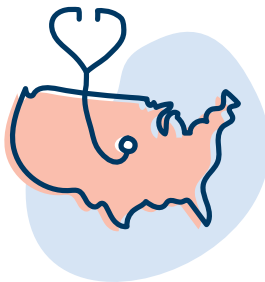
Woah. So many reasons. Here are three big ones right off the top of our heads.



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. You can also seek care from a variety of independent providers, Allegheny Health Network (AHN), and, with some plans, UPMC.



2

Coast-to-coast coverage with BlueCard®.

All of our plans come with access to BlueCard, which connects you to the largest physician and hospital networks in the U.S. with over 1.7 million providers, including 95% of all hospitals.*

With most Highmark plans, BlueCard also gives you access to routine,** urgent, and emergency care, no matter where you are. Some plans only provide BlueCard coverage for emergency and urgent care.

See page 27 for more information on BlueCard.



3

No red tape.

Lose the timewasting of going to an appointment just to get another appointment. **See whichever in-network doctors you want to see — no referral needed.** Or call 1-888-BLUE-428, and we'll find a specialist for you. No hoops, no hoopla.

And that's just for starters.

Turn the page for even more reasons to choose Highmark.

* According to the Blue Cross and Blue Shield Association.

** Certain services may require you to work with your BlueCard-participating provider to obtain prior authorization.

**How easy do we
make it to find care
and get care?**

Almost too easy.



DENTAL AND VISION COVERAGE

All your care, all in one plan.

Healthy eyes and teeth are important parts of your overall health and regular checkups can help you stay ahead of potential problems down the road. That's why all of our plans come with pediatric dental and vision benefits. Some of our plans include adult dental and vision benefits, too — so there's no need to purchase separate plans.



VIRTUAL HEALTH

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

Need to see a doctor but don't want to leave your couch? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. Best of all, the virtual health services provided by Allegheny Health Network or Amwell® are also available through many in-network providers. That's laid-back-in-a-recliner easy.



BLUE DISTINCTIONSM

See specialists who get better results.

Only doctors who consistently deliver safe, effective treatments make the Blue Distinction list. When you use our Find a Doctor tool, a special logo will be by their name, so you can cherry-pick a top-performing specialist for any care you need.



JOHNS HOPKINS MEDICINE COLLABORATION

Expert teamwork for advanced care.

We collaborate with some of the best minds, like Johns Hopkins Medicine, for cancer research. That lets us bring the latest innovative medical breakthroughs right to your neighborhood.

**How simple is it
for you to get
answers and
reach your goals?**

Super simple.



THE HIGHMARK APP AND MEMBER WEBSITE

Your entire plan at your fingertips.

No more searching for old files or waiting on snail mail. Your digital ID card, Find a Doctor tool, deductible progress, and claims status are all available via the Highmark Plan app (available on Google Play or in the Apple App Store) or online at highmarkbcbs.com.



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 for a checkup. Which means less on-hold music for you.



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.



WELLNESS

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Get guidance based on your lifestyle, trackers to measure your progress, resources like Sharecare[®], 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.

From workout gear to gym memberships to healthy meal services, we'll take a little off the top while you're taking a little off your middle. Member-only deals are at blue365deals.com.

**Before we get
much further,
let's cover some
Affordable Care Act
(ACA) essentials.**

ACA basics

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.

	CATASTROPHIC	BRONZE	SILVER	GOLD	EXTRA SAVINGS SILVER
Premium	\$	\$	\$\$	\$\$\$	\$\$
Out-of-Pocket Costs	\$\$\$\$	\$\$\$\$	\$\$\$	\$\$	\$
Makes sense if you:	Never use health care services unless it's an emergency. Only available if you're under 30 or have a hardship.	Don't use a lot of health care services and/or want to keep premium payments low.	Are not eligible for APTC but want to balance premiums with out-of-pocket costs.	Use health care services somewhat frequently and/or want low out-of-pocket costs for most commonly used services.	Are CSR eligible OR want to balance premiums with out-of-pocket costs.

* ACA also includes Platinum level plans; however, Highmark does not offer these types of plans in Pennsylvania.

Ways to save

Good news: There are two ways available to save for Affordable Care Act (ACA) enrollees.

Advance Premium Tax Credits (APTC), which may be applied – in advance – to lower what you pay each month for your premium on any level Marketplace plan except Catastrophic.

Cost-Sharing Reductions (CSR) will 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 also 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, too.

Even better news: 4 out of 5 Marketplace enrollees will be able to find a plan for \$10 or less a month with advance premium tax credits, and over half will be able to find a Silver plan for \$10 or less a month with advance premium tax credits.

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

See if you qualify

To see if you're eligible for financial help, locate your qualifying income and household size on the chart below. Then refer to the Standard or Extra Savings plans for your county to find the plans that will reduce how much you pay for care.

Even if you don't qualify for cost-sharing reductions, you may be eligible for advance premium tax credits. Please refer to the Standard plan options for your county.

Who Needs Coverage?	What is the income for those covered under health plan?				
	Eligible for Medicaid	Eligible for CSRs and APTCs			Eligible for APTCs
	Medicaid Eligible Range (100-138% or less FPL)	Silver Extra Savings Plans			Standard
		138-149% CSR plans	150-199% CSR plans	200-249% CSR plans	250% or more
Single	Less than \$17,774	\$17,775 - \$19,319	\$19,320 - \$25,759	\$25,760 - \$32,199	\$32,200 or more
Family of 2	Less than \$24,040	\$24,041 - \$26,129	\$26,130 - \$34,839	\$34,840 - \$43,549	\$43,550 or more
Family of 3	Less than \$30,305	\$30,306 - \$32,939	\$32,940 - \$43,919	\$43,920 - \$54,899	\$54,900 or more
Family of 4	Less than \$36,570	\$36,571 - \$39,749	\$39,750 - \$52,999	\$53,000 - \$66,249	\$66,250 or more
Family of 5	Less than \$42,835	\$42,836 - \$46,559	\$46,560 - \$62,079	\$62,080 - \$77,599	\$77,600 or more
Family of 6	Less than \$49,100	\$49,101 - \$59,369	\$53,370 - \$71,159	\$71,160 - \$88,949	\$88,950 or more
Family of 7	Less than \$55,356	\$55,357 - \$60,179	\$60,180 - \$80,239	\$80,240 - \$100,299	\$100,300 or more
Family of 8	Less than \$61,631	\$61,632 - \$66,989	\$66,990 - \$89,319	\$89,320 - \$111,649	\$111,650 or more

*Most individuals and families with household incomes 100% or more of the FPL will qualify for advance 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 the Pennsylvania Insurance Exchange. The second-lowest-cost Silver plan is also known as the "benchmark plan." Advance 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 2022 and in the 48 contiguous states and the District of Columbia. For families/households with more than 8 persons, add \$5,220 for each additional person. HHS Poverty Guidelines for 2021 (January 31, 2021). Retrieved from <https://aspe.hhs.gov/poverty-guidelines>.

Check to see if you qualify for one or both types of help.
Call 833-796-0888.

ACA plans vs. short-term plans and Health Care Sharing Ministries

In addition to the availability of APTC and CSR, all ACA plans provide coverage for preexisting conditions and the 10 Essential Health Benefits (see page 15). Short-term plans and Health Care Sharing Ministries – which are plans that come with a fixed, limited term – do not. These plans can seem like a cheaper alternative to ACA coverage but often come with hidden costs and exclusions that can make them more expensive in the long run.

Other types of hidden costs in short-term and Health Care Sharing Ministries plans:

	SHORT-TERM PLANS AND HEALTH CARE SHARING MINISTRIES	ACA PLANS
Capped out-of-pocket spending	X	✓
Coverage of 10 Essential Health Benefits	X	✓
No limits on covered doctor visits	X	✓
No dollar limits on covered benefits	X	✓
No limits on prescription drug coverage	X	✓
Coverage for preexisting conditions with no waiting period	X	✓

A listing of the 10 Essential Health Benefits can be found on page 15.



Next, enrollment dates.

There are two different ways you can be eligible to 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 EXTENDED OPEN ENROLLMENT PERIOD November 1, 2021 – January 15, 2022

If you sign up by **December 15, 2021**,
your plan takes effect on **January 1, 2022**.

If you sign up **between December 16, 2021**
and **January 15, 2022**, your plan takes effect
on **February 1, 2022**.



2 SPECIAL ENROLLMENT PERIODS 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 [discoverhighmark.com](https://www.discoverhighmark.com) for more information.

Finally, your ACA Enrollment Checklist.

Here's the info you'll need 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 dig into the details for 2022 — and find you the plan with the benefits and features that matter most to you.

2022 Highmark plan designs and network highlights

Now that we've gotten the preliminaries out of the way, let's take a look at the products and networks available in your area in 2022.

Cue the highlight reel.

With Highmark, you get all the essentials — and so much more.

First, you get access to the 10 Essential Health Benefits — plus coverage for preexisting conditions. They include:

- Outpatient care
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Pregnancy, maternity, and newborn care
- Mental health and substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including dental and vision care

But Highmark goes above and beyond.

Here are just a few of the awesome advantages you'll find in some of our plans this year.* Go ahead. Start circling the ones you want.

- Low office visit copay
- \$0 prescription copays for Tier 1 drugs
- Free preventive vaccines,** tests, and screenings***
- Adult dental and vision coverage
- Predictable copays that start day 1
- Plans with \$0 deductibles
- Prescription drug coverage that starts day 1, no deductible to meet
- Enhanced resources for managing chronic conditions
- Many providers offers same-day primary and specialty care visits
- Potential tax-free savings with a Health Savings Account****
 - Money can go in tax-free and lower your taxable income.
 - Money comes out tax-free when used for qualified medical expenses.
 - Interest and earnings on any unused money grows tax-free.
 - Unused money rolls over from year to year.

* Not all plans include these benefits. The availability of benefits depends on your selected plan.

** As listed on the Highmark Preventive Schedule when given at a participating pharmacy.

*** As presented on the Highmark Preventive Schedule. To check the preventive schedule for covered care, visit https://www.highmarkbcbs.com/pdf/Highmark_Preventive_Schedule_2022.pdf

**** Please note: 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 Pennsylvania Insurance Exchange are not intended to be used with an HSA. If you have questions, please check with your financial advisor.

All of our coverage options give you 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've got a plan for you. All you have to do is choose.*

Together Blue EPO

The most affordable Highmark plan in western Pennsylvania.

Together Blue EPO gives you access to Allegheny Health Network (AHN) and select independent providers.** Plus, you gain access to a dedicated Together Connect Team — on hand to help you navigate all the ins and outs of care and coverage, and to connect you with the resources to live your healthiest, best life. Together Blue EPO also offers a product called Together Blue Care Advantage EPO. This \$0 deductible plan offers lower copays for certain specialists and low-cost medications which makes it easier to manage conditions like congestive heart failure, chronic obstructive pulmonary disease, or diabetes. Plus, you have coast-to-coast coverage for emergency and urgent care with BlueCard.

my Direct Blue EPO

In-network access to top-quality care throughout western Pennsylvania, plus full BlueCard access coast to coast.

my Direct Blue EPO gives you in-network access to AHN, as well as many community hospitals and doctors who have partnered with Highmark to deliver high-quality, lower-cost care.** And with our Bluecard program, you get in-network access to providers outside of western Pennsylvania for routine, emergency, and urgent care, too.

my Blue Access PPO

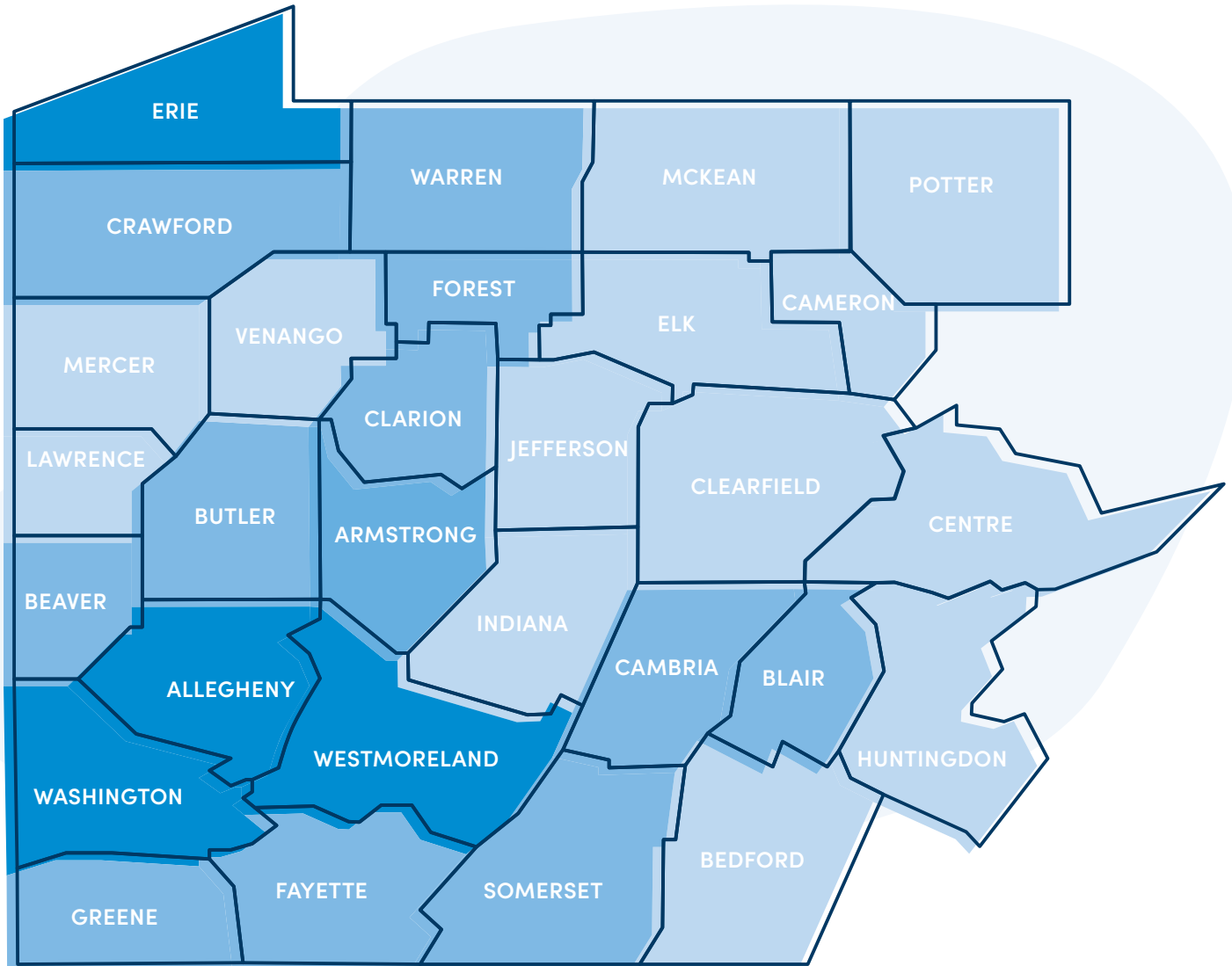
Comprehensive in-network access throughout western Pennsylvania — including all AHN and UPMC hospitals.




my Blue Access PPO gives you in-network access to Highmark's broadest network of doctors and hospitals — including AHN and UPMC. With a PPO, you also get the flexibility to see out-of-network providers. Plus, you have full BlueCard coverage for routine, emergency, and urgent care at out-of-network doctors and hospitals close to home and nationwide.

* To see what plans you may qualify for based on your county of residence, see the product listings beginning on page 33.

** Care received from out-of-network providers is not covered, except for emergency and urgent situations.

Plans are available for residents of the counties highlighted below.



-  Together Blue EPO¹, my Direct Blue EPO, and my Blue Access PPO
-  my Direct Blue EPO and my Blue Access PPO
-  my Blue Access PPO

To see if your provider is in network, visit highmarkbcbs.com and click **Find a Doctor or Pharmacy**.

¹Together Blue Care Advantage EPO Premier and Together Blue EPO utilize the same network.

Coverage that goes where you go.

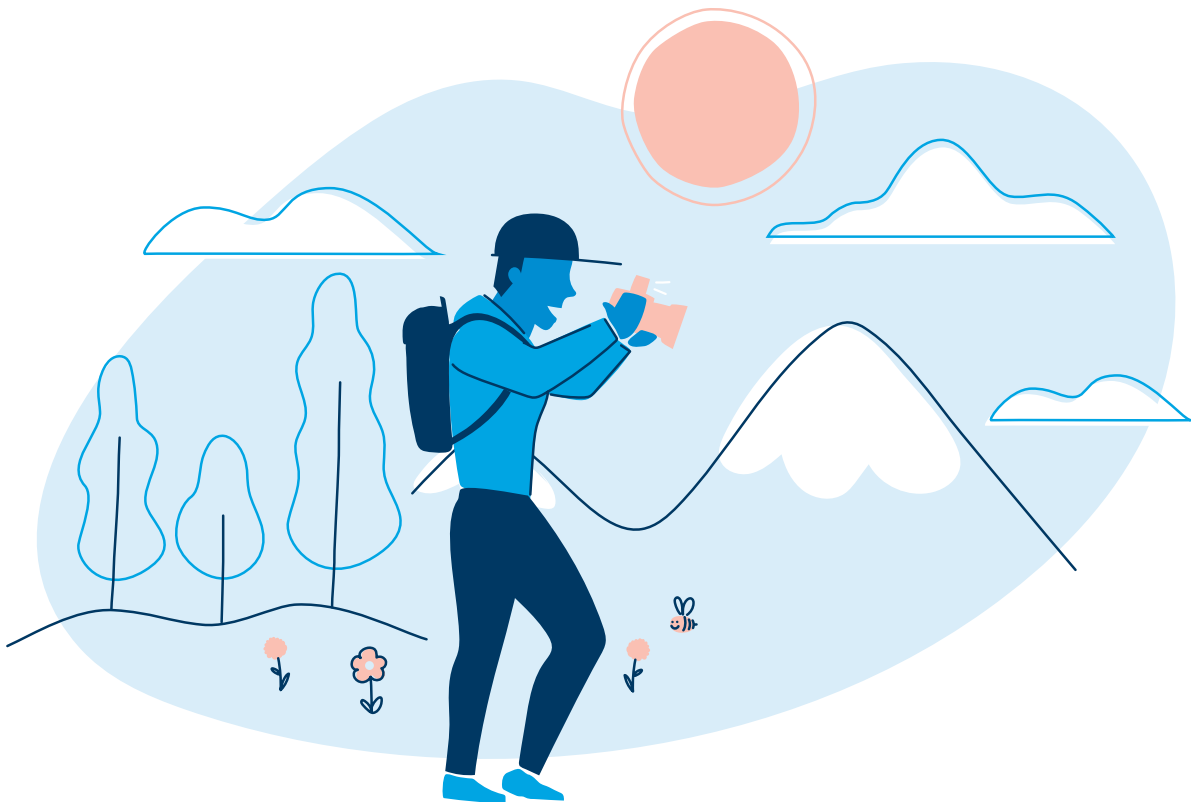


Planning to hit the road or travel abroad this year? With BlueCard, your health care benefits go with you — across the country. We give you access to doctors and hospitals almost everywhere, so you'll have peace of mind that you can always find the care you need.

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

- Cleveland Clinic
- Memorial Sloan Kettering Cancer Center
- Johns Hopkins Hospital
- University of Maryland Medical Center

Keep in mind that BlueCard covers routine, emergency, and urgent care for some plans, but only emergency and urgent for others. **Check out the product descriptions on page 16 to learn more about your coverage.**



In-network facilities

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
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	•	•	•
Curahealth Pittsburgh	•	•	•
Heritage Valley Kennedy		•	•
Heritage Valley Sewickley		•	•
LifeCare Behavioral Health Hospital of Pittsburgh	•	•	•
St. Clair Hospital		•	•
The Children's Home of Pittsburgh	•	•	•
UPMC Children's Hospital of Pittsburgh	•	•	•
UPMC East			•
UPMC Magee-Womens Hospital			•
UPMC McKeesport			•
UPMC Mercy			•

¹ Together Blue EPO and Together Blue Care Advantage EPO plans utilize the same network.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmarkbcbs.com under the **Find a Doctor** or **Pharmacy** tab.

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
UPMC Passavant - McCandless			•
UPMC Presbyterian			•
UPMC Shadyside			•
UPMC St. Margaret			•
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		•	•
Tower Health - Reading Hospital			•
Blair County			
Conemaugh Nason Medical Center		•	•
Penn Highlands Tyrone		•	•
UPMC Altoona	•	•	•
Bradford County			
Guthrie Robert Packer Hospital		•	•
Guthrie Robert Packer Hospital - Towanda Campus		•	•
Guthrie Troy Community Hospital		•	•
Bucks County			
Doylestown Hospital		•	•
Grand View Hospital		•	•

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Jefferson Health - 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		•	•
UPMC Passavant - Cranberry			•
Cambria County			
Conemaugh Memorial Medical Center		•	•
Conemaugh Memorial Medical Center - Lee Campus		•	•
Conemaugh Miners Medical Center		•	•
Select Specialty Hospital - Johnstown		•	•
Carbon County			
St. Luke's Hospital - Carbon Campus		•	•
St. Luke's Hospital - Lehighon Campus		•	•
Centre County			
Mount Nittany Medical Center		•	•
Chester County			
Main Line Health - Bryn Mawr Rehab Hospital		•	•
Main Line Health - Paoli Hospital		•	•
Penn Medicine - Chester County Hospital		•	•
Tower Health - Brandywine Hospital		•	•
Tower Health - Jennersville Hospital		•	•
Tower Health - Phoenixville Hospital		•	•

¹ Together Blue EPO and Together Blue Care Advantage EPO plans utilize the same network.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmarkbcbs.com under the **Find a Doctor** or **Pharmacy** tab.

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Clarion County			
BHS Clarion Hospital		•	•
Clearfield County			
Penn Highlands Clearfield			•
Penn Highlands DuBois			•
Clinton County			
Bucktail Medical Center		•	•
UPMC Lock Haven		•	•
Columbia County			
Berwick Hospital Center			•
Geisinger Bloomsburg Hospital			•
Crawford County			
Meadville Medical Center		•	•
Titusville Area Hospital		•	•
Cumberland County			
Penn State Health Hampden Medical Center		•	•
Penn State Health Holy Spirit Medical Center		•	•
Select Specialty Hospital - Camp Hill		•	•
UPMC Carlisle		•	•
UPMC West Shore			•
Dauphin County			
Penn State Health Children's Hospital		•	•
Penn State Health Milton S. Hershey Medical Center		•	•
UPMC Community Osteopathic			•
UPMC Harrisburg			•

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
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		•	•
Elk County			
Penn Highlands Elk			•
Erie County			
AHN Saint Vincent Hospital	•	•	•
LECOM Health - Corry Memorial Hospital		•	•
LECOM Health - Millcreek Community Hospital		•	•
Select Specialty Hospital - Erie	•	•	•
UPMC Hamot			•
Fayette County			
Highlands Hospital		•	•
WVU Medicine - Uniontown Hospital		•	•
Franklin County			
WellSpan Chambersburg Hospital		•	•
WellSpan Waynesboro Hospital		•	•
Fulton County			
Fulton County Medical Center			•
Greene County			
Washington Health System Greene		•	•

¹ Together Blue EPO and Together Blue Care Advantage EPO plans utilize the same network.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmarkbcbs.com under the **Find a Doctor** or **Pharmacy** tab.

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Huntingdon County			
Penn Highlands Huntingdon			•
Indiana County			
Indiana Regional Medical Center			•
Jefferson County			
Penn Highlands Brookville			•
Punxsutawney Area Hospital			•
Lackawanna County			
CHS Moses Taylor Hospital		•	•
CHS Regional Hospital of Scranton		•	•
Geisinger Community Medical Center		•	•
Lancaster County			
Lancaster General Hospital		•	•
Lancaster General Hospital Women & Babies		•	•
Lancaster Surgery Center		•	•
UPMC Lititz			•
WellSpan Ephrata Community Hospital			•
Lawrence County			
Lawrence County Surgery Center of Edgewood Surgical Hospital		•	•
UPMC Jameson	•	•	•
Lebanon County			
WellSpan Good Samaritan Hospital		•	•
Lehigh County			
Lehigh Valley Hospital - 17th Street		•	•
Lehigh Valley Hospital - Cedar Crest		•	•
Lehigh Valley Hospital - Coordinated Health Allentown		•	•

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Lehigh Valley Reilly Children's Hospital		•	•
St. Luke's Hospital - Allentown Campus			•
St. Luke's Hospital - Sacred Heart Campus			•
Luzerne County			
CHS First Hospital Wyoming Valley		•	•
CHS Wilkes-Barre General Hospital		•	•
Geisinger Wyoming Valley Medical Center		•	•
Lehigh Valley Hospital - Hazleton		•	•
Lycoming County			
Geisinger Jersey Shore Hospital		•	•
UPMC Muncy		•	•
UPMC Williamsport		•	•
UPMC Williamsport Divine Providence Campus		•	•
McKean County			
Bradford Regional Medical Center		•	•
UPMC Kane	•	•	•
Mercer County			
AHN Grove City Hospital	•	•	•
Edgewood Surgical Hospital		•	•
Sharon Regional Medical Center		•	•
UPMC Horizon - Greenville	•	•	•
UPMC Horizon - Shenango Valley	•	•	•
Mifflin County			
Geisinger Lewistown Hospital			•

¹ Together Blue EPO and Together Blue Care Advantage EPO plans utilize the same network.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmarkbcbs.com under the **Find a Doctor** or **Pharmacy** tab.

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
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		•	•
Tower Health - Pottstown Hospital		•	•
Montour County			
Geisinger Janet Weis Children's Hospital			•
Geisinger Medical Center			•
Northampton County			
Lehigh Valley Hospital - Coordinated Health Bethlehem		•	•
Lehigh Valley Hospital - Hecktown Oaks		•	•
Lehigh Valley Hospital - Muhlenberg		•	•
St. Luke's Hospital - Anderson Campus			•
St. Luke's Hospital - Easton Campus			•
St. Luke's University Hospital - Bethlehem			•
Northumberland County			
Geisinger Shamokin Area Community Hospital			•

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Philadelphia County			
Children's Hospital of Philadelphia		•	•
Einstein Medical Center Philadelphia		•	•
Jefferson Health - Frankford Hospital		•	•
Jefferson Health - Methodist Hospital		•	•
Jefferson Health - Thomas Jefferson University Hospital		•	•
Jefferson Health - Torresdale Hospital		•	•
Jefferson Health - WillsEye Hospital		•	•
Penn Medicine - Hospital of the University of Pennsylvania		•	•
Penn Medicine - Penn Presbyterian Medical Center		•	•
Penn Medicine - Pennsylvania Hospital		•	•
Temple Health - Fox Chase Cancer Center		•	•
Temple Health - Temple University Hospital		•	•
Tower Health - Chestnut Hill 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			•

¹ Together Blue EPO and Together Blue Care Advantage EPO plans utilize the same network.

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmarkbcbs.com under the **Find a Doctor** or **Pharmacy** tab.

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Somerset County			
Chan Soon-Shiong Medical Center at Windber		•	•
Conemaugh Meyersdale Medical Center		•	•
UPMC Somerset	•	•	•
Susquehanna			
Barnes-Kasson Hospital		•	•
Endless Mountains Health Systems		•	•
Tioga County			
UPMC Wellsboro		•	•
Union County			
Evangelical Community Hospital		•	•
Venango County			
UPMC Northwest	•	•	•
Warren County			
Warren General Hospital		•	•
Washington County			
Advanced Surgical Hospital		•	•
AHN Canonsburg Hospital	•	•	•
Monongahela Valley Hospital		•	•
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		•	•

In-network facilities (continued)

Facilities	Together Blue EPO ¹	my Direct Blue EPO	my Blue Access PPO
Wyoming County			
CHS Tyler Memorial Hospital		•	•
York County			
OSS Orthopaedic Hospital			•
UPMC Hanover			•
UPMC Memorial			•
WellSpan Surgery and Rehabilitation Hospital			•
WellSpan York Hospital			•
Additional in-network facilities*			
Meritus Medical Center		•	•
The Johns Hopkins Hospital		•	•
University of Maryland Medical Center		•	•
UPMC Western Maryland		•	•
WVU Medicine - Garrett Regional Medical Center		•	•
AHN Westfield Memorial Hospital	•	•	•
Guthrie Corning Hospital		•	•
Olean General Hospital		•	•
UR Medicine - Jones Memorial Hospital		•	•
UR Medicine - Strong Memorial Hospital		•	•
Cleveland Clinic		•	•
WVU Medicine - Children's Hospital		•	•
WVU Medicine - J.W. Ruby Memorial Hospital		•	•

¹ Together Blue EPO and Together Blue Care Advantage EPO plans utilize the same network.

* This is not a comprehensive list. In addition to the out-of-state hospitals listed here, my Direct Blue EPO and my Blue Access PPO plans include all BlueCard providers across the country, as well as other out-of-state hospitals. Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmarkbcbs.com under the **Find a Doctor** or **Pharmacy** tab.

Your Gold 0 plan options

While all of our Gold plans come with a \$0 deductible, there are some differences in copay rates and other benefits from plan to plan. Check out your options below to find the Gold plan that's right for you.

Gold 0¹ Plans

Our Gold 0 Plans offer lower copays for care than other metal levels with copays as low as \$20 for office visits. Even better, you'll have predictable copays for almost all services — so you'll know what you owe going in.

Premier Gold 0¹ plans

Our Premier Gold 0 plans offer even lower copays on office visits, as low as \$15. Plus lower out-of-pocket costs on covered services and exclusive access to Papa Pals and TruHearing.



Papa Pals

With Papa Pals, each member gets up to 36 hours per year of help with everyday tasks like light cleaning, laundry, grocery shopping, and getting to and from appointments so you have more time to focus on living your best, and healthiest, life. To learn more, visit joinpapa.com/activities/video-visits.



TruHearing

Exclusive to Premier Gold plans, **TruHearing™** provides lower copays for hearing aids purchased through the TruHearing Program. 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 Highmark-HS.TruHearing.com or refer to your contract.

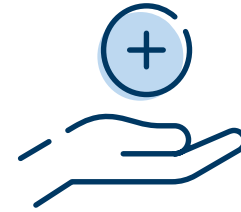
Together Blue Care Advantage EPO plan

With a Together Blue Advantage plan — one of our Premier Gold 0 plans — you still get access to Papa Pals and TruHearing, plus you get Highmark's lowest copays for certain specialists and low-cost medications which makes it easier to manage conditions like **congestive heart failure, chronic obstructive pulmonary disease, or diabetes**. In addition to \$0 Tier 1 prescriptions, Together Blue Care Advantage also covers Tier 2 drugs used to manage these chronic conditions for just \$3. You can see more about these specific benefit costs starting on page 33.

To see if the prescriptions you take to manage your condition are covered for \$3 under the Together Blue Care Advantage EPO Premier plan, visit morehighmarkvalue.com, search for the drug, click on the drug name, and look for the green checkmark.

¹ These plans are offered with Together Blue EPO, Together Blue Care Advantage EPO, my Direct Blue EPO, and my Blue Access PPO.

Plans that include adult vision and dental



Highmark is making pediatric and adult 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 46-48 and pediatric dental and vision benefits at PediatricDentalAndVision.com.

Benefits of adult vision coverage:

- Free eye exam
- Allowance for glasses or contacts

Our vision plans use the Davis Vision Network — a list of in-network providers can be accessed through highmarkbcbs.com. To access network providers, click **Health Care Reform Vision Network**.

Benefits of adult dental coverage:

- Convenience of only having one bill to pay for comprehensive medical and dental coverage
- Decreased waiting period
- Two free cleanings

Our plans use the Concordia Advantage network. To find a provider, visit highmarkbcbs.com and select the **Find a Doctor** or **Pharmacy** tab.

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	\$288 ¹
Composite filling	\$71	\$170 ²
Simple extraction	\$33	\$163 ³
Root canal	\$400	\$1,000 ⁴

¹https://www.dentaly.org/us/oral-hygiene/teeth-cleaning/#How_much_does_a_dental_cleaning_cost, last accessed September 19, 2021

¹<https://www.dentaly.org/us/panoramic-dental-xray/>, last accessed September 19, 2021

²https://www.dentaly.org/us/tooth-filling/#How_much_do_fillings_cost, last accessed September 20, 2021

³https://www.dentaly.org/us/tooth-extraction/#How_much_does_tooth_removal_cost_in_the_US, last accessed September 20, 2021

⁴<https://www.webmd.com/oral-health/guide/dental-root-canals>, last accessed September 20, 2021

**Now, let's dig
into plan details.**

To make it easier, we've sorted them by what's available where you live.

Just find your county and jump to that section.

Allegheny, Erie, Washington, and Westmoreland counties

Standard Plan options	34
Extra Savings Plan options	36

Armstrong, Beaver, Blair, Butler, Cambria, Clarion, Crawford, Fayette, Forest, Greene, Somerset, and Warren counties

Standard Plan options	38
Extra Savings Plan options	40

Bedford, Cameron, Centre,* Clearfield, Elk, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, and Venango counties

Standard Plan options	42
Extra Savings Plan options	44

Adult Vision and Dental Benefits 46

*If you're a Centre county resident, you must live in one of the following ZIP codes to enroll in one of these plans: 16677, 16686, 16829, 16845, 16859, 16866, 16874

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

		Coverage Level				
		Catastrophic 8700 3 Free PCP visits	Bronze 6900 HSA	Bronze 3800	Silver 3250 HSA	Silver 2900
Plan Availability	Together Blue Major Events EPO 8700	Together Blue EPO Bronze 6900 HSA	Together Blue EPO Bronze 3800	Together Blue EPO Silver 3250 HSA	Together Blue EPO Silver 2900	
	my Direct Blue Major Events EPO 8700	my Direct Blue EPO Bronze 6900 HSA	my Direct Blue EPO Bronze 3800	my Direct Blue EPO Silver 3250 HSA	my Direct Blue EPO Silver 2900	
	my Blue Access Major Events PPO 8700	my Blue Access PPO Bronze 6900 HSA	my Blue Access PPO Bronze 3800	my Blue Access PPO Silver 3250 HSA	my Blue Access PPO Silver 2900	
In-Network Deductible	Individual: \$8,700 Family: \$17,400	Individual: \$6,900 Family: \$13,800	Individual: \$3,800 Family: \$7,600	Individual: \$3,250 Family: \$6,500	Individual: \$2,900 Family: \$5,800	
In-Network, Out-of-Pocket Maximum	Individual: \$8,700 Family: \$17,400	Individual: \$6,900 Family: \$13,800	Individual: \$8,700 Family: \$17,400	Individual: \$6,900 Family: \$13,800	Individual: \$7,800 Family: \$15,600	
Primary Care Visit	First 3 visits free, then \$0 after deductible	\$0 after deductible	\$80 copay	\$70 after deductible	\$50 copay	
Specialist Visit	\$0 after deductible	\$0 after deductible	\$80 copay	\$70 after deductible	\$50 copay	
Outpatient Mental Health and Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$80 copay	\$70 after deductible	\$50 copay	
Speech, Physical, & Occupational Therapy and Chiropractic Care²	\$0 after deductible	\$0 after deductible	\$80 copay	\$70 after deductible	\$75 copay	
Diagnostic Test/Lab Services	\$0 after deductible	\$0 after deductible	\$65 copay	\$90 after deductible	\$75 copay	
Diagnostic Test/X-Rays	\$0 after deductible	\$0 after deductible	\$140 copay	\$90 after deductible	\$75 copay	
Urgent Care	\$0 after deductible	\$0 after deductible	\$100 copay	\$140 after deductible	\$100 copay	
Emergency Services	\$0 after deductible	\$0 after deductible	50% after deductible	\$750 after deductible	\$750 after deductible	
Hospital Inpatient (including Maternity)	\$0 after deductible	\$0 after deductible	50% after deductible	\$900 after deductible	30% after deductible	
Pharmacy Summary³	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	50%/50%/50%/50% after deductible	\$0/\$30/\$150/50% after deductible	\$0/\$30/\$150/50%	
Includes Adult Dental and Vision Option⁴	No	No	Yes	No	Yes	

Coverage Level

	Silver 2600*	Gold 1400 HSA ^{1*}	Gold 0	Premier Gold 0	
Plan Availability	Together Blue EPO Silver 2600* my Direct Blue EPO Silver 2600* my Blue Access PPO Silver 2600*	Together Blue EPO Gold 1400 HSA ^{1*} my Direct Blue EPO Gold 1400 HSA ^{1*} my Blue Access PPO Gold 1400 HSA ^{1*}	Together Blue EPO Gold 0 my Direct Blue EPO Gold 0 my Blue Access PPO Gold 0	Together Blue EPO Premier Gold 0 my Direct Blue EPO Premier Gold 0 my Blue Access PPO Premier Gold 0	Together Blue EPO Care Advantage Premier Gold 0
In-Network Deductible	Individual: \$2,600 Family: \$5,200	Individual: \$1,400 Family: \$2,800	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network, Out-of-Pocket Maximum	Individual: \$8,500 Family: \$17,000	Individual: \$5,000 Family: \$10,000	Individual: \$7,500 Family: \$15,000	Individual: \$6,500 Family: \$13,000	Individual: \$6,500 Family: \$13,000
Primary Care Visit	\$40 copay	20% after deductible	\$20 copay	\$15 copay	\$15 copay
Specialist Visit	\$40 copay	20% after deductible	\$20 copay	\$15 copay	Condition Based Specialist: \$5; All Other Specialists: \$15
Outpatient Mental Health and Substance Abuse Visits	\$40 copay	20% after deductible	\$20 copay	\$15 copay	\$5 copay
Speech, Physical, & Occupational Therapy and Chiropractic Care²	\$40 copay	20% after deductible	\$45 copay	\$40 copay	\$40 copay
Diagnostic Test/Lab Services	\$65 copay	20% after deductible	\$35 copay	\$30 copay	\$30 copay
Diagnostic Test/X-Rays	\$65 copay	20% after deductible	\$35 copay	\$30 copay	\$30 copay
Urgent Care	\$80 copay	20% after deductible	\$40 copay	\$30 copay	\$30 copay
Emergency Services	30% after deductible	20% after deductible	\$300 copay	\$250 copay	\$250 copay
Hospital Inpatient (including Maternity)	30% after deductible	20% after deductible	\$500 copay	\$375 copay	\$375 copay
Pharmacy Summary³	\$0/\$30/\$150/50%	20%/20%/20%/20% after deductible	\$0/\$30/\$150/50%	\$0/\$25/\$75/50%	\$0/\$25/\$75/50% and \$3 Condition Based Rx
Includes Adult Dental and Vision Option⁴	Yes	No	Yes	Yes	Yes

* These plans are available directly from Highmark and are not available on the Pennsylvania Insurance Exchange. 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.

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

⁴ See page 46 for Adult Dental and Vision benefit details.

	Income Level		
	138-149% FPL		150-199% FPL
	Coverage Level		
	Silver 100	Silver 0	Silver 700
Plan Availability	Together Blue EPO Extra Savings Silver 100 my Direct Blue EPO Extra Savings Silver 100 my Blue Access PPO Extra Savings Silver 100	Together Blue EPO Extra Savings Silver 0 my Direct Blue EPO Extra Savings Silver 0 my Blue Access PPO Extra Savings Silver 0	Together Blue EPO Extra Savings Silver 700 my Direct Blue EPO Extra Savings Silver 700 my Blue Access PPO Extra Savings Silver 700
In-Network Deductible	Individual: \$100 Family: \$200	Individual: \$0 Family: \$0	Individual: \$700 Family: \$1,400
In-Network, Out-of-Pocket Maximum	Individual: \$1,300 Family: \$2,600	Individual: \$1,200 Family: \$2,400	Individual: \$2,850 Family: \$5,700
Primary Care Visit	\$5 copay	\$1 copay	\$25 copay
Specialist Visit	\$5 copay	\$1 copay	\$25 copay
Outpatient Mental Health and Substance Abuse Visits	\$5 copay	\$1 copay	\$25 copay
Speech, Physical, & Occupational Therapy and Chiropractic Care¹	\$5 copay	\$5 copay	\$25 copay
Diagnostic Test/Lab Services	\$15 copay	\$5 copay	\$45 copay
Diagnostic Test/X-Rays	\$15 copay	\$5 copay	\$45 copay
Urgent Care	\$10 copay	\$5 copay	\$50 copay
Emergency Services	\$100 after deductible	\$75 copay	\$300 copay after deductible
Hospital Inpatient (including Maternity)	10% after deductible	\$100 copay	10% after deductible
Pharmacy Summary²	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%	\$0/\$10/\$50/50%
Includes Adult Dental and Vision Option³	Yes	No	Yes

Income Level			
150-199% FPL		200-249% FPL	
Coverage Level			
	Silver 0	Silver 2100	Silver 1050
Plan Availability	Together Blue EPO Extra Savings Silver 0 my Direct Blue EPO Extra Savings Silver 0 my Blue Access PPO Extra Savings Silver 0	Together Blue EPO Extra Savings Silver 2100 my Direct Blue EPO Extra Savings Silver 2100 my Blue Access PPO Extra Savings Silver 2100	Together Blue EPO Extra Savings Silver 1050 my Direct Blue EPO Extra Savings Silver 1050 my Blue Access PPO Extra Savings Silver 1050
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$2,100 Family: \$4,200	Individual: \$1,050 Family: \$2,100
In-Network, Out-of-Pocket Maximum	Individual: \$2,800 Family: \$5,600	Individual: \$6,800 Family: \$13,600	Individual: \$5,800 Family: \$11,600
Primary Care Visit	\$15 copay	\$50 copay	\$60 after deductible
Specialist Visit	\$15 copay	\$50 copay	\$60 after deductible
Outpatient Mental Health and Substance Abuse Visits	\$15 copay	\$50 copay	\$60 after deductible
Speech, Physical, & Occupational Therapy and Chiropractic Care¹	\$30 copay	\$75 copay	\$60 after deductible
Diagnostic Test/Lab Services	\$25 copay	\$75 copay	\$75 after deductible
Diagnostic Test/X-Rays	\$25 copay	\$75 copay	\$75 after deductible
Urgent Care	\$30 copay	\$100 copay	\$120 after deductible
Emergency Services	\$275 copay	\$750 copay after deductible	\$750 after deductible
Hospital Inpatient (including Maternity)	\$375 copay	30% after deductible	\$800 after deductible
Pharmacy Summary²	\$0/\$10/\$50/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50% after deductible
Includes Adult Dental and Vision Option³	No	Yes	No

¹ Limit of 30 combined physical and occupational therapy visits per benefit period.

² Visit [highmarkacaformulary.com](https://www.highmarkacaformulary.com) to view our Formulary and see if your drug is covered, and at which tier.

³ See page 46 for Adult Dental and Vision benefit details.

Coverage Level

Catastrophic 8700

3 Free PCP visits

Bronze HSA 6900

Bronze 3800

Silver 3250 HSA

	Catastrophic 8700	Bronze HSA 6900	Bronze 3800	Silver 3250 HSA
Plan Availability	my Direct Blue Major Events EPO 8700 my Blue Access Major Events PPO 8700	my Direct Blue EPO Bronze 6900 HSA my Blue Access PPO Bronze 6900 HSA	my Direct Blue EPO Bronze 3800 my Blue Access PPO Bronze 3800	my Direct Blue EPO Silver 3250 HSA my Blue Access PPO Silver 3250 HSA
In-Network Deductible	Individual: \$8,700 Family: \$17,400	Individual: \$6,900 Family: \$13,800	Individual: \$3,800 Family: \$7,600	Individual: \$3,250 Family: \$6,500
In-Network, Out-of-Pocket Maximum	Individual: \$8,700 Family: \$17,400	Individual: \$6,900 Family: \$13,800	Individual: \$8,700 Family: \$17,400	Individual: \$6,900 Family: \$13,800
Primary Care Visit	First 3 visits free, then \$0 after deductible	\$0 after deductible	\$80 copay	\$70 after deductible
Specialist Visit	\$0 after deductible	\$0 after deductible	\$80 copay	\$70 after deductible
Outpatient Mental Health and Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$80 copay	\$70 after deductible
Speech, Physical, & Occupational Therapy and Chiropractic Care²	\$0 after deductible	\$0 after deductible	\$80 copay	\$70 after deductible
Diagnostic Test/ Lab Services	\$0 after deductible	\$0 after deductible	\$65 copay	\$90 after deductible
Diagnostic Test/ X-Rays	\$0 after deductible	\$0 after deductible	\$140 copay	\$90 after deductible
Urgent Care	\$0 after deductible	\$0 after deductible	\$100 copay	\$140 after deductible
Emergency Services	\$0 after deductible	\$0 after deductible	50% after deductible	\$750 after deductible
Hospital Inpatient (including Maternity)	\$0 after deductible	\$0 after deductible	50% after deductible	\$900 after deductible
Pharmacy Summary³	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	50%/50%/50%/50% after deductible	\$0/\$30/\$150/50% after deductible
Includes Adult Dental and Vision Option⁴	No	No	Yes	No

Coverage Level

	Silver 2900	Silver 2600*	Gold 1400 HSA ^{1*}	Gold 0	Premier Gold 0
Plan Availability	my Direct Blue EPO Silver 2900 my Blue Access PPO Silver 2900	my Direct Blue EPO Silver 2600* my Blue Access PPO Silver 2600*	my Direct Blue EPO Gold 1400 HSA ^{1*} my Blue Access PPO Gold 1400 HSA ^{1*}	my Direct Blue EPO Gold 0 my Blue Access PPO Gold 0	my Direct Blue EPO Premier Gold 0 my Blue Access PPO Premier Gold 0
In-Network Deductible	Individual: \$2,900 Family: \$5,800	Individual: \$2,600 Family: \$5,200	Individual: \$1,400 Family: \$2,800	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network, Out-of-Pocket Maximum	Individual: \$7,800 Family: \$15,600	Individual: \$8,500 Family: \$17,000	Individual: \$5,000 Family: \$10,000	Individual: \$7,500 Family: \$15,000	Individual: \$6,500 Family: \$13,000
Primary Care Visit	\$50 copay	\$40 copay	20% after deductible	\$20 copay	\$15 copay
Specialist Visit	\$50 copay	\$40 copay	20% after deductible	\$20 copay	\$15 copay
Outpatient Mental Health and Substance Abuse Visits	\$50 copay	\$40 copay	20% after deductible	\$20 copay	\$15 copay
Speech, Physical, & Occupational Therapy and Chiropractic Care²	\$75 copay	\$40 copay	20% after deductible	\$45 copay	\$40 copay
Diagnostic Test/Lab Services	\$75 copay	\$65 copay	20% after deductible	\$35 copay	\$30 copay
Diagnostic Test/X-Rays	\$75 copay	\$65 copay	20% after deductible	\$35 copay	\$30 copay
Urgent Care	\$100 copay	\$80 copay	20% after deductible	\$40 copay	\$30 copay
Emergency Services	\$750 after deductible	30% after deductible	20% after deductible	\$300 copay	\$250 copay
Hospital Inpatient (including Maternity)	30% after deductible	30% after deductible	20% after deductible	\$500 copay	\$375 copay
Pharmacy Summary³	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	20%/20%/20%/20% after deductible	\$0/\$30/\$150/50%	\$0/\$25/\$75/50%
Includes Adult Dental and Vision Option⁴	Yes	Yes	No	Yes	Yes

*These plans are available directly from Highmark and are not available on the Pennsylvania Insurance Exchange. 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.

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

⁴ See page 46 for Adult Dental and Vision benefit details.

	Income Level		
	138-149% FPL		150-199% FPL
	Coverage Level		
	Silver 100	Silver 0	Silver 700
Plan Availability	my Direct Blue EPO Extra Savings Silver 100 my Blue Access PPO Extra Savings Silver 100	my Direct Blue EPO Extra Savings Silver 0 my Blue Access PPO Extra Savings Silver 0	my Direct Blue EPO Extra Savings Silver 700 my Blue Access PPO Extra Savings Silver 700
In-Network Deductible	Individual: \$100 Family: \$200	Individual: \$0 Family: \$0	Individual: \$700 Family: \$1,400
In-Network, Out-of-Pocket Maximum	Individual: \$1,300 Family: \$2,600	Individual: \$1,200 Family: \$2,400	Individual: \$2,850 Family: \$5,700
Primary Care Visit	\$5 copay	\$1 copay	\$25 copay
Specialist Visit	\$5 copay	\$1 copay	\$25 copay
Outpatient Mental Health and Substance Abuse Visits	\$5 copay	\$1 copay	\$25 copay
Speech, Physical, & Occupational Therapy and Chiropractic Care¹	\$5 copay	\$5 copay	\$25 copay
Diagnostic Test/Lab Services	\$15 copay	\$5 copay	\$45 copay
Diagnostic Test/X-Rays	\$15 copay	\$5 copay	\$45 copay
Urgent Care	\$10 copay	\$5 copay	\$50 copay
Emergency Services	\$100 after deductible	\$75 copay	\$300 after deductible
Hospital Inpatient (including Maternity)	10% after deductible	\$100 copay	10% after deductible
Pharmacy Summary²	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%	\$0/\$10/\$50/50%
Includes Adult Dental and Vision Option³	Yes	No	Yes

	Income Level		
	150-199% FPL	200-249% FPL	
	Coverage Level		
	Silver 0	Silver 2100	Silver 1050
Plan Availability	my Direct Blue EPO Extra Savings Silver 0 my Blue Access PPO Extra Savings Silver 0	my Direct Blue EPO Extra Savings Silver 2100 my Blue Access PPO Extra Savings Silver 2100	my Direct Blue EPO Extra Savings Silver 1050 my Blue Access PPO Extra Savings Silver 1050
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$2,100 Family: \$4,200	Individual: \$1,050 Family: \$2,100
In-Network, Out-of-Pocket Maximum	Individual: \$2,800 Family: \$5,600	Individual: \$6,800 Family: \$13,600	Individual: \$5,800 Family: \$11,600
Primary Care Visit	\$15 copay	\$50 copay	\$60 after deductible
Specialist Visit	\$15 copay	\$50 copay	\$60 after deductible
Outpatient Mental Health and Substance Abuse Visits	\$15 copay	\$50 copay	\$60 after deductible
Speech, Physical, & Occupational Therapy and Chiropractic Care¹	\$30 copay	\$75 copay	\$60 after deductible
Lab Services (Diagnostic / X-ray)	\$25 copay	\$75 copay	\$75 after deductible
Diagnostic Test/ X-Rays	\$25 copay	\$75 copay	\$75 after deductible
Urgent Care	\$30 copay	\$100 copay	\$120 after deductible
Emergency Services	\$275 copay	\$750 after deductible	\$750 after deductible
Hospital Inpatient (including Maternity)	\$375 copay	30% after deductible	\$800 after deductible
Pharmacy Summary²	\$0/\$10/\$50/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50% after deductible
Includes Adult Dental and Vision Option³	No	Yes	No

¹ Limit of 30 combined physical and occupational therapy visits per benefit period.

² Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

³ See page 46 for Adult Dental and Vision benefit details.

Coverage Level

Catastrophic 8700

3 Free PCP visits

Bronze HSA 6900

Bronze 3800

Silver 3250 HSA

	Catastrophic 8700	Bronze HSA 6900	Bronze 3800	Silver 3250 HSA
Plan Availability	my Blue Access Major Events PPO 8700	my Blue Access PPO Bronze 6900 HSA	my Blue Access PPO Bronze 3800	my Blue Access PPO Silver 3250 HSA
In-Network Deductible	Individual: \$8,700 Family: \$17,400	Individual: \$6,900 Family: \$13,800	Individual: \$3,800 Family: \$7,600	Individual: \$3,250 Family: \$6,500
In-Network, Out-of-Pocket Maximum	Individual: \$8,700 Family: \$17,400	Individual: \$6,900 Family: \$13,800	Individual: \$8,700 Family: \$17,400	Individual: \$6,900 Family: \$13,800
Primary Care Visit	First 3 visits free, then \$0 after deductible	\$0 after deductible	\$80 copay	\$70 after deductible
Specialist Visit	\$0 after deductible	\$0 after deductible	\$80 copay	\$70 after deductible
Outpatient Mental Health and Substance Abuse Visits	\$0 after deductible	\$0 after deductible	\$80 copay	\$70 after deductible
Speech, Physical, & Occupational Therapy and Chiropractic Care²	\$0 after deductible	\$0 after deductible	\$80 copay	\$70 after deductible
Diagnostic Test/Lab Services	\$0 after deductible	\$0 after deductible	\$65 copay	\$90 after deductible
Diagnostic Test/X-Rays	\$0 after deductible	\$0 after deductible	\$140 copay	\$90 after deductible
Urgent Care	\$0 after deductible	\$0 after deductible	\$100 copay	\$140 after deductible
Emergency Services	\$0 after deductible	\$0 after deductible	50% after deductible	\$750 after deductible
Hospital Inpatient (including Maternity)	\$0 after deductible	\$0 after deductible	50% after deductible	\$900 after deductible
Pharmacy Summary³	\$0/\$0/\$0/\$0 after deductible	\$0/\$0/\$0/\$0 after deductible	50%/50%/50%/50% after deductible	\$0/\$30/\$150/50% after deductible
Includes Adult Dental and Vision Option⁴	No	No	Yes	No

Coverage Level

	Silver 2900	Silver 2600*	Gold 1400 HSA ^{1*}	Gold 0	
Plan Availability	my Blue Access PPO Silver 2900	my Blue Access PPO Silver 2600*	my Blue Access PPO Gold 1400 HSA ^{1*}	my Blue Access PPO Gold 0	my Blue Access PPO Premier Gold 0
In-Network Deductible	Individual: \$2,900 Family: \$5,800	Individual: \$2,600 Family: \$5,200	Individual: \$1,400 Family: \$2,800	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network, Out-of-Pocket Maximum	Individual: \$7,800 Family: \$15,600	Individual: \$8,500 Family: \$17,000	Individual: \$5,000 Family: \$10,000	Individual: \$7,500 Family: \$15,000	Individual: \$6,500 Family: \$13,000
Primary Care Visit	\$50 copay	\$40 copay	20% after deductible	\$20 copay	\$15 copay
Specialist Visit	\$50 copay	\$40 copay	20% after deductible	\$20 copay	\$15 copay
Outpatient Mental Health and Substance Abuse Visits	\$50 copay	\$40 copay	20% after deductible	\$20 copay	\$15 copay
Speech, Physical, & Occupational Therapy and Chiropractic Care²	\$75 copay	\$40 copay	20% after deductible	\$45 copay	\$40 copay
Diagnostic Test/Lab Services	\$75 copay	\$65 copay	20% after deductible	\$35 copay	\$30 copay
Diagnostic Test/X-Rays	\$75 copay	\$65 copay	20% after deductible	\$35 copay	\$30 copay
Urgent Care	\$100 copay	\$80 copay	20% after deductible	\$40 copay	\$30 copay
Emergency Services	\$750 after deductible	30% after deductible	20% after deductible	\$300 copay	\$250 copay
Hospital Inpatient (including Maternity)	30% after deductible	30% after deductible	20% after deductible	\$500 copay	\$375 copay
Pharmacy Summary³	\$0/\$30/\$150/50%	\$0/\$30/\$150/50%	20%/20%/20%/20% after deductible	\$0/\$30/\$150/50%	\$0/\$25/\$75/50%
Includes Adult Dental and Vision Option⁴	Yes	Yes	No	Yes	Yes

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

** Note: you must reside in one of the following zip codes in Centre county to enroll in one of these plans: 16677, 16686, 16829, 16845, 16859, 16866, 16874.

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.

³ Visit [highmarkacaformulary.com](https://www.highmarkacaformulary.com) to view our Formulary and see if your drug is covered, and at which tier.

⁴ See page 46 for Adult Dental and Vision benefit details.

	Income Level		
	138-149% FPL		150-199% FPL
	Coverage Level		
	Silver 100	Silver 0	Silver 700
Plan Availability	my Blue Access PPO Extra Savings Silver 100	my Blue Access PPO Extra Savings Silver 0	my Blue Access PPO Extra Savings Silver 700
In-Network Deductible	Individual: \$100 Family: \$200	Individual: \$0 Family: \$0	Individual: \$700 Family: \$1,400
In-Network, Out-of-Pocket Maximum	Individual: \$1,300 Family: \$2,600	Individual: \$1,200 Family: \$2,400	Individual: \$2,850 Family: \$5,700
Primary Care Visit	\$5 copay	\$1 copay	\$25 copay
Specialist Visit	\$5 copay	\$1 copay	\$25 copay
Outpatient Mental Health and Substance Abuse Visits	\$5 copay	\$1 copay	\$25 copay
Speech, Physical, & Occupational Therapy and Chiropractic Care¹	\$5 copay	\$5 copay	\$25 copay
Diagnostic Test/Lab Services	\$15 copay	\$5 copay	\$45 copay
Diagnostic Test/X-Rays	\$15 copay	\$5 copay	\$45 copay
Urgent Care	\$10 copay	\$5 copay	\$50 copay
Emergency Services	\$100 after deductible	\$75 copay	\$300 after deductible
Hospital Inpatient (including Maternity)	10% after deductible	\$100 copay	10% after deductible
Pharmacy Summary²	\$0/\$5/\$15/50%	\$0/\$5/\$15/50%	\$0/\$10/\$50/50%
Includes Adult Dental and Vision Option³	Yes	No	Yes

	Income Level		
	150-199% FPL	200-249% FPL	
	Coverage Level		
	Silver 0	Silver 2100	Silver 1050
Plan Availability	my Blue Access PPO Extra Savings Silver 0	my Blue Access PPO Extra Savings Silver 2100	my Blue Access PPO Extra Savings Silver 1050
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$2,100 Family: \$4,200	Individual: \$1,050 Family: \$2,100
In-Network, Out-of-Pocket Maximum	Individual: \$2,800 Family: \$5,600	Individual: \$6,800 Family: \$13,600	Individual: \$5,800 Family: \$11,600
Primary Care Visit	\$15 copay	\$50 copay	\$60 after deductible
Specialist Visit	\$15 copay	\$50 copay	\$60 after deductible
Outpatient Mental Health and Substance Abuse Visits	\$15 copay	\$50 copay	\$60 after deductible
Speech, Physical, & Occupational Therapy and Chiropractic Care¹	\$30 copay	\$75 copay	\$60 after deductible
Lab Services (Diagnostic / X-ray)	\$25 copay	\$75 copay	\$75 after deductible
Diagnostic Test/ X-Rays	\$25 copay	\$75 copay	\$75 after deductible
Urgent Care	\$30 copay	\$100 copay	\$120 after deductible
Emergency Services	\$275 copay	\$750 after deductible	\$750 after deductible
Hospital Inpatient (including Maternity)	\$375 copay	30% after deductible	\$800 after deductible
Pharmacy Summary²	\$0/\$10/\$50/50%	\$0/\$30/\$150/50%	\$0/\$30/\$150/50% after deductible
Includes Adult Dental and Vision Option³	No	Yes	No

** Note: you must reside in one of the following zip codes in Centre county to enroll in one of these plans: 16677, 16686, 16829, 16845, 16859, 16866, 16874.

¹ Limit of 30 combined physical and occupational therapy visits per benefit period.

² Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

³ See page 46 for Adult Dental and Vision benefit details.

For all plans with Adult Dental and Vision — 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	n/a

Eyeglass Benefit - Frame	Average Retail Value	
Non-Collection Frame Allowance (Retail):	Up to \$130	Up to \$60
Davis Vision Frame Collection¹ (in lieu of Allowance):	Fashion level	Included
	Designer level	\$20 copayment
	Premier level	\$40 copayment

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 ²	\$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

Contact Lens Benefit (in lieu of eyeglasses)

Non-Collection Contact Lenses: Materials Allowance:		Up to \$85
Collection Contact Lenses¹ 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

¹Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

²Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

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 highmarkbcbs.com and select the Find a Doctor or Pharmacy tab.

For all plans with Adult Dental and Vision — 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. United Concordia Companies, Inc., is a separate company that administers pediatric dental benefits for Highmark BCBS members.

To find a dental provider in the Advantage Network, visit highmarkbcbs.com and select the Find a Doctor or Pharmacy tab.

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, 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 needing 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.

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

HIGHMARK DISCLOSURES

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, 2022– December 31, 2022). The family deductible can be met by one family member or a combination of members.

****Blue Distinction Centers (BDC)** met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. 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 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.

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, 2022– December 31, 2022), 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, 2022 – December 31, 2022) 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.

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.

Pediatric vision benefits utilize the Davis Vision Network. Pediatric dental benefits utilize United Concordia's Advantage Network.

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.

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 Health Insurance Marketplace.

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, please go to DiscoverHighmark.com/QualityAssurance; or for a paper copy, call 1-855-873-4108 (TTY/TDD 711).

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

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. 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 and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

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

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 2021.

American Well is an independent company that provides telemedicine services. American Well does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its telemedicine 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.

myCare NavigatorSM is a service mark of Highmark Inc.

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

Papa Pals is a separate company that provides companionship and assistance with everyday tasks to Highmark members.

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

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>. If you speak English, language assistance services, free of charge, are available to you. Call 1-800-876-7639.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-800-876-7639.

如果您说中文，可向您提供免费语言协助服务。請致電 1-800-876-7639。

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-800-876-7639.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. 1-800-876-7639 로 전화.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tumawag sa 1-800-876-7639.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-800-876-7639.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل على الرقم 1-800-876-7639 .

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-800-876-7639.

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-800-876-7639.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-800-876-7639.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-800-876-7639.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-800-876-7639.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-800-876-7639.

日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。 1-800-876-7639 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماس با شماره 1-800-876-7639 .

Highmark, a member of the Blue Cross Blue Shield Association,* has been providing secure and stable health care coverage for over 80 years. With 1 in 3 Americans covered by a Blue Cross and/or Blue Shield plan, when you're with Highmark, you're in good company.

*The Blue Cross Blue Shield Association is an association of independent Blue Cross Blue Shield plans.

Ready to (en)roll?

Cool. Here's how to do it:

- By phone: 1-833-796-0888
- Online: Highmark2022Plans.com
- By contacting your agent or broker
- At a Highmark Direct store or walk-in center near you

The Pointe at North Fayette
218 Summit Park Drive
North Fayette, PA 15275
412-714-6409

**McKnight Siebert
Shopping Center**
4885 McKnight Road
Pittsburgh, PA 15237
412-404-0562

Norman Centre II
1775 North Highland Road
Pittsburgh, PA 15241
724-492-5161

Kingswood Plaza
5753 Peach Street
Erie, PA 16509
814-923-5170

4008 William Penn Highway
Monroeville, PA 15146
412-516-9065

**To schedule an appointment at a
Highmark Direct store near you, visit
HighmarkDirectAppointments.com.**



Because Life.™