

HIGHMARK BLUE SHIELD  
CENTRAL PENNSYLVANIA REGION

Plans that work  
as hard for your  
business as you do.



For small groups with 50  
or fewer employees

EFFECTIVE JANUARY 1, 2024



Because Life.™

# Highmark has a plan that's right for your business.

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**Contact your broker or Highmark Small Group representative to get started.**

Insurance is offered by Highmark Benefits Group (HBG), an independent licensee of the Blue Cross Blue Shield Association.

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## Your employees want more from their health care.

Give your employees benefits that make them want to stick around.

Turn the page for network options, plan descriptions, and extra resources that come with our coverage.

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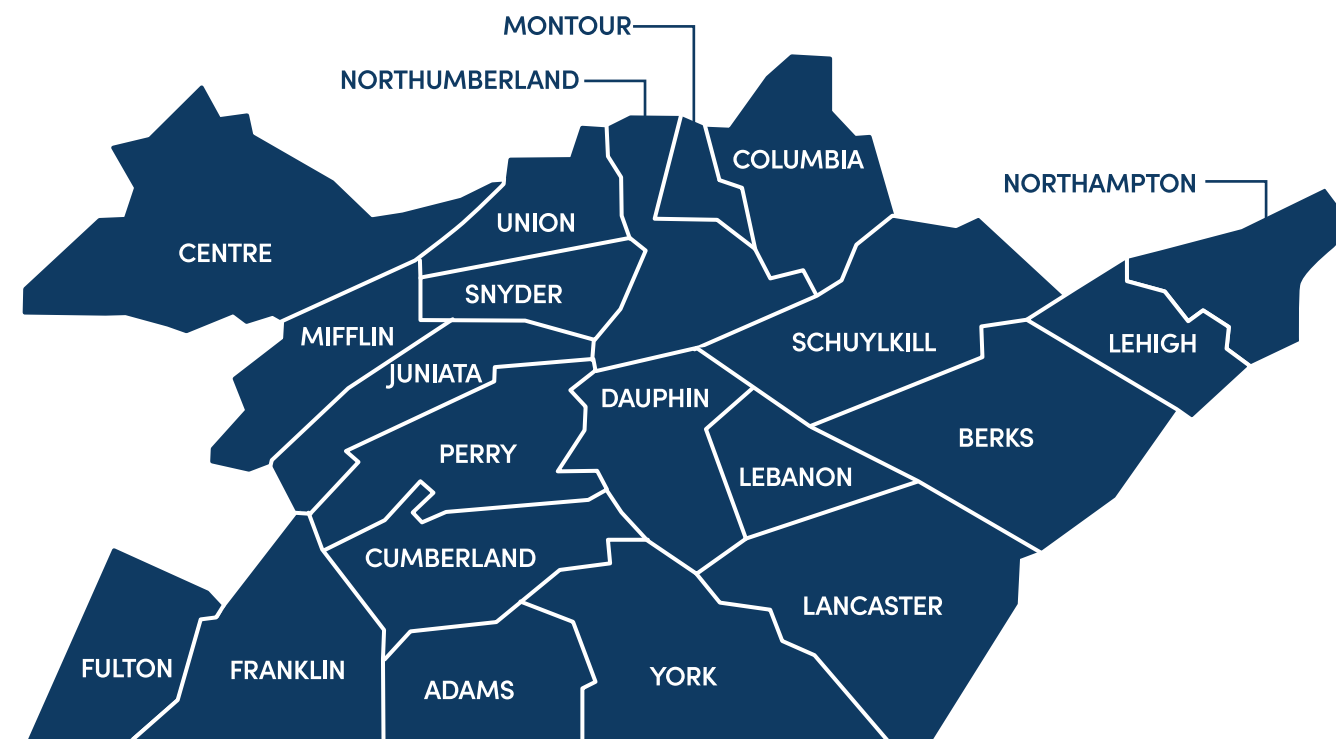
# PPO Blue

## PPO Blue (Broad network plan)

### Plan highlights:

- Comprehensive in-network access nationwide.
- Nationwide access to 1.8 million providers, including 97% of all hospitals, through the BlueCard® program.\*
- Out-of-network coverage at a higher cost share.
- Included in this network are the facility listings in your area to the right, with access to BlueCard, which extends coverage across the nation. (Remember that out-of-network providers do not participate and may cost more.)

## Product Availability



# Network Listing†

### ADAMS

- WellSpan Gettysburg Hospital

### BERKS

- Penn State Health St. Joseph Medical Center
- Reading Hospital — Tower Health
- Surgical Institute of Reading

### CENTRE

- Mount Nittany Medical Center

### COLUMBIA

- Berwick Hospital Center
- Geisinger Bloomsburg Hospital

### CUMBERLAND

- Penn State Health Hampden Medical Center
- Penn State Health Holy Spirit Medical Center
- Select Specialty Hospital — Camp Hill
- UPMC Carlisle
- UPMC West Shore

### DAUPHIN

- Penn State Health Children’s Hospital
- Penn State Health Milton S. Hershey Medical Center
- UPMC Community Osteopathic
- UPMC Harrisburg

### FRANKLIN

- WellSpan Chambersburg Hospital
- WellSpan Waynesboro Hospital

### FULTON

- Fulton County Medical Center

### LANCASTER

- Lancaster General Hospital
- Lancaster General Hospital Women & Babies
- Lancaster Surgery Center
- Penn State Health Lancaster Medical Center
- UPMC Lititz
- WellSpan Ephrata Community Hospital

### LEBANON

- WellSpan Good Samaritan Hospital

### LEHIGH

- Lehigh Valley Hospital — 17th Street
- Lehigh Valley Hospital — 1503 North Cedar Crest
- Lehigh Valley Hospital — Cedar Crest
- Lehigh Valley Reilly Children’s Hospital
- St. Luke’s Hospital — Sacred Heart Campus
- St. Luke’s Hospital — Allentown Campus

### MIFFLIN

- Geisinger Lewistown Hospital

### MONTOUR

- Geisinger Janet Weis Children’s Hospital
- Geisinger Medical Center

### NORTHAMPTON

- Lehigh Valley Hospital — Hecktown Oaks
- Lehigh Valley Hospital — Highland Avenue
- Lehigh Valley Hospital — Muhlenberg
- St. Luke’s Hospital — Anderson Campus
- St. Luke’s Hospital — Easton Campus
- St. Luke’s University Hospital — Bethlehem Campus

### NORTHUMBERLAND

- Geisinger Shamokin Area Community Hospital

### SCHUYLKILL

- Geisinger St. Luke’s Hospital
- Lehigh Valley Hospital — Schuylkill East Norwegian Street
- Lehigh Valley Hospital — Schuylkill North Jackson Street
- St. Luke’s Hospital — Miners Campus

### UNION

- Evangelical Community Hospital

### YORK

- OSS Orthopaedic Hospital
- UPMC Hanover
- UPMC Memorial
- WellSpan Surgery and Rehabilitation Hospital
- WellSpan York Hospital

### OUT-OF-AREA:

Local Blue Cross and/or Blue Shield (BlueCard) providers outside of Pennsylvania participate at the in-network level of benefits.

Provider list as of July 2023. Please refer to the online Find a Doctor tool at [highmarkblueshield.com](https://highmarkblueshield.com) for a listing of network providers, including hospitals.

*The BlueCard Program – With the BlueCard program, your coverage travels with you. When you enroll in a Highmark plan, you have access to thousands of providers and hospitals nationwide. Getting access to care is as easy as presenting your Highmark identification (ID) card. When you are outside of Pennsylvania, providers who participate with the local Blue Cross and Blue Shield plan will recognize and honor your card.*

† PremierBlue Shield Preferred Professional Provider Network, and the Highmark Blue Shield Participating Facility Provider Network.

\* According to the Blue Cross Blue Shield Association, an association of Blue Cross and Blue Shield plans.

**HIGHMARK BENEFITS GROUP†**  
**2024 PPO Blue Plans\***

Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS)¹		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT²	URGENT CARE	OUTPATIENT SURGERY**	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY)	BASIC DIAGNOSTICS (IMAGING/X-RAY)	ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE)³, ⁴	
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/STANDARD GENERIC/BRAND FORMULARY/NON-FORMULARY/SPECIALTY FORMULARY/SPECIALTY NON-FORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS												
Platinum	<b>PPO Blue \$0 100/80 Platinum</b>	\$0	\$500	100%	80%	\$4,000	\$8,000	\$20	\$35	\$40	\$0	\$0	\$150	\$35	\$35	\$75	\$3/\$10/\$50/\$85/20%/30%	
Platinum	<b>PPO Blue \$250 100/80 Platinum</b>	\$250	\$500	100%	80%	\$4,000	\$8,000	\$20	\$35	\$40	\$0 after ded.	\$0 after ded.	\$150	\$35	\$35	\$75	\$3/\$10/\$50/\$85/20%/30%	
Gold	<b>PPO Blue \$0 100/80 Gold</b>	\$0	\$500	100%	80%	\$9,450	\$18,900	\$25	\$75	\$85	\$50	\$300	\$400	\$75	\$75	\$350	\$3/\$30/\$60/\$90/20%/30%	
Gold	<b>PPO Blue \$250 100/80 Gold</b>	\$250	\$500	100%	80%	\$9,100	\$18,200	\$35	\$70	\$75	\$0 after ded.	\$0 after ded.	\$400	\$65	\$65	\$360	\$3/\$30/\$60/\$90/20%/30%	
Gold	<b>PPO Blue \$500 100/80 Gold</b>	\$500	\$1,000	100%	80%	\$9,100	\$18,200	\$30	\$70	\$75	\$0 after ded.	\$0 after ded.	\$405	\$65	\$65	\$375	\$3/\$20/\$60/\$90/20%/30%	
Gold	<b>PPO Blue \$750 100/80 Gold</b>	\$750	\$1,500	100%	80%	\$9,100	\$18,200	\$30	\$65	\$75	\$0 after ded.	\$0 after ded.	\$300 after ded.	\$60	\$60	\$300	\$3/\$30/\$60/\$90/20%/30%	
Gold	<b>PPO Blue \$1000 100/80 Gold</b>	\$1,000	\$2,000	100%	80%	\$9,100	\$18,200	\$30	\$60	\$75	\$0 after ded.	\$0 after ded.	\$300	\$60	\$60	\$300	\$3/\$30/\$60/\$90/20%/30%	
Gold	<b>PPO Blue \$1000 80/60 Gold</b>	\$1,000	\$2,000	80%	60%	\$6,900	\$13,800	\$60	\$80	\$90	20% after ded.	20% after ded.	\$350	\$80 after ded.	\$80 after ded.	\$350 after ded.	\$3/\$15/\$55/\$90/20%/30%	
Gold	<b>PPO Blue \$1250 100/80 Gold</b>	\$1,250	\$2,500	100%	80%	\$9,100	\$18,200	\$30	\$60	\$75	\$0 after ded.	\$0 after ded.	\$325	\$60	\$60	\$300	\$3/\$15/\$55/\$90/20%/30%	
Gold	<b>PPO Blue \$1400 100/80 Gold</b>	\$1,400	\$2,800	100%	80%	\$7,900	\$15,800	\$45	\$75	\$85	\$0 after ded.	\$0 after ded.	\$250	\$75 after ded.	\$75 after ded.	\$325 after ded.	\$3/\$15/\$55/\$90/20%/30%	
Gold	<b>PPO Blue \$1500 100/80 Gold</b>	\$1,500	\$3,000	100%	80%	\$7,900	\$15,800	\$30	\$60	\$75	\$0 after ded.	\$0 after ded.	\$300	\$60	\$60	\$300	\$3/\$15/\$55/\$90/20%/30%	
Gold	<b>PPO Blue \$1550 100/80 Gold</b>	\$1,550	\$3,100	100%	80%	\$9,450	\$18,900	\$15	\$40	\$45	\$0 after ded.	\$300 after ded.	\$325 after ded.	\$40 after ded.	\$40 after ded.	\$200 after ded.	\$3/\$30/\$60/\$90/20%/30%	
Gold	<b>PPO Blue Qualified \$1600 100/80 Gold</b>	\$1,600	\$3,200	100%	80%	\$3,750	\$7,500	\$15 after ded.	\$40 after ded.	\$55 after ded.	\$25 after ded.	\$0 after ded.	\$200 after ded.	\$40 after ded.	\$40 after ded.	\$200 after ded.	\$3/\$10/\$50/\$85/20%/30% after ded.	
Gold	<b>PPO Blue \$1750 90/70 Gold</b>	\$1,750	\$3,500	90%	70%	\$7,900	\$15,800	\$45	\$65	\$75	10% after ded.	10% after ded.	\$250	\$65	\$65	\$250 after ded.	\$3/\$15/\$55/\$90/20%/30%	
Gold	<b>PPO Blue \$2000 100/80 Gold</b>	\$2,000	\$4,000	100%	80%	\$7,900	\$15,800	\$30	\$60	\$75	\$0 after ded.	\$0 after ded.	\$300	\$60	\$60	\$300	\$3/\$15/\$55/\$90/20%/30%	
Gold	<b>PPO Blue \$2000 90/70 Gold</b>	\$2,000	\$4,000	90%	70%	\$7,900	\$15,800	\$45	\$65	\$75	10% after ded.	10% after ded.	\$250	\$65	\$65	\$250	\$3/\$15/\$55/\$90/20%/30%	
Gold	<b>PPO Blue \$2500 100/80 Gold</b>	\$2,500	\$5,000	100%	80%	\$7,900	\$15,800	\$45	\$65	\$75	\$0 after ded.	\$0 after ded.	\$250	\$65	\$65	\$250	\$3/\$15/\$55/\$90/20%/30%	
Gold	<b>PPO Blue \$2500 100/80 Gold 1x</b>	\$2,500 — 1x family	\$5,000 — 1x family	100%	80%	\$8,550 — 1x family	\$17,100 — 1x family	\$15	\$35	\$40	\$0 after ded.	\$300 after ded.	\$300 after ded.	\$35 after ded.	\$35 after ded.	\$150 after ded.	\$3/\$20/\$60/\$90/20%/30%	
Gold	<b>PPO Blue \$3000 100/80 Gold</b>	\$3,000	\$6,000	100%	80%	\$9,100	\$18,200	\$15	\$30	\$75	\$0 after ded.	\$0 after ded.	\$200 after ded.	\$30	\$30	\$175 after ded.	\$3/\$15/\$55/\$90/20%/30%	
Gold	<b>PPO Blue \$3500 100/80 Gold</b>	\$3,500	\$7,000	100%	80%	\$7,900	\$15,800	\$45	\$65	\$75	\$0 after ded.	\$0 after ded.	\$250	\$65	\$65	\$250	\$3/\$15/\$55/\$90/20%/30%	

† Plans offered by Highmark Benefits Group.  
 \* PremierBlue Shield Preferred Professional Provider Network and the Highmark Blue Shield Participating Facility Provider Network.  
 \*\* Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting.  
 Please refer to page 24 for footnotes.  
 To view the full benefit grid, click on the product name above or contact your local broker.

Continued on next page...

HIGHMARK BENEFITS GROUP†

2024 PPO Blue Plans\*

Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, and York counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS)†		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT‡	URGENT CARE	OUTPATIENT SURGERY**	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY)	BASIC DIAGNOSTICS (IMAGING/X-RAY)	ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE)³, ⁴	
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/STANDARD GENERIC/BRAND FORMULARY/NON-FORMULARY/SPECIALTY FORMULARY/SPECIALTY NON-FORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS												
Silver	PPO Blue \$0 100/80 Silver	\$0	\$1,000	100%	80%	\$9,450	\$18,900	\$60	\$80	\$90	\$200	\$500	\$650	\$75	\$150	\$500	\$3/\$40/\$80/\$125/20%/30%	
Silver	PPO Blue \$2000 70/50 Silver	\$2,000	\$4,000	70%	50%	\$9,100	\$18,200	\$60	\$95	\$95	30% after ded.	30% after ded.	30% after ded.	\$95	\$95	\$550	\$3/\$30/\$90/\$150/20%/30%	
Silver	PPO Blue \$2600 70/50 Silver	\$2,600	\$5,200	70%	50%	\$9,100	\$18,200	\$50	\$95	\$90	30% after ded.	30% after ded.	30% after ded.	\$95	\$95	30% after ded.	\$3/\$30/\$90/\$150/20%/30%	
Silver	PPO Blue Qualified Embedded \$3200 100/80 Silver	\$3,200	\$6,400	100%	80%	\$7,050	\$14,100	\$20 after ded.	\$35 after ded.	\$75 after ded.	\$95 after ded.	\$0 after ded.	\$250 after ded.	\$35 after ded.	\$35 after ded.	\$250 after ded.	\$3/\$30/\$60/\$90/20%/30% after ded.	
Silver	PPO Blue Qualified Embedded \$3550 100/60 Silver	\$3,550	\$7,100	100%	60%	\$7,050	\$14,100	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$95 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$3/\$40/\$80/\$125/20%/30% after ded.	
Silver	PPO Blue \$4000 100/80 Silver	\$4,000	\$8,000	100%	80%	\$9,100	\$18,200	\$40	\$70	\$100	\$200 after ded.	\$0 after ded.	\$355 after ded.	\$70	\$70	\$300 after ded.	\$3/\$40/\$80/\$125/20%/30%	
Silver	PPO Blue Qualified Embedded \$4250 100/100 Silver	\$4,250	\$8,500	100%	100%	\$5,500	\$11,000	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$65 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$3/\$40/\$80/\$125/20%/30% after ded.	
Silver	PPO Blue Qualified Embedded \$4750 60/50 Silver	\$4,750	\$9,500	60%	50%	\$6,350	\$12,700	40% after ded.	40% after ded.	40% after ded.	40% after ded.	40% after ded.	40% after ded.	40% after ded.	40% after ded.	40% after ded.	40% after ded.	
Silver	PPO Blue \$5000 100/80 Silver	\$5,000	\$10,000	100%	80%	\$9,100	\$18,200	\$40	\$75	\$95	\$105 after ded.	\$0 after ded.	\$325 after ded.	\$75	\$75	\$300 after ded.	\$3/\$30/\$90/\$150/20%/30%	
Silver	PPO Blue Qualified Embedded \$5500 80/60 Silver	\$5,500	\$11,000	80%	60%	\$6,250	\$12,500	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	
Silver	PPO Blue Qualified Embedded \$6100 100/80 Silver	\$6,100	\$12,200	100%	80%	\$6,100	\$12,200	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	
Bronze	PPO Blue Qualified Embedded \$7050 100/100 Bronze	\$7,050	\$14,100	100%	100%	\$7,050	\$14,100	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	

† Plans offered by Highmark Benefits Group.

\* PremierBlue Shield Preferred Professional Provider Network and the Highmark Blue Shield Participating Facility Provider Network.

\*\* Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting.

Please refer to page 24 for footnotes.

To view the full benefit grid, click on the product name above or contact your local broker.

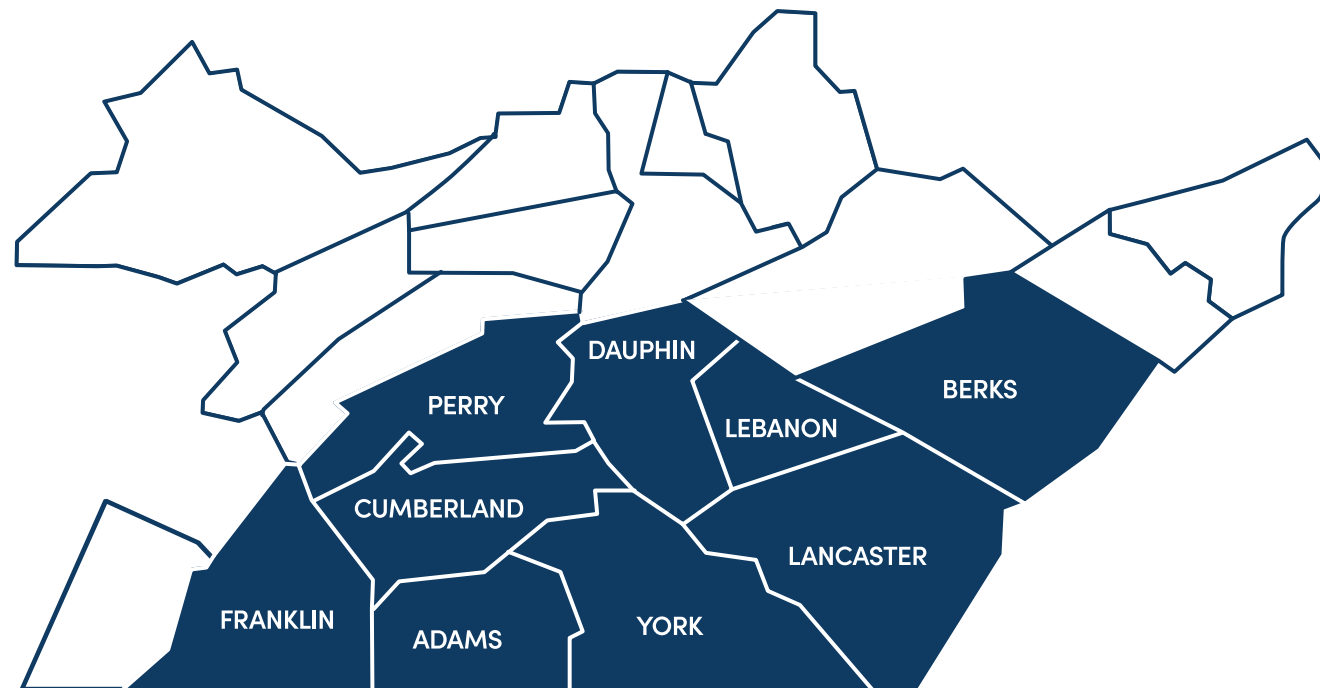
# Choice Blue PPO

## Choice Blue PPO (Tiered network plan)

### Plan highlights:

- Comprehensive in-network access to Penn State Health, whose providers work closely with Highmark to provide high-quality, cost-effective care.
- Choice Blue members may receive covered services at the Enhanced Value benefit level at Lehigh Valley Health Network facilities.
- Nationwide access to 1.8 million providers, including 97% of all hospitals, at the highest level of coverage (Enhanced) through the BlueCard Program.
- Out-of-network providers are covered at highest cost share.
- Included in this network are the facility listings in your area to the right, with access to BlueCard, which extends coverage across the nation. (Remember that out-of-network providers do not participate and may cost more.)

## Product Availability



# Network Listing†

## ENHANCED BENEFIT LEVEL

### ADAMS

- WellSpan Gettysburg Hospital

### BERKS

- Penn State Health St. Joseph Medical Center

### CUMBERLAND

- Penn State Health Hampden Medical Center
- Penn State Health Holy Spirit Medical Center
- Select Specialty Hospital — Camp Hill

### DAUPHIN

- Penn State Health Children’s Hospital
- Penn State Health Milton S. Hershey Medical Center

### FRANKLIN

- WellSpan Chambersburg Hospital
- WellSpan Waynesboro Hospital

### LANCASTER

- Lancaster General Hospital
- Lancaster General Hospital Women & Babies
- Lancaster Surgery Center
- Penn State Health Lancaster Medical Center
- WellSpan Ephrata Community Hospital

### LEBANON

- WellSpan Good Samaritan Hospital

### YORK

- OSS Orthopaedic Hospital
- WellSpan Surgery and Rehabilitation Hospital
- WellSpan York Hospital

## STANDARD BENEFIT LEVEL

### BERKS

- Reading Hospital — Tower Health
- Surgical Institute of Reading

### CUMBERLAND

- UPMC Carlisle
- UPMC West Shore

### DAUPHIN

- UPMC Community Osteopathic
- UPMC Harrisburg

### LANCASTER

- UPMC Lititz

### YORK

- UPMC Hanover
- UPMC Memorial

### REMAINING COUNTIES

- All other network providers not listed

### OUT-OF-AREA:

Local Blue Cross and/or Blue Shield (BlueCard) providers outside of Pennsylvania participate at the Enhanced Value level of benefits.

Provider list as of July 2023. Please refer to the online Find a Doctor tool at [highmarkblueshield.com](https://highmarkblueshield.com) for a listing of network providers, including hospitals.

*The BlueCard Program – With the BlueCard program, your coverage travels with you. When you enroll in a Highmark plan, you have access to thousands of providers and hospitals nationwide. Getting access to care is as easy as presenting your Highmark identification (ID) card. When you are outside of Pennsylvania, providers who participate with the local Blue Cross and Blue Shield plan will recognize and honor your card.*

† PremierBlue Shield Preferred Professional Provider Network, and the Highmark Blue Shield Participating Facility Provider Network.

# 2024 Choice Blue PPO Plans\*

Adams, Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry, and York counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE			COINSURANCE			OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS)†			PRIMARY CARE OFFICE VISIT		SPECIALIST OFFICE VISIT‡		URGENT CARE		OUTPATIENT SURGERY**		INPATIENT HOSPITAL		EMERGENCY ROOM***		BASIC DX (LAB/PATHOLOGY/IMAGING)		ADVANCED DX/IMAGING (MRI/CAT/PET)		RX FORMULARY (COMPREHENSIVE)³,⁴
		ENHANCED NETWORK (2X FAMILY)	STANDARD NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED NETWORK (2X FAMILY)	STANDARD NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED NETWORK (2X FAMILY)	STANDARD NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	LOW-COST GENERIC/STANDARD GENERIC/BRAND FORMULARY/NON-FORMULARY/SPECIALTY FORMULARY/SPECIALTY NON-FORMULARY
		MEMBER PAYS			PLAN PAYS			MEMBER PAYS																			
Gold	Choice Blue PPO 0	\$0	\$3,500	\$7,000	100%	70%	50%	\$9,100	\$9,100	\$18,200	\$25	30% after ded.	\$65	30% after ded.	\$75	30% after ded.	\$0	30% after ded.	\$0	30% after ded.	\$375	\$375	\$60	30% after ded.	\$400	30% after ded.	\$3/\$30/\$60/\$90/20%/30%
Gold	Choice Blue PPO 500	\$500	\$2,000	\$4,000	100%	70%	50%	\$9,100	\$9,100	\$18,200	\$30	\$65	\$50	\$100	\$75	\$100	\$0 after ded.	30% after ded.	\$0 after ded.	30% after ded.	\$325	\$325	\$50	\$100	\$325	\$400	\$3/\$30/\$60/\$90/20%/30%
Gold	Choice Blue PPO 1250	\$1,250	\$3,750	\$7,500	100%	70%	50%	\$9,100	\$9,100	\$18,200	\$25	\$60	\$45	\$85	\$75	\$100	\$0 after ded.	30% after ded.	\$0 after ded.	30% after ded.	\$325	\$325	\$45	\$85	\$300	\$400	\$3/\$20/\$60/\$90/20%/30%
Gold	Choice Blue PPO 2500	\$2,500	\$5,000	\$10,000	100%	70%	50%	\$7,900	\$7,900	\$15,800	\$10	\$40	\$50	\$85	\$75	\$100	\$0 after ded.	30% after ded.	\$0 after ded.	30% after ded.	\$250	\$250	\$50	\$85	\$250	30% after ded.	\$3/\$15/\$55/\$90/20%/30%
Silver	Choice Blue PPO 2800	\$2,800	\$5,600	\$11,200	70%	60%	50%	\$9,100	\$9,100	\$18,200	\$40	40% after ded.	\$85	40% after ded.	\$90	40% after ded.	30% after ded.	40% after ded.	30% after ded.	40% after ded.	30% after ded.	30% after ded.	\$85	40% after ded.	30% after ded.	40% after ded.	\$3/\$30/\$60/\$90/20%/30%
Silver	Choice Blue Qualified Embedded 3500 Silver	\$3,500	\$4,500	\$13,500	90%	70%	50%	\$7,500	\$7,500	\$15,000	10% after ded.	30% after ded.	10% after ded.	30% after ded.	10% after ded.	30% after ded.	10% after ded.	30% after ded.	10% after ded.	30% after ded.	10% after ded.	10% after ded.	10% after ded.	30% after ded.	10% after ded.	30% after ded.	10% after ded.
Silver	Choice Blue PPO 4250	\$4,250	\$7,900	\$13,800	100%	60%	50%	\$9,450	\$9,450	\$18,900	\$60	40% after ded.	\$85	40% after ded.	\$90	40% after ded.	\$140	40% after ded.	\$0 after ded.	40% after ded.	\$550	\$550	\$85	40% after ded.	\$400	40% after ded.	\$3/\$30/\$60/\$90/20%/30%
Bronze	Choice Blue Qualified Embedded 6650 Bronze	\$6,650	\$6,650	\$13,300	100%	70%	50%	\$7,500	\$7,500	\$15,000	\$0 after ded.	30% after ded.	\$0 after ded.	30% after ded.	\$0 after ded.	30% after ded.	\$0 after ded.	30% after ded.	\$0 after ded.	30% after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	30% after ded.	\$0 after ded.	30% after ded.	\$3/\$15/\$55/\$90/20%/30%

† Plans offered by Highmark Benefits Group.  
 \* PremierBlue Shield Preferred Professional Provider Network and the Highmark Blue Shield Participating Facility Provider Network.  
 \*\* Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting.  
 \*\*\* Benefit applies after Enhanced deductible is met.  
 Please refer to page 24 for footnotes.  
 To view the full benefit grid, click on the product name above or contact your local broker.

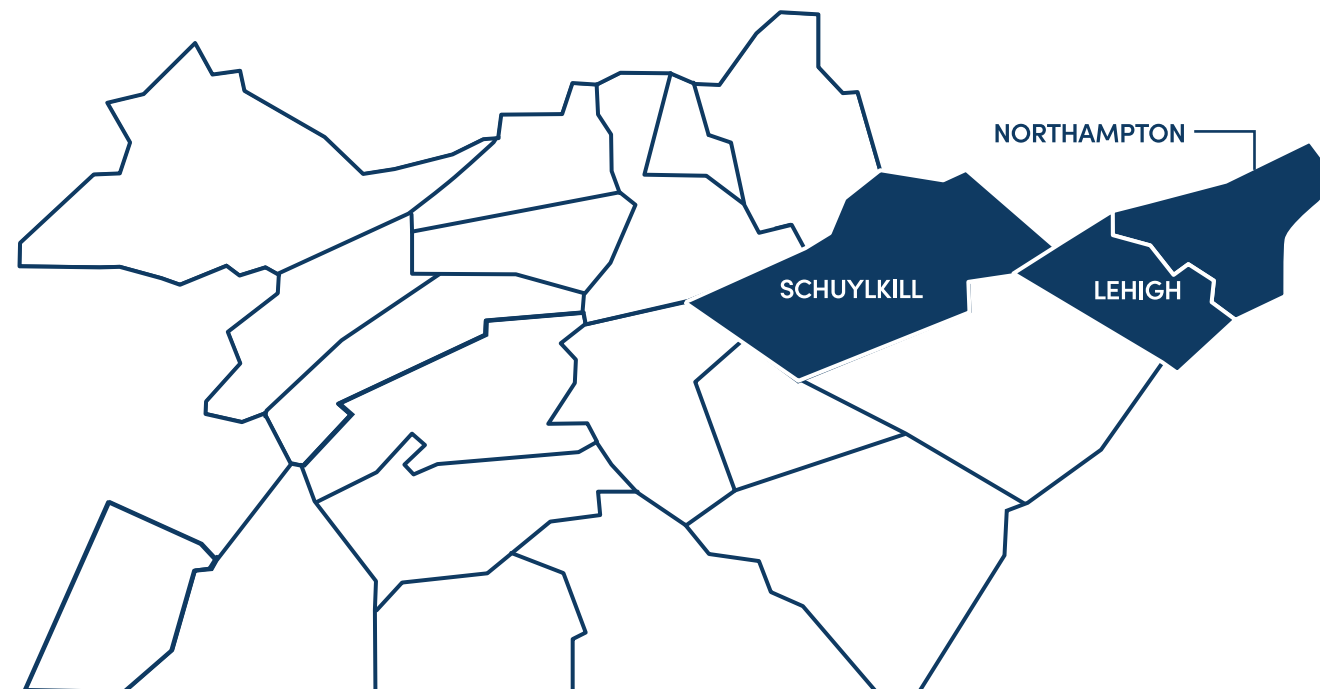
# Lehigh Valley Flex Blue PPO

## Lehigh Valley Flex Blue PPO (Tiered network plan)

### Plan highlights:

- Built around an exclusive collaboration with Lehigh Valley Health Network, whose providers work closely with Highmark to provide high-quality, cost-effective care.
- Nationwide access to 1.8 million providers, including 97% of all hospitals, at the highest level of coverage (Enhanced) through the BlueCard Program.
- Out-of-network providers are covered at the highest cost share.
- Included in this network are the facility listings in your area to the right, with access to BlueCard, which extends coverage across the nation. (Remember that out-of-network providers do not participate and may cost more.)

## Product Availability



# Network Listing†

## ENHANCED VALUE LEVEL

### CARBON

- Lehigh Valley Hospital — Carbon

### LACKAWANNA

- Lehigh Valley Hospital — Dickson City

### LEHIGH

- Lehigh Valley Hospital — 17th Street
- Lehigh Valley Hospital — 1503 North Cedar Crest
- Lehigh Valley Hospital — Cedar Crest
- Lehigh Valley Reilly Children’s Hospital

### LUZERNE

- Lehigh Valley Hospital — Hazleton

### MONROE

- Lehigh Valley Hospital — Pocono

### NORTHAMPTON

- Lehigh Valley Hospital — Hecktown Oaks
- Lehigh Valley Hospital — Highland Avenue
- Lehigh Valley Hospital — Muhlenberg

### SCHUYLKILL

- Lehigh Valley Hospital — Schuylkill East Norwegian Street
- Lehigh Valley Hospital — Schuylkill North Jackson Street

### REMAINING COUNTIES

- N/A

## STANDARD VALUE LEVEL

### CARBON

- St. Luke’s Hospital — Carbon Campus
- St. Luke’s Hospital — Lehighon Campus

### LACKAWANNA

- CHS Moses Taylor Hospital
- CHS Regional Hospital of Scranton
- Geisinger Community Medical Center

### LEHIGH

- St. Luke’s Hospital — Allentown Campus
- St. Luke’s Hospital — Sacred Heart Campus

### LUZERNE

- CHS Wilkes-Barre General Hospital
- Geisinger Wyoming Valley Medical Center
- PAM Specialty Hospital of Wilkes-Barre

### MONROE

- St. Luke’s Hospital — Monroe Campus

### NORTHAMPTON

- St. Luke’s Hospital — Anderson Campus
- St. Luke’s Hospital — Easton Campus
- St. Luke’s University Hospital — Bethlehem Campus

### SCHUYLKILL

- Geisinger St. Luke’s Hospital
- St. Luke’s Hospital — Miners Campus

### REMAINING COUNTIES

- All other network providers not listed

## OUT-OF-AREA:

Local Blue Cross and/or Blue Shield (BlueCard) providers outside of Pennsylvania participate at the Enhanced Value level of benefits.

Provider list as of July 2023. Please refer to the online Find a Doctor tool at [highmarkblueshield.com](https://highmarkblueshield.com) for a listing of network providers, including hospitals.

*The BlueCard Program – With the BlueCard program, your coverage travels with you. When you enroll in a Highmark plan, you have access to thousands of providers and hospitals nationwide. Getting access to care is as easy as presenting your Highmark identification (ID) card. When you are outside of Pennsylvania, providers who participate with the local Blue Cross and Blue Shield plan will recognize and honor your card.*

† PremierBlue Shield Preferred Professional Provider Network, and the Highmark Blue Shield Participating Facility Provider Network.



# 2024 Lehigh Valley Flex Blue PPO Plans\*

Lehigh, Northampton, and Schuylkill counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE			COINSURANCE			OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS) <sup>1</sup>			PRIMARY CARE OFFICE VISIT		SPECIALIST OFFICE VISIT <sup>2</sup>		URGENT CARE		OUTPATIENT SURGERY <sup>**</sup>		INPATIENT HOSPITAL		EMERGENCY ROOM <sup>***</sup>		BASIC DX (LAB/PATHOLOGY/IMAGING)		ADVANCED DX/IMAGING (MRI/CAT/PET)		RX FORMULARY (COMPREHENSIVE) <sup>3,4</sup>
		ENHANCED NETWORK (2X FAMILY)	STANDARD NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED NETWORK (2X FAMILY)	STANDARD NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED NETWORK (2X FAMILY)	STANDARD NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	ENHANCED NETWORK	STANDARD NETWORK	LOW-COST GENERIC/STANDARD GENERIC/BRAND FORMULARY/NON-FORMULARY/SPECIALTY FORMULARY/SPECIALTY NON-FORMULARY
		MEMBER PAYS			PLAN PAYS			MEMBER PAYS																			
Gold	Lehigh Valley Flex Blue PPO 500 Gold	\$500	\$1,500	\$3,000	100%	70%	50%	\$9,100	\$9,100	\$18,200	\$30	\$65	\$50	\$100	\$75	\$100	\$0 after ded.	30% after ded.	\$0 after ded.	30% after ded.	\$400 after ded.	\$400 after ded.	\$45	\$90	\$225	\$375	\$3/\$20/\$60/\$90/20%/30%
Gold	Lehigh Valley Flex Blue PPO 1250 Gold	\$1,250	\$3,750	\$7,500	100%	70%	50%	\$9,100	\$9,100	\$18,200	\$25	\$60	\$40	\$80	\$75	\$100	\$0 after ded.	30% after ded.	\$0 after ded.	30% after ded.	\$200 after ded.	\$200 after ded.	\$35	\$70	\$200	\$300	\$3/\$15/\$55/\$90/20%/30%
Silver	Lehigh Valley Flex Blue PPO Qualified Embedded 3300 Silver	\$3,300	\$5,000	\$15,000	90%	70%	50%	\$7,500	\$7,500	\$15,000	10% after ded.	30% after ded.	10% after ded.	30% after ded.	10% after ded.	30% after ded.	10% after ded.	30% after ded.	10% after ded.	30% after ded.	10% after ded.	10% after ded.	10% after ded.	30% after ded.	10% after ded.	30% after ded.	10% after ded.

\* Plans offered by Highmark Benefits Group.  
<sup>†</sup> PremierBlue Shield Preferred Professional Provider Network and the Highmark Blue Shield Participating Facility Provider Network.  
<sup>\*\*</sup> Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting.  
<sup>\*\*\*</sup> Benefit applies after Enhanced deductible is met.  
 Please refer to page 24 for footnotes.  
 To view the full benefit grid, click on the product name above or contact your local broker.



## Extra resources you won't find in other plans

### BLUECARD AND BLUE CROSS BLUE SHIELD GLOBAL® CORE PROGRAM

#### Coverage that goes where your employees go.

Around town or coast to coast, your employees get access to 1.8 million providers and 97% of hospitals, and they're even covered in 190 countries.

### WELL360 VIRTUAL HEALTH

#### Personalized care where and when employees need it.

No more waiting rooms, no more waiting to schedule. Your employees can get care from wherever they are with a board-certified doctor, 24/7. They can register with [well360virtualhealth.com](https://www.well360virtualhealth.com) or log in if they are already using the Amwell® site.

### BLUE DISTINCTION®

#### See specialists who get results.

Only doctors who consistently deliver safe, effective treatments make our Blue Distinction list. When your employees use our Find a Doctor tool, a special logo will appear by the provider's name.

### BLUES ON CALL™

#### Answers from a health pro, 24/7.

For medical concerns after hours, your employees can get guidance at any time from a registered nurse or a health coach.

### DIABETES MANAGEMENT POWERED BY ONDUO

#### Personalized support to control diabetes.

Tools to help your employees track their blood sugar and manage diabetes from wherever they are.

### COLLEGE TUITION REWARD PROGRAM

#### Rewards that come with Highmark coverage.

Employees who have Highmark medical or dental automatically earn Tuition Reward points that can be converted into college tuition dollars.

### COPAY ARMOR POWERED BY PILLARRX

#### Help your employees save on medications.

This copay assistance program reduces or completely covers the cost of certain high-cost specialty medications.

\*According to the Blue Cross Blue Shield Association, an association of Blue Cross and Blue Shield plans.



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## Endless support to help your employees on their journey to better health

### HEALTH COACHES

#### Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? A wellness coach can create a personalized plan for your employees, right over the phone, on their schedule. Sessions are confidential and there is no additional cost.

### BLUE365<sup>SM</sup>

#### Discounts to help your employees stay healthy and active.

From workout gear to personal wellness to healthy meal services, we'll take a little off the top while they're taking a little off their middle. Member-only deals are at [blue365deals.com](https://blue365deals.com).

### VIRTUAL PHYSICAL CARE PROGRAM POWERED BY SWORD

#### Virtual physical care, anytime, anywhere you happen to be.

Sword puts technology and the expertise of a physical therapist at your fingertips to help you overcome joint and muscle pain.

### MENTAL WELL-BEING

#### Give your members care that meets them where they are.

Mental Well-Being is a solution that mental health support tailored to each individual member. And it's available on our app and website.



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## The fundamentals of coverage

Any health plan you choose should include resources that help your employees manage their health. Ours make the process seamless.

### MEMBER SERVICE

#### Total support, day or night.

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

### CARE COST ESTIMATOR

#### Employees can know what they'll owe for care.

Before making an appointment for a test, scan, or procedure, your employees can use our Care Cost Estimator to estimate their bill.

### MEMBER APP AND WEBSITE

#### My Highmark helps your employees take care of their health.

It's the one-stop digital experience that makes it easier for them to manage their health, with programs tailored to their interests and needs. Employees can visit [myhighmark.com](https://myhighmark.com) to learn more.



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

Sword Health, Inc. does not provide health care services. Sword Health, Inc. is an independent company that provides wellness services for your health plan. Sword Health Professionals provides its services through a group of independently owned professional practices consisting of Sword Health Care Providers, P.A., Sword Health Care Providers of NJ, P.C., and Sword Health Care Physical Therapy Providers of CA, P.C.

The Sword virtual physical care program is made available with support from Sword Health.

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

Onduo is a separate company that provides a virtual diabetes care program for Highmark members.

Highmark has contracted with PillarRx, an independent company, to secure manufacturer discounts for select prescription medications. Savings for Highmark members will vary based on drug, member copay, and program requirements. The member will never pay more than the Plan copay.

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

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company.

**Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.**

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Blue 365, Blue Distinction, BlueCard, Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association.

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

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

Blue Distinction® Specialty Care is a registered mark of the Blue Cross Blue Shield Association. Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable health care. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. 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](http://www.bcbs.com). Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction, Total Care, or other provider finder information or care received from Blue Distinction, Total Care, or other providers.

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](mailto: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 serbisyonang 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 المعونة 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 .



Because Life.™