

Highmark Grandmothered Small Group Policy Renewal Options 2022-2023

Ready for some good news about your small group insurance policy?

Grandmothered policies have been recognized by the federal government as non-grandfathered insurance policies issued before 2014, and continuously renewed. These policies have not yet been required to come into compliance with all of the 2014 ACA market reforms. If you hold one of those policies, the good news is that you can renew it again this year. With certain limitations, you can even make some permissible changes to your grandmothered policy when you choose to renew it again for your 2022-2023 contract year.

See, we told you it was good news.

For groups of 50 or fewer employees located in these 13 northeastern PA counties:

Bradford

Carbon

Clinton

Lackawanna

Luzerne

Lycoming

Monroe

Pike

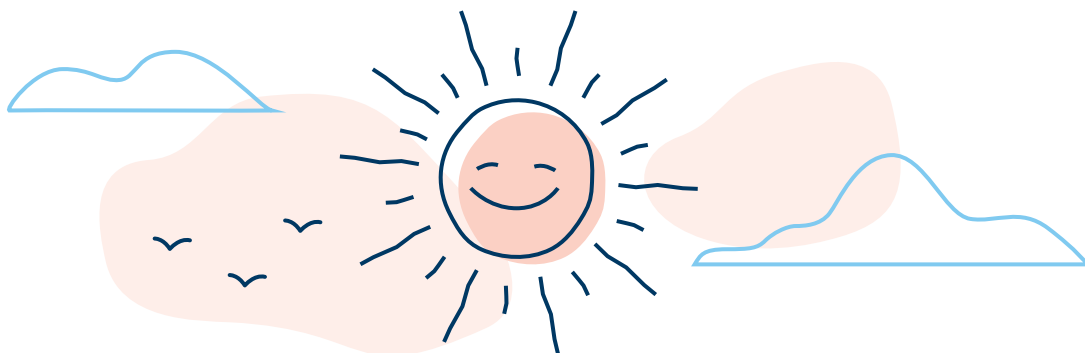
Sullivan

Susquehanna

Tioga

Wayne

Wyoming



Plans are offered by First Priority Life Insurance Company,
an affiliate of Highmark Blue Cross Blue Shield.



2022-2023	Grandmothered BlueCare PPO Small Group Portfolio													
	Medical Deductible		Plan Payment Level (Coinsurance) After Deductible		Coinsurance Maximum ⁴		Primary Care Provider (PCP) Office Visit	Specialist Office Visit ¹	Urgent Care	Inpatient Hospital	Emergency Room	Basic Diagnostic Services (Standard Imaging, Diagnostic Medical, Lab/ Pathology, etc.)	Advanced Imaging (Ex.: MRI, CT, PET Scan)	Rx Formulary (Comprehensive/ Incentive) ²
	In-Network (2x Family)	Out-of-Network (2x Family)	In-Network (2x Family)	Out-of-Network (2x Family)	In-Network (2x Family)	Out-of-Network (2x Family)	In-Network / Out-of-Network	In-Network	In-Network	In-Network*		In-Network*	In-Network**	Low Cost Generic/ Standard Generic/ Brand Formulary/ Non-Formulary
BlueCare PPO \$0 0% 3/15/30/50	None	\$1,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$15/\$30/\$50
BlueCare PPO \$0 0% 3/10/30/55	None	\$1,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$10/\$30/\$55
BlueCare PPO \$250 0% 3/15/30/50	\$250	\$1,500	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$15/\$30/\$50
BlueCare PPO \$250 0% 3/20/40/60	\$250	\$1,500	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$20/\$40/\$60
BlueCare PPO \$500 0% 3/10/25/50	\$500	\$2,500	100%	80%	N/A	\$3,000	\$15	\$30	\$30	No Charge	\$150	No Charge	\$75	\$3/\$10/\$25/\$50
BlueCare PPO \$500 0% 3/15/30/50 A	\$500	\$2,500	100%	80%	N/A	\$3,000	\$10	\$20	\$20	No Charge	\$75	No Charge	\$75	\$3/\$15/\$30/\$50
BlueCare PPO \$500 0% 3/15/30/50 B	\$500	\$2,500	100%	80%	N/A	\$3,000	\$15	\$30	\$30	No Charge	\$75	No Charge	\$75	\$3/\$15/\$30/\$50
BlueCare PPO \$500 0% 3/20/40/60	\$500	\$2,500	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$20/\$40/\$60
BlueCare PPO \$500 0% 3/25/50/70	\$500	\$2,500	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$25/\$50/\$70
BlueCare PPO \$500 10% 3/15/30/50	\$500	\$2,500	90%	70%	\$2,500	\$5,000	\$10	\$20	\$20	10%	\$75	10%	10%	\$3/\$15/\$30/\$50
BlueCare PPO \$500 20% 3/15/30/50	\$500	\$2,500	80%	60%	\$5,000	\$7,500	\$15	\$30	\$30	20%	\$75	20%	20%	\$3/\$15/\$30/\$50
BlueCare PPO \$1,000 0% 3/10/30/55	\$1,000	\$4,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$10/\$30/\$55
BlueCare PPO \$1,000 0% 3/25/50/70	\$1,000	\$4,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$25/\$50/\$70
BlueCare PPO \$1,000 20% 3/25/50/70	\$1,000	\$4,000	80%	60%	\$2,500	\$5,000	\$20	\$40	\$40	20%	\$75	20%	20%	\$3/\$25/\$50/\$70
BlueCare PPO \$1,500 0% 3/10/25/50	\$1,500	\$5,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$10/\$25/\$50
BlueCare PPO \$1,500 0% 3/25/50/70	\$1,500	\$5,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$25/\$50/\$70
BlueCare PPO \$1,500 10% 3/10/25/50	\$1,500	\$5,000	90%	70%	\$5,000	\$7,500	\$20	\$40	\$40	10%	\$150	10%	10%	\$3/\$10/\$25/\$50
BlueCare PPO \$1,500 20% 3/25/50/70	\$1,500	\$5,000	80%	60%	\$5,000	\$7,500	\$25	\$50	\$50	20%	\$150	20%	20%	\$3/\$25/\$50/\$70
BlueCare PPO \$2,000 0% 3/15/30/50 A	\$2,000	\$6,000	100%	80%	N/A	\$3,000	\$15	\$30	\$30	No Charge	\$150	No Charge	\$75	\$3/\$15/\$30/\$50
BlueCare PPO \$2,000 0% 3/15/30/50 B	\$2,000	\$6,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$15/\$30/\$50
BlueCare PPO \$2,000 0% 3/15/30/50 C	\$2,000	\$6,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$15/\$30/\$50
BlueCare PPO \$2,000 20% 3/25/50/70	\$2,000	\$6,000	80%	60%	\$5,000	\$7,500	\$20	\$40	\$40	20%	\$75	20%	20%	\$3/\$25/\$50/\$70
BlueCare PPO \$2,500 0% 3/20/40/60 A ³	\$2,500	\$5,000	100%	80%	N/A	\$10,000	\$15	\$30	\$30	No Charge	\$75	No Charge	\$75	\$3/\$20/\$40/\$60
BlueCare PPO \$2,500 0% 3/20/40/60 B ³	\$2,500	\$5,000	100%	80%	N/A	\$10,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$20/\$40/\$60
BlueCare PPO \$2,500 0% 3/15/40/65 ³	\$2,500	\$5,000	100%	80%	N/A	\$10,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$15/\$40/\$65
BlueCare PPO \$3,000 0% 3/20/40/60	\$3,000	\$7,500	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$20/\$40/\$60
BlueCare PPO \$3,000 0% 3/25/50/70	\$3,000	\$7,500	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$25/\$50/\$70
BlueCare PPO \$3,000 20% 3/25/50/70	\$3,000	\$7,500	80%	60%	\$2,500	\$5,000	\$20	\$40	\$40	20%	\$75	20%	20%	\$3/\$25/\$50/\$70
BlueCare PPO \$5,000 0% 3/10/25/50	\$5,000	\$10,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$10/\$25/\$50
BlueCare PPO \$5,000 0% 3/25/50/70 ³	\$5,000	\$10,000	100%	80%	N/A	\$15,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$25/\$50/\$70
BlueCare PPO \$5,000 20% 3/25/50/70	\$5,000	\$10,000	80%	60%	\$5,000	\$7,500	\$15	\$30	\$30	20%	\$75	20%	20%	\$3/\$25/\$50/\$70
BlueCare PPO \$7,500 0% 3/25/50/70	\$7,500	\$15,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$25/\$50/\$70
Important Plan Details:														Plans are offered by First Priority Life Insurance Company.
¹ Specialist copay applies to outpatient physician office visits, chiropractic, physical therapy, occupational therapy, speech therapy, and home health visits.														* After deductible
² Rx information displayed: Retail, 31-day supply.														** Per test after deductible
³ The family deductible and coinsurance maximum amounts are equal to the individual amounts (1x family).														
⁴ Coinsurance maximum includes coinsurance only. Once the coinsurance maximum is met, copayments may still apply.														

2022-2023	Grandmothered BlueCare Custom PPO Small Group Portfolio														
	Medical Deductible		Plan Payment Level (Coinsurance) After Deductible		Coinsurance Maximum ⁴		Primary Care Provider (PCP) Office Visit	Specialist Office Visit ¹	Urgent Care	Inpatient Hospital	Emergency Room	Basic Diagnostic Services (Standard Imaging, Diagnostic Medical, Lab/Pathology, etc.)	Advanced Imaging (Ex.: MRI, CT, PET Scan)	Rx Formulary (Comprehensive/Incentive) ²	
	In-Network (2x Fam)	Out-of-Network (2x Fam)	In-Network (2x Fam)	Out-of-Network (2x Fam)	In-Network (2x Fam)	Out-of-Network (2x Fam)	In-Network / Out-of-Network	In-Network	In-Network	In-Network*		In-Network*	In-Network**	Low Cost Generic/Standard Generic/Brand Formulary/Non-Formulary	
BlueCare Custom PPO \$0 0% 3/15/30/50	None	\$1,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$15/\$30/\$50	
BlueCare Custom PPO \$0 0% 3/10/30/55	None	\$1,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$10/\$30/\$55	
BlueCare Custom PPO \$250 0% 3/15/30/50	\$250	\$1,500	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$15/\$30/\$50	
BlueCare Custom PPO \$250 0% 3/20/40/60	\$250	\$1,500	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$20/\$40/\$60	
BlueCare Custom PPO \$500 0% 3/10/25/50	\$500	\$2,500	100%	80%	N/A	\$3,000	\$15	\$30	\$30	No Charge	\$150	No Charge	\$75	\$3/\$10/\$25/\$50	
BlueCare Custom PPO \$500 0% 3/15/30/50 A	\$500	\$2,500	100%	80%	N/A	\$3,000	\$10	\$20	\$20	No Charge	\$75	No Charge	\$75	\$3/\$15/\$30/\$50	
BlueCare Custom PPO \$500 0% 3/15/30/50 B	\$500	\$2,500	100%	80%	N/A	\$3,000	\$15	\$30	\$30	No Charge	\$75	No Charge	\$75	\$3/\$15/\$30/\$50	
BlueCare Custom PPO \$500 0% 3/20/40/60	\$500	\$2,500	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$20/\$40/\$60	
BlueCare Custom PPO \$500 0% 3/25/50/70	\$500	\$2,500	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$25/\$50/\$70	
BlueCare Custom PPO \$500 10% 3/15/30/50	\$500	\$2,500	90%	70%	\$2,500	\$5,000	\$10	\$20	\$20	10%	\$75	10%	10%	\$3/\$15/\$30/\$50	
BlueCare Custom PPO \$500 20% 3/15/30/50	\$500	\$2,500	80%	60%	\$5,000	\$7,500	\$15	\$30	\$30	20%	\$75	20%	20%	\$3/\$15/\$30/\$50	
BlueCare Custom PPO \$1,000 0% 3/10/30/55	\$1,000	\$4,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$10/\$30/\$55	
BlueCare Custom PPO \$1,000 0% 3/25/50/70	\$1,000	\$4,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$25/\$50/\$70	
BlueCare Custom PPO \$1,000 20% 3/25/50/70	\$1,000	\$4,000	80%	60%	\$2,500	\$5,000	\$20	\$40	\$40	20%	\$75	20%	20%	\$3/\$25/\$50/\$70	
BlueCare Custom PPO \$1,500 0% 3/10/25/50	\$1,500	\$5,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$10/\$25/\$50	
BlueCare Custom PPO \$1,500 0% 3/25/50/70	\$1,500	\$5,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$25/\$50/\$70	
BlueCare Custom PPO \$1,500 10% 3/10/25/50	\$1,500	\$5,000	90%	70%	\$5,000	\$7,500	\$20	\$40	\$40	10%	\$150	10%	10%	\$3/\$10/\$25/\$50	
BlueCare Custom PPO \$1,500 20% 3/25/50/70	\$1,500	\$5,000	80%	60%	\$5,000	\$7,500	\$25	\$50	\$50	20%	\$150	20%	20%	\$3/\$25/\$50/\$70	
BlueCare Custom PPO \$2,000 0% 3/15/30/50 A	\$2,000	\$6,000	100%	80%	N/A	\$3,000	\$15	\$30	\$30	No Charge	\$150	No Charge	\$75	\$3/\$15/\$30/\$50	
BlueCare Custom PPO \$2,000 0% 3/15/30/50 B	\$2,000	\$6,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$15/\$30/\$50	
BlueCare Custom PPO \$2,000 0% 3/15/30/50 C	\$2,000	\$6,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$15/\$30/\$50	
BlueCare Custom PPO \$2,000 20% 3/25/50/70	\$2,000	\$6,000	80%	60%	\$5,000	\$7,500	\$20	\$40	\$40	20%	\$75	20%	20%	\$3/\$25/\$50/\$70	
BlueCare Custom PPO \$2,500 0% 3/20/40/60 A ³	\$2,500	\$5,000	100%	80%	N/A	\$10,000	\$15	\$30	\$30	No Charge	\$75	No Charge	\$75	\$3/\$20/\$40/\$60	
BlueCare Custom PPO \$2,500 0% 3/20/40/60 B ³	\$2,500	\$5,000	100%	80%	N/A	\$10,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$20/\$40/\$60	
BlueCare Custom PPO \$2,500 0% 3/15/40/65 ³	\$2,500	\$5,000	100%	80%	N/A	\$10,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$15/\$40/\$65	
BlueCare Custom PPO \$3,000 0% 3/20/40/60	\$3,000	\$7,500	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$20/\$40/\$60	
BlueCare Custom PPO \$3,000 0% 3/25/50/70	\$3,000	\$7,500	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$25/\$50/\$70	
BlueCare Custom PPO \$3,000 20% 3/25/50/70	\$3,000	\$7,500	80%	60%	\$2,500	\$5,000	\$20	\$40	\$40	20%	\$75	20%	20%	\$3/\$25/\$50/\$70	
BlueCare Custom PPO \$5,000 0% 3/10/25/50	\$5,000	\$10,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$10/\$25/\$50	
BlueCare Custom PPO \$5,000 0% 3/25/50/70 ³	\$5,000	\$10,000	100%	80%	N/A	\$15,000	\$20	\$40	\$40	No Charge	\$150	No Charge	\$75	\$3/\$25/\$50/\$70	
BlueCare Custom PPO \$5,000 20% 3/25/50/70	\$5,000	\$10,000	80%	60%	\$5,000	\$7,500	\$15	\$30	\$30	20%	\$75	20%	20%	\$3/\$25/\$50/\$70	
BlueCare Custom PPO \$7,500 0% 3/25/50/70	\$7,500	\$15,000	100%	80%	N/A	\$3,000	\$20	\$40	\$40	No Charge	\$75	No Charge	\$75	\$3/\$25/\$50/\$70	
Important Plan Details:														Plans are offered by First Priority Life Insurance Company.	
¹ Specialist copay applies to outpatient physician office visits, chiropractic, physical therapy, occupational therapy, speech therapy, and home health care visits.														[*] After deductible	
² Rx information displayed: Retail, 31-day supply.														^{**} Per test after deductible	
³ The family deductible and coinsurance maximum amounts are equal to the individual amounts (1 per family).															
⁴ Coinsurance maximum includes coinsurance only. Once the coinsurance maximum is met, copayments may still apply.															

Grandmothered BlueCare Custom PPO, AffordaBlue and BlueCare Traditional Comprehensive Small Group Portfolios

2022-2023

	Medical Deductible		Plan Payment Level (Coinsurance) After Deductible		Out-of-Pocket Maximum ¹		Primary Care Provider (PCP) Office Visit	Specialist Office Visit	Urgent Care	Inpatient Hospital	Emergency Room*	Basic Diagnostic Services (Standard Imaging, Diagnostic Medical, Lab/ Pathology, etc.)	Advanced Imaging (Ex.: MRI, CT, PET Scan)	Rx Formulary (Comprehensive/ Incentive) ^{2,3}
	In-Network (2x Fam)	Out-of-Network (2x Fam)	In-Network (2x Fam)	Out-of-Network (2x Fam)	In-Network (2x Fam)	Out-of-Network (2x Fam)	In-Network / Out-of-Network*	In-Network / Out-of-Network*	In-Network / Out-of-Network*	In-Network / Out-of-Network*		In-Network / Out-of-Network*	In-Network / Out-of-Network*	In-Network / Out-of-Network*
BlueCare QHD PPO \$1,500 0% 3/20/40/60⁴	\$1,500	\$3,000	100%	80%	\$3,000	\$6,000	No Charge / 20%	No Charge / 20%	No Charge / 20%	No Charge / 20%	No Charge	No Charge / 20%	No Charge / 20%	\$3/\$20/\$40/\$60
BlueCare QHD PPO \$2,000 0% 3/20/40/60⁴	\$2,000	\$4,000	100%	80%	\$4,000	\$8,000	No Charge / 20%	No Charge / 20%	No Charge / 20%	No Charge / 20%	No Charge	No Charge / 20%	No Charge / 20%	\$3/\$20/\$40/\$60
BlueCare QHD PPO \$2,500 20% 3/20/40/60⁴	\$2,500	\$5,000	80%	60%	\$5,000	\$10,000	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20%	20% / 40%	20% / 40%	\$3/\$20/\$40/\$60

2022-2023

	Medical Deductible		Plan Payment Level (Coinsurance) After Deductible		Coinsurance Maximum ⁵		Primary Care Provider (PCP) Office Visit		Specialist Office Visit		Urgent Care		Inpatient Hospital	Emergency Room*	Basic Diagnostic Services (Standard Imaging, Diagnostic Medical, Lab/ Pathology, etc.)		Advanced Imaging (Ex.: MRI, CT, PET Scan)		Rx Formulary (Comprehensive/ Incentive) ²								
	In-Network (2x Fam)		Out-of-Network (2x Fam)	In-Network (2x Fam)		Out-of-Network (2x Fam)	In-Network		Out-of-Network*	In-Network		Out-of-Network*	In-Network*		In-Network		Out-of-Network*	In-Network		Out-of-Network*	Low Cost Generic/ Standard Generic/ Brand Formulary/ Non-Formulary						
	Tier 1	Tier 2		Tier 1	Tier 2		Tier 1	Tier 2*		Tier 1	Tier 2*				Tier 1	Tier 2*		Tier 1*	Tier 2*			Tier 1**	Tier 2*				
AffordaBlue \$500 0% 3/20/40/60	\$500	\$2,000	\$4,000	100%	70%	60%	No Charge	\$5,000	\$6,000	\$20	30%	40%	\$40	30%	40%	\$40	30%	40%	No Charge	No Charge	No Charge	30%	40%	No Charge	30%	40%	\$3/\$20/\$40/\$60
AffordaBlue \$1,000 0% 3/20/40/60	\$1,000	\$2,000	\$4,000	100%	70%	60%	No Charge	\$5,000	\$6,000	\$20	30%	40%	\$40	30%	40%	\$40	30%	40%	No Charge	No Charge	No Charge	30%	40%	No Charge	30%	40%	\$3/\$20/\$40/\$60

2022-2023

	Major Medical Deductible	Major Medical Plan Payment Level (Coinsurance) After Deductible	Major Medical Coinsurance Maximum	Rx Coinsurance	Rx Out-of-Pocket Maximum (per person)
BlueCare Traditional Comprehensive - MM \$250	\$250	80%	\$1,000	20%	\$2,500
BlueCare Traditional Cooperative - MM \$250	\$250	80%	\$1,000	20%	\$2,500
BlueCare Traditional Cooperative - MM \$500	\$500	80%	\$2,000	20%	\$2,500

Important Plan Details:

¹ Out-of-pocket maximum calculation includes deductible, copayment, and coinsurance.

² Rx information displayed: Retail, 31-day supply.

³ Integrated Rx plans include all medical and prescription claims accumulating toward one overall deductible.

⁴ Health Saving Account (HSA) is available to employee. Employer contributions in amounts that exceed the annual federally mandated maximum(s) may result in actuarial value changes that may impact compliance as a Qualified Health Plan.

⁵ Coinsurance maximum includes coinsurance only. Once the coinsurance maximum is met, copayments may still apply.

*After deductible

**Per test after deductible

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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>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d’assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d’identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d’identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：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。ID カードの裏に明記されている番号に電話をおかけください（TTY：711）。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

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Additional info about renewing your grandmothered policy

- You're under no obligation to keep your grandmothered policy. We have a variety of Affordable Care Act (ACA) products for you to consider — that might work better for you. It's your call.
- If you decide to switch to an ACA plan, you won't be able to switch back to your grandmothered policy.
- Grandmothered policies still need to comply to the same regulations they've had to in the past.
- No matter which renewal option you choose, you can:
 - Renew your current coverage with no changes to employee benefits.
However, there are changes to benefits that we have been required to make by law.

OR

- Change to another plan design within the product that you currently have. For example, you can switch to a different coverage option in the PPO product you have, but you cannot renew into a plan design under a Qualified High Deductible Health Plan product that you did not.
- We'll continue to keep you in the loop regarding any updates to the Affordable Care Act, including any extension to grandmothing that would allow you to renew your grandmothered policy beyond 2023.

Log in to highmarkbcbs.com to access **Find a Doctor or Rx tool** — just one of many handy resources that make it easier for your employees to understand and manage their health care and find quality, in-network providers.

All references to "Highmark" in this communication are references to Highmark Inc., an independent licensee of the Blue Cross Blue Shield Association, and/or to one or more of its affiliated Blue companies.

Current federal and state transitional relief requires that clients who are enrolled in grandmothered policies transition to ACA-compliant plans by January 2023, regardless of renewal date.

The information regarding the Patient Protection and Affordable Care Act of 2010 ("PPACA"), 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.

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