

HIGHMARK BLUE CROSS BLUE SHIELD
NORTHEASTERN PENNSYLVANIA REGION

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



Small Groups with 50 or fewer employees
Effective January 1, 2023

HIGHMARK 
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 may be offered by Highmark Blue Cross Blue Shield, Highmark Coverage Advantage, Highmark Choice Company, or Highmark Health Insurance Company, all of which are independent licensees of the Blue Cross and Blue Shield Association.

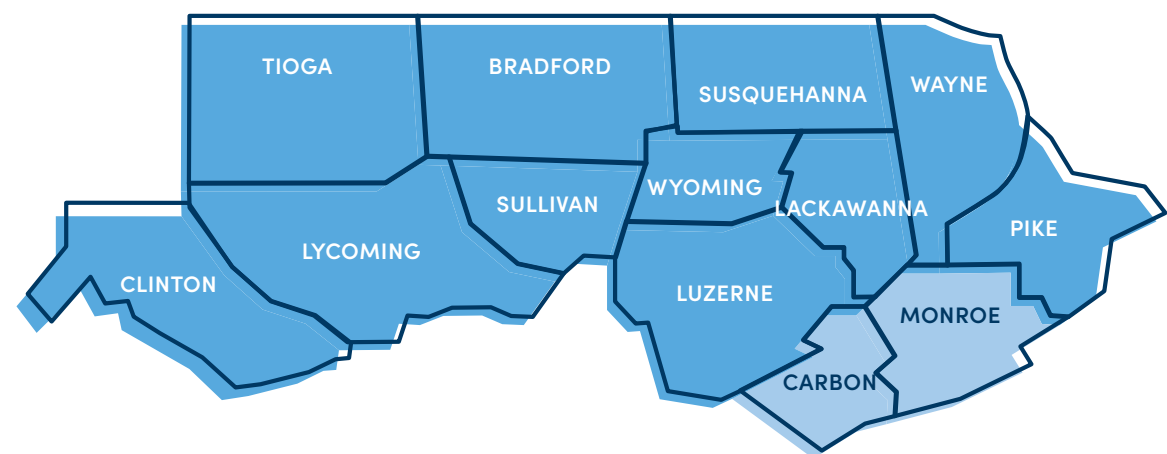


Your employees want more from their health care.

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.

Where is your company headquartered?



Based on where your company is headquartered, you have the following plan options available:

- BlueCare PPO plans
 - Custom PPO plans
 - AffordaBlue plans
- BlueCare PPO plans
 - Custom PPO plans
 - Lehigh Valley Flex Blue plans

Pick the plan that’s best for your budget and business.

BlueCare PPO (Broad network plan)

Plan highlights:

- Comprehensive in-network access to doctors and hospitals nationwide.
- Nationwide access to 1.7 million providers, including 95% of all hospitals, through the BlueCard® program.*
- Out-of-network providers are covered at a higher cost share.

Custom PPO (Tiered network plan)

Plan highlights:

- In-network coverage that focuses on care in and around the 13-county region of northeastern Pennsylvania.
- Nationwide access to 1.7 million providers, including 95% of all hospitals, at a higher cost share through the BlueCard Program.*
- Out-of-network providers are covered at highest cost share.

Lehigh Valley Flex Blue (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 1.7 million providers, including 95% 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.

AffordaBlue (Tiered network plan)

Plan highlights:

- In-network coverage that focuses on care in and around the 13-county region of northeastern Pennsylvania (Tier 1), with the exception of health systems and providers that charge a facility fee (Tier 2).
- Nationwide access to 1.7 million providers, including 95% of all hospitals, at the highest cost share (Tier 3), through the BlueCard Program.*
- Out-of-network (Tier 3) providers covered at the highest cost share.

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

Hospitals in our networks

Facilities	BlueCare PPO BlueCare QHD PPO	Custom PPO	Lehigh Valley Flex Blue PPO	AffordaBlue
ADAMS				
WellSpan Gettysburg Hospital				
ALLEGHENY				
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				
Heritage Valley Kennedy				
Heritage Valley Sewickley				
LifeCare Behavioral Health Hospital of Pittsburgh				
Select Specialty Hospital – McKeesport				
Select Specialty Hospital – Pittsburgh/UPMC				
St. Clair Hospital				
The Children’s Home of Pittsburgh				
The Children’s Institute of Pittsburgh				
PAM Health Specialty Hospital of Pittsburgh				
UPMC Children’s Hospital of Pittsburgh				
UPMC East				
UPMC Magee-Womens Hospital				
UPMC McKeesport				
UPMC Mercy				
UPMC Vision and Rehabilitation Tower				
UPMC Passavant – McCandless				
UPMC Presbyterian				

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

Hospitals in our networks

Facilities	BlueCare PPO BlueCare QHD PPO	Custom PPO	Lehigh Valley Flex Blue PPO	AffordaBlue
ALLEGHENY, CONTINUED				
UPMC Shadyside				
UPMC St. Margaret				
UPMC Western Psychiatric Hospital				
ARMSTRONG				
Armstrong County Memorial Hospital				
BEAVER				
Heritage Valley Beaver				
PAM Health Specialty Hospital at Heritage Valley				
BEDFORD				
UPMC Bedford Memorial				
BERKS				
Penn State Health St. Joseph Medical Center				
Reading Hospital – Tower Health				
Surgical Institute of Reading				
BLAIR				
Conemaugh Nason Medical Center				
Penn Highlands Tyrone				
UPMC Altoona				
BRADFORD				
Guthrie Robert Packer Hospital				
Guthrie Towanda Memorial Hospital				
Guthrie Troy Community Hospital				
BUTLER				
BHS Butler Memorial Hospital				
UPMC Passavant – Cranberry				
CAMBRIA				
Conemaugh Memorial Medical Center – Lee Campus				
Conemaugh Memorial Medical Center				
Conemaugh Miners Medical Center				
Select Specialty Hospital – Johnstown				

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

Hospitals in our networks

Facilities	BlueCare PPO BlueCare QHD PPO	Custom PPO	Lehigh Valley Flex Blue PPO	AffordaBlue
CARBON				
Lehigh Valley Hospital – Carbon				
St. Luke’s Hospital – Carbon Campus				
St. Luke’s Hospital – Lehighton Campus				
CENTRE				
Mount Nittany Medical Center				
CLARION				
BHS Clarion Hospital				
CLEARFIELD				
Penn Highlands Clearfield				
Penn Highlands DuBois				
CLINTON				
Bucktail Medical Center				
UPMC Lock Haven				
COLUMBIA				
Berwick Hospital Center				
Geisinger Bloomsburg Hospital				
CRAWFORD				
Meadville Medical Center				
Titusville Area 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				

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

Hospitals in our networks

Facilities	BlueCare PPO BlueCare QHD PPO	Custom PPO	Lehigh Valley Flex Blue PPO	AffordaBlue
ELK				
Penn Highlands Elk				
ERIE				
AHN Saint Vincent Hospital				
LECOM Health – Corry Memorial Hospital				
LECOM Health – Millcreek Community Hospital				
Select Specialty Hospital – Erie				
UPMC Hamot				
FAYETTE				
Penn Highlands Connellsville				
FRANKLIN				
WellSpan Chambersburg Hospital				
WellSpan Waynesboro Hospital				
FULTON				
Fulton County Medical Center				
GREENE				
Washington Health System Greene				
HUNTINGDON				
Penn Highlands Huntingdon				
INDIANA				
Indiana Regional Medical Center				
JEFFERSON				
Penn Highlands Brookville				
Punxsutawney Area Hospital				
LACKAWANNA				
CHS Moses Taylor Hospital				
CHS Regional Hospital of Scranton				
Geisinger Community Medical Center				
Lehigh Valley Hospital – Dickson City				
LANCASTER				
Lancaster General Hospital				
Lancaster General Hospital Women and Babies				

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

Hospitals in our networks

Facilities	BlueCare PPO BlueCare QHD PPO	Custom PPO	Lehigh Valley Flex Blue PPO	AffordaBlue
LANCASTER, CONTINUED				
Lancaster Surgery Center				
Penn State Health Lancaster Medical Center				
UPMC Lititz				
WellSpan Ephrata Community Hospital				
LAWRENCE				
Lawrence County Surgery Center of Edgewood Surgical Hospital				
UPMC Jameson				
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				
LUZERNE				
CHS Wilkes-Barre General Hospital				
Geisinger Wyoming Valley Medical Center				
Lehigh Valley Hospital – Hazleton				
LYCOMING				
Geisinger Jersey Shore Hospital				
Geisinger Medical Center Muncy				
UPMC Muncy				
UPMC Williamsport				
UPMC Williamsport Divine Providence Campus				

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

Hospitals in our networks

Facilities	BlueCare PPO BlueCare QHD PPO	Custom PPO	Lehigh Valley Flex Blue PPO	AffordaBlue
MCKEAN				
Bradford Regional Medical Center				
UPMC Kane				
MERCER				
AHN Grove City				
Edgewood Surgical Hospital				
Sharon Regional Medical Center				
UPMC Horizon – Greenville				
UPMC Horizon – Shenango Valley				
MIFFLIN				
Geisinger Lewistown Hospital				
MONROE				
Lehigh Valley Hospital – Pocono				
St. Luke’s Hospital – Monroe Campus				
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				
NORTHUMBERLAND				
Geisinger Shamokin Area Community Hospital				
POTTER				
UPMC Cole				

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

Hospitals in our networks

Facilities	BlueCare PPO BlueCare QHD PPO	Custom PPO	Lehigh Valley Flex Blue PPO	AffordaBlue
SCHUYLKILL				
Geisinger St. Luke's Hospital				
Lehigh Valley Hospital – Schuylkill East Norwegian Street				
Lehigh Valley Hospital – Schuylkill South Jackson Street				
St. Luke's Hospital – Miners Campus				
SOMERSET				
Chan Soon-Shiong Medical Center at Windber				
Conemaugh Meyersdale Medical Center				
UPMC Somerset				
SUSQUEHANNA				
Barnes-Kasson Hospital				
Endless Mountains Health Systems				
TIOGA				
UPMC Wellsboro				
UNION				
Evangelical Community Hospital				
VENANGO				
UPMC Northwest				
WARREN				
Warren General Hospital				
WASHINGTON				
AHN Canonsburg Hospital				
Advanced Surgical Hospital				
Penn Highlands Mon Valley				
Washington Hospital				
WAYNE				
Wayne Memorial Hospital				

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

Hospitals in our networks

Facilities	BlueCare PPO BlueCare QHD PPO	Custom PPO	Lehigh Valley Flex Blue PPO	AffordaBlue
WESTMORELAND				
AHN Hempfield Neighborhood Hospital				
Excela Health Frick Hospital				
Excela Health Latrobe Hospital				
Excela Health Westmoreland Hospital				
Select Specialty Hospital – Laurel Highlands				
YORK				
OSS Orthopaedic Hospital				
UPMC Hanover				
UPMC Memorial				
WellSpan Surgery and Rehabilitation Hospital				
WellSpan York Hospital				
CHATAUQUA, NY				
AHN Westfield				
ORANGE, NY				
Bon Secours Community Hospital – Port Jervis				
CATTARAUGUS, NY				
Olean General Hospital				

Out of area

Facilities	BlueCare PPO BlueCare QHD PPO	Custom PPO	Lehigh Valley Flex Blue PPO	AffordaBlue
Providers participating in the BlueCard Program				

In-network/Enhanced Coverage	In-network/Standard Coverage	Out-of-Network

HIGHMARK BLUE CROSS BLUE SHIELD

2023 BlueCare PPO and BlueCare QHD PPO Plans†***

Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming, and Monroe 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/ IMAGING/ X-RAY)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	PRESCRIPTION DRUGS WITH COMPREHENSIVE FORMULARY²**
		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	LOW-COST GENERIC/ STANDARD GENERIC/BRAND FORMULARY/NON-FORMULARY/ SPECIALTY FORMULARY/ SPECIALTY NON-FORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS										
Platinum	BlueCare PPO \$0 Platinum	\$0	\$2,000	100%	80%	\$3,500	\$7,000	\$25	\$50	\$50	\$0 after ded	\$0 after ded	\$150	\$0 after ded	\$75 after ded	\$3/\$10/\$35/\$60/20%/30%
Platinum	BlueCare PPO \$250 Platinum	\$250	\$2,000	100%	80%	\$7,000	\$14,000	\$10	\$25	\$25	\$0 after ded	\$0 after ded	\$150	\$0 after ded	\$75 after ded	\$3/\$10/\$35/\$60/20%/30%
Platinum	BlueCare PPO \$500 Platinum	\$500	\$1,000	100%	80%	\$3,000	\$7,000	\$10	\$20	\$20	\$0 after ded	\$0 after ded	\$150	\$0 after ded	\$75 after ded	\$3/\$10/\$35/\$60/20%/30%
Platinum	BlueCare PPO \$750 Platinum	\$750	\$3,000	100%	80%	\$2,500	\$8,000	\$10	\$20	\$20	\$0 after ded	\$0 after ded	\$150	\$0 after ded	\$75 after ded	\$3/\$10/\$35/\$60/20%/30%
Gold	BlueCare PPO \$0 Gold	\$0	\$5,000	100%	80%	\$7,900	\$15,800	\$40	\$70	\$70	\$250	\$500, up to 3 days then 0%	\$350	\$50 after ded	\$250 after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	BlueCare PPO \$500 Gold	\$500	\$1,000	100%	80%	\$8,600	\$17,200	\$30	\$65	\$65	\$0 after ded	\$0 after ded	\$360 after ded	\$65 after ded	\$360 after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	BlueCare PPO \$1000 Gold	\$1,000	\$2,000	100%	80%	\$8,550	\$17,100	\$30	\$60	\$60	\$0 after ded	\$0 after ded	\$300	\$60	\$300	\$3/\$30/\$60/\$90/20%/30%
Gold	BlueCare PPO \$1250 Gold	\$1,250	\$4,000	100%	70%	\$8,550	\$17,100	\$35	\$70	\$70	\$0 after ded	\$0 after ded	\$350 after ded	\$0 after ded	\$350 after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	BlueCare PPO \$1400 Gold	\$1,400	\$2,800	100%	80%	\$7,900	\$15,800	\$45	\$75	\$75	\$0 after ded	\$0 after ded	\$250	\$75 after ded	\$325 after ded	\$3/\$30/\$90/\$150/20%/30%
Gold	BlueCare PPO \$1500 Gold	\$1,500	\$4,500	100%	80%	\$8,550	\$17,100	\$20	\$40	\$40	\$0 after ded	\$200	\$290 after ded	\$40 after ded	\$290 after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	BlueCare QHD PPO \$1500 Gold³,⁴,⁵	\$1,500	\$3,000	100%	80%	\$3,500	\$7,000	\$20 after ded	\$40 after ded	\$40 after ded	\$0 after ded	\$0 after ded	\$200 after ded	\$40 after ded	\$200 after ded	\$3/\$10/\$50/\$85/20%/30% after ded
Gold	BlueCare PPO \$1550 Gold	\$1,550	\$3,100	100%	80%	\$9,100	\$18,200	\$15	\$40	\$40	\$0 after ded	\$300 after ded	\$315 after ded	\$40 after ded	\$200 after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	BlueCare PPO \$2000 Gold	\$2,000	\$5,000	90%	70%	\$7,900	\$15,800	\$45	\$65	\$65	10% after ded	10% after ded	\$250	\$65 after ded	\$250 after ded	\$3/\$15/\$55/\$90/20%/30%
Gold	BlueCare PPO \$2000 1x Gold	\$2,000	\$4,000	100%	80%	\$9,100	\$18,200	\$20	\$45	\$45	\$0 after ded	\$0 after ded	\$370 after ded	\$0 after ded	\$360 after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	BlueCare PPO \$2500 Gold	\$2,500	\$5,000	90%	70%	\$7,900	\$15,800	\$25	\$50	\$50	10% after ded	10% after ded	\$250	10% after ded	10% after ded	\$3/\$30/\$90/\$150/20%/30%
Gold	BlueCare PPO \$3000 Gold	\$3,000	\$6,000	100%	80%	\$9,100	\$18,200	\$15	\$30	\$30	\$0 after ded	\$0 after ded	\$175 after ded	\$30	\$175 after ded	\$3/\$20/\$50/\$85/20%/30%
Gold	BlueCare PPO \$4000 Gold	\$4,000	\$8,000	100%	80%	\$7,900	\$15,800	\$25	\$50	\$50	\$0 after ded	\$0 after ded	\$250	\$0 after ded	\$150 after ded	\$3/\$15/\$55/\$90/20%/30%
Gold	BlueCare PPO \$5000 1x Gold	\$5,000	\$10,000	100%	60%	\$7,100	\$14,200	\$30	\$70	\$70	\$0 after ded	\$0 after ded	\$300	\$35	\$200	\$3/\$20/\$50/\$85/20%/30%
Silver	BlueCare PPO \$2600 Silver	\$2,600	\$5,000	70%	50%	\$9,100	\$18,200	\$45	\$85	\$85	30% after ded	30% after ded	30% after ded	\$105 after ded	\$350 after ded	\$3/\$40/\$90/\$110/20%/30%
Silver	BlueCare PPO \$3000 Silver	\$3,000	\$6,000	80%	60%	\$9,100	\$18,200	\$45	\$85	\$85	20% after ded	20% after ded	20% after ded	\$80 after ded	\$400 after ded	\$3/\$40/\$115/\$250/20%/30%
Silver	BlueCare PPO \$3000 1x Silver	\$3,000	\$5,000	70%	50%	\$9,100	\$18,200	\$55	\$85	\$85	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	\$3/\$40/\$115/\$250/20%/30%
Silver	BlueCare QHD PPO \$3000 Silver³,⁴,⁵	\$3,000	\$6,000	100%	80%	\$7,050	\$14,100	\$20 after ded	\$35 after ded	\$35 after ded	\$85 after ded	\$0 after ded	\$250 after ded	\$35 after ded	\$250 after ded	\$3/\$15/\$55/\$90/20%/30% after ded
Silver	BlueCare PPO \$5000 Silver	\$5,000	\$10,000	100%	80%	\$9,100	\$18,200	\$15	\$45	\$45	\$375 after ded	\$350 after ded	\$375 after ded	\$45 after ded	\$175 after ded	\$3/\$20/\$90/\$110/20%/30%
Bronze	BlueCare PPO \$5400 Bronze	\$5,400	\$10,800	50%	50%	\$8,550	\$17,100	\$130	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	\$3/\$40/\$115/\$250/20%/30%

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

** Member pays (at retail) a maximum of \$350 for Specialty Formulary Rx/\$500 for Specialty Non-Formulary Rx.

*** First Priority Life PPO Network

† Plans are offered by First Priority Life, a wholly owned subsidiary of Highmark Inc. d/b/a Highmark Blue Cross Blue Shield.

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

Please refer to page 16 for footnotes.

Highmark Blue Cross Blue Shield and First Priority Life are independent licensees of the Blue Cross Blue Shield Association.

HIGHMARK BLUE CROSS BLUE SHIELD

2023 BlueCare Custom PPO Plans†***

Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming, and Monroe counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE AND COPAYS)¹		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/ PATHOLOGY/ IMAGING/ X-RAY)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	PRESSCRIPTION DRUGS WITH COMPREHENSIVE FORMULARY²**
		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	LOW-COST GENERIC/ STANDARD GENERIC/ BRAND FORMULARY/ NON-FORMULARY/ SPECIALTY FORMULARY/ SPECIALTY NON-FORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS										
Platinum	BlueCare Custom PPO \$0 Platinum	\$0	\$2,000	100%	80%	\$3,500	\$7,000	\$25	\$50	\$50	\$0 after ded	\$0 after ded	\$150	\$0 after ded	\$75 after ded	\$3/\$10/\$35/\$60/20%/30%
Platinum	BlueCare Custom PPO \$250 Platinum	\$250	\$2,000	100%	80%	\$7,000	\$14,000	\$10	\$25	\$25	\$0 after ded	\$0 after ded	\$150	\$0 after ded	\$75 after ded	\$3/\$10/\$35/\$60/20%/30%
Platinum	BlueCare Custom PPO \$500 Platinum	\$500	\$1,000	100%	80%	\$3,000	\$7,000	\$10	\$20	\$20	\$0 after ded	\$0 after ded	\$150	\$0 after ded	\$75 after ded	\$3/\$10/\$35/\$60/20%/30%
Platinum	BlueCare Custom PPO \$750 Platinum	\$750	\$3,000	100%	80%	\$2,500	\$8,000	\$10	\$20	\$20	\$0 after ded	\$0 after ded	\$150	\$0 after ded	\$75 after ded	\$3/\$10/\$35/\$60/20%/30%
Gold	BlueCare Custom PPO \$0 Gold	\$0	\$5,000	100%	80%	\$7,900	\$15,800	\$40	\$70	\$70	\$250	\$500, up to 3 days then 0%	\$350	\$50 after ded	\$250 after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	BlueCare Custom PPO \$500 Gold	\$500	\$1,000	100%	80%	\$8,600	\$17,200	\$30	\$65	\$65	\$0 after ded	\$0 after ded	\$360 after ded	\$65 after ded	\$360 after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	BlueCare Custom PPO \$1000 Gold	\$1,000	\$2,000	100%	80%	\$8,550	\$17,100	\$30	\$60	\$60	\$0 after ded	\$0 after ded	\$300	\$60	\$300	\$3/\$30/\$60/\$90/20%/30%
Gold	BlueCare Custom PPO \$1250 Gold	\$1,250	\$4,000	100%	70%	\$8,550	\$17,100	\$35	\$70	\$70	\$0 after ded	\$0 after ded	\$350 after ded	\$0 after ded	\$350 after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	BlueCare Custom PPO \$1400 Gold	\$1,400	\$2,800	100%	80%	\$7,900	\$15,800	\$45	\$75	\$75	\$0 after ded	\$0 after ded	\$250	\$75 after ded	\$325 after ded	\$3/\$30/\$90/\$150/20%/30%
Gold	BlueCare Custom PPO \$1500 Gold	\$1,500	\$4,500	100%	80%	\$8,550	\$17,100	\$20	\$40	\$40	\$0 after ded	\$200	\$290 after ded	\$40 after ded	\$290 after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	BlueCare Custom PPO \$1550 Gold	\$1,550	\$3,100	100%	80%	\$9,100	\$18,200	\$15	\$40	\$40	\$0 after ded	\$300 after ded	\$315 after ded	\$40 after ded	\$200 after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	BlueCare Custom PPO \$2000 Gold	\$2,000	\$5,000	90%	70%	\$7,900	\$15,800	\$45	\$65	\$65	10% after ded	10% after ded	\$250	\$65 after ded	\$250 after ded	\$3/\$15/\$55/\$90/20%/30%
Gold	BlueCare Custom PPO \$2000 1x Gold	\$2,000	\$4,000	100%	80%	\$9,100	\$18,200	\$20	\$45	\$45	\$0 after ded	\$0 after ded	\$370 after ded	\$0 after ded	\$360 after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	BlueCare Custom PPO \$2500 Gold	\$2,500	\$5,000	90%	70%	\$7,900	\$15,800	\$25	\$50	\$50	10% after ded	10% after ded	\$250	10% after ded	10% after ded	\$3/\$30/\$90/\$150/20%/30%
Gold	BlueCare Custom PPO \$3000 Gold	\$3,000	\$6,000	100%	80%	\$9,100	\$18,200	\$15	\$30	\$30	\$0 after ded	\$0 after ded	\$175 after ded	\$30	\$175 after ded	\$3/\$20/\$50/\$85/20%/30%
Gold	BlueCare Custom PPO \$4000 Gold	\$4,000	\$8,000	100%	80%	\$7,900	\$15,800	\$25	\$50	\$50	\$0 after ded	\$0 after ded	\$250	\$0 after ded	\$150 after ded	\$3/\$15/\$55/\$90/20%/30%
Gold	BlueCare Custom PPO \$5000 1x Gold	\$5,000	\$10,000	100%	60%	\$7,100	\$14,200	\$30	\$70	\$70	\$0 after ded	\$0 after ded	\$300	\$35	\$200	\$3/\$20/\$50/\$85/20%/30%
Silver	BlueCare Custom PPO \$2600 Silver	\$2,600	\$5,000	70%	50%	\$9,100	\$18,200	\$45	\$85	\$85	30% after ded	30% after ded	30% after ded	\$105 after ded	\$350 after ded	\$3/\$40/\$90/\$110/20%/30%
Silver	BlueCare Custom PPO \$3000 Silver	\$3,000	\$6,000	80%	60%	\$9,100	\$18,200	\$45	\$85	\$85	20% after ded	20% after ded	20% after ded	\$80 after ded	\$400 after ded	\$3/\$40/\$115/\$250/20%/30%
Silver	BlueCare Custom PPO \$3000 1x Silver	\$3,000	\$5,000	70%	50%	\$9,100	\$18,200	\$55	\$85	\$85	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	\$3/\$40/\$115/\$250/20%/30%
Silver	BlueCare Custom PPO \$5000 Silver	\$5,000	\$10,000	100%	80%	\$9,100	\$18,200	\$15	\$45	\$45	\$375 after ded	\$350 after ded	\$375 after ded	\$45 after ded	\$175 after ded	\$3/\$20/\$90/\$110/20%/30%
Bronze	BlueCare Custom PPO \$5400 Bronze	\$5,400	\$10,800	50%	50%	\$8,550	\$17,100	\$130	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	\$3/\$40/\$115/\$250/20%/30%

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

** Member pays (at retail) a maximum of \$350 for Specialty Formulary Rx/\$500 for Specialty Non-Formulary Rx.

*** First Priority Life Custom PPO Network

† Plans are offered by First Priority Life, a wholly owned subsidiary of Highmark Inc. d/b/a Highmark Blue Cross Blue Shield.

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

Please refer to page 16 for footnotes.

Highmark Blue Cross Blue Shield and First Priority Life are independent licensees of the Blue Cross Blue Shield Association.

HIGHMARK BLUE CROSS BLUE SHIELD

2023 AffordaBlue Plans†****

Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming, and Monroe counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE			COINSURANCE			OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE AND COPAYS) ¹			PRIMARY CARE OFFICE VISIT		SPECIALIST OFFICE VISIT		URGENT CARE		OUTPATIENT SURGERY*		INPATIENT HOSPITAL		EMERGENCY ROOM***		BASIC DIAGNOSTICS (LAB/PATHOLOGY/IMAGING)		ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)		PREScription DRUGS WITH COMPREHENSIVE FORMULARY ^{2**}
		ENHANCED IN-NETWORK (2X FAMILY)	STANDARD IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	OUT-OF-NETWORK	ENHANCED IN-NETWORK (2X FAMILY)	STANDARD IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	LOW-COST GENERIC/STANDARD GENERIC/BRAND FORMULARY/NON-FORMULARY/SPECIALTY FORMULARY/NON-FORMULARY
		MEMBER PAYS			PLAN PAYS			MEMBER PAYS																			
Platinum	AffordBlue \$250 Platinum	\$250	\$750	\$4,000	100%	70%	60%	\$2,000	\$6,000	\$16,000	\$20	30% after ded	\$40	30% after ded	\$40	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/\$10/\$35/\$60/20%/30%
Gold	AffordBlue \$500 Gold	\$500	\$5,000	\$10,000	100%	50%	50%	\$8,550	\$9,100	\$27,300	\$30	50% after ded	\$65	50% after ded	\$65	50% after ded	\$0 after ded	50% after ded	\$0 after ded	50% after ded	\$225 after ded	\$225 after ded	\$0 after ded	50% after ded	\$0 after ded	50% after ded	\$3/\$30/\$90/\$110/20%/30%
Gold	AffordBlue \$1000 Gold	\$1,000	\$3,000	\$6,500	100%	70%	60%	\$9,000	\$9,100	\$27,300	\$45	30% after ded	\$70	30% after ded	\$70	30% after ded	\$0 after ded	30% after ded	\$0 after ded	30% after ded	\$175 after ded	\$175 after ded	\$0 after ded	30% after ded	\$0 after ded	30% after ded	\$3/\$30/\$60/\$90/20%/30%
Gold	AffordBlue \$1500 Gold	\$1,500	\$3,000	\$7,000	100%	70%	60%	\$9,100	\$9,100	\$27,300	\$25	30% after ded	\$55	30% after ded	\$55	30% after ded	\$0 after ded	30% after ded	\$0 after ded	30% after ded	\$250 after ded	\$250 after ded	\$0 after ded	30% after ded	\$0 after ded	30% after ded	\$3/\$20/\$60/\$90/20%/30%
Silver	AffordBlue \$3000 Silver	\$3,000	\$7,000	\$14,000	100%	60%	50%	\$9,100	\$9,100	\$27,300	\$60	40% after ded	\$80	40% after ded	\$80	40% after ded	\$65 after ded	\$130 after ded	\$0 after ded	40% after ded	\$200 after ded	\$200 after ded	\$0 after ded	40% after ded	\$400 after ded	\$600 after ded	\$3/\$40/\$115/\$250/20%/30%

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

** Member pays (at retail) a maximum of \$350 for Specialty Formulary Rx/\$500 for Specialty Non-Formulary Rx.

*** Benefit applies after Enhanced deductible is met.

**** First Priority Life Custom PPO Network

† Plans are offered by First Priority Life, a wholly owned subsidiary of Highmark Inc. d/b/a Highmark Blue Cross Blue Shield.

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

Please refer to page 16 for footnotes.

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HIGHMARK BLUE CROSS BLUE SHIELD

2023 Lehigh Valley Flex Blue PPO Plans†****

Monroe and Carbon counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE			COINSURANCE			OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE AND COPAYS)¹			PRIMARY CARE OFFICE VISIT		SPECIALIST OFFICE VISIT		URGENT CARE		OUTPATIENT SURGERY*		INPATIENT HOSPITAL		EMERGENCY ROOM***		BASIC DIAGNOSTICS (LAB/PATHOLOGY/IMAGING)		ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)		PRESCRIPTION DRUGS WITH COMPREHENSIVE FORMULARY²**
		ENHANCED IN-NETWORK (2X FAMILY)	STANDARD IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	OUT-OF-NETWORK	ENHANCED IN-NETWORK (2X FAMILY)	STANDARD IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	ENHANCED/STANDARD	STANDARD IN-NETWORK	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	ENHANCED IN-NETWORK	STANDARD IN-NETWORK	LOW-COST GENERIC/STANDARD GENERIC/BRAND FORMULARY/ NON-FORMULARY/ SPECIALTY FORMULARY/ SPECIALTY NON-FORMULARY
		MEMBER PAYS			PLAN PAYS																						
Gold	Lehigh Valley Flex Blue PPO 500G	\$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 1250G	\$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 3300SQE³,⁴,⁵	\$3,300	\$3,900	\$11,700	90%	70%	50%	\$7,050	\$7,050	\$14,100	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

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

** Member pays (at retail) a maximum of \$350 for Specialty Formulary Rx/\$500 for Specialty Non-Formulary Rx.

*** Benefit applies after Enhanced deductible is met.

**** First Priority Life PPO Network

† Plans are offered by First Priority Life, a wholly owned subsidiary of Highmark Inc. d/b/a Highmark Blue Cross Blue Shield.

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Please refer to page 16 for footnotes.

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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 1.7 million providers and 95% of hospitals in the U.S. And they're even covered in 190 countries around the globe.*

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.

MY CARE NAVIGATOR™

Easy-to-book appointments.

We'll help your employees find the in-network doctor they need and reserve some space on their calendar for a checkup. It's all about ensuring your people spend less of the day listening to hold music.

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. That way, your employees can cherry-pick a top-performing specialist for any care they need.

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 and put their worries to bed.

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



Resources continued

WELL360 DIABETES MANAGEMENT
POWERED BY ONDUO

**Personalized support to
control type 2 diabetes.**

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

COLLEGE TUITION REWARD PROGRAM

**A rewards program that comes
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
pharmacy costs.**

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



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.

SHARECARE®

A one-stop digital platform for member wellness.

Sharecare helps employees learn their RealAge®, track health habits, and monitor sleep, stress, and fitness — all in real time.

BLUE365SM

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.



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.

ONLINE TOOLS AND MEMBER WEBSITE

Employees' entire plan at their fingertips.

No more searching for old files or waiting on snail mail. Your employees' digital ID card, Find a Doctor tool, deductible progress, and claims status are all available online at highmarkbcbs.com.

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.

IMPORTANT PLAN DETAILS:

- 1 Out-of-pocket maximum calculation includes deductible, copayment, and coinsurance.
- 2 Rx information displayed: Retail up to 31-day supply.
- 3 Integrated Rx plans include all medical and prescription claims accumulating toward one overall deductible.
- 4 Embedded plans: In this approach, an individual family member can be eligible for payment of benefits upon meeting the Individual deductible amount (even if the rest of the family has not met the Family deductible amount). Additionally, an individual family member’s out-of-pocket (OOP) maximum will be the same as that of a member purchasing Individual coverage for the specified health plan.
- 5 A health savings account (HSA) is available to employees. 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.
- 6 Non-Embedded plans: In this approach, the entire family deductible must be met before any family member is eligible for payment of benefits. Additionally, the entire family out-of-pocket (maximum) must be met before the plan begins paying 100%. One family member may satisfy the entire family deductible and/or OOP.
- 7 When a member receives nonemergency services from a BlueCard-participating provider or through Blue Cross Blue Shield Global® Core, all benefits for such covered services will be provided at the out-of-network level of benefits. A BlueCard-participating provider or a provider rendering services through Blue Cross Blue Shield Global Core will accept the plan allowance, plus any member liability, as payment in full for covered services. When a member receives nonemergency services from a BlueCard non-participating provider, all benefits for such covered services will be provided at the out-of-network level of benefits and the member will be responsible for any difference between the plan’s payment and the provider’s billed charges.

This is not a contract. This benefits summary presents plan highlights only. Contract limitations and exclusions apply. Please refer to the benefits booklet for complete information. To determine the availability of services under your health plan, please review your Outline of Coverage for details on benefits, conditions, and exclusions or call the number on the back of your member ID card.

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** and click **Quality Assurance**; or for a paper copy, call 1-855-873-4106.

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

My Care Navigator is a service mark of Highmark Inc.

Sharecare is a registered trademark of Sharecare, Inc., an independent and separate company that provides a consumer care engagement platform for your health plan. 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.

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.

Insurance may be offered by Highmark Blue Cross Blue Shield, First Priority Health or First Priority Life, all of which are independent licensees of the Blue Cross Blue Shield Association.

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.

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. 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. 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 المعاونة 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.™