

# 2024 Small Group ACA Benefit Changes

**NORTHEASTERN PENNSYLVANIA**



Because Life.™



## Highmark 2024 Small Group ACA Benefit Changes

**Product Name: BlueCare PPO \$0 Platinum**

**Metal Level: Platinum**

**Status: No changes for 2024**

**Product Name: BlueCare PPO \$250 Platinum**

**Metal Level: Platinum**

**Status: See changes below**

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$7,000	<b>\$8,700</b>
	Out of Network	\$14,000	<b>\$17,400</b>
Advanced Diagnostic/ Imaging (MRI/CAT/PET)	In Network	\$75 after deductible	<b>\$120 after deductible</b>

**Product Name: BlueCare PPO \$500 Platinum**

**Metal Level: Platinum**

**Status: No changes for 2024**

**Product Name: BlueCare PPO \$750 Platinum**

**Metal Level: Platinum**

**Status: No changes for 2024**

**Product Name: BlueCare PPO \$0 Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

**Product Name: BlueCare PPO \$500 Gold**

**Metal Level: Gold**

**Status: See changes below**

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$8,600	<b>\$9,300</b>
	Out of Network	\$17,200	<b>\$18,600</b>

White Product Name:  
No change

Blue Product Name Highlighted:  
Name change

Coral Product Name Highlighted:  
Cost changes

## Highmark 2024 Small Group ACA Benefit Changes

**Product Name: BlueCare PPO \$1000 Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

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**Product Name: BlueCare PPO \$1250 Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

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**Product Name: BlueCare PPO \$1400 Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

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**Product Name: BlueCare PPO \$1500 Gold**

**Metal Level: Gold**

**Status: See changes below**

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$8,550	<b>\$9,450</b>
	Out of Network	\$17,100	<b>\$18,900</b>
Emergency Room	In Network	\$290 after deductible	<b>\$320 after deductible</b>

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**Product Name: BlueCare PPO \$1550 Gold**

**Metal Level: Gold**

**Status: See changes below**

Year		2023	2024
Outpatient Surgery/ Facility Fee	In Network	\$0 after deductible	<b>\$10 after deductible</b>

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White Product Name:  
No change

Blue Product Name Highlighted:  
Name change

Coral Product Name Highlighted:  
Cost changes

## Highmark 2024 Small Group ACA Benefit Changes

**Product Name: BlueCare QHD PPO \$1600 Gold**  
**Former Product Name: BlueCare QHD PPO \$1500 Gold**  
**Metal Level: Gold**  
**Status: See changes below**

Year		2023	2024
Medical Deductible (2x Family)	In Network	\$1,500	<b>\$1,600</b>
	Out of Network	\$3,000	<b>\$3,200</b>
Out-of-Pocket Maximum (2x Family)	In Network	\$3,500	<b>\$4,000</b>
	Out of Network	\$7,000	<b>\$8,000</b>
PCP/Retail Clinic	In Network	\$20 after deductible	<b>\$15 after deductible</b>

**Product Name: BlueCare PPO \$2000 Gold**  
**Metal Level: Gold**  
**Status: No changes for 2024**

**Product Name: BlueCare PPO \$2000 1x Gold**  
**Metal Level: Gold**  
**Status: No changes for 2024**

**Product Name: BlueCare PPO \$2500 Gold**  
**Metal Level: Gold**  
**Status: No changes for 2024**

**Product Name: BlueCare PPO \$3000 Gold**  
**Metal Level: Gold**  
**Status: No changes for 2024**

**Product Name: BlueCare PPO \$4000 Gold**  
**Metal Level: Gold**  
**Status: No changes for 2024**

White Product Name:  
No change

Blue Product Name Highlighted:  
Name change

Coral Product Name Highlighted:  
Cost changes

## Highmark 2024 Small Group ACA Benefit Changes

**Product Name: BlueCare PPO \$5000 1x Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

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**Product Name: BlueCare PPO \$0 Silver**

**Metal Level: Silver**

**Status: New for 2024**

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**Product Name: BlueCare PPO \$2600 Silver**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$9,100	<b>\$9,450</b>
	Out of Network	\$18,200	<b>\$18,900</b>
PCP/Retail Clinic	In Network	\$45	<b>\$40</b>
Basic Diagnostic (Lab/ Pathology/Imaging/X-Ray)	In Network	\$105 after deductible	<b>\$100 after deductible</b>

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**Product Name: BlueCare PPO \$3000 Silver**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$9,100	<b>\$9,450</b>
	Out of Network	\$18,200	<b>\$18,900</b>
PCP/Retail Clinic	In Network	\$45	<b>\$50</b>

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**Product Name: BlueCare PPO \$3000 1x Silver**

**Metal Level: Silver**

**Status: No changes for 2024**

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White Product Name:  
No change

Blue Product Name Highlighted:  
Name change

Coral Product Name Highlighted:  
Cost changes

## Highmark 2024 Small Group ACA Benefit Changes

**New Product Name: BlueCare QHD PPO \$3200 Silver**

**Former Product Name: BlueCare QHD PPO \$3000 Silver**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Medical Deductible (2x Family)	In Network	\$3,000	<b>\$3,200</b>
	Out of Network	\$6,000	<b>\$6,400</b>
Out-of-Pocket Maximum (2x Family)	In Network	\$7,050	<b>\$7,500</b>
	Out of Network	\$14,100	<b>\$15,000</b>
PCP/Retail Clinic	In Network	\$20 after deductible	<b>\$15 after deductible</b>
Specialist Office Visit	In Network	\$35 after deductible	<b>\$30 after deductible</b>
Urgent Care	In Network	\$35 after deductible	<b>\$30 after deductible</b>
Outpatient Surgery/ Facility Fee	In Network	\$85 after deductible	<b>\$110 after deductible</b>
Basic Diagnostic (Lab/Pathology/ Imaging/X-Ray)	In Network	\$35 after deductible	<b>\$30 after deductible</b>

**Product Name: BlueCare PPO \$5000 Silver**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$9,100	<b>\$9,450</b>
	Out of Network	\$18,200	<b>\$18,900</b>
PCP/Retail Clinic	In Network	\$15	<b>\$25</b>

**Product Name: BlueCare PPO \$5400 Bronze**

**Metal Level: Bronze**

**Status: See changes below**

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$8,550	<b>\$9,100</b>
	Out of Network	\$17,100	<b>\$18,200</b>

**White Product Name:**  
No change

**Blue Product Name Highlighted:**  
Name change

**Coral Product Name Highlighted:**  
Cost changes

## Highmark 2024 Small Group ACA Benefit Changes

**Product Name: BlueCare Custom PPO \$0 Platinum**

**Metal Level: Platinum**

**Status: No changes for 2024**

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**Product Name: BlueCare Custom PPO \$250 Platinum**

**Metal Level: Platinum**

**Status: See changes below**

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$7,000	<b>\$8,700</b>
	Out of Network	\$14,000	<b>\$17,400</b>
Advanced Diagnostic/ Imaging (MRI/CAT/PET)	In Network	\$75 after deductible	<b>\$120 after deductible</b>

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**Product Name: BlueCare Custom PPO \$500 Platinum**

**Metal Level: Platinum**

**Status: No changes for 2024**

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**Product Name: BlueCare Custom PPO \$750 Platinum**

**Metal Level: Platinum**

**Status: No changes for 2024**

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**Product Name: BlueCare Custom PPO \$0 Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

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**Product Name: BlueCare Custom PPO \$500 Gold**

**Metal Level: Gold**

**Status: See changes below**

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$8,600	<b>\$9,300</b>
	Out of Network	\$17,200	<b>\$18,600</b>

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**White Product Name:**  
No change

**Blue Product Name Highlighted:**  
Name change

**Coral Product Name Highlighted:**  
Cost changes

## Highmark 2024 Small Group ACA Benefit Changes

**Product Name: BlueCare Custom PPO \$1000 Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

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**New Product Name: BlueCare Custom PPO \$1250 Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

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**Product Name: BlueCare Custom PPO \$1400 Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

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**Product Name: BlueCare Custom PPO \$1500 Gold**

**Metal Level: Gold**

**Status: See changes below**

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$8,550	<b>\$9,450</b>
	Out of Network	\$17,100	<b>\$18,900</b>
Prescription Drugs	In Network	\$290 after deductible	<b>\$320 after deductible</b>

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**Product Name: BlueCare Custom PPO \$1550 Gold**

**Metal Level: Gold**

**Status: See changes below**

Year		2023	2024
Outpatient Surgery/ Facility Fee	In Network	\$0 after deductible	<b>\$10 after deductible</b>

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**Product Name: BlueCare Custom PPO \$2000 Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

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White Product Name:  
No change

Blue Product Name Highlighted:  
Name change

Coral Product Name Highlighted:  
Cost changes



Highmark 2024 Small Group ACA Benefit Changes

**Product Name: BlueCare Custom PPO \$2000 1x Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

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**New Product Name: BlueCare Custom PPO \$2500 Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

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**Product Name: BlueCare Custom PPO \$3000 Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

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**Product Name: BlueCare Custom PPO \$4000 Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

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**Product Name: BlueCare Custom PPO \$5000 1x Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

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**Product Name: BlueCare Custom PPO \$0 Silver**

**Metal Level: Silver**

**Status: New for 2024**

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White Product Name:  
No change

Blue Product Name Highlighted:  
Name change

Coral Product Name Highlighted:  
Cost changes

## Highmark 2024 Small Group ACA Benefit Changes

**Product Name: BlueCare Custom PPO \$2600 Silver**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$9,100	<b>\$9,450</b>
	Out of Network	\$18,200	<b>\$18,900</b>
PCP/Retail Clinic	In Network	\$45	<b>\$40</b>
Basic Dx (Lab/Pathology/ Imaging/X-Ray)	In Network	\$105 after deductible	<b>\$100 after deductible</b>

**Product Name: BlueCare Custom PPO \$3000 Silver**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$9,100	<b>\$9,450</b>
	Out of Network	\$18,200	<b>\$18,900</b>
PCP/Retail Clinic	In Network	\$45	<b>\$50</b>

**Product Name: BlueCare Custom PPO \$3000 1x Silver**

**Metal Level: Silver**

**Status: No changes for 2024**

**Product Name: BlueCare Custom PPO \$5000 Silver**

**Metal Level: Silver**

**Status: See changes below**

Year		2023	2024
Out-of-Pocket Maximum (2x Family)	In Network	\$9,100	<b>\$9,450</b>
	Out of Network	\$18,200	<b>\$18,900</b>
PCP/Retail Clinic	In Network	\$15	<b>\$25</b>

White Product Name:  
No change

Blue Product Name Highlighted:  
Name change

Coral Product Name Highlighted:  
Cost changes

## Highmark 2024 Small Group ACA Benefit Changes

**Product Name: BlueCare Custom PPO \$5400 Bronze**

**Metal Level: Bronze**

**Status: See changes below**

<b>Year</b>		<b>2023</b>	<b>2024</b>
Out-of-Pocket Maximum (2x Family)	In Network	\$8,550	<b>\$9,100</b>
	Out of Network	\$17,100	<b>\$18,200</b>

**Product Name: AffordaBlue \$250 Platinum**

**Metal Level: Platinum**

**Status: No changes for 2024**

**Product Name: AffordaBlue \$500 Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

**Product Name: AffordaBlue \$1000 Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

**Product Name: AffordaBlue \$1500 Gold**

**Metal Level: Gold**

**Status: No changes for 2024**

**Product Name: AffordaBlue \$3000 Silver**

**Metal Level: Silver**

**Status: No changes for 2024**

**White Product Name:**  
No change

**Blue Product Name Highlighted:**  
Name change

**Coral Product Name Highlighted:**  
Cost changes

## Highmark 2024 Small Group ACA Benefit Changes

**New Product Name: Lehigh Valley Flex Blue PPO 500 Gold**

**Former Product Name: Lehigh Valley Flex Blue PPO 500G**

**Metal Level: Gold**

**Status: No changes for 2024**

**New Product Name: Lehigh Valley Flex Blue PPO 1250 Gold**

**Former Product Name: Lehigh Valley Flex Blue PPO 1250G**

**Metal Level: Gold**

**Status: No changes for 2024**

**New Product Name: Lehigh Valley Flex Blue PPO Qualified Embedded 3300 Silver**

**Former Product Name: Lehigh Valley Flex Blue PPO 3300SQE**

**Metal Level: Silver**

**Status: No changes for 2024**

Year		2023	2024
Medical Deductible (2x Family)	Enhanced	\$3,300	<b>\$3,300</b>
	Standard	\$3,900	<b>\$5,000</b>
	Out of Network	\$11,700	<b>\$15,000</b>
Out-of-Pocket Maximum (2x Family)	Enhanced	\$7,050	<b>\$7,500</b>
	Standard	\$7,050	<b>\$7,500</b>
	Out of Network	\$14,100	<b>\$15,000</b>

**White Product Name:**  
No change

**Blue Product Name Highlighted:**  
Name change

**Coral Product Name Highlighted:**  
Cost changes





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  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
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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>.

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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).

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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.



Because Life.™