

HIGHMARK BLUE CROSS BLUE SHIELD
NORTHEASTERN 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 offered by First Priority Life Insurance Company, an independent licensee 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.

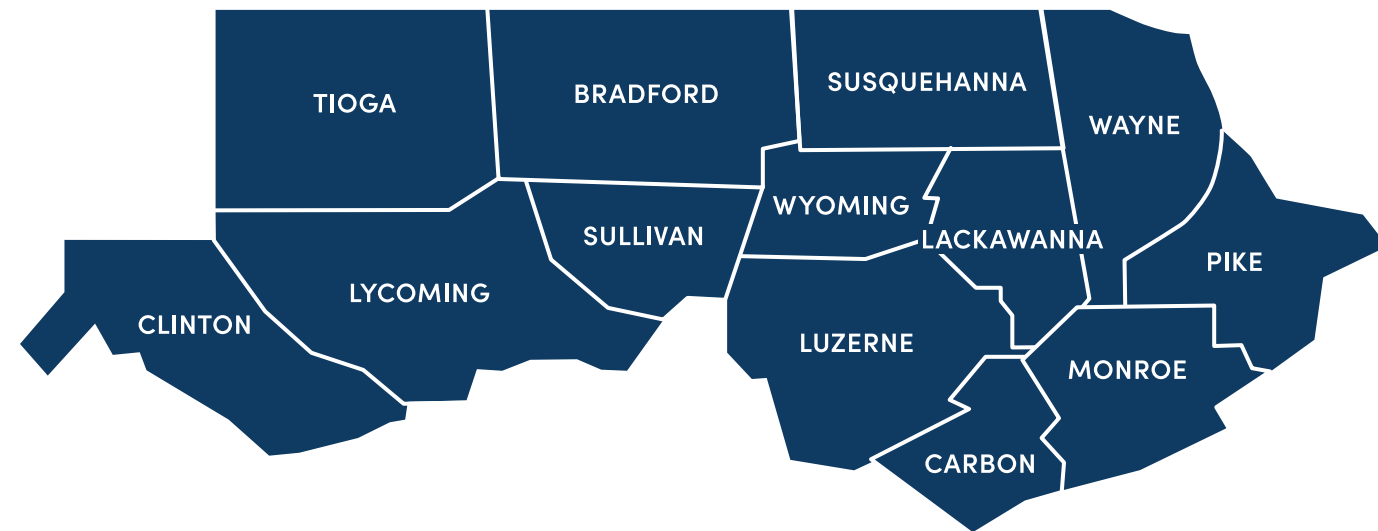
BlueCare PPO and BlueCare QHD PPO

BlueCare PPO and BlueCare QHD PPO (Broad network plan)

Plan highlights:

- Comprehensive in-network access to doctors and hospitals nationwide.
- Nationwide access to 1.8 million providers, including 97% of all hospitals, through the BlueCard® program.*
- Out-of-network providers are covered 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

BRADFORD

- Guthrie Robert Packer Hospital
- Guthrie Towanda Memorial Hospital
- Guthrie Troy Community Hospital

CARBON

- Lehigh Valley Hospital — Carbon
- St. Luke’s Hospital — Carbon Campus
- St. Luke’s Hospital — Lehighton Campus

CLINTON

- Bucktail Medical Center
- UPMC Lock Haven

LACKAWANNA

- CHS Moses Taylor Hospital
- CHS Regional Hospital of Scranton
- Geisinger Community Medical Center
- Lehigh Valley Hospital — Dickson City

LUZERNE

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

LYCOMING

- Geisinger Jersey Shore Hospital
- Geisinger Medical Center Muncy
- UPMC Muncy
- UPMC Williamsport
- UPMC Williamsport Divine Providence Campus

MONROE

- Lehigh Valley Hospital — Pocono
- St. Luke’s Hospital — Monroe Campus

SUSQUEHANNA

- Barnes-Kasson Hospital
- Endless Mountains Health Systems

TIOGA

- UPMC Wellsboro

WAYNE

- Wayne Memorial Hospital

NEW YORK

ORANGE

- Bon Secours Community Hospital — Port Jervis

OUT-OF-AREA:

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

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

Provider list as of June 2023. Please refer to the online Find a Doctor tool at highmarkbcbs.com for a listing of network 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.

2024 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)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 | BlueCare PPO \$0 Platinum | \$0 | \$2,000 | 100% | 80% | \$3,500 | \$7,000 | \$25 | \$50 | \$50 | \$0 | \$0 | \$150 | \$0 | \$0 | \$75 | \$3/\$10/\$35/\$60/20%/30% | |
| Platinum | BlueCare PPO \$250 Platinum | \$250 | \$2,000 | 100% | 80% | \$8,700 | \$17,400 | \$10 | \$25 | \$25 | \$0 after ded. | \$0 after ded. | \$150 | \$0 after ded. | \$0 after ded. | \$120 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. | \$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. | \$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 three days then \$0 | \$350 | \$50 | \$50 | \$250 | \$3/\$30/\$60/\$90/20%/30% | |
| Gold | BlueCare PPO \$500 Gold | \$500 | \$1,000 | 100% | 80% | \$9,300 | \$18,600 | \$30 | \$65 | \$65 | \$0 after ded. | \$0 after ded. | \$360 after ded. | \$65 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 | \$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. | \$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. | \$75 after ded. | \$325 after ded. | \$3/\$30/\$90/\$150/20%/30% | |
| Gold | BlueCare PPO \$1500 Gold | \$1,500 | \$4,500 | 100% | 80% | \$9,450 | \$18,900 | \$20 | \$40 | \$40 | \$0 after ded. | \$200 | \$320 after ded. | \$40 after ded. | \$40 after ded. | \$290 after ded. | \$3/\$30/\$60/\$90/20%/30% | |
| Gold | BlueCare PPO \$1550 Gold | \$1,550 | \$3,100 | 100% | 80% | \$9,100 | \$18,200 | \$15 | \$40 | \$40 | \$10 after ded. | \$300 after ded. | \$315 after ded. | \$40 after ded. | \$40 after ded. | \$200 after ded. | \$3/\$30/\$60/\$90/20%/30% | |
| Gold | BlueCare QHD PPO \$1600 Gold | \$1,600 | \$3,200 | 100% | 80% | \$4,000 | \$8,000 | \$15 after ded. | \$40 after ded. | \$40 after ded. | \$0 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 | 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. | \$65 after ded. | \$250 after ded. | \$3/\$15/\$55/\$90/20%/30% | |
| Gold | BlueCare PPO \$2000 1x Gold | \$2,000 — 1x family | \$4,000 — 1x family | 100% | 80% | \$9,100 — 1x family | \$18,200 — 1x family | \$20 | \$45 | \$45 | \$0 after ded. | \$0 after ded. | \$370 after ded. | \$0 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. | 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 | \$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. | \$0 after ded. | \$150 after ded. | \$3/\$15/\$55/\$90/20%/30% | |
| Gold | BlueCare PPO \$5000 1x Gold | \$5,000 — 1x family | \$10,000 — 1x family | 100% | 60% | \$7,100 — 1x family | \$14,200 — 1x family | \$30 | \$70 | \$70 | \$0 after ded. | \$0 after ded. | \$300 | \$35 | \$35 | \$200 | \$3/\$20/\$50/\$85/20%/30% | |

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

† First Priority Life PPO Network.

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

Please refer to page 30 for footnotes.

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

FIRST PRIORITY LIFE INSURANCE COMPANY†

2024 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)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 | | | | | | | | | | | | |
| Silver | BlueCare PPO \$0 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 | BlueCare PPO \$2600 Silver | \$2,600 | \$5,000 | 70% | 50% | \$9,450 | \$18,900 | \$40 | \$85 | \$85 | 30% after ded. | 30% after ded. | 30% after ded. | \$100 after ded. | \$100 after ded. | \$350 after ded. | \$3/\$40/\$90/\$110/20%/30% | |
| Silver | BlueCare PPO \$3000 Silver | \$3,000 | \$6,000 | 80% | 60% | \$9,450 | \$18,900 | \$50 | \$85 | \$85 | 20% after ded. | 20% after ded. | 20% after ded. | \$80 after ded. | \$80 after ded. | \$400 after ded. | \$3/\$40/\$115/\$250/20%/30% | |
| Silver | BlueCare PPO \$3000 1x Silver | \$3,000 — 1x family | \$5,000 — 1x family | 70% | 50% | \$9,100 — 1x family | \$18,200 — 1x family | \$55 | \$85 | \$85 | 30% after ded. | 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 \$3200 Silver | \$3,200 | \$6,400 | 100% | 80% | \$7,500 | \$15,000 | \$15 after ded. | \$30 after ded. | \$30 after ded. | \$110 after ded. | \$0 after ded. | \$250 after ded. | \$30 after ded. | \$30 after ded. | \$250 after ded. | \$3/\$15/\$55/\$90/20%/30% after ded. | |
| Silver | BlueCare PPO \$5000 Silver | \$5,000 | \$10,000 | 100% | 80% | \$9,450 | \$18,900 | \$25 | \$45 | \$45 | \$375 after ded. | \$350 after ded. | \$375 after ded. | \$45 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% | \$9,100 | \$18,200 | \$130 | 50% after ded. | 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% | |

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

* First Priority Life PPO Network.

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

Please refer to page 30 for footnotes.

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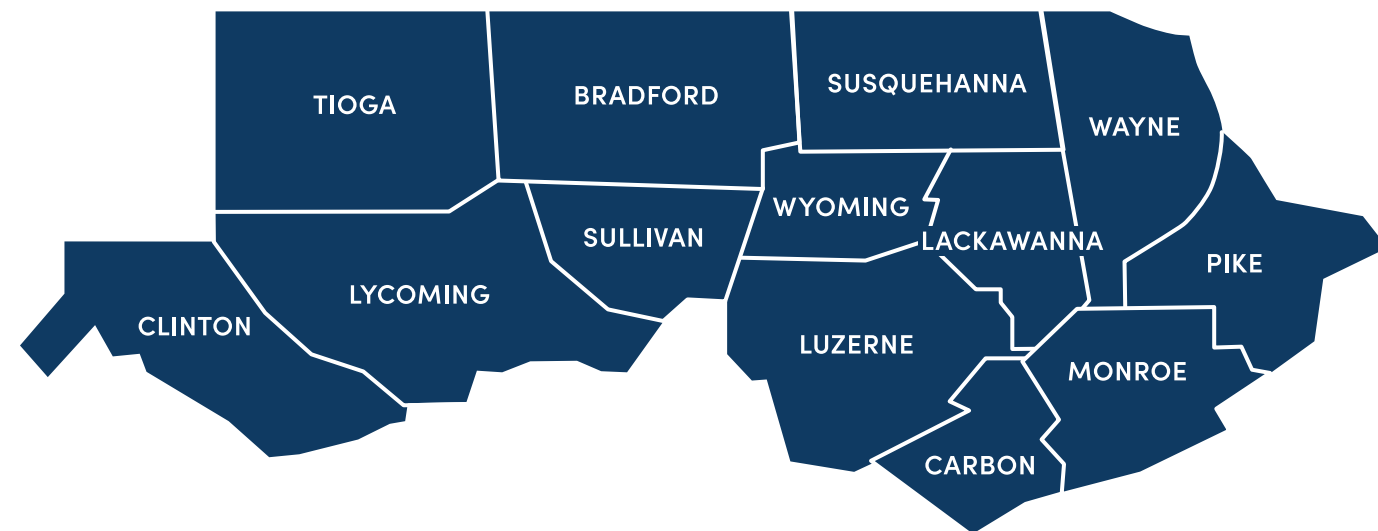
BlueCare Custom PPO

BlueCare Custom PPO (Narrow network plan)

Plan highlights:

- In-network coverage that focuses on care in and around the 13-county region of northeastern Pennsylvania.
- Nationwide access to 1.8 million providers, including 97% of all hospitals, at a higher cost share 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

BLUECARE CUSTOM PPO IN-NETWORK HOSPITALS, BY COUNTY

THE CUSTOM PPO PROVIDER NETWORK INCLUDES:

- All First Priority Life Custom PPO providers.
- Several hospitals and their participating doctors located just beyond our 13-county service area.
- Blue Distinction Centers for transplants.*

BRADFORD

- Guthrie Robert Packer Hospital
- Guthrie Towanda Memorial Hospital
- Guthrie Troy Community Hospital

CARBON

- Lehigh Valley Hospital — Carbon
- St. Luke’s Hospital — Carbon Campus
- St. Luke’s Hospital — Lehighton Campus

CLINTON

- Bucktail Medical Center
- UPMC Lock Haven

LACKAWANNA

- CHS Moses Taylor Hospital
- CHS Regional Hospital of Scranton
- Geisinger Community Medical Center
- Lehigh Valley Hospital — Dickson City

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

MONROE

- Lehigh Valley Hospital — Pocono
- St. Luke’s Hospital — Monroe Campus

SUSQUEHANNA

- Barnes-Kasson Hospital
- Endless Mountains Health Systems

TIOGA

- UPMC Wellsboro

WAYNE

- Wayne Memorial Hospital

ADDITIONAL IN-NETWORK HOSPITALS OUTSIDE OF SERVICE AREA

THESE HOSPITALS ARE IN NETWORK, BUT NOT ALL DOCTORS AFFILIATED WITH THEM ARE IN NETWORK.

BERKS

- Penn State Health St. Joseph Medical Center

COLUMBIA

- Berwick Hospital Center
- Geisinger Bloomsburg Hospital

CUMBERLAND

- Penn State Health Hampden Medical Center
- Penn State Health Holy Spirit Medical Center

DAUPHIN

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

LANCASTER

- Penn State Health Lancaster Medical Center

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

SCHUYLKILL

- St. Luke’s Hospital — Miners Campus

UNION

- Evangelical Community Hospital

NEW YORK

- Bon Secours Community Hospital — Port Jervis

OUT-OF-AREA:

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

Provider list as of June 2023. Please refer to the online Find a Doctor tool at highmarkbcbs.com for a listing of network 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.

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

* Blue Distinction Centers are not included in the FPLIC network, but transplant services are covered at in-network cost share.

2024 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 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 | BlueCare Custom PPO \$0 Platinum | \$0 | \$2,000 | 100% | 80% | \$3,500 | \$7,000 | \$25 | \$50 | \$50 | \$0 | \$0 | \$150 | \$0 | \$0 | \$75 | \$3/\$10/\$35/\$60/20%/30% | |
| Platinum | BlueCare Custom PPO \$250 Platinum | \$250 | \$2,000 | 100% | 80% | \$8,700 | \$17,400 | \$10 | \$25 | \$25 | \$0 after ded. | \$0 after ded. | \$150 | \$0 after ded. | \$0 after ded. | \$120 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. | \$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. | \$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 three days then \$0 | \$350 | \$50 | \$50 | \$250 | \$3/\$30/\$60/\$90/20%/30% | |
| Gold | BlueCare Custom PPO \$500 Gold | \$500 | \$1,000 | 100% | 80% | \$9,300 | \$18,600 | \$30 | \$65 | \$65 | \$0 after ded. | \$0 after ded. | \$360 after ded. | \$65 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 | \$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. | \$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. | \$75 after ded. | \$325 after ded. | \$3/\$30/\$90/\$150/20%/30% | |
| Gold | BlueCare Custom PPO \$1500 Gold | \$1,500 | \$4,500 | 100% | 80% | \$9,450 | \$18,900 | \$20 | \$40 | \$40 | \$0 after ded. | \$200 | \$320 after ded. | \$40 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 | \$10 after ded. | \$300 after ded. | \$315 after ded. | \$40 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. | \$65 after ded. | \$250 after ded. | \$3/\$15/\$55/\$90/20%/30% | |
| Gold | BlueCare Custom PPO \$2000 1x Gold | \$2,000 — 1x family | \$4,000 — 1x family | 100% | 80% | \$9,100 — 1x family | \$18,200 — 1x family | \$20 | \$45 | \$45 | \$0 after ded. | \$0 after ded. | \$370 after ded. | \$0 after ded. | \$0 after ded. | \$360 after ded. | \$3/\$30/\$60/\$90/20%/30% | |

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* First Priority Life Custom PPO Network.

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

Please refer to page 30 for footnotes.

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

2024 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)† | | 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 | | | | | | | | | | | | |
| 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. | 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 | \$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. | \$0 after ded. | \$150 after ded. | \$3/\$15/\$55/\$90/20%/30% | |
| Gold | BlueCare Custom PPO \$5000 1x Gold | \$5,000 — 1x family | \$10,000 — 1x family | 100% | 60% | \$7,100 — 1x family | \$14,200 — 1x family | \$30 | \$70 | \$70 | \$0 after ded. | \$0 after ded. | \$300 | \$35 | \$35 | \$200 | \$3/\$20/\$50/\$85/20%/30% | |
| Silver | BlueCare Custom PPO \$0 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 | BlueCare Custom PPO \$2600 Silver | \$2,600 | \$5,000 | 70% | 50% | \$9,450 | \$18,900 | \$40 | \$85 | \$85 | 30% after ded. | 30% after ded. | 30% after ded. | \$100 after ded. | \$100 after ded. | \$350 after ded. | \$3/\$40/\$90/\$110/20%/30% | |
| Silver | BlueCare Custom PPO \$3000 Silver | \$3,000 | \$6,000 | 80% | 60% | \$9,450 | \$18,900 | \$50 | \$85 | \$85 | 20% after ded. | 20% after ded. | 20% after ded. | \$80 after ded. | \$80 after ded. | \$400 after ded. | \$3/\$40/\$115/\$250/20%/30% | |
| Silver | BlueCare Custom PPO \$3000 1x Silver | \$3,000 — 1x family | \$5,000 — 1x family | 70% | 50% | \$9,100 — 1x family | \$18,200 — 1x family | \$55 | \$85 | \$85 | 30% after ded. | 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% | \$9,450 | \$18,900 | \$25 | \$45 | \$45 | \$375 after ded. | \$350 after ded. | \$375 after ded. | \$45 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% | \$9,100 | \$18,200 | \$130 | 50% after ded. | 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% | |

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

* First Priority Life Custom PPO Network.

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

Please refer to page 30 for footnotes.

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

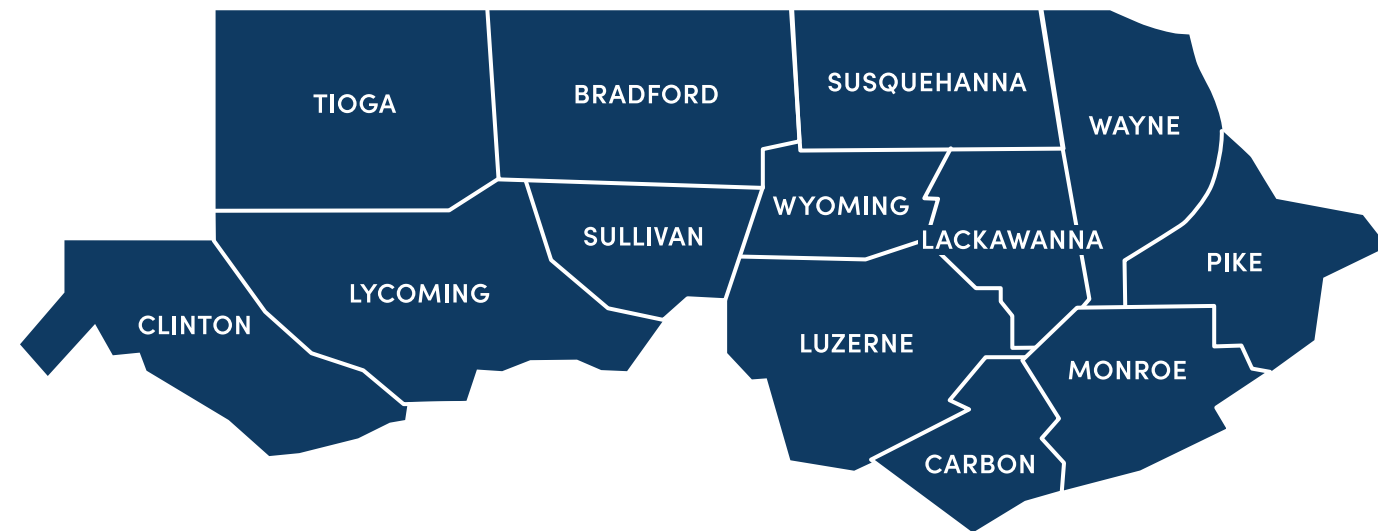
AffordaBlue

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 1.8 million providers, including 97% 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.
- 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



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

Network Listing

AFFORDABLE IN-NETWORK HOSPITALS, BY COUNTY

THE CUSTOM PPO PROVIDER NETWORK INCLUDES:

- All First Priority Life Custom PPO providers.
- Several hospitals and their participating doctors located just beyond our 13-county service area.
- Blue Distinction Centers for transplants.*

BRADFORD

- Guthrie Robert Packer Hospital
- Guthrie Towanda Memorial Hospital
- Guthrie Troy Community Hospital

CARBON

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

CLINTON

- Bucktail Medical Center
- UPMC Lock Haven

LACKAWANNA

- CHS Moses Taylor Hospital
- CHS Regional Hospital of Scranton
- Geisinger Community Medical Center
- Lehigh Valley Hospital — Dickson City

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

MONROE

- Lehigh Valley Hospital — Pocono
- St. Luke’s Hospital — Monroe Campus

SUSQUEHANNA

- Barnes-Kasson Hospital
- Endless Mountains Health Systems

TIOGA

- UPMC Wellsboro

WAYNE

- Wayne Memorial Hospital

ADDITIONAL IN-NETWORK HOSPITALS OUTSIDE OF SERVICE AREA

THESE HOSPITALS ARE IN NETWORK, BUT NOT ALL DOCTORS AFFILIATED WITH THEM ARE IN NETWORK.

BERKS

- Penn State Health St. Joseph Medical Center

COLUMBIA

- Berwick Hospital Center
- Geisinger Bloomsburg Hospital

CUMBERLAND

- Penn State Health Hampden Medical Center
- Penn State Health Holy Spirit Medical Center

DAUPHIN

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

LANCASTER

- Penn State Health Lancaster Medical Center

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

SCHUYLKILL

- St. Luke’s Hospital — Miners Campus

UNION

- Evangelical Community Hospital

NEW YORK

- Bon Secours Community Hospital — Port Jervis

OUT-OF-AREA:

Local Blue Cross and/or Blue Shield (BlueCard) providers outside of Pennsylvania participate at the (Tier 3) out-of-network level of benefits.

Provider list as of June 2023. Please refer to the online Find a Doctor tool at highmarkbcbs.com for a listing of network 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.*

* Blue Distinction Centers are not included in the FPLIC network, but transplant services are covered at in-network cost share.

FIRST PRIORITY LIFE INSURANCE COMPANY†
2024 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)† | | | 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 | | | | | | | | | | | | | | | | | | | | | |
| Platinum | AffordaBlue \$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 | 30% after ded. | \$0 | 30% after ded. | \$0 | 30% after ded. | \$0 | 30% after ded. | \$0 | 30% after ded. | \$0 | 30% after ded. | \$3/\$10/\$35/\$60/20%/30% |
| Gold | AffordaBlue \$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 | 50% after ded. | \$0 | 50% after ded. | \$225 | 50% after ded. | \$225 | 50% after ded. | \$0 | 50% after ded. | \$0 | 50% after ded. | \$3/\$30/\$90/\$110/20%/30% |
| Gold | AffordaBlue \$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 | 30% after ded. | \$0 | 30% after ded. | \$175 | 30% after ded. | \$175 | 30% after ded. | \$0 | 30% after ded. | \$0 | 30% after ded. | \$3/\$30/\$60/\$90/20%/30% |
| Gold | AffordaBlue \$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 | 30% after ded. | \$0 | 30% after ded. | \$250 | 30% after ded. | \$250 | 30% after ded. | \$0 | 30% after ded. | \$0 | 30% after ded. | \$3/\$20/\$60/\$90/20%/30% |
| Silver | AffordaBlue \$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 | 40% after ded. | \$130 | 40% after ded. | \$0 | 40% after ded. | \$200 | 40% after ded. | \$200 | 40% after ded. | \$0 | 40% after ded. | \$400/\$600/\$115/\$250/20%/30% |

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

* First Priority Life Custom PPO 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 30 for footnotes.

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

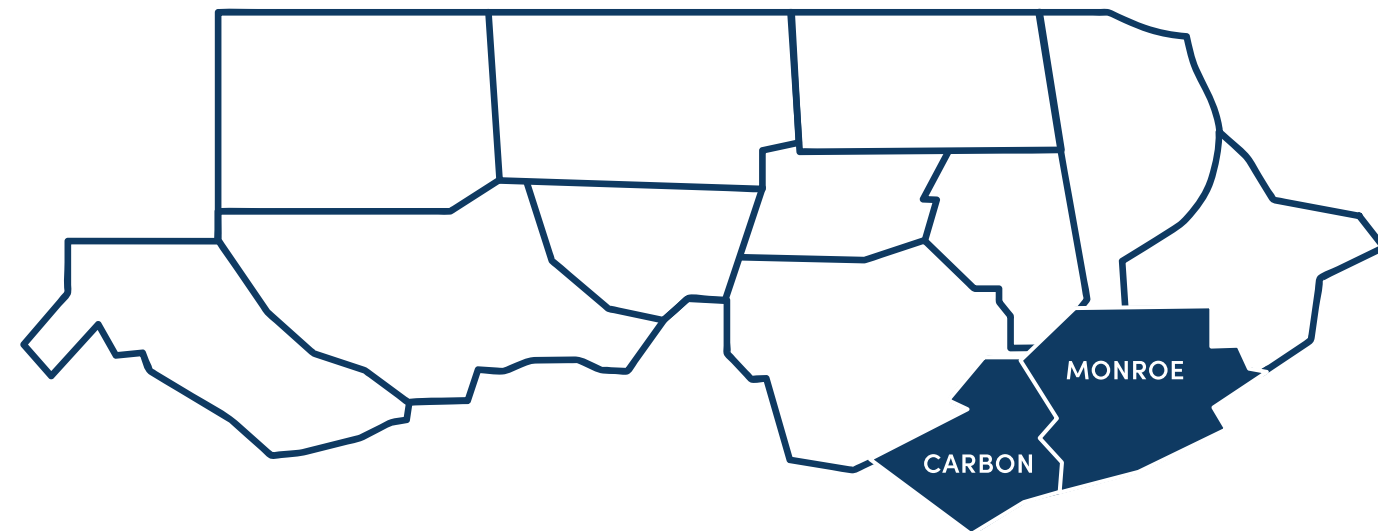
Lehigh Valley Flex Blue PPO

Lehigh Valley Flex Blue (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



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

Network Listing

IN-NETWORK ENHANCED VALUE BENEFIT 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

REMAINING COUNTIES

- N/A

IN-NETWORK STANDARD VALUE BENEFIT LEVEL

CARBON

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

LACKAWANNA

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

LUZERNE

- CHS Wilkes-Barre General Hospital
- Geisinger Wyoming Valley Medical Center

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

- 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 June 2023. Please refer to the online Find a Doctor tool at highmarkbcbs.com for a listing of network 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.

2024 Lehigh Valley Flex Blue PPO Plans*

Carbon 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 VISIT² | | 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 | 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. | 30% after ded. | 10% after ded. | 30% after ded. | 10% after ded. | |

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* First Priority Life PPO 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 30 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 CALLSM

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.



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.

BLUE265SM

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.

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 provides mental health support tailored to each individual member. And it's available on our app and website.



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 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 Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life 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.

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

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.

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 serbisyon 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 .



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