

# 2023 Small Group ACA Benefit Changes

WESTERN PENNSYLVANIA



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Highmark 2023 Small Group ACA Benefit Changes\*

**New Product Name: PPO Blue \$0 100/80 Platinum**

**Former Product Name: Premier Balance PPO \$0 Platinum A**

**Metal Level: Platinum**

**Status: No changes for 2023**

**New Product Name: PPO Blue \$0 100/80 Gold**

**Former Product Name: Premier Balance PPO \$0 Gold A**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,550	\$9,100
	Out of network	\$17,100	\$18,200
Emergency Room		\$400	\$405
Inpatient Hospital Professional Services In Network		\$0	\$10 copay per admission, then 100%

**New Product Name: PPO Blue \$500 100/80 Gold**

**Former Product Name: Premier Balance PPO \$500 A**

**Metal Level: Gold**

**Status: No changes for 2023**

**New Product Name: PPO Blue \$1000 100/80 Gold**

**Former Product Name: Premier Balance PPO \$1000 A**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,550	\$9,100
	Out of network	\$17,100	\$18,200
Prescription Drugs		\$3/\$15/\$55/\$90/20%/30%	\$3/\$30/\$60/\$90/20%/30%

\*Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**New Product Name: PPO Blue \$1400 100/80 Gold**  
**Former Product Name: Premier Balance PPO \$1400 A**  
**Metal Level: Gold**  
**Status: No changes for 2023**

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**New Product Name: PPO Blue \$2000 100/80 Gold**  
**Former Product Name: Premier Balance PPO \$2000 A**  
**Metal Level: Gold**  
**Status: No changes for 2023**

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**New Product Name: PPO Blue \$2500 100/80 Gold**  
**Former Product Name: Premier Balance PPO \$2500 A**  
**Metal Level: Gold**  
**Status: No changes for 2023**

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**New Product Name: PPO Blue \$1000 80/60 Gold**  
**Former Product Name: Balance PPO \$1000 A**  
**Metal Level: Gold**  
**Status: No changes for 2023**

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**New Product Name: PPO Blue \$2000 90/70 Gold**  
**Former Product Name: Balance PPO \$2000 A**  
**Metal Level: Gold**  
**Status: No changes for 2023**

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\*Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**New Product Name: PPO Blue Qualified \$1500 100/80 Gold**

**Former Product Name: Health Savings PPO \$1500**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$3,000	\$3,500
	Out of network	\$6,000	\$7,000

**New Product Name: PPO Blue Qualified Embedded \$4800 100/100 Silver**

**Former Product Name: Health Savings PPO Embedded \$4250**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Medical Deductible	In network	\$4,250	\$4,800
	Out of network	\$8,500	\$9,600
Out-of-Pocket Maximum (2x Family)	In network	\$4,250	\$4,800
	Out of network	\$8,500	\$9,600

**Product Name: Together Blue EPO Platinum \$250**

**Metal Level: Platinum**

**Status: No changes for 2023**

**Product Name: Together Blue EPO \$0**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,550	\$9,100
	Out of network	N/A	N/A
Emergency Room		\$400	\$405
Inpatient Hospital Professional Services In Network		\$0	\$10 copay per admission, then 100%

\*Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**Product Name: Together Blue EPO \$500**

**Metal Level: Gold**

**Status: No changes for 2023**

**Product Name: Together Blue EPO \$1000**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,550	\$9,100
	Out of network	N/A	N/A

**Product Name: Together Blue EPO \$1500**

**Metal Level: Gold**

**Status: No changes for 2023**

**Product Name: Together Blue EPO \$2500 1x**

**Metal Level: Gold**

**Status: No changes for 2023**

**Product Name: Together Blue EPO \$5000 1x**

**Metal Level: Gold**

**Status: No changes for 2023**

**Product Name: Together Blue EPO \$2000**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,550	\$9,100
	Out of network	N/A	N/A
Outpatient Surgery/ Facility Fee		\$150 after deductible	\$165 after deductible

\*Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes\*

**New Product Name: Together Blue EPO Embedded Q\$3900**  
**Former Product Name: Together Blue EPO Embedded Q\$3650**  
**Metal Level: Silver**  
**Status: See changes below**

Year		2022	2023
Medical Deductible		\$3,650	\$3,900
Out-of-Pocket Maximum (2x Family)	In network	\$6,900	\$7,050
	Out of network	N/A	N/A

**Product Name: Together Blue EPO Embedded Q\$6650**  
**Metal Level: Bronze**  
**Status: No changes for 2023**

**Product Name: Performance Blue PPO \$0 100/80 Platinum**  
**Metal Level: Platinum**  
**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$4,700	\$7,500
	Out of network	\$9,400	\$15,000

**Product Name: Performance Blue PPO \$250 100/80 Platinum**  
**Metal Level: Platinum**  
**Status: No changes for 2023**

**Product Name: Performance Blue PPO \$250 100/80 Gold**  
**Metal Level: Gold**  
**Status: No changes for 2023**

**Product Name: Performance Blue PPO \$500 100/80 Gold**  
**Metal Level: Gold**  
**Status: No changes for 2023**

\*Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes\*

**Product Name: Performance Blue PPO \$750 100/80 Gold**

**Metal Level: Gold**

**Status: No changes for 2023**

**Product Name: Performance Blue PPO \$1000 100/80 Gold**

**Metal Level: Gold**

**Status: No changes for 2023**

**Product Name: Performance Blue PPO \$1000 90/70 Gold**

**Metal Level: Gold**

**Status: No changes for 2023**

**Product Name: Performance Blue PPO \$0 100/80 Gold**

**Metal Level: Gold**

**Status: See changes below**

Year	2022	2023
Inpatient Hospital Professional Services In Network	\$0	\$10 copay per admission, then 100%

**Product Name: Performance Blue PPO \$1250 100/80 Gold**

**Metal Level: Gold**

**Status: No changes for 2023**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,550	\$9,100
	Out of network	\$25,650	\$27,300
Prescription Drugs		\$3/\$15/\$55/\$90/20%/30%	\$3/\$30/\$60/\$90/20%/30%

\*Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**Product Name: Performance Blue PPO \$1400 100/80 Gold**

**Metal Level: Gold**

**Status: No changes for 2023**

**Product Name: Performance Blue PPO \$1500 100/80 Gold**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,550	\$9,100
	Out of network	\$25,650	\$27,300
Prescription Drugs		\$3/\$15/\$55/\$90/20%/30%	\$3/\$20/\$60/\$90/20%/30%

**New Product Name: Performance Blue PPO Qualified \$1500 100/80 Gold**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$3,500	\$4,500
	Out of network	\$10,500	\$13,500

**Product Name: Performance Blue PPO \$1550 100/80 Gold**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,700	\$9,100
	Out of network	\$26,100	\$27,300
Emergency Room		\$300 after deductible	\$315 after deductible
Inpatient Hospital Professional Services In Network		\$0	100% after deductible and \$10 copay, per admission
Prescription Drugs		\$3/\$20/\$60/\$90/20%/30%	\$3/\$30/\$60/\$90/20%/30%

\*Coinsurance applies after deductible, unless otherwise noted.



Highmark 2023 Small Group ACA Benefit Changes\*

**Product Name: Performance Blue PPO \$1750 90/70 Gold**

**Metal Level: Gold**

**Status: No changes for 2023**

**Product Name: Performance Blue PPO \$2000 90/70 Gold**

**Metal Level: Gold**

**Status: No changes for 2023**

**Product Name: Performance Blue PPO \$5000 1x 100/80 Gold**

**Metal Level: Gold**

**Status: No changes for 2023**

**Product Name: Performance Blue PPO \$2500 1x 100/80 Gold**

**Metal Level: Gold**

**Status: See changes below**

Year	2022	2023
Inpatient Hospital Professional Services In Network	\$0	100% after deductible and \$10 copay, per admission

**New Product Name: Performance Blue PPO \$2000 100/80 Gold**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$7,900	\$9,100
	Out of network	\$23,700	\$27,300
Prescription Drugs		\$3/\$15/\$55/\$90/20%/30%	\$3/\$20/\$60/\$90/20%/30%

\*Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**New Product Name: Performance Blue PPO \$4500 100/80 Gold**

**Former Product Name: Performance Blue PPO \$4500 100/80 Silver**

**Metal Level: Gold**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,700	\$7,700
	Out of network	\$26,100	\$23,100
Outpatient Surgery/ Facility Fee		\$300 after deductible	\$0 after deductible
Inpatient Hospital Professional Services In Network		\$0	100% after deductible and \$10 copay, per admission
Emergency Room		\$300 after deductible	\$150 after deductible
Advanced Diagnostic/ Imaging (MRI/CAT/PET)		\$150 after deductible	\$50 after deductible
Prescription Drugs		\$3/\$20/\$60/\$90/20%/30%	\$3/\$15/\$55/\$90/20%/30%

**Product Name: Performance Blue PPO \$600 50/40 Silver**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$8,150	\$9,100
	Out of network	\$24,450	\$27,300
Outpatient Surgery/ Facility Fee		\$150 after deductible	\$160 after deductible
Emergency Room		\$575	50% after deductible

**Product Name: Performance Blue PPO \$2600 70/50 Silver**

**Metal Level: Silver**

**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In Network	\$8,550	\$9,100
	Out of Network	\$25,650	\$27,300
Emergency Room		\$550	30% after deductible

\*Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**New Product Name: Performance Blue PPO Qualified Embedded \$3000 100/80 Silver**  
**Former Product Name: Performance Blue PPO Qualified Embedded \$2800 100/80 Silver**  
**Metal Level: Silver**  
**Status: See changes below**

Year		2022	2023
Medical Deductible	In network	\$2,800	\$3,000
	Out of network	\$8,400	\$9,000
Out-of-Pocket Maximum (2x Family)	In network	\$6,900	\$7,050
	Out of network	\$20,700	\$21,150
Outpatient Surgery/ Facility Fee		\$40 after deductible	\$120 after deductible

**Product Name: Performance Blue PPO Qualified Embedded \$3700 100/100 Silver**  
**Metal Level: Silver**  
**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network	\$6,900	\$7,050
	Out of network	\$20,700	\$21,150
Outpatient Surgery/ Facility Fee		\$0 after deductible	\$50 after deductible

**Product Name: Performance Blue PPO \$5000 1x 70/50 Silver**  
**Metal Level: Silver**  
**Status: See changes below**

Year		2022	2023
Out-of-Pocket Maximum	In network	\$8,550 1x per family	\$9,100 1x per family
	Out of network	\$25,650 1x per family	\$27,300 1x per family
Emergency Room		\$575	30% after deductible

**Product Name: Performance Blue PPO Qualified Embedded \$5500 80/60 Silver**  
**Metal Level: Silver**  
**Status: No changes for 2023**

\*Coinsurance applies after deductible, unless otherwise noted.

## Highmark 2023 Small Group ACA Benefit Changes\*

**Product Name: Performance Blue PPO Qualified Embedded \$6000 100/100 Silver**

**Metal Level: Silver**

**Status: No changes for 2023**

**Product Name: Performance Blue PPO Qualified Embedded \$6850 100/100 Bronze**

**Metal Level: Bronze**

**Status: No changes for 2023**

### Discontinued Products

Shared Cost PPO \$1500

Gold

Health Savings PPO Embedded Q\$6100

Bronze

Keystone HMO \$7000

Bronze

\*Coinsurance applies after deductible, unless otherwise noted.





Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company or Highmark Coverage Advantage, all of which are independent licensees of the Blue Cross Blue Shield Association.

#### Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

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

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

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

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

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisong 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 المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

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

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

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

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

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

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

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

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



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