

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. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. 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, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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

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

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

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

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

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

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyonang 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 المعونة 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.



Highmark Blue Cross Blue Shield Grandmothered Small Group Policy Renewal Options 2023–2024

For groups of 50 or fewer employees

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

Grandmothered policies have been recognized by the federal government as non-grandfathered insurance policies issued before 2014, and continuously renewed. These policies have not yet been required to come into compliance with all of the 2014 ACA market reforms. If you hold one of those policies, the good news is that you can renew it again this year. With certain limitations, you can even make some permissible changes to your grandmothered policy when you choose to renew it again for your 2023–2024 contract year.

See, we told you it was good news.

- We’ll continue to keep you in the loop regarding any updates to the Affordable Care Act, including any extension to grandmothing that would allow you to renew your grandmothered policy beyond 2024.

Log in to myhighmark.com — the one–stop digital solution that helps members take charge of their health. My Highmark guides members to individualized programs tailored to their interests and needs. Members can see what their benefits cover and view claims, find and schedule virtual care, get ongoing health support, and more.

Current federal and state transitional relief requires that clients who are enrolled in grandmothered policies transition to ACA-compliant plans by January 2024, regardless of renewal date.

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 West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company.

Visit <https://www.highmarkbcbswv.com/content/dam/highmark/en/highmarkbcbswv/member/redesign/pdfs/mhs/NetworkAccessPlan.pdf> to view the Access Plan required by the Health Benefit Plan Network Access and Adequacy Act. You may also request a copy by contacting us at the number on the back of your ID Card.

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.

The information regarding the Patient Protection and Affordable Care Act of 2010 (“PPACA”), as amended, and/or any other law, does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws.

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Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame a

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

2023-2024 Grandmothered Super Blue Plus Small Group Portfolio

Annual Deductible Individual/Family*	In-Network Out-of-Network Coverage %	Annual Out-of-Pocket Maximum, Excluding Deductible Individual/Family*	Office Visit Copay*	Preventive Care Services*	Emergency Care Copay/Coinsurance	Prescription Drug Coverage
Super Blue Plus 2000						
\$100 / \$200	80 / 60	\$1,000 / \$2,000	\$10	100% no deductible	100% up to \$500, then 80% after deductible	Retail: 30% \$10 Min. Mail: 30% \$30 Min.
\$250 / \$500	80 / 60	\$1,000 / \$2,000	\$10	100% no deductible	100% up to \$500, then 80% after deductible	Retail: 30% \$10 Min. Mail: 30% \$30 Min.
\$500 / \$1,000	80 / 60	\$1,000 / \$2,000	\$10	100% no deductible	100% up to \$500, then 80% after deductible	Retail: 30% \$10 Min. Mail: 30% \$30 Min.
\$1,000 / \$2,000	80 / 60	\$1,000 / \$2,000	\$10	100% no deductible	100% up to \$500, then 80% after deductible	Retail: 30% \$10 Min. Mail: 30% \$30 Min.
\$2,500 / \$5,000	80 / 60	\$2,500 / \$5,000	\$25	100% no deductible	100% up to \$500, then 80% after deductible	Retail: 30% \$25 Min. Mail: 30% \$75 Min.
Super Blue Plus 2004						
\$1,000 / \$2,000	80 / 60	\$1,000 / \$2,000	80% after deductible	100% no deductible	80% after deductible	Retail: 50% \$25 Min. Mail: 50% \$75 Min.
\$3,000 / \$6,000	80 / 60	\$1,000 / \$2,000	80% after deductible	100% no deductible	80% after deductible	Retail: 50% \$25 Min. Mail: 50% \$75 Min.
\$5,000 / \$10,000	80 / 60	\$1,000 / \$2,000	80% after deductible	100% no deductible	80% after deductible	Retail: 50% \$25 Min. Mail: 50% \$75 Min.
High-Deductible Health Plans, compatible with Health Savings Accounts						
Individual: \$3,000 Family: \$6,000	100 / 80	\$0 - Medical	100% after deductible	100% no deductible	100% after deductible	100% after deductible
Individual: \$5,000 Family: \$10,000	100 / 80	\$0 - Medical	100% after deductible	100% no deductible	100% after deductible	100% after deductible
Super Blue Plus 2010**						
\$500 / \$1,000	80 / 60	\$3,000 / \$6,000	\$25, then 100%	100% no deductible	\$100 copay, then 80% after deductible	Retail: 50% \$10 Min. Mail: 50% \$30 Min.
\$500 / \$1,000	70 / 50	\$4,500 / \$9,000	\$25, then 100%	100% no deductible	\$100 copay, then 80% after deductible	Retail: 30% \$10 Min. Mail: 30% \$30 Min.
\$1,000 / \$2,000	80 / 60	\$3,000 / \$6,000	\$25, then 100%	100% no deductible	\$100 copay, then 80% after deductible	Retail: 50% \$10 Min. Mail: 50% \$30 Min.
\$1,000 / \$2,000	70 / 50	\$4,500 / \$9,000	\$25, then 100%	100% no deductible	\$100 copay, then 80% after deductible	Retail: 30% \$10 Min. Mail: 30% \$30 Min.
\$1,500 / \$3,000	80 / 60	\$3,000 / \$6,000	\$25, then 100%	100% no deductible	\$100 copay, then 80% after deductible	Retail: 50% \$10 Min. Mail: 50% \$30 Min.
\$1,500 / \$3,000	70 / 50	\$4,500 / \$9,000	\$25, then 100%	100% no deductible	\$100 copay, then 80% after deductible	Retail: 30% \$10 Min. Mail: 30% \$30 Min.
\$2,500 / \$5,000	80 / 60	\$3,000 / \$6,000	\$25, then 100%	100% no deductible	\$100 copay, then 80% after deductible	Retail: 50% \$10 Min. Mail: 50% \$30 Min.
\$2,500 / \$5,000	70 / 50	\$4,500 / \$9,000	\$25, then 100%	100% no deductible	\$100 copay, then 80% after deductible	Retail: 30% \$10 Min. Mail: 30% \$30 Min.
\$5,000 / \$10,000	80 / 60	\$3,000 / \$6,000	\$25, then 100%	100% no deductible	\$100 copay, then 80% after deductible	Retail: 50% \$10 Min. Mail: 50% \$30 Min.
\$5,000 / \$10,000	70 / 50	\$4,500 / \$9,000	\$25, then 100%	100% no deductible	\$100 copay, then 80% after deductible	Retail: 30% \$10 Min. Mail: 30% \$30 Min.



HRA

Help reduce your premiums and get your employees more involved in their health care decisions. Choose a Super Blue Plus program with a built-in HRA today. Highmark Blue Cross Blue Shield offers you the convenience of obtaining your health care program and a combined HRA – all from one source. This means your employees can call one customer service number and use one website to manage both their HRA and their benefits coverage. They simply log in to myhighmark.com to access all of their health care benefit and HRA information. For more information, please contact your Highmark Blue Cross Blue Shield client manager, sales executive, or authorized agent.

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* Benefits listed are for in-network coverage only.

** Prescription Drug Coverage: Not subject to deductible. \$5,000 maximum coinsurance per person per year, 100% coverage thereafter.

The West Virginia Small Business Plan utilizes a separate network of providers throughout West Virginia.