



Zero reasons your health can't be a priority.

Individual and family plan offerings

For benefit period:
January 1 to December 31, 2024

HIGHMARK 
Because Life.™



Say hello to a great health plan.

Shopping for your own health insurance? With Highmark, you get the coverage and benefits that matter most to you. This guide will help you find an affordable plan that checks all the boxes.

Looking for something in particular? Click on the headings below to jump to that section.

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Why choose a Highmark health plan?

Here are a few big benefits
right off the top of our heads.



1

Expert care, close to home.

Highmark invests big in a patient-first approach to care, with easy access to high-quality, lower-cost health care services in your area.



2

Coverage that travels with you.

All of our plans come with access to **BlueCard®**. It connects you to the largest physician and hospital networks in the U.S. with over 1.8 million providers, including 97% of all hospitals.*

Your coverage extends to many top-rated, out-of-state facilities, like:

- Cleveland Clinic
- Duke University Medical Center
- Inova Health System Hospitals
- Johns Hopkins Hospital
- Marietta Memorial Hospitals
- MD Anderson Cancer Center
- Memorial Sloan Kettering Cancer Center
- NewYork-Presbyterian
- TidalHealth
- University of Maryland Medical Center
- Winchester Medical Center

And, you're covered in 190 countries too — it's just like getting care close to home. Keep in mind that BlueCard covers routine,** emergency, and urgent care.



3

No red tape.

See whichever in-network doctors you want to see — **no referral needed**. Call 1-888-BLUE-428, and we'll find a specialist for you. No hoops, no hoopla.

* According to the Blue Cross Blue Shield Association.

** Certain services may require you to work with your BlueCard-participating provider to obtain prior authorization.





4

All your care, all in one plan.

Healthy eyes and teeth are important parts of overall health and regular checkups can help you stay ahead of potential problems down the road. It's especially important for kids, which is why all our plans come with pediatric dental and vision benefits.

Our plans with “Adult Dental and Vision” in their name include these benefits, so there’s no need to purchase separate plans.



5

Easy access to top-performing specialists.

Only doctors who consistently deliver safe, effective treatments make the **Blue Distinction®** list. When you use our Find a Doctor tool, the Blue Distinction logo will appear by their names to help you choose a top-performing specialist for any care you need.



BlueDistinction®
Specialty Care



6

Mental health care that’s exactly the right fit.

Our Mental Well-Being solution provides expanded, quicker access to mental health care. A personalized care plan will help guide you to the right resources based on your needs.

And that’s just for starters.

Turn the page for even more reasons to choose Highmark.

**We make it easier
for you to get the
care you want.**



VIRTUAL HEALTH

Face-to-face with a doctor, 24/7.

Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. Virtual health services are provided by Well360 Virtual Health. Best of all, these services are also available through many in-network providers. That's laid-back-in-a-recliner easy.



BLUES ON CALLSM

Answers from a health pro, 24/7.

Medical concerns during off hours? Just call 1-888-BLUE-428 to get support from a registered nurse or a health coach any time and put your worries to bed.



THE HIGHMARK MEMBER APP AND WEBSITE

Your entire plan at your fingertips.

No more searching for old files or waiting on snail mail. Your digital ID card, Find a Doctor tool, deductible progress, and claims status are all available on the My Highmark app or at **myhighmark.com**. You can also access **MyChart** via the app or website.



VIRTUAL PHYSICAL CARE

Physical care from the comfort of home.

This personalized digital physical care program helps with back, joint, or muscle pain from the comfort of your own home.





MY CARE NAVIGATORSM

Your appointments, booked for you.

It's as simple as calling **1-888-BLUE-428**. We'll help you find the in-network doctor you need and reserve some space on their calendar. Which means less on-hold music for you.



HEALTH SAVINGS ACCOUNT

Helping you save for today and tomorrow.

Health savings accounts let you put money away for things like medical costs, vision and dental services, and prescriptions. They're available for qualified high-deductible plans with "HSA" in the plan name.

**Need help with
your health goals?**

We've got you covered.



FITNESS

Hitting the gym has never been easier.

All our plans include a fitness extra with discounted rates and access to 10,000+ gyms nationwide.* You'll also get discounts for acupuncture and chiropractic care, nutritional counseling, personal training, and more. To learn more about gym memberships or to find a gym near you visit blue365deals.com/offers/tivity-health-gym-membership-s.



WELLNESS

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Get guidance based on your lifestyle and access to experienced wellness coaches to make healthy choices and keep you motivated. Once you're enrolled, visit myhighmark.com.



BLUE365®

Discounts to help you stay healthy and active.

With Blue365, you get exclusive discounts on travel, car rentals, and even clothing and footwear. Check out member-only deals at blue365deals.com.

**Let's take a minute
to cover the basics
of ACA plans.**

Here's your ACA Enrollment Checklist.

You'll need this info for each person who will be covered on your plan.

- ☐ **Date of birth**
- ☐ **Social Security number**
(or legal immigrant documents)
- ☐ **Income documentation for all household members, even if they won't be covered by the plan**
(pay stubs, W-2 forms, or wage and tax statements)
- ☐ **Current health insurance policy numbers**
(if applicable)
- ☐ **Info on any health insurance you or your family could get from your job**

All set? Great. Let's move on to the essentials.

Next, enrollment dates.

There are two ways you can enroll in or change your ACA coverage. One is a fixed period that happens every year. The other is for special cases that can happen any time.

1 Open Enrollment Period

November 1, 2023 – January 15, 2024

If you sign up by December 15, 2023, your plan takes effect on January 1, 2024.

If you sign up between December 16, 2023, and January 15, 2024, your plan takes effect on February 1, 2024.

2 Special Enrollment Period

Can happen any time throughout the year

During a Special Enrollment Period, you can only get or change coverage if you have a qualifying life event. Examples include losing your existing coverage, a new addition to the family, getting married, or moving to a new area where you can't keep your current plan. Many Special Enrollment Periods only last 60 days from the qualifying life event.

If you think you're eligible for a Special Enrollment Period, you may be asked to submit documents to verify it. You can go to **highmark.com** for more information.

Metal levels

ACA plans* are broken into four categories based on how you and your plan share the costs of your health care. Just so you know, metal levels reflect cost-sharing** differences only — which means you get the same quality of care at any level.

Bronze



60%

of costs covered
by your plan

40%

out-of-pocket
costs

If you don't use a lot of health care services and/or want to keep premium payments low, a Bronze plan might be for you.

Silver



70%

of costs covered
by your plan

30%

out-of-pocket
costs

If you want to balance premiums with out-of-pocket costs, Silver plans might be the way to go.

Gold



80%

of costs covered
by your plan

20%

out-of-pocket
costs

If you use health care services somewhat frequently and/or want low out-of-pocket costs for most commonly used services, you might want to consider a Gold plan.

Extra Savings Silver



73-94%

of costs covered
by your plan

6-27%

out-of-pocket
costs

If you're CSR-eligible, Extra Savings Silver plans give you lower out-of-pocket costs. Eligibility for these plans is determined by **healthcare.gov**.

Financial help in the form of advance premium tax credits (APTCs) or cost-sharing reductions (CSRs) are available only on plans purchased through **healthcare.gov**.

* Catastrophic plans are available if you're under 30 or have a financial hardship. They're for people who do not go to the doctor frequently or only go to the doctor when there's an emergency. Highmark does not offer Platinum plans in West Virginia.

** The portion of health care services that you pay out of pocket. This generally includes deductibles, coinsurance, and copays.

Ways to save

Good news: There are two ways available to save for ACA members.

Even better news: Nearly 90% of our ACA members qualify to save.

Advance premium tax credits (APTC)

APTCs may be applied — in advance — to lower what you pay each month for your premium on any level **healthcare.gov** plan except Catastrophic.

Cost-sharing reductions (CSR)

CSRs lower out-of-pocket costs that you may pay at the time of service for doctor visits, lab tests, drugs, and other covered services. CSR plans offer lower deductibles, copays, and coinsurance. You can only get these savings if you enroll in an Extra Savings Silver plan.

You can qualify for both an APTC and CSR.

Extra ACA assistance

The Inflation Reduction Act lowers the cost of health plans for middle- and lower-income individuals and families. It may provide more aid even if you've previously qualified for financial help. And it makes it easier to qualify if you've been denied in the past.

Your savings can be significant. **See for yourself.**

Kyle

Single, 40 years old,
non-smoker
Annual income: \$20,170

Before: \$50 monthly premium

After: \$0 monthly premium

Savings: \$600/year

Dean and Vanessa

Married couple,
64 years old, non-smokers
Annual income: \$78,930

Before: \$2,741 monthly premium

After: \$559 monthly premium

Savings: \$26,184/year

Premiums and advance premium tax credits (APTC) will vary by county. The APTC can lower the monthly premium. Examples are based on the second-lowest cost Silver plan available on **healthcare.gov** in a given area. The price of this plan is used to calculate premium subsidies.

Financial help

To see if you're eligible for financial help, locate your qualifying income and household size on the chart below. Then refer to the Base or Extra Savings plans for your county to find the plans that meet your needs.

Even if you don't qualify for cost-sharing reductions, you may be eligible for advance premium tax credits. Please refer to the Base plan options for your county.

The chart below is a guide. Final eligibility will be determined by healthcare.gov.

What is the income for those covered under your health plan?

| Who needs coverage? | Eligible for Medicaid | Eligible for CSRs and APTCs | | | Eligible for APTCs |
|---------------------|--|--|----------------------|-----------------------|----------------------|
| | Medicaid Eligible Range (138% or less FPL) | Extra Savings Silver Plans 138–149% CSR plans | 150–199% CSR plans | 200–249% CSR plans | Base 250% or more |
| Single | Less than \$20,120 | \$20,121 - \$21,869 | \$21,870 - \$29,159 | \$29,160 - \$36,449 | \$36,450 or more |
| Family of 2 | Less than \$27,214 | \$27,215 - \$29,579 | \$29,580 - \$39,439 | \$39,440 - \$49,299 | \$49,300 or more |
| Family of 3 | Less than \$34,307 | \$34,308 - \$37,289 | \$37,290 - \$49,719 | \$49,720 - \$62,149 | \$62,150 or more |
| Family of 4 | Less than \$41,400 | \$41,401 - \$44,999 | \$45,000 - \$59,999 | \$60,000 - \$74,999 | \$75,000 or more |
| Family of 5 | Less than \$48,493 | \$48,494 - \$52,709 | \$52,710 - \$70,279 | \$70,280 - \$87,849 | \$87,850 or more |
| Family of 6 | Less than \$55,586 | \$55,587 - \$60,419 | \$60,420 - \$80,559 | \$80,560 - \$100,699 | \$100,700 or more |
| Family of 7 | Less than \$62,680 | \$62,681 - \$68,129 | \$68,130 - \$90,839 | \$90,840 - \$113,549 | \$113,550 or more |
| Family of 8 | Less than \$69,773 | \$69,774 - \$75,839 | \$75,840 - \$101,119 | \$101,120 - \$126,399 | \$126,400 or more |

Most individuals and families with household incomes 100% or more of the federal poverty limit (FPL) will qualify for premium tax credits. These credits help lower the cost of health insurance coverage and are based on the second-lowest-cost Silver plan available in your area on the federal marketplace. The second-lowest-cost Silver plan is also known as the “benchmark plan.” Premium tax credits vary by income. Households with incomes 150% or less of the FPL will pay no premium for the benchmark plan. Those households with annual incomes 400% or more of the FPL will pay no more than 8.5% of their household income on health insurance premiums for the benchmark plan.

Income below 138% FPL: If your income is below 138% FPL and your state has expanded Medicaid coverage, you qualify for Medicaid based only on your income.*

American Indians and Alaska Natives who are members of federally recognized tribes are eligible for cost-sharing reductions at alternative dollar thresholds.

This chart is only applicable for coverage in 2024 and in the 48 contiguous states and the District of Columbia. For families/households with more than 8 persons, add \$5,140 for each additional person.

* HHS Poverty Guidelines for 2023 (March 14, 2023). Retrieved from <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

Check to see if you qualify for one or both types of help.

Call 855-506-1637.

2024 Highmark products and plan designs

Phew, that was a lot of good info. Now, let's take a look at the products and plans available in your area for 2024.

You get all the essentials.

You get access to the 10 Essential Health Benefits — plus coverage for preexisting conditions.

They include:

1 Outpatient care

2 Emergency services

3 Hospitalization
(like surgery and overnight stays)

4 Pregnancy, maternity, and newborn care

5 Mental health and substance use disorder services

6 Prescription drugs

7 Laboratory services

8 Rehabilitative and habilitative services and devices

9 Preventive and wellness services and chronic disease management

10 Pediatric services, including dental and vision care

Our networks and products

No matter what plan you choose, you get in-network access to top-quality care, close to home. You can even see in-network specialists without a referral. Whatever your health care needs and budget, we have a plan for you. All you have to do is choose.

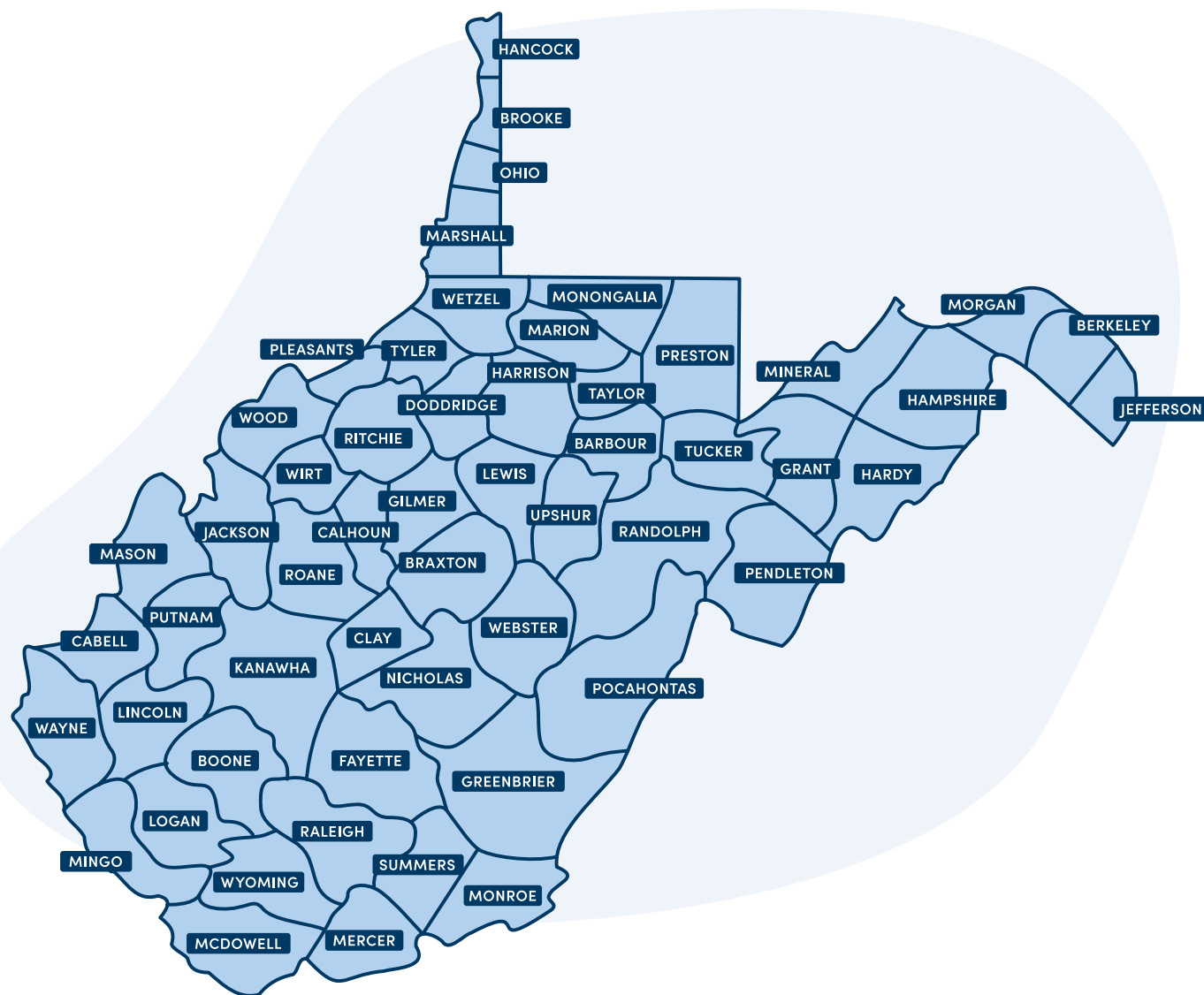
my Blue Access WV PPO

Your choice for comprehensive in-network access throughout West Virginia.

my Blue Access WV PPO plans give you access to high-quality, cost-effective care with Highmark's largest network giving you care throughout West Virginia, Kentucky, Maryland, Ohio, Pennsylvania, and Virginia. And with the BlueCard program, you get in-network access to providers outside West Virginia for routine, emergency, and urgent care, too. Plus, with a PPO, you get the flexibility to see out-of-network providers.

Check out page 43 for in-network facilities.

my Blue Access WV PPO plans are
available throughout West Virginia.

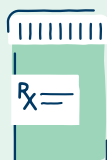


To see if your provider is in network,
visit highmark.com and click
Find a Doc or Rx.

Bronze 7100 HSA — Custom Drug Benefit plan

This plan allows you to save for your care with a health savings account (HSA) and provides low out-of-pocket costs on select prescriptions.

An HSA lets you put money away into a savings account that you can use for things like medical costs, vision and dental services, and prescriptions.



With the custom drug benefit, Highmark pays 100% of the costs for many preventive and maintenance drugs immediately. There's no need to meet the deductible. For a complete list of covered drugs, visit **highmark.link/cdbwv**.

Free preventive and maintenance drugs include:

- Eliquis 5 mg tablet
- rosuvastatin calcium
5, 10, 20 mg tablet (Crestor)
- venlafaxine HCL ER
150 mg capsule (Effexor)
- Jardiance 10, 25 mg tablet
- ezetimibe 10 mg tablet (Zetia)
- Trulicity 1.5 mg/5.0 ml pen
- Ozempic 0.25–0.5 mg/dose pen
- Januvia 100 mg tablet
- Xarelto 20 mg tablet
- Breo Ellipta 100–25 mcg inhaler
- budesonide-formoterol fumarate
160 - 4.5 mcg inhaler (Symbicort)

Also included in the list are 20 of the most filled prescriptions. They include drugs for things like diabetes, asthma, heart conditions, anxiety, and depression.

Premier Gold plans

Our Premier Gold plans offer some of our lowest office visit copays — just \$15 for Premier Gold plans. You'll also have lower out-of-pocket costs on covered services. Included in these plans are bonus benefits like a \$25 over-the-counter quarterly allowance and access to TruHearing.



Over-the-counter benefit

You'll get a \$25 allowance on certain over-the-counter products per quarter for every member covered by your plan. You can use it for things like minor wound care, ibuprofen, and allergy medication. It's convenient too. To place an order, visit **shophighmarkotc.com**. Items are shipped directly to your home.



TruHearing

TruHearing™ can help lower copays on hearing aids. Plus, you can receive a hearing evaluation, as well as training, setup, fine-tuning, and adjustments from an in-network TruHearing provider without ever leaving your home. All you need is a smartphone, tablet, or computer. To learn more about TruHearing, visit **truhearing.com/highmark-hs**.

Looking for plan details?

You're in the right place.

You'll see plan summaries here. If you want any plan's full benefit list, visit **highmarksbcs.com** or get a paper copy by calling **1-833-258-0188** (TTY/TDD 711).

Coverage Level

MAJOR EVENTS 9450

3 free PCP visits

BRONZE 8900

STANDARD BRONZE 7500

BRONZE 7100 HSA - Custom Drug Benefit

| Plan Availability | my Blue Access WV Major Events PPO 9450 - 3 free PCP visits | my Blue Access WV PPO Bronze 8900 | my Blue Access WV PPO Standard Bronze 7500 | my Blue Access WV PPO Bronze 7100 HSA - Custom Drug Benefit |
|---|--|---|--|--|
| In-Network Deductible | Individual: \$9450 Family: \$18,900 | Individual: \$8,900 Family: \$17,800 | Individual: \$7,500 Family: \$15,000 | Individual: \$7,100 Family: \$14,200 |
| In-Network, Out-of-Pocket Maximum | Individual: \$9450 Family: \$18,900 | Individual: \$8,900 Family: \$17,800 | Individual: \$9,400 Family: \$18,800 | Individual: \$7,100 Family: \$14,200 |
| Primary Care Visit | \$0 after deductible; First 3 visits \$0 (not subject to deductible) | \$0 after deductible | \$50 copay | \$0 after deductible |
| Specialist Visit | \$0 after deductible | \$0 after deductible | \$100 copay | \$0 after deductible |
| Outpatient Mental Health and Substance Abuse Visits | \$0 after deductible | \$0 after deductible | \$50 copay | \$0 after deductible |
| Speech, Physical, and Occupational Therapy and Chiropractic Care ¹ | \$0 after deductible | \$0 after deductible | \$50 copay | \$0 after deductible |
| Diagnostic Test (Lab/X-ray) | \$0 after deductible | \$0 after deductible | 50% after deductible | \$0 after deductible |
| Urgent Care ² | \$0 after deductible | \$0 after deductible | \$75 copay | \$0 after deductible |
| Emergency Services | \$0 after deductible | \$0 after deductible | 50% after deductible | \$0 after deductible |
| Hospital Inpatient (including facility and professional) ³ | \$0 after deductible | \$0 after deductible | 50% after deductible | \$0 after deductible |
| Pharmacy Summary ⁴ | \$0/\$0/\$0/\$0 after deductible | \$0/\$0/\$0/\$0 after deductible | \$25 ⁵ /\$50/\$100/\$500 | Select Rx: \$0 ⁵ no deductible All other Rx: \$0/\$0/\$0/\$0 after deductible |
| Includes Dental and Vision Option ⁶ | No | No | No | No |

¹ Limit of 30 combined physical and occupational therapy visits per benefit period. Limit of 20 visits per event for the treatment of chronic pain. Limit does not apply to therapy services for the treatment of mental health or substance abuse.

² The copayment, if any, does not apply to urgent care services prescribed for the treatment of mental health or substance abuse.

³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁴ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁵ Visit highmark.link/cdbwv to learn more.

⁶ See page 34-36 for adult dental and vision benefit details.

| | Coverage Level | | | |
|---|---|--|--|---|
| | BRONZE 3800 | SILVER 7000 | STANDARD SILVER 5900 | SILVER 3500* |
| Plan Availability | my Blue Access WV PPO Bronze 3800 | my Blue Access WV PPO Silver 7000 | my Blue Access WV PPO Standard Silver 5900 | my Blue Access WV PPO Silver 3500 |
| In-Network Deductible | Individual: \$3,800 Family: \$7,600 | Individual: \$7,000 Family: \$ 14,000 | Individual: \$5,900 Family:\$11,800 | Individual: \$3,500 Family: \$7,000 |
| In-Network, Out-of-Pocket Maximum | Individual: \$9,200 Family: \$18,400 | Individual: \$9,450 Family: \$18,900 | Individual: \$9,100 Family: \$18,200 | Individual: \$9,350 Family: \$18,700 |
| Primary Care Visit | \$65 copay | \$55 copay | \$40 copay | \$45 copay |
| Specialist Visit | \$65 copay | \$55 copay | \$80 copay | \$45 copay |
| Outpatient Mental Health and Substance Abuse Visits | \$65 copay | \$55 copay | \$40 copay | \$45 copay |
| Speech, Physical, and Occupational Therapy and Chiropractic Care¹ | \$65 copay | \$55 copay | \$40 copay | \$45 copay |
| Diagnostic Test (Lab/X-ray) | Lab: \$65 copay X-ray: \$150 copay | \$75 copay | 40% after deductible | \$75 copay |
| Urgent Care² | \$100 copay | \$100 copay | \$60 copay | \$90 copay |
| Emergency Services | 50% after deductible | \$750 after deductible | 40% after deductible | 40% after deductible |
| Hospital Inpatient (including facility and professional)³ | 50% after deductible | \$1,125 after deductible | 40% after deductible | 40% after deductible |
| Pharmacy Summary⁴ | 50%/50%/50%/50% after deductible | \$0/\$30/\$150/50% | \$20 ⁵ /\$40 ⁵ /\$80/\$350 | \$0/\$50/\$225/50% |
| Includes Dental and Vision Option⁶ | Yes | No | Yes | Yes |

* These plans are available directly from Highmark and are not available on healthcare.gov. They do not qualify for advance premium tax credits or cost-sharing reductions.

¹ Limit of 30 combined physical and occupational therapy visits per benefit period. Limit of 20 visits per event for the treatment of chronic pain. Limit does not apply to therapy services for the treatment of mental health or substance abuse.

² The copayment, if any, does not apply to urgent care services prescribed for the treatment of mental health or substance abuse.

³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁴ Visit [highmarkacaformulary.com](https://www.highmarkacaformulary.com) to view our Formulary and see if your drug is covered, and at which tier.

⁵ This tier is not subject to deductible.

⁶ See page 34-36 for adult dental and vision benefit details.

| | Coverage Level | | | |
|---|--|--|---|--|
| | GOLD 1700 HSA ¹ | STANDARD GOLD 1500 | GOLD 0 | PREMIER GOLD 0 |
| Plan Availability | my Blue Access WV PPO Gold 1700 HSA ¹ | my Blue Access WV PPO Standard Gold 1500 | my Blue Access WV PPO Gold 0 | my Blue Access WV PPO Premier Gold 0 |
| In-Network Deductible | Individual: \$1,700 Family: \$3,400 | Individual: \$1,500 Family: \$3,000 | Individual: \$0 Family: \$0 | Individual: \$0 Family: \$0 |
| In-Network, Out-of-Pocket Maximum | Individual: \$5,700 Family: \$11,400 | Individual: \$8,700 Family: \$17,400 | Individual: \$7,500 Family: \$15,000 | Individual: \$6,700 Family: \$13,400 |
| Primary Care Visit | \$20 after deductible | \$30 copay | \$20 copay | \$15 copay |
| Specialist Visit | \$20 after deductible | \$60 copay | \$20 copay | \$15 copay |
| Outpatient Mental Health and Substance Abuse Visits | \$20 after deductible | \$30 copay | \$20 copay | \$15 copay |
| Speech, Physical, and Occupational Therapy and Chiropractic Care ² | \$20 after deductible | \$30 copay | \$20 copay | \$15 copay |
| Diagnostic Test (Lab/X-ray) | \$20 after deductible | 25% after deductible | \$35 copay | \$65 copay |
| Urgent Care ³ | \$40 after deductible | \$45 copay | \$40 copay | \$30 copay |
| Emergency Services | \$175 after deductible | 25% after deductible | \$300 copay | \$280 copay |
| Hospital Inpatient (including facility and professional) ⁴ | \$450 after deductible | 25% after deductible | \$725 copay | \$525 copay |
| Pharmacy Summary ⁵ | \$0/\$30/\$150/50% after deductible | \$15/\$30/\$60/\$250 | \$0/\$30/\$150/50% | \$0/\$25/\$75/50% |
| Includes Dental and Vision Option ⁷ | No | No | Yes | Yes |

¹ This plan has a Non-Embedded deductible. See Disclosures page for more information.

² Limit of 30 combined physical and occupational therapy visits per benefit period. Limit of 20 visits per event for the treatment of chronic pain. Limit does not apply to therapy services for the treatment of mental health or substance abuse.

³ The copayment, if any, does not apply to urgent care services prescribed for the treatment of mental health or substance abuse.

⁴ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁵ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁶ This tier is not subject to deductible.

⁷ See page 34-36 for adult dental and vision benefit details.

Eligibility for the plans on pages 30 and 31 is determined by healthcare.gov.

| | Income Level | | |
|---|--|---|---|
| | 138-149% FPL | | 150-199% FPL |
| | Coverage Level | | |
| | Extra Savings Silver 94% of costs covered by your plan 6% out-of-pocket costs | | Extra Savings Silver 87% of costs covered by your plan 13% out-of-pocket costs |
| | Silver 0 | Standard Silver 0 | Silver 0 |
| Plan Availability | my Blue Access WV PPO Extra Savings Silver 0 | my Blue Access WV PPO Standard Extra Savings Silver 0 | my Blue Access WV PPO Extra Savings Silver 0 |
| In-Network Deductible | Individual: \$0 Family: \$0 | Individual: \$0 Family: \$0 | Individual: \$0 Family: \$0 |
| In-Network, Out-of-Pocket Maximum | Individual: \$1,200 Family: \$2,400 | Individual: \$1,800 Family: \$3,600 | Individual: \$3,150 Family: \$6,300 |
| Primary Care Visit | \$1 copay | \$0 copay | \$15 copay |
| Specialist Visit | \$1 copay | \$10 copay | \$15 copay |
| Outpatient Mental Health and Substance Abuse Visits | \$1 copay | \$0 copay | \$15 copay |
| Speech, Physical, and Occupational Therapy and Chiropractic Care¹ | \$1 copay | \$0 copay | \$15 copay |
| Diagnostic Test (Lab/X-ray) | \$1 copay | 25% coinsurance | \$25 copay |
| Urgent Care² | \$5 copay | \$5 copay | \$30 copay |
| Emergency Services | \$75 copay | 25% coinsurance | \$275 copay |
| Hospital Inpatient (including facility and professional)³ | \$175 copay | 25% coinsurance | \$450 copay |
| Pharmacy Summary⁴ | \$0/\$5/\$15/50% | \$0/\$15/\$50/\$150 | \$0/\$10/\$50/50% |
| Includes Dental and Vision Option⁵ | No | Yes | No |

¹ Limit of 30 combined physical and occupational therapy visits per benefit period. Limit of 20 visits per event for the treatment of chronic pain. Limit does not apply for the treatment of mental health or substance abuse.

² The copayment, if any, does not apply to urgent care services prescribed for the treatment of mental health or substance abuse.

³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁴ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁵ See page 34-36 for adult dental and vision benefit details.

| | Income Level | | |
|---|--|--|--|
| | 150–199% FPL | 200–249% FPL | |
| | Coverage Level | | |
| | Extra Savings Silver 87% of costs covered by your plan 13% out-of-pocket costs | Extra Savings Silver 73% of costs covered by your plan 27% out-of-pocket costs | |
| | Standard Silver 700 | Silver 3700 | Standard Silver 5700 |
| Plan Availability | my Blue Access WV PPO Standard Extra Savings Silver 700 | my Blue Access WV PPO Extra Savings Silver 3700 | my Blue Access WV PPO Standard Extra Savings Silver 5700 |
| In-Network Deductible | Individual: \$700 Family: \$1,400 | Individual: \$3,700 Family: \$7,400 | Individual: \$5,700 Family: \$11,400 |
| In-Network, Out-of-Pocket Maximum | Individual: \$3,000 Family: \$6,000 | Individual: \$7,550 Family: \$15,100 | Individual: \$7,200 Family: \$14,400 |
| Primary Care Visit | \$20 copay | \$55 copay | \$40 copay |
| Specialist Visit | \$40 copay | \$55 copay | \$80 copay |
| Outpatient Mental Health and Substance Abuse Visits | \$20 copay | \$55 copay | \$40 copay |
| Speech, Physical, and Occupational Therapy and Chiropractic Care ¹ | \$20 copay | \$55 copay | \$40 copay |
| Diagnostic Test (Lab/X-ray) | 30% after deductible | \$65 copay | 40% after deductible |
| Urgent Care ² | \$30 copay | \$100 copay | \$60 copay |
| Emergency Services | 30% after deductible | \$750 after deductible | 40% after deductible |
| Hospital Inpatient (including facility and professional) ³ | 30% after deductible | \$1,125 after deductible | 40% after deductible |
| Pharmacy Summary ⁴ | \$10 ⁵ /\$20 ⁵ /\$60/\$250 | \$0/\$30/\$150/50% | \$20 ⁵ /\$40 ⁵ /\$80/\$350 |
| Includes Dental and Vision Option ⁶ | Yes | No | Yes |

¹ Limit of 30 combined physical and occupational therapy visits per benefit period. Limit of 20 visits per event for the treatment of chronic pain. Limit does not apply for the treatment of mental health or substance abuse.

² The copayment, if any, does not apply to urgent care services prescribed for the treatment of mental health or substance abuse.

³ The hospital copay applies to admission. Additional copays may be due for imaging, testing, etc. Please refer to the plan's contract for additional information.

⁴ Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

⁵ This tier not subject to deductible.

⁶ See page 34–36 for adult dental and vision benefit details.

Vision and dental benefits

Plans that include adult vision and dental



Highmark is making vision and dental care more accessible. At every metal level, we offer plans with the option to have adult dental and vision included. Pediatric dental and vision benefits are automatically included with every plan.

You can find adult dental and vision benefits on pages 34–36 and pediatric dental and vision benefits on pages 37–41.

Vision coverage

Getting your eyes checked can help identify issues like diabetes early on when they're easier to treat. Our adult vision covers a free annual eye exam.

Dental coverage

Seeing a dentist is the best way to take care of your oral health. Our adult dental includes 100% coverage on cleanings,* X-rays, and sealants.

It pays to have dental coverage

| Service | Average cost with dental coverage | Average cost without dental coverage (usual fee) |
|------------------------------|-----------------------------------|--|
| Exams, cleanings, and X-rays | \$0-37 | Up to \$400 ¹ |
| Composite filling | \$71 | \$170 ² |
| Simple extraction | \$33 | \$163 ³ |
| Root canal | \$400 | \$1,250 ⁴ |

* Two cleanings per year.

¹ https://www.dentaly.org/us/oral-hygiene/teeth-cleaning/#How_much_does_a_dental_cleaning_cost, last accessed April 25, 2023; <https://www.dentaly.org/us/panoramic-dental-xray/>, last accessed April 25, 2023

² https://www.dentaly.org/us/tooth-filling/#How_much_do_fillings_cost, last accessed April 25, 2023

³ https://www.dentaly.org/us/tooth-extraction/#How_much_does_tooth_removal_cost_in_the_US, last accessed April 25, 2023

⁴ <https://www.webmd.com/oral-health/guide/dental-root-canals>, last accessed April 25, 2023

For all plans with adult dental and vision coverage — these are your vision benefits.

In-network

| Vision benefits | Frequency - once every: |
|--|-------------------------|
| Eye examination (including dilation when professionally indicated) | 12 months |
| Spectacle lenses | 12 months |
| Frame | 12 months |
| Contact lenses (in lieu of eyeglass lenses) | 12 months |

| Copayments | |
|--|--|
| Eye examination | \$0 |
| Spectacle lenses | \$0 |
| Contact lens evaluation, fitting, and follow-up care | If a member chooses collection lenses, no copayment is required. If non-collection lenses are chosen the member must pay all associated costs. |

| Eyeglass benefit - spectacle lenses | Average retail value | Member charges |
|---|----------------------|----------------|
| Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any Rx) | \$60-\$120 | Included |
| Oversize lenses | \$20 | Included |
| Tinting of plastic lenses | \$20 | \$11 |
| Scratch-resistant coating | \$25-\$40 | Included |
| Scratch protection plan single vision | \$60-\$120 | \$20 |
| Scratch protection plan multifocal | \$60-\$120 | \$40 |
| Polycarbonate lenses ¹ | \$60-\$75 | \$0 or \$30 |
| Ultraviolet coating | \$25-\$30 | \$12 |
| Standard anti-reflective (AR) coating | \$50-\$70 | \$35 |
| Blue light filtering | \$25 | \$15 |
| Premium AR coating | \$65-\$90 | \$48 |
| Ultra AR coating | \$100-\$125 | \$60 |
| Standard progressive lenses | \$150-\$195 | \$50 |
| Premium progressives (varilux®, etc.) | \$195-\$225 | \$90 |
| Ultra progressive lenses | \$225-\$300 | \$140 |
| Intermediate-vision lenses | \$150-\$175 | \$30 |
| High-index lenses | \$90-\$150 | \$55 |
| Polarized lenses | \$95-\$110 | \$75 |
| Plastic photosensitive lenses | \$95-\$150 | \$65 |

| Eyeglass benefit - frame | | Average retail value | |
|--|----------------|----------------------|-------------|
| Non-collection frame allowance (retail): | | Up to \$130 | Up to \$150 |
| Davis Vision Frame Collection² (in lieu of allowance): | Fashion level | Up to \$125 | Included |
| | Designer level | Up to \$175 | Included |
| | Premier level | Up to \$225 | Included |

| Contact lens benefit (in lieu of eyeglasses) | | |
|--|---|--|
| Non-collection contact lenses: materials allowance | | Up to \$150 |
| Collection contact lenses² (in lieu of allowance): materials | Disposable | Covered in full |
| | Planned replacement | Covered in full |
| | Evaluation, fitting, and follow-up care | Included |
| Medically necessary contact lenses (with prior approval) | | Materials, evaluation, fitting, and follow-up care Included |

¹ Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

² Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

One-year eyeglass breakage warranty included.

Adult vision benefits utilize the Davis Vision Network. There is no out-of-network coverage. Davis Vision is a separate company that administers Highmark vision benefits.

To find a provider in the Davis Vision Network, visit highmark.com, scroll down to **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Vision Care**.

For all plans with adult dental and vision coverage — these are your dental benefits.

| Dental Benefits | | | |
|---|-------------|-------------------------|--------------------|
| Annual deductible per insured person | | \$50 per calendar year | |
| Annual deductible per insured family | | \$150 per calendar year | |
| Annual maximum per insured person | | \$1,250 | |
| Covered services: | Policy pays | | Elimination period |
| | In network | Out of network | |
| Oral Evaluations (exams) | 100% | 0% | None |
| Radiographs (all X-rays) | 100% | 0% | None |
| Prophylaxis (cleanings) | 100% | 0% | None |
| Palliative treatment (emergency) | 100% | 0% | None |
| Sealants | 100% | 0% | None |
| Space maintainers | 100% | 0% | None |
| Repairs of crowns, inlays, onlays, fixed partial dentures, and dentures | 80% | 0% | 6 months |
| Basic restorative (fillings, etc.) | 80% | 0% | None |
| Simple extractions | 80% | 0% | 6 months |
| Surgical extractions | 50% | 0% | 6 months |
| Complex oral surgery | 50% | 0% | 6 months |
| Endodontics (root canals, etc.) | 50% | 0% | 6 months |
| General anesthesia and/or nitrous oxide and/or IV sedation | 80% | 0% | 6 months |
| Nonsurgical periodontics | 50% | 0% | 6 months |
| Periodontal maintenance | 50% | 0% | None |
| Surgical periodontics | 50% | 0% | 6 months |
| Crowns, inlays, onlays | 50% | 0% | 6 months |
| Prosthetics (fixed partial dentures, dentures) | 50% | 0% | 6 months |
| Adjustments and repairs of prosthetics | 80% | 0% | None |
| Implant services | 0% | 0% | None |
| Consultations | 100% | 0% | None |
| Orthodontics | 0% | 0% | None |

The percentage in the Policy Pays column is the percentage of the set amount that the policy will pay for covered services provided by a participating dentist. Participating dentists accept the plan allowance as payment in full.

Adult dental benefits utilize the Concordia Advantage Network. Members must use a United Concordia provider. There is no out-of-network coverage for this benefit.

Our dental plan uses the Concordia Advantage network. To find in-network dentists, visit highmark.com, scroll down to **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Dental Care**.

All plans have pediatric vision coverage — these are your vision benefits.

In-network

| Network benefit (Independents and Visionworks) ¹ | Frequency - once every: | Members under 19 years of age ² |
|---|-------------------------|---|
| Eye examination including dilation (when professionally indicated)* | 12 months | \$0 copay |
| Spectacle lenses ^{3**} | 12 months | \$0 copay |
| Frame ^{**} | 12 months | \$0 copay |
| Contact lens evaluation, fitting, and follow-up care (in lieu of eyeglasses) | 12 months | \$0 copay |
| Contact lenses (in lieu of eyeglass) ^{**} | 12 months | \$0 copay |

| Eyeglass benefit - spectacle lenses | Member charges |
|--|-----------------------|
| Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any size or Rx) | \$0 |
| Digital single vision (intermediate) | \$30 |
| Tinting of plastic lenses (solid/gradient) | \$11 |
| Scratch-resistant coating | \$0 |
| Polycarbonate lenses | \$0 |
| Ultraviolet coating | \$12 |
| Blue-light filtering | \$15 |
| Anti-reflective (AR) coating (standard/premium/ultra/ultimate) | \$35/\$48/\$60/\$85 |
| Progressive lenses ⁴ (standard/premium/ultra/ultimate) | \$50/\$90/\$140/\$175 |
| High-index lenses (thinner and lighter) | \$55/\$120 |
| Polarized lenses | \$75 |
| Plastic photochromatic lenses | \$65 |
| Scratch protection plan: single vision/multifocal lenses | \$20/\$40 |
| Intermediate-vision lenses | \$30 |
| Plastic photosensitive lenses | \$65 |

| Eyeglass benefit - frame ⁵ | | Member charges |
|--|--|---|
| Davis Vision exclusive collection (in lieu of allowance) | | |
| Fashion/Designer/Premier - member charge (if applicable) | | \$0/\$0/\$0 |
| Non-collection frame allowance (retail) | | Up to \$150 Plus a 20% discount on any overage |

| Contact lens benefit (in lieu of eyeglasses) | | |
|---|--|---|
| Contact lenses: Materials allowance | | Up to \$150 Plus a 15% discount on any overage |
| Evaluation, fitting, and follow-up care - standard and specialty lens types | | Not covered |
| Evaluation, fitting, and follow-up care - standard lens types | | Not covered |
| Exclusive collection contact lenses ⁶ (in lieu of allowance) | | |
| Materials: disposable or planned replacement | | Up to 4 or 2 boxes |
| Evaluation, fitting, and follow-up care | | \$0 |
| Visually required contact lenses (with prior approval) - materials, evaluation, fitting, and follow-up care | | \$0 with prior approval |

¹ Vision benefits utilize the Davis Vision Network. There is no out-of-network coverage. Davis Vision is a separate company that administers Highmark vision benefits. Visionworks, also a separate company, is a provider within the Davis Vision Network.

² Dependents will be terminated from vision coverage at the end of the month in which they turn 19.

³ Includes glass, plastic, or oversized lenses.

⁴ Progressive multifocals can be worn by most people. Conventional bifocals will be supplied at no additional charge for anyone who is unable to adapt to progressive lenses. However, the member's payment toward the progressive upgrade will not be refunded.

⁵ Collection frames will be covered at 100%. If a non-collection frame is selected, a \$150 allowance will be applied. For any amount over \$150 on a non-collection frame, the member will be responsible for 20% of the cost of the overage.

⁶ Disposable contact lens wearers will receive four multipacks of lenses. Planned replacement lens wearers will receive two multipacks of lenses.

* Subject to deductible on Major Events/Catastrophic plans.

** Subject to deductible on high-deductible (plans that include an HSA) and Major Events/Catastrophic plans.

All plans have pediatric dental coverage — these are your dental benefits.

These plans will pay benefits for Covered Services shown below subject to exclusions and other Policy terms.

Payment is based on the plan allowance for the specific Covered Service.

There is no waiting period on covered services.

| Dental benefits | All plans except high-deductible health plans that include an HSA and Major Events/ Catastrophic health plans | High-deductible health plans that include an HSA | Major Events/ Catastrophic health plans |
|---|---|---|---|
| Contract year deductible per member | \$0 | Expenditures for medical, dental, and vision care all contribute to the member’s deductible. | Expenditures for medical, dental, and vision care all contribute to the member’s deductible. |
| Annual maximum per member | Unlimited | Unlimited | Unlimited |
| Out-of-pocket year maximum per member | Expenditures for medical, dental, and vision care all contribute to the member’s out-of-pocket maximum. | Expenditures for medical, dental, and vision care all contribute to the member’s out-of-pocket maximum. | Expenditures for medical, dental, and vision care all contribute to the member’s out-of-pocket maximum. |
| Network | Advantage | Advantage | Advantage |
| Covered services | Policy pays at participating dentists | | |
| Oral evaluations (exams) | 100% | 100% | Coinsurance matches medical coinsurance (after deductible) |
| Radiographs (all X-rays) | 100% | 100% | |
| Prophylaxis (cleanings) | 100% | 100% | |
| Fluoride treatments | 100% | 100% | |
| Sealants | 100% | 100% | |
| Space maintainers | 100% | 100% | |
| Crowns, crown repair, inlays, and onlays | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Basic restorative (anterior composite, anterior amalgam, and posterior amalgam) | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Simple extractions | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Surgical extractions | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Oral surgery | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Apicoectomy/ periradicular surgery | 50% | Coinsurance matches medical coinsurance (after deductible) | |

| Dental benefits | All plans except high-deductible health plans that include an HSA and Major Events/ Catastrophic health plans | High-deductible health plans that include an HSA | Major Events/ Catastrophic health plans |
|---|---|--|---|
| Network | Advantage | Advantage | Advantage |
| Consultations | 100% | Coinsurance matches medical coinsurance (after deductible) | |
| General anesthesia, nitrous oxide and/or IV sedation | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Palliative treatment (emergency) | 100% | Coinsurance matches medical coinsurance (after deductible) | |
| Endodontics (root canals, etc.) | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Surgical periodontics | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Non-surgical periodontics | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Periodontal maintenance | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Prosthodontic (fixed partial dentures) | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Prosthetics (complete dentures, adjustments, and repairs) | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Implant services | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Maxillofacial prosthetics | Not covered | | |
| Medically necessary orthodontics | 50% | Coinsurance matches medical coinsurance (after deductible) | |
| Cosmetic orthodontic services | Not covered | | |

These plans meet the minimum essential health benefit requirements for pediatric oral health as required under the federal Affordable Care Act.

These benefits are only available for children through the end of the benefit period that they turn 19 years old.

Participating dentists accept contracted plan allowance as payment in full for services. **There is no coverage for services provided by out-of-network providers.**

Our dental plan uses the Concordia Advantage network. To find in-network dentists, visit highmark.com, scroll down to **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Dental Care**.

Pediatric dental benefits (continued)

Medically necessary orthodontics coverage

In this section, “Medically Necessary” or “Medical Necessity” shall mean health care services that a physician or Dentist, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

1. In accordance with the generally accepted standards of medical/dental practice;
2. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient’s illness, injury or disease; and
3. Not primarily for the convenience of the patient or physician/Dentist, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.

As used subpart 1, above, “generally accepted standards of medical/dental practice” means:

- Standards that are based on credible scientific evidence published in peer-reviewed, medical/dental literature generally recognized by the relevant professional community;
- Recognized Medical/Dental and Specialty Society recommendations;
- The views of physicians/Dentists practicing in the relevant clinical area; and
- Any other relevant factors.

A Medically Necessary orthodontic service is an orthodontic procedure that occurs as part of an approved orthodontic plan that is intended to treat severe functional difficulties, developmental anomalies of facial bones and/or oral structures, facial trauma resulting in functional difficulties or documentation of a psychological/psychiatric diagnosis from a mental health provider that orthodontic treatment will improve the mental/psychological condition of the child.

Coverage of medically necessary orthodontics

1. Orthodontic treatment must be Medically Necessary and be the only method capable of:
 - a) Preventing irreversible damage to the insured person’s teeth or their supporting structures and,
 - b) Restoring the insured person’s oral structure to health and function.
2. The insured person must have a fully erupted set of permanent teeth to be eligible for comprehensive, Medically Necessary orthodontic services for handicapping malocclusions of the adult dentition.
3. Other orthodontic Covered Services include: pre-orthodontic treatment visit for completion of HLD (NJ-Mod2) form, diagnostic photographs and panoramic radiographs; limited treatment for the primary, transitional and adult dentition; interceptive treatment for the primary transitional dentition; minor treatment to control harmful habits; continuation of transfer cases or cases started prior to the insured person’s Effective Date; orthognathic surgical cases with comprehensive orthodontic treatment; placement and removal of orthodontic appliances; repairs to orthodontic appliances; replacement of lost or broken retainer; rebonding or recementing of brackets and/or bands; and removal of appliances by a provider that did not start the case when requested by report.
4. All Medically Necessary orthodontic services require prior approval and a written plan of care.

Health care lingo, translated.

When you're choosing plans, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones.

BLUECARD

A program that connects independent Blue Plans across the country. It gives Blue Plan members access to in-network coverage while outside their plan area. The level of coverage depends on your chosen plan.

COINSURANCE

The percentage of total cost of care you may owe for certain covered services after reaching your deductible. For example, if your plan pays 80%, you pay 20%.

COPAY

The set amount you pay for certain covered services. For example, it could be \$20 for a doctor visit or \$30 for a specialist visit. If you owe a copay, you must pay it when you check in for your visit.

DEDUCTIBLE

The set amount you pay for covered health services or drug costs before your plan starts paying.

EMERGENCY SERVICES

Care for a condition that you think needs immediate attention to avoid severe harm.

FORMULARY

A list of drugs selected by the plan based on certain clinical factors. The list of medicines is sorted by tier. Lower tiers usually mean lower copays.

HABILITATIVE SERVICES

Health care services that help you keep, acquire, or improve skills and functioning for daily living following disease, illness, or injury.

HEALTH SAVINGS ACCOUNT (HSA)

An account to set aside pre-tax money to pay for qualified medical expenses. You can only have an HSA if you have a qualified high-deductible health plan.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A plan that usually comes with a lower premium because you pay more for health care services upfront before the insurance company starts to pay. These plans are often combined with a health savings account.

IN-NETWORK PROVIDER

A doctor or hospital that has an agreement with the plan and will accept plan allowance plus member copay or coinsurance as payment in full.

OUT-OF-NETWORK PROVIDER

A doctor or hospital that does not have an agreement with the plan and does not have to accept plan allowance as payment in full.

OUT-OF-POCKET MAXIMUM

The most you'd pay for covered care in a benefit period or year. If you reach this amount, your plan pays 100% after that.

PLAN ALLOWANCE

The set amount an in-network provider has agreed to accept for a covered health care service. Member responsibility for the service can be found in the Outline of Coverage. The plan pays the difference between the plan allowance and the member responsibility. If an out-of-network provider bills for more than the plan allowance, you may have to pay the difference. If your plan does not include out-of-network coverage and you receive care, other than emergency or urgent care, you may be responsible for the entire cost.

PREMIUM

The monthly amount paid for coverage.

PREVENTIVE CARE SERVICES

Routine care like screenings and checkups that help keep you healthy. Refer to the Highmark Preventive Schedule for the list of preventive care services.

PRIMARY CARE PROVIDER (PCP)

The medical professional you see for most of your basic care, like yearly preventive visits and screenings.

QUALIFIED HEALTH PLAN (QHP)

A plan that has been certified by the Health Insurance Marketplace and meets all ACA requirements. That includes providing the 10 Essential Health Benefits and staying inside the limits for deductibles, copays, and out-of-pocket maximums.

REHABILITATIVE SERVICES

Care that helps you keep, get back, or improve skills and functioning after you were sick, hurt, or disabled.

RETAIL CLINIC

Walk-in centers for less complex health needs, generally open in the evenings and on weekends.

URGENT CARE CENTER

A walk-in center for when you have a condition that's serious enough to need care right away, but not serious enough for a trip to the emergency room.

VIRTUAL VISIT

A real-time office visit with a doctor at a remote location, conducted via interactive audio and streaming video telecommunications.

In-network facilities

| Facilities | |
|--|--|
| Barbour County | |
| Broaddus Hospital | |
| Berkeley County | |
| WVU Medicine - Berkeley Medical Center | |
| Boone County | |
| Boone Memorial Hospital | |
| Braxton County | |
| WVU Medicine - Braxton County | |
| Memorial Hospital | |
| Brooke County | |
| Acuity Specialty Hospital of Ohio Valley - Weirton | |
| Weirton Medical Center | |
| Cabell County | |
| Cabell Huntington Hospital | |
| River Park Hospital | |
| St. Mary's Medical Center | |
| Calhoun County | |
| Minnie Hamilton Health Center | |
| Fayette County | |
| Montgomery General Hospital | |
| Plateau Medical Center | |
| Grant County | |
| Grant Memorial Hospital | |
| Greenbrier County | |
| CAMC Greenbrier Valley Medical Center | |

Facilities

Hampshire County

Valley Health - Hampshire Memorial Hospital

Hancock County

Acuity Specialty Hospital of Ohio Valley - Weirton

Weirton Medical Center

Harrison County

WVU Medicine - Highland-Clarksburg Hospital

WVU Medicine - United Hospital Center

Jackson County

WVU Medicine - Jackson General Hospital

Jefferson County

WVU Medicine - Jefferson Medical Center

Kanawha County

Charleston Area Medical Center

Charleston Surgical Hospital

Saint Francis Hospital

Thomas Memorial Hospital

Lewis County

Stonewall Jackson Memorial Hospital

Logan County

Logan Regional Medical Center

Marion County

WVU Medicine – Fairmont Medical Center

Marshall County

WVU Medicine - Reynolds Memorial Hospital

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at [highmark.com](https://www.highmark.com). Select **Individual and Family Plans** and click on **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Medical Care**.

In-network facilities (continued)

| Facilities | |
|---|--|
| Mason County | |
| Pleasant Valley Hospital | |
| McDowell County | |
| Welch Community Hospital | |
| Mercer County | |
| WVU Medicine - Princeton Community Hospital | |
| Mineral County | |
| WVU Medicine - Potomac Valley Hospital | |
| Monongalia County | |
| Mon Health Medical Center | |
| WVU Medicine - Chestnut Ridge Center | |
| WVU Medicine - Children's Hospital | |
| WVU Medicine - J.W. Ruby Memorial Hospital | |
| Morgan County | |
| Valley Health - War Memorial Hospital | |
| Nicholas County | |
| WVU Medicine - Summersville Regional Medical Center | |
| Ohio County | |
| Acuity Specialty Hospital of Ohio Valley - Wheeling | |
| WVU Medicine - Wheeling Hospital | |
| Pocahontas County | |
| Pocahontas Memorial Hospital | |
| Preston County | |
| Mon Health Preston Memorial Hospital | |

Facilities

Putnam County

Charleston Area Medical Center Teays

Valley Hospital

Raleigh County

Beckley ARH Hospital

Raleigh General Hospital

Randolph County

Davis Medical Center

Roane County

Roane General Hospital

Summers County

Summers County ARH Hospital

Taylor County

Grafton City Hospital

Tyler County

Sistersville General Hospital

Upshur County

WVU Medicine - St. Joseph's Hospital

Webster County

Webster County Memorial Hospital

Wetzel County

WVU Medicine - Wetzel County Hospital

Wood County

WVU Medicine - Camden Clark Medical Center

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmark.com. Select **Individual and Family Plans** and click on **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Medical Care**.

In-network facilities (continued)

| Facilities | |
|---|--|
| Additional in-network facilities | |
| King's Daughters Medical Center | |
| Pikeville Medical Center | |
| Tug Valley ARH Regional Medical Center | |
| University of Kentucky HealthCare Hospitals | |
| Meritus Medical Center | |
| The Johns Hopkins Hospital | |
| TidalHealth - Peninsula Regional Medical Center | |
| University of Maryland Medical Center | |
| UPMC Western Maryland | |
| WVU Medicine - Garrett Regional Medical Center | |
| Cleveland Clinic | |
| East Liverpool City Hospital | |
| Holzer Medical Center - Gallipolis | |
| Holzer Medical Center - Jackson | |
| Marietta Memorial Hospital | |
| Mount Carmel New Albany Surgical Hospital | |
| Selby General Hospital | |
| Southern Ohio Medical Center | |
| The Ohio State University Wexner Medical Center | |
| Trinity Medical Center East | |
| Trinity Medical Center West | |
| WVU Medicine - Barnesville Hospital | |
| WVU Medicine - Harrison Community Hospital | |
| AHN Allegheny General Hospital | |
| AHN West Penn Hospital | |
| UPMC Mercy | |
| UPMC Presbyterian | |

Facilities

UPMC Shadyside

Bon Secours St. Mary's Hospital

Carilion New River Valley Medical Center

Carilion Roanoke Memorial Hospital

Inova Children's Hospital

Inova Fairfax Medical Campus

Inova Loudoun Hospital

LewisGale Medical Center

Reston Hospital Center

Sentara Northern Virginia Medical Center

Sentara RMH Medical Center

University of Virginia Health - University Hospital

Valley Health - Winchester Medical Center

Take a look at our provider directory to check if there are additional hospitals in your network. You can find the provider directory at highmark.com. Select **Individual and Family Plans** and click on **Find a Doc or Rx**, select **Just Browsing**, enter your ZIP code and click **Continue**, then scroll down and click **Medical Care**.

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

Important Benefit Details

Non-Embedded Family Deductible: For an agreement covering more than one (1) family member, the family deductible must be satisfied before the plan will begin to pay benefits for covered services for any covered family member. When the family deductible has been satisfied, the family deductible will be considered to have been satisfied for all family members, the plan will begin to pay benefits for covered services for all covered family members for the remainder of the benefit period (January 1, 2024– December 31, 2024). The family deductible can be met by one family member or a combination of members.

Aggregate/Embedded Family Deductible Plans: For an Agreement covering more than one (1) family member, as each Member satisfies their individual Deductible, the Plan will begin to pay benefits for Covered Services for that Member for the remainder of the Benefit Period (January 1, 2024– December 31, 2024), whether or not the entire family Deductible has been satisfied. When the family Deductible has been satisfied, the family Deductible will be considered to have been satisfied for all remaining covered family members. Not every individual member must meet the individual deductible for the family deductible to be met and no individual member may satisfy the entire family Deductible.

You are responsible for out-of-pocket costs each benefit period (January 1, 2024– December 31, 2024) up to the maximum amount shown. Thereafter, the plan pays 100% of the Plan Allowance. During the remainder of the benefit period. This amount does not include amounts in excess of the plan allowance.

Diagnostic Lab services include Laboratory and Pathology. Diagnostic Lab services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service.

Basic Diagnostic Services include Diagnostic X-ray, diagnostic medical and allergy testing. Basic diagnostic services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service. The copayment, if any, does not apply to diagnostic services prescribed for the treatment of mental health or substance abuse.

Advanced Imaging services include, but are not limited to, CAT scan, CTA, MRI, MRA, PET scan, and PET/CT Scan. Advanced Imaging services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service. The copayment, if any, does not apply to diagnostic services prescribed for the treatment of mental health or substance abuse.

Essential Formulary prescription drug cost covers a 90-day (Mail Order) or 31-day (Retail) supply. All plans have a four-tier closed formulary prescription drug structure.

Qualified High Deductible Health Plans may be coupled with a Health Savings Account (HSA). However, certain cost-sharing reductions (CSR) or plan variations of this plan that are offered through the Health Insurance Marketplace are not intended to be used with an HSA. If you have questions, please check with your financial advisor.

If you purchase coverage through an agent or broker, that individual may receive a commission. Bonus or incentive compensation may also apply. For more details visit highmark.com and enter your ZIP code. Select Plans followed by Shop Individual and Family Plans. Scroll to the bottom of the page and look for Highmark Individual Market Broker Compensation.

Please note that information regarding the Patient Protection and Affordable Care Act of 2010 (a.k.a. "PPACA", "Affordable Care Act", "ACA", and/or "Health Care Reform"), 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. This information is intended to provide general information only and does not attempt to give you advice that relates to your specific circumstances. The information regarding any health plan will be subject to the terms of the applicable health plan benefit agreement. Any review of materials, request for information, or application does not obligate you to enroll for coverage. Please request the Outline of Coverage for details on benefits, conditions, and exclusions. Providing your information is voluntary.

To find more information about Highmark's benefits and operating procedures, such as accessing the drug formulary or using network providers, visit our website. Go to highmark.com and enter your ZIP code. Select Plans followed by Shop Individual and Family Plans. Scroll to the blue bar at bottom of the page. Look for Be Informed and select Quality Assurance. For a paper copy, call 1-855-873-4108 (TTY/TDD 711).

Highmark Disclosures

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 healthcare. 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 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 noncovered 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.

BlueCard coverage is available for emergency or urgent care for all plans when you are away from home. Routine care is also covered for some plans. Consult your plan documents for additional information.

Blues On Call is a service mark of the Blue Cross Blue Shield Association.

Highmark Blue Cross Blue Shield is a Qualified Health Plan insurer in the federal Health Insurance Marketplace.

BlueCard is a registered mark of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.

Blue Distinction is a registered mark of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.

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

You should confirm the network status of a provider prior to receiving services. You can call My Care Navigator at 1-888-Blue-428 to confirm if a doctor or facility will be in network in 2024.

Spring Health is a separate company that provides mental health care services. Spring Health does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its services.

My Care Navigator is a service mark of Highmark Inc.

TruHearing is a separate company that provides hearing aid devices and services that TruHearing is providing to Highmark or Highmark members.

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.

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.

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.

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 serbisyong tulong sa wika. Tumawag sa 1-800-876-7639.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-800-876-7639.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم 1-800-876-7639 .

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-800-876-7639.

Si vous parlez français, les services d’assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-800-876-7639.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-800-876-7639.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-800-876-7639.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l’1-800-876-7639.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-800-876-7639.

日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。 1-800-876-7639 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماس با شماره 1-800-876-7639 .

Ready to (en)roll?

Cool. Here's how to do it:

- By phone: 1-855-506-1637
- Online: [Highmark.com](https://www.Highmark.com)
- Online: [Healthcare.gov](https://www.Healthcare.gov)
- By contacting your agent or broker



Because Life.™