

A photograph of a father and a young child in a park. The child, wearing a blue sweater and khaki pants, is holding a wooden toy airplane high in the air. The father, wearing a brown t-shirt and khaki pants, is kneeling next to the child, looking up at the airplane with a smile. The background is a blurred green field with trees and a house in the distance, bathed in warm, golden light.

**Better benefits.  
Easier access.  
More life.**

# Care that keeps up with your life.

Wherever you are,  
we've got you covered.



Because Life.™

PPO 800 COPAY

**Schalmont Central School District**

**Hi there,**

We know choosing coverage is about more than just your health care. It's about peace of mind. That's why when you choose Highmark for your coverage, you get a plan that's simple to understand, easy to use, and easy to love.

With Highmark, you get access to personalized wellness programs, handy online tools, and 24/7 support for any questions you might have along the way.

We look forward to making it easier for you to feel your best.

A handwritten signature in black ink, appearing to read "Jessica Cox".

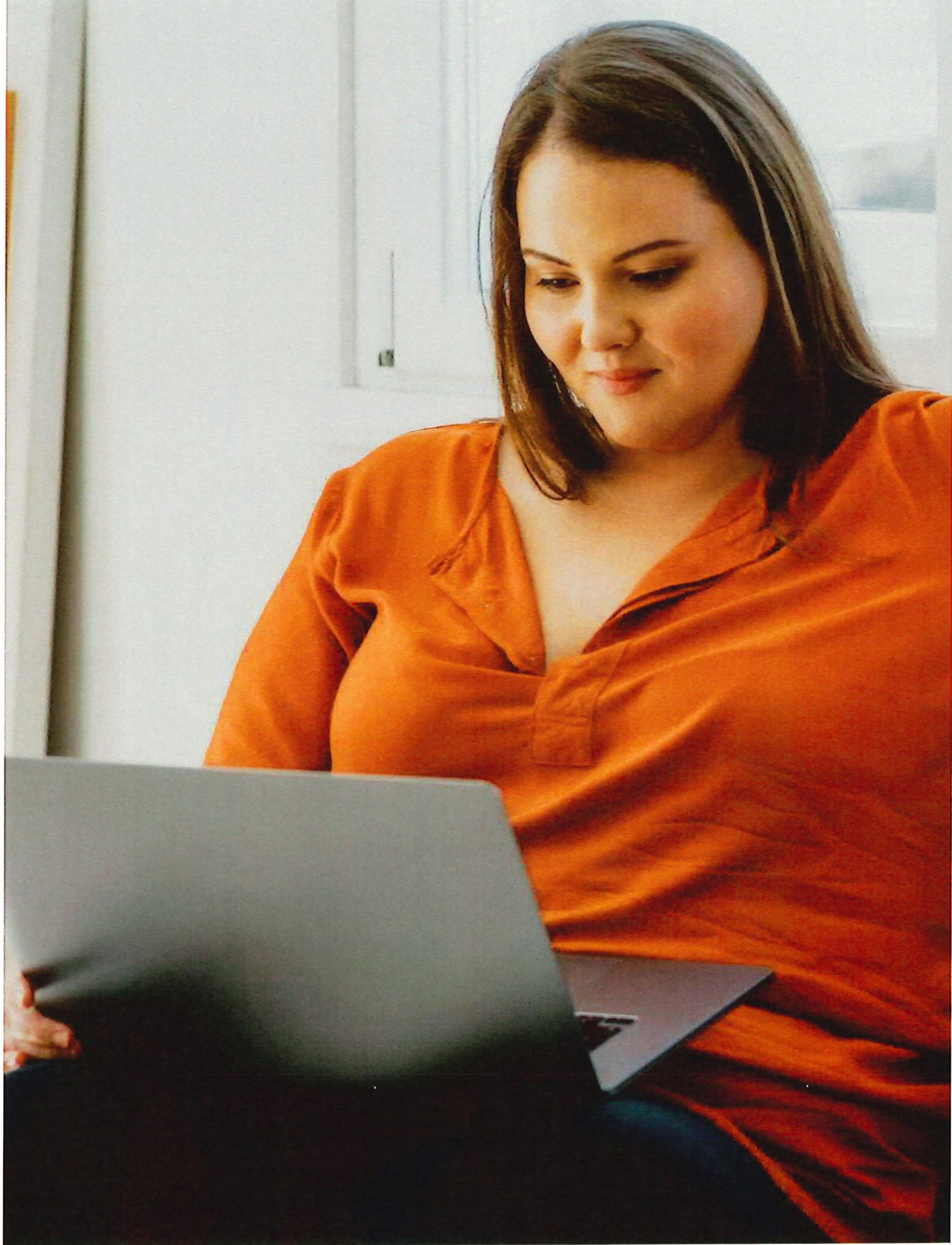
Jessica Cox

President, Highmark Western and Northeastern New York Inc.

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# Why Highmark





#### MY HIGHMARK APP

## Your health plan in your pocket.

Get instant access to your digital member ID card, care-finding tools, claims updates, and easy online bill payments right on your mobile device. Scan the QR code to download the MyHighmark app or go to [MyHighmark.com](https://www.myhighmark.com) to get started.



#### 24/7 NURSELINE

## Answers from a health pro, 24/7.

Medical concerns during off hours? Just call the phone number on the back of your ID card or from the My Highmark app to get support from a registered nurse anytime and put your worries to bed.



#### DIABETES PREVENTION PROGRAM

## Stop diabetes before it starts.

Lower your risk for prediabetes with simple, effective, practical strategies using this lifestyle program. Get started at [myhighmark.com](https://www.myhighmark.com) or on the MyHighmark app.

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## WELL360 VIRTUAL HEALTH

# Personalized care when and where you want it.

Get care 24/7, wherever you are, with Well360 Virtual Health. A provider can see you in minutes for virtual urgent care, behavioral health visits and more. Scan the QR code to download the My Highmark app or go to [MyHighmark.com](https://www.myhighmark.com) to get started.



## DISEASE MANAGEMENT PROGRAMS

# Help managing chronic conditions.

Receive one-on-one nurse support for conditions like asthma, diabetes, heart disease, and other chronic conditions. Get started at [myhighmark.com](https://www.myhighmark.com) or on the MyHighmark app.



## NOOM: WEIGHT MANAGEMENT

# Lose weight and keep it off with mindful eating.

Noom's psychology-based approach explains the why behind what you eat in small, easy to-understand bites — helping you lose weight and creating healthy habits that can be sustained.

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## EMERGENCY CARE

# When you need it most, you're covered.

Emergency care is always covered at the in-network level, wherever you get it. So don't hesitate. If you think it's an emergency, go straight to the nearest emergency room or dial 911. Your plan may also cover emergency care received outside the United States. Check your Summary of Benefits for more information.



## WORLDWIDE CARE

# Support around the globe.

No matter where you travel, the Blue Cross Blue Shield Global® Core program gives you access to providers for your health care needs. For worldwide help, just call **1-800-810-BLUE**.



## MENTAL HEALTH CARE

# Get care for your mind, too.

Highmark covers a wide range of mental health services, including counseling and treatment. You get a choice of providers within your plan for the type of care that fits your situation best.

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## CARE FOR SUBSTANCE USE DISORDERS

# Guidance to keep you on track.

Highmark covers a spectrum of services for substance use disorders. Pick the professional you feel will give you the necessary care from our list of providers.



# Highmark makes getting healthy easy.

With your Highmark plan, you have access to digital tools for healthy habits, virtual care for urgent and mental health needs, and helpful resources to easily manage your benefits and achieve a healthier lifestyle.



## MENTAL WELL-BEING POWERED BY SPRING HEALTH

# The right mental health care starts right here.

Simple and easy access to care is what Mental Well-Being powered by Spring Health is all about. This program can help you get the right care, right when you need it.

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## VIRTUAL JOINT HEALTH PROGRAM - THRIVE BY SWORD

# Virtual Joint Health.

The Virtual Joint Health Program - Thrive by Sword is available at no additional cost to you through your employer's health plan benefits. It connects you virtually with a physical therapist (PT) who designs a customized program just for you. You'll receive a tablet with motion-tracking technology and direct chat support with your PT.

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## MATERNITY CARE

# Caring for moms is about so much more than labor and delivery.

With Highmark, you get access to numerous facilities designed around comprehensive women's care, personal attention, and a family-centered approach during this special time.

You also have access to programs focused on advanced technology and expertise in neonatal care and OB-GYN specialty care. With Highmark, you can expect expert care from:

- OB-GYNs specializing in high-risk pregnancy, maternal fetal medicine, and fertility.
- Board-certified pediatricians and pediatric subspecialists.
- Childbirth and certified lactation experts.

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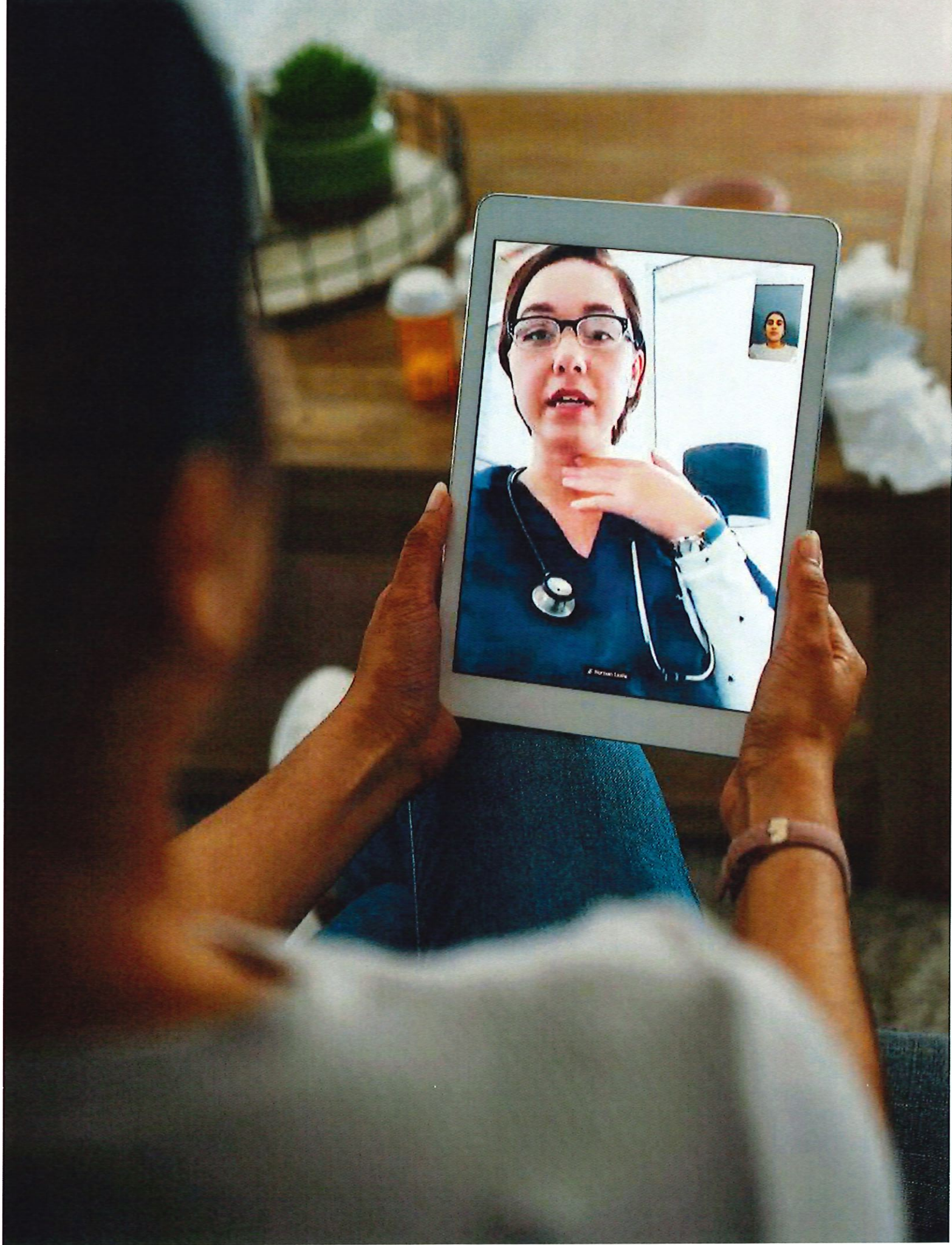
### **Baby BluePrints® Program**

Pregnancy can be exciting and overwhelming all at once. That's why Highmark's **Baby BluePrints** program guides you every step of the way. It's a program that provides you with educational resources and personalized attention from your own specially trained health coach at no additional cost.

Call 1-866-918-5267 to take advantage of Baby BluePrints today.

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# Product Information/ Benefit Summary



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## Here's how Highmark Blue Shield makes it simple for you:

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**Nationwide access to providers through the BlueCard® program.**

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You get access to the largest physician and hospital networks in the U.S. with over 1.8 million providers, including 97% of all hospitals.\*

And when you travel globally, you're covered in 190 countries through the Blue Cross Blue Shield Global® Core program.\*\*

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**Total support, day or night.**

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Whether it's 24/7 answers from registered nurses, a diagnosis or prescription over video visit, or just some help booking your doctor visits, when you need us, we're there.

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**Easy access to top-performing specialists.**

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Many of our network doctors and hospitals have earned Blue Distinction status for their exceptional safety and results. That means great specialty care for you, across the board. Easy-peasy.

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**And you're covered close to home, too.**

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Our local provider network gives you easy access to hospitals and doctors right in your community. From behavioral health to cancer care to cardiology, children's health to neuroscience to women's care, we've got you covered for local specialty care, too.

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**Need help finding top-quality doctors and hospitals?**

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To search for in-network providers:

1. Go to [Highmark.com/BlueShieldNENY](https://www.highmark.com/BlueShieldNENY).
2. Under **Find Care**, select **FIND A DOCTOR**.
3. Choose a location and plan.
4. Enter an address, city, or ZIP code.
5. Enter an Alpha Prefix or browse a list of plans.

Search by provider name, specialty, location, or type. Use the advanced search to filter by language, gender, area of focus, appointment scheduling, and more.

You can still use out-of-network providers, but it may cost you more. So, check that a provider is in network before you get care.

For over-the-phone help, call **1-844-639-2440**.

\*According to the Blue Cross Blue Shield Association.

\*\*Utilization of the BlueCard program does not guarantee benefits coverage or In-Network Cost-Sharing.

## Schalmont CSD PPO 800 10651842, 10651844, 10651846, 10845794

On the chart below, you'll see what you pay for specific services. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

Benefit	In Network	Out of Network
<b>General Provisions</b>		
Effective Date	JULY 1, 2026	
Benefit Period (1)	Calendar Year	
Deductible (per benefit period)		
Individual	None	\$250
Family	None	\$500
Deductible Accumulation (2)	Not applicable	Embedded
Coinsurance - payment based on the plan allowance	Not applicable	20% after deductible
Out-of-Pocket Maximum (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses). Once met, the plan pays 100% of covered services for the rest of the benefit period.		
Individual	\$6,850	\$2,500
Family	\$13,700	\$5,000
Out-of-Pocket Accumulation (2)	Embedded	Embedded
<b>Office/Urgent Care Visits</b>		
Primary Care Provider Office Visits & Virtual Visits	\$25 copay	20% after deductible
Specialist Office Visits & Virtual Visits	\$25 copay	20% after deductible
Virtual Visit Provider Originating Site Fee	\$0 copay	20% after deductible
Urgent Care Center Visits	\$35 copay	\$35 copay
Telemedicine Services (3)	Covered in full	not covered
<b>Preventive Care (4)</b>		
Routine Adult Physical Exams	covered in full	not covered
Adult Immunizations	covered in full	20% after deductible
Routine Gynecological Exams, including a Pap Test	covered in full	20% after deductible
Mammograms, Annual Routine	covered in full	20% after deductible
Mammograms, Medically Necessary	\$25 copay	20% after deductible
Diagnostic Services and Procedures	covered in full	20% after deductible
Routine Pediatric Physical Exams	covered in full	20% after deductible
Pediatric Immunizations	covered in full	20% after deductible
Diagnostic Services and Procedures	covered in full	20% after deductible
<b>Emergency Services</b>		
Emergency Room Services (5)	\$150 copay (waived if admitted); \$35 copay for freestanding urgent care facility	
Ambulance - Emergency and Non-Emergency	\$150 copay	\$150 copay
<b>Hospital and Medical / Surgical Expenses (including maternity) (5)</b>		
Hospital Inpatient	\$250 inpatient copay/admission; limit: \$500 inpatient copay/member inpatient copayment limit/benefit period,	20% after deductible

Benefit	In Network	Out of Network
	\$750 inpatient copay/family inpatient copayment limit/benefit period, aggregate with inpatient medical and inpatient substance abuse	
Outpatient Surgery	\$100 copay	20% after deductible
Maternity (non-preventive professional services) including dependent daughter	\$25 copay (copay on initial visit only)	20% after deductible
<b>Therapy and Rehabilitation Services</b>		
Physical Therapy	\$25 copay	20% after deductible
	limit: 60 visits/benefit period aggregate with occupational therapy and speech therapy	
Respiratory Therapy	\$25 copay	20% after deductible
Speech Therapy	\$25 copay	20% after deductible
	limit: 60 visits/benefit period aggregate with occupational therapy and physical medicine	
Occupational Therapy	\$25 copay	20% after deductible
	limit: 60 visits/benefit period aggregate with speech therapy and physical medicine	
Spinal Manipulations	\$25 copay	20% after deductible
Cardiac Rehabilitation Therapy	\$25 copay	20% after deductible
Infusion Therapy	\$25 copay	20% after deductible
Chemotherapy	covered in full	20% after deductible
Radiation Therapy	covered in full	20% after deductible
Dialysis	covered in full	20% after deductible
<b>Mental Health / Substance Abuse</b>		
Inpatient Mental Health Services	\$250 inpatient copay/admission; limit: \$500 inpatient copay/member inpatient copayment limit/benefit period, \$750 inpatient copay/family inpatient copayment limit/benefit period, aggregate with inpatient medical and inpatient substance abuse	20% after deductible
Inpatient Detoxification / Rehabilitation	\$250 inpatient copay/admission; limit: \$500 inpatient copay/member inpatient copayment limit/benefit period, \$750 inpatient copay/family inpatient copayment limit/benefit period, aggregate with inpatient medical and inpatient mental health	20% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	Covered in Full	20% after deductible
Outpatient Substance Abuse Services	Covered in Full	20% after deductible
<b>Other Services</b>		
Allergy Extracts and Injections	covered in full	20% after deductible
Applied Behavior Analysis for Autism Spectrum Disorder	\$0 copay	20% after deductible
Assisted Fertilization Procedures (GIFT & ZIFT excluded)	See Service Category (i.e. lab, surgery, radiology)	See Service Category (i.e. lab, surgery, radiology)
	Benefit Limit: 3 Cycles per Lifetime for In Vitro Fertilization	
Dental Services Related to Accidental Injury	See Service Category (i.e. lab, surgery, radiology)	See Service Category (i.e. lab, surgery, radiology)
Diagnostic Services Advanced Imaging (MRI, CAT, PET scan, etc.)	\$25 copay	20% after deductible
Standard Imaging	\$25 copay	20% after deductible

Benefit	In Network	Out of Network
Diagnostic Medical	\$25 copay	20% after deductible
Pathology/Laboratory	\$25 copay	20% after deductible
Allergy Testing	covered in full	20% after deductible
Durable Medical Equipment and Supplies	DME-covered in full; \$25 copay for diabetic supplies; \$25 copay for diabetic equipment	DME-50% after deductible; 20% after deductible for diabetic equipment and supplies
Orthotics	20%	not covered
Prosthetic Devices	20%	not covered
Home Health Care	\$25 copay	20% after deductible
Hospice	limit: 200 visits/benefit period aggregate with visiting nurse and home infusion therapy	
Hospice	\$25 copay for outpatient services	20% after deductible
Infertility Counseling, Testing and Treatment	See Service Category (i.e. lab, surgery, radiology)	See Service Category (i.e. lab, surgery, radiology)
Skilled Nursing Facility Care	\$250 inpatient copay/admission; limit: \$500 inpatient copay/member inpatient copayment limit/benefit period, \$750 inpatient copay/family inpatient copayment limit/benefit period, aggregate with inpatient medical and inpatient substance abuse	20% after deductible
Transplant Services	\$250 inpatient copay/admission; limit: \$500 inpatient copay/member inpatient copayment limit/benefit period, \$750 inpatient copay/family inpatient copayment limit/benefit period, aggregate with inpatient medical and inpatient substance abuse	20% after deductible
<b>Prescription Drugs</b>		
Prescription Drug Deductible Individual Family	none none	
Prescription Drug Program (6)  Defined by the National Plus NY Pharmacy Network - Not Physician Network.  Prescriptions filled at a non-network pharmacy are not covered.  Your plan uses the Comprehensive Formulary with an Incentive Benefit Design	<p style="text-align: center;">Retail Drugs (30/60/90-day Supply) \$5 / \$10 / \$15 Formulary generic copay \$10 / \$20 / \$30 Formulary brand copay \$25 / \$50 / \$75 Non-Formulary brand copay Cost-sharing for prescription insulin drugs will not exceed \$100 for a 30-day supply</p> <p style="text-align: center;">Select Specialty Drugs (31-day Supply) \$5 Formulary generic copay \$10 Formulary brand copay \$25 Non-Formulary copay</p> <p style="text-align: center;">Maintenance Drugs through Mail Order (30/60/90-day Supply) \$5 / \$10 / \$10 Formulary generic copay \$10 / \$20 / \$20 Formulary brand copay \$25 / \$50 / \$50 Non-Formulary brand copay Cost-sharing for prescription insulin drugs will not exceed \$100 for a 30-day supply</p>	

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/ plan documents, as limitations and exclusions apply. The policy/ plan documents control in the event of a conflict with this benefits summary.

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- (1) Your group's benefit period is based on a Calendar Year which runs from January 1 to December 31.
- (2) If you are enrolled in a "Family" plan, with your embedded deductible, only one eligible family member must satisfy his/her individual deductible before claims reimbursement begins. With your embedded out-of-pocket maximum, once any eligible family member satisfies his/her individual out-of-pocket maximum, claims will pay at 100% of the plan allowance for covered expenses, for the rest of the plan year. Claims for the remaining family members will pay at 100% once the family out-of-pocket maximum amount is met.
- (3) Services are provided for acute care for minor illnesses. Services must be performed by a Highmark approved telemedicine provider.
- (4) Services are limited to those listed on the Highmark Preventive Schedule (Women's Health Preventive Schedule may apply).
- (5) Benefits for Emergency Care Services rendered by an Out-of-Network Provider will be paid at the Network services level. Benefits for Hospital Services or Medical Care Services rendered by an Out-of-Network Provider to a member requiring an inpatient admission or observation immediately following receipt of Emergency Care Services will be paid at the Network services level. The member will not be responsible for any amounts billed by the Out-of-Network Provider that are in excess of the plan allowance for such services.
- (6) The Highmark formulary is an extensive list of Food and Drug Administration (FDA) approved prescription drugs selected for their quality, safety and effectiveness. The formulary was developed by Highmark Pharmacy Services and approved by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. All plan formularies include products in every major therapeutic category. Plan formularies vary by the number of different drugs they cover and in the cost-sharing requirements. Your program includes coverage for both formulary and non-formulary drugs at the copayment or coinsurance amounts listed above. Your plan requires that you use Accredo specialty pharmacy for select specialty medications.

Highmark Blue Shield of Northeastern New York is a trade name of Highmark Western and Northeastern New York Inc., which is an independent licensee of the Blue Cross Blue Shield Association.

## Notice of Nondiscrimination

The plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The plan 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)
- 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, please call the customer service number on the back of your member ID card or contact the Civil Rights Coordinator.

If you believe that the plan 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, PO Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295 (TTY 711), Fax: 1-412-544-2475, email:

[CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org)

You can file a grievance in person or by mail, fax, or email. You can also file a civil rights complaint with the US 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 US Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

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

**For assistance in English, call the customer service number listed on your member ID card.**

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

פאר הילף אין אידיש, רופט די קאסטומער סערוויס אויפן נומער וואס שטייט אויף אייער ID קארטל.

বাংলায় সহায়তার জন্য, আপনার আইডি কার্ডে তালিকাভুক্ত নম্বরে ফ্রোন্টা পরিষেবায় ফোন করুন।

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

اردو میں مندرکے لیے، کسٹمر سروس آپ کے شناختی کارڈ پر درج کردہ نمبر پر کال کریں

Pour une assistance en français, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

اردو زبان میں مندرکے لیے، کسٹمر سروس کو اپنے آئی ڈی کارڈ پر درج نمبر پر کال کریں۔

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

Για βοήθεια στα ελληνικά, καλέστε το τμήμα εξυπηρέτησης πελατών στον αριθμό που αναφέρεται στην ταυτότητά σας.

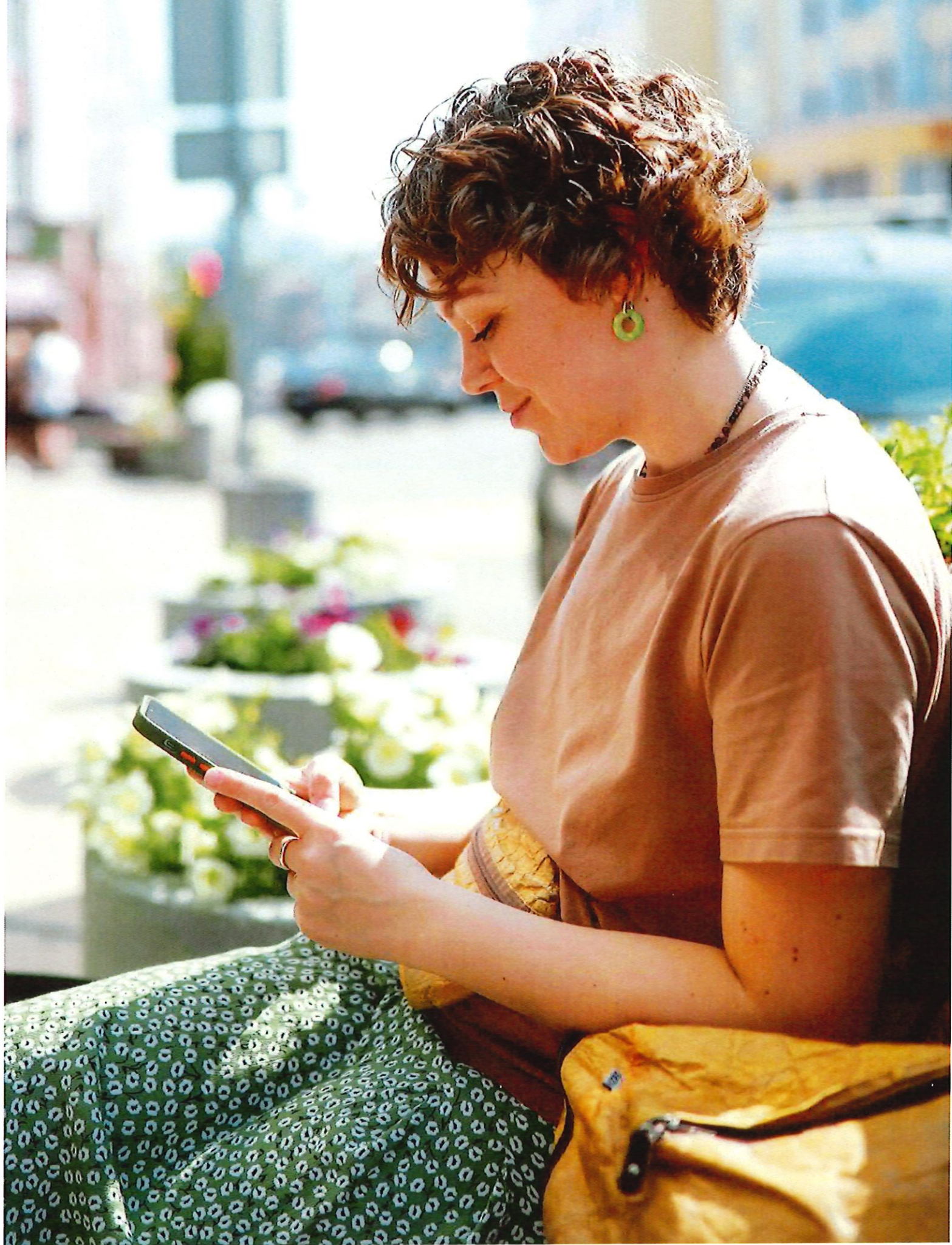
Për ndihmë në gjuhën shqipe, merrni në telefon shërbimin klientor në numrin e renditur në kartën tuaj të identitetit.

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

Diné k'ehjí yá'áti'bee shiká adooowot nohsingo naaltsoos nihaa halne'go nidaahthinígíí biné' déé' Customer Service bibéésh bee hané' é biká'ígíí bich'j' dahodootnih.

# Health Tools and Resources





## ONLINE TOOLS AND MEMBER 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 online at [MyHighmark.com](https://www.myhighmark.com).

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## ESTIMATE YOUR COST

### Know what you'll owe for care.

Before making an appointment for a test, scan, or procedure, the cost estimation tool helps you estimate your bill in advance. Available on your member website, [MyHighmark.com](https://www.myhighmark.com).

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## BLUE365<sup>®</sup>

### Discounts to help you stay healthy and active.

From workout gear to personal wellness to healthy meal services, we'll take a little off the top while you're taking a little off your middle. Member-only deals are at [blue365deals.com/BSNENY/offers](https://www.blue365deals.com/BSNENY/offers).

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## WELLNESS COACHING

# Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Balance stress? A wellness coach can create a personalized plan for you, right over the phone, on your schedule. Sessions are free and confidential. Call 1-800-650-8442, Monday – Friday, or visit [HighmarkHealthCoachBlueShield.com](https://www.HighmarkHealthCoachBlueShield.com).



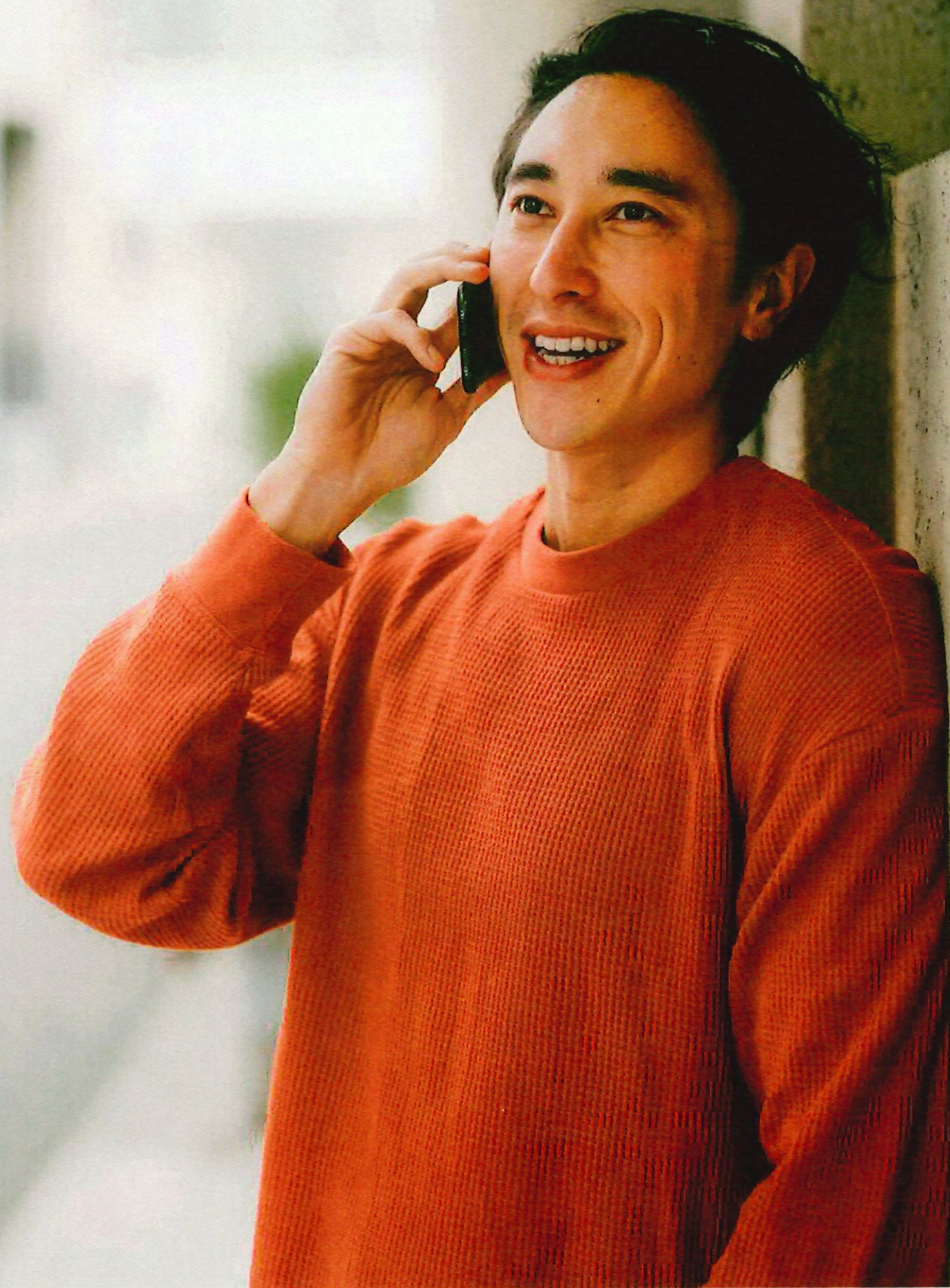
## HIGHMARK COMMUNITY SUPPORT PLATFORM

# We're here when you need us.

The Highmark Community Support Platform connects you to organizations that offer free or reduced cost services for food, housing, transportation, and more. Visit [HighmarkCommunitySupport.com](https://www.HighmarkCommunitySupport.com) and enter your ZIP code to search anonymously for resources in your community.

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# Additional Important Information



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# Health care lingo, translated.

When you're reviewing plans, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones. (If you want the complete glossary, check your benefit booklet.)

## CLAIM

The request for payment that's sent to your health insurance company after you receive covered care.

## COINSURANCE

The percentage 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 a covered service. For example, \$20 for a doctor visit or \$30 for a specialist visit.

## COVERED SERVICES

All the care, drugs, supplies, and equipment that are paid for, at least in some part, by your health plan after you've met your deductible.

## DEDUCTIBLE

The set amount you pay for a health service before your plan starts paying.

## EXCLUSIVE PROVIDER ORGANIZATION (EPO)

A type of plan where services are usually only covered if you use in-network providers, except for emergencies or urgent care.

## EXPLANATION OF BENEFITS (EOB)

A statement from your insurance company that shows services you received, including the amount your insurance covers and what you'll owe.

## HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

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

## IN-NETWORK PROVIDER

A doctor, hospital, or other provider that has an agreement with your plan to accept your plan allowance and cost sharing as full payment. They won't bill you extra for covered services, but you could still have to pay your deductible, coinsurance, or copays.

## MAXIMUM OUT-OF-POCKET

The most you'd pay for covered care. If you hit this amount, your plan pays after that.

## NETWORK TYPES

**Broad:** The network that provides access to many doctors and facilities in your area.

**Tiered:** A network that offers access to most doctors and facilities in your area based on a tiered system — Enhanced and Standard. You generally pay less for the Enhanced level of benefits than the Standard level.

**Narrow:** Local networks specific to certain markets. They tend to be close to where you live. You have access to the doctors and facilities in that network.

## OUT-OF-NETWORK PROVIDER

Out-of-network providers are not in the program's network. You may be responsible for paying any differences between the program's payments and the provider's actual charges.

## PLAN ALLOWANCE

The set amount you and your plan will pay for a health service. In-network providers aren't allowed to bill you more than this amount.

## PRECERTIFICATION

A decision made ahead of time by your health plan that a service, treatment, or drug is medically necessary for you. It can be called prior authorization or prior approval, but it's not a promise that anything will be fully covered.

## PREFERRED PROVIDER ORGANIZATION (PPO)

A type of plan that offers more flexibility in choosing providers, usually with the added security of coverage for care you might need when you're away from home.

## PREMIUM

The monthly amount you or your employer pay so you have health coverage.

## PROVIDER

Whether it's your primary doctor, a lab technician, or a physical therapist, the person or facility providing your care is referred to as a health care provider.

## 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.

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# All your resources, all in one place

Keep this page handy. It lists the tools and programs available to you and how to find them.



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## My Highmark App

It's your health plan at your fingertips. Visit [MyHighmark.com](https://www.MyHighmark.com) or download the My Highmark app from the Apple App Store or Google Play.



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## Well360 Virtual Health

Get care from wherever you are. Visit [MyHighmark.com](https://www.MyHighmark.com) or use the My Highmark app.



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## 24/7 Nurseline

A registered nurse is ready to answer your questions. Call 1-888-BLUE-428 or use the My Highmark app or website.



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## Blue365

For discounts to help you stay healthy and active, visit [blue365deals.com/BSNENY/offers](https://blue365deals.com/BSNENY/offers).



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## Baby BluePrints

Our no-cost maternity program provides support from specially trained health coaches. Call 1-866-918-5267 to enroll.



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## Member Service

Have questions about your plan? Call the number on the back of your ID card or use the My Highmark app. You can also view a digital copy of your ID card on the member website at [MyHighmark.com](https://www.MyHighmark.com).

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## How we approve what's covered:

# Determining care for coverage

We have a group of experts called Clinical Services. Their job is to make sure you're receiving care that is medically necessary and appropriate. What that means, generally, is that care is:

- **A standard medical practice.**
- **Proven to be effective.**
- **Not just done out of convenience for you or your doctor.**
- **Not more expensive than something else that would be just as effective.**

Most of the care covered by your plan meets these guidelines, so you can receive care and have it covered without needing to do anything else.

You are required to confirm that your provider obtained a prior authorization for any out-of-area services requiring authorization in advance of receiving the service. This also includes advanced radiology and cardiac imaging. Call the Member Service number on the back of your member ID card or in the My Highmark app to review your coverage and confirm if you need your provider to get a prior authorization.\*

\*A prior authorization is not a guarantee of coverage, payment, or payment amount. All services are subject to contract exclusions and eligibility at the time the service is rendered.

If you're denied coverage because we determine your care doesn't meet those qualifications, you always have the right to appeal that decision.

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## How we keep your information safe:

You've trusted us with your personal information and we take protecting it very seriously. We follow very strict policies for handling and securing protected health information (PHI).

In the course of using your coverage, we sometimes share PHI for routine purposes like ensuring you're getting safe and effective treatments or that doctors are receiving payment for the care you received.

If you're interested, you always have the right to see all the information in your medical records. The fastest way to access it is to ask your primary doctor.

That's the gist of how we make sure you're protected and getting appropriate, medically necessary care.

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If you want to read the full legal descriptions of the policies we've summed up here, go to [DiscoverHighmark.com](https://www.DiscoverHighmark.com). Scroll to the bottom of the page, click on **Quality Assurance**, and enter your ZIP code.

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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:

Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. **Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.**

Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

Highmark Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal.

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.

Noom is an independent company that provides behavior change and lifestyle modification services to address weight management, prevention of type 2 diabetes and support for type 2 diabetes.

Onduo is a separate company that provides a virtual diabetes care program for your health plan.

Sword Health, Inc is an independent company that provides wellness services for your health plan.

Sword Health Professionals provides its services through a group of independently owned professional practices consisting of Sword Health Care Providers, P.A., Sword Health Care Providers of NJ, P.C., and Sword Health Care Physical Therapy Providers of CA, P.C.

Express Scripts is an independent company that administers the pharmacy benefit for your health plan.

Lark is an independent company that manages digital health and wellness coaching programs on behalf of your health plan.

Mental Well-Being is offered by your health plan and powered by Spring Health. Spring Health is an independent company that provides mental health care services through its agents. Spring Health does not provide Blue Cross and/or Blue Shield products or services. Spring Health is solely responsible for their mental health care services.

Sapphire Digital is an independent company that administers the SmartShopper program for your health plan. Pricing may not be available on all medical procedures, tests or healthcare providers.

Verily Life Sciences LLC ("Verily") is an independent company that offers virtual care management programs for eligible individuals. Verily collaborates with Onduo Management Services LLC ("OMS"), Onduo LLC, and a network of affiliated Professional Entities to offer the services. These services are not intended to replace routine care.

Vida is a separate company that provides cardiometabolic condition management services for certain eligible members of your health plan. There is no cost for most health plan members. If you have a qualified high-deductible plan, you may have to pay out of pocket for some services with this solution until you meet your deductible.

Well360 Virtual Health is offered by your health plan and powered by Amwell. Amwell is an independent company that provides telemedicine services and does not provide Blue Cross and/or Blue Shield products or services. Amwell is solely responsible for their telemedicine services.

Baby BluePrints is a registered mark of the Blue Cross Blue Shield Association.

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

Davis Vision provides the provider network for Blue Edge Vision and is a separate company that administers vision benefits.

Blue Distinction<sup>®</sup> Specialty Care is a registered mark of the Blue Cross Blue Shield Association. Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable 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 ("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](http://www.bcbs.com). Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction, Total Care, or other provider finder information or care received from Blue Distinction, Total Care, or other providers.

Blue Cross Blue Shield Global<sup>®</sup> Core is a registered mark of the Blue Cross Blue Shield Association.

BlueCard is a registered mark of the Blue Cross Blue Shield Association. Statics regarding coverage are according to the Blue Cross Blue Shield Association.

Blue High Performance Network is an in-network only, Exclusive Provider Organization (EPO), single-tier network in most markets. However, there are exceptions in these two markets: New Jersey and Philadelphia. Please contact your client manager for additional information on the two-tier in-network model in these markets. Blue High Performance Network is a service mark of the Blue Cross Blue Shield Association.

The programs discussed herein are not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions or concerns regarding a medical condition. Health plan coverage is subject to the terms of your health plan benefit agreement.

This is not a contract.

## 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>.

## Pennsylvania, Delaware, West Virginia, and New York: 1-833-521-1424 (TTY:711)

ATTENTION: If you speak English, assistance services, free of charge, are available to you. Call the number provided for your state of residence.

ATENCIÓN: Si habla español, tiene servicios de asistencia lingüística sin cargo. Llame al número correspondiente a su estado de residencia.

注意: 如果您说中文, 您可获得免费的语言援助服务。请拨打您所在州相应的电话号码。

توجه کنید: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی به صورت رایگان در دسترس شما هستند. با شماره ارائه شده برای ایالت محل سکونتتان تماس بگیرید.

주의: 한국어를(를) 사용하는 경우, 언어 지원 서비스를 무료로 이용할 수 있습니다. 거주하시는 주의 전화 번호로 문의하십시오.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo telefòn ki koresponn ak Eta kote w rete a.

ATTENZIONE: Se parla italiano, avrà a disposizione un servizio di assistenza linguistica gratuito. Chiami il numero fornito per il suo stato di residenza.

אטאנסאן: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, אוועילעבל פאר איך. רופט די נומער וואס איז צוגעשטעלט פאר אייער סטעיט וואו איר וואוינט.

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। আপনি বসবাসরত রাজ্যের জন্য দেওয়া নম্বরে ফোন করুন।

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بالرقم المقدم للولاية التي نقيم فيها.

UWAGA: jeżeli posługuje się Pan/Pani językiem polsku, udostępniamy bezpłatne usługi wsparcia językowego. Prosimy zadzwonić pod numer podany dla stanu, w którym Pan/Pani mieszka.

ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le numéro de téléphone pour votre État de résidence.

توجه دیں: اگر آپ اردو بولتے ہیں، تو لسانی مدد کی خدمات آپ کے لیے مفت دستیاب ہیں۔ اپنی رہائش والی ریاست کے لیے فراہم کردہ نمبر پر کال کریں۔

CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí được cung cấp sẵn cho quý vị. Gọi số được cung cấp cho tiểu bang cư trú của quý vị.

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numerong ibinigay para sa estadong tinitirhan mo.

ΠΡΟΣΟΧΗ: Αν μιλάτε Ελληνικά, έχετε πρόσβαση σε δωρεάν υπηρεσίες γλωσσικής βοήθειας. Καλέστε τον αριθμό που παρέχεται για την περιοχή σας.

# Connect with us.

We're on most of your favorite social media sites, so contact us there if it's easier for you. You can say hi, ask questions, or give feedback. **Find us here:**



@highmark




linkedin.com/  
company/highmark



youtube.com/  
highmarkhealthy

**We've got your back.**

For coverage questions, call the number on the back of your member ID card or talk with your plan administrator.

 <b>The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <a href="http://www.myhighmark.com">www.myhighmark.com</a> or call 1-844-639-2440. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <a href="http://www.HealthCare.gov/sbc-glossary/">www.HealthCare.gov/sbc-glossary/</a> or call 1-844-639-2440 to request a copy.</b>		
Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0 individual/\$0 family in-network. \$250 individual/\$500 family out-of-network.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. <u>Emergency room care</u> , <u>emergency medical transportation</u> , and <u>urgent care services</u> are covered before you meet your out-of-network deductible.  <u>Copayments</u> and <u>coinsurance</u> amounts don't count toward the out-of-network deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$6,850 individual/\$13,700 family in-network out-of-pocket limit.  \$2,500 individual/\$5,000 family out-of-network.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	In-network: <u>Premiums</u> , <u>balance-billed charges</u> , and <u>health care this plan doesn't cover</u> do not apply to your total maximum out-of-pocket.  Out-of-network: <u>Premiums</u> , <u>balance-billed charges</u> , and <u>health care this plan doesn't cover</u> .	Even though you pay these expenses, they don't count toward the out-of-pocket limit.

An example of a benefit book can be found at <https://shop.highmark.com/sales/#!/sbc-agreements>.

<p><b>Will you pay less if you use a <u>in-network provider</u>?</b></p>	<p>Yes. See <a href="http://www.myhighmark.com">www.myhighmark.com</a> or call 1-844-639-2440 for a list of <u>in-network providers</u>.</p>	<p>This plan uses a <u>provider network</u>. You will pay less if you use a <u>provider</u> in the <u>plan's network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>).</p> <p>Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you <u>get services</u>. You can see the <u>specialist</u> you choose without a <u>referral</u>.</p>
<p><b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b></p>	<p>No.</p>	



All copayment and coinsurance costs shown in this chart are after your overall deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you visit a health care <u>provider's</u> office or clinic</p>	<p>Primary care visit to treat an injury or illness</p>	<p>\$25 <u>copay/visit</u></p>	<p>20% <u>coinsurance</u></p>	<p>You may have to pay for services that aren't <u>preventive</u>. Ask your <u>provider</u> if the services needed are <u>preventive</u>. Then check what your <u>plan</u> will pay for.</p> <p>Please refer to your <u>preventive schedule</u> for additional information.</p>
	<p>Specialist visit</p>	<p>\$25 <u>copay/visit</u></p>	<p>20% <u>coinsurance</u></p>	
	<p>Preventive care/screening/immunization</p>	<p>No charge</p>	<p>Not covered for preventive care visits 20% <u>coinsurance</u> for immunizations 20% <u>coinsurance</u> for screening services</p>	
<p>If you have a test</p>	<p>Diagnostic test (x-ray, blood work)</p>	<p>\$25 <u>copay/visit</u></p>	<p>20% <u>coinsurance</u></p>	<p>Pre-certification may be required.</p>
	<p>Imaging (CT/PET scans, MRIs)</p>	<p>\$25 <u>copay/visit</u></p>	<p>20% <u>coinsurance</u></p>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at <a href="http://www.myhighmark.com">www.myhighmark.com</a>.</p>	Formulary Generic drugs	\$5/\$10/\$15 <u>copay</u> per prescription (retail) \$5/\$10/\$10 <u>copay</u> per prescription (mail order)	Not covered	Up to 30/60/90-day supply retail pharmacy. Up to 30/60/90-day supply maintenance <u>prescription drugs</u> through mail order.
	Formulary Brand drugs	\$10/\$20/\$30 <u>copay</u> per prescription (retail) \$10/\$20/\$20 <u>copay</u> per prescription (mail order)	Not covered	<u>Cost-sharing for Prescription Insulin</u> Drugs will not exceed \$100 for a 30-day supply.
	Non-Formulary Generic and Non-Formulary Brand drugs	\$25/\$50/\$75 <u>copay</u> per prescription (retail) \$25/\$50/\$50 <u>copay</u> per prescription (mail order)	Not covered	
	<u>Specialty drugs</u>	\$5 <u>copay</u> per prescription (formulary generic) \$10 <u>copay</u> per prescription (formulary brand) \$25 <u>copay</u> per prescription (non-formulary generic & non-formulary brand) (retail)	Not covered	<u>Specialty drugs</u> are limited to a 31-day supply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 <u>copay/visit</u>	20% <u>coinsurance</u>	Precertification may be required.
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	Precertification may be required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	\$150 <u>copay</u> /visit	\$150 <u>copay</u> /visit <u>Deductible</u> does not apply.	<u>Copay</u> waived if admitted as an inpatient.
	<u>Emergency medical transportation</u>	\$150 <u>copay</u>	\$150 <u>copay</u> <u>Deductible</u> does not apply.	-----none-----
	<u>Urgent care</u>	\$35 <u>copay</u> /visit	\$35 <u>copay</u> /visit <u>Deductible</u> does not apply.	-----none-----
If you have a hospital stay	Facility fees (e.g., hospital room)	\$250 <u>copay</u> per admission	20% <u>coinsurance</u>	In-network: \$500 individual/\$750 family <u>copay</u> limit per benefit period; aggregate with inpatient mental health/substance abuse services.
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	Pre-certification may be required. Pre-certification may be required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge	20% <u>coinsurance</u>	Precertification may be required.
	Inpatient services	\$250 <u>copay</u> per admission	20% <u>coinsurance</u>	<u>In-network</u> : \$500 individual/\$750 family <u>copay</u> limit per benefit period; aggregate with inpatient mental health/substance abuse services.
If you are pregnant	Office visits	No charge after first \$25 <u>copay</u>	20% <u>coinsurance</u>	Precertification may be required. <u>Cost sharing</u> does not apply for <u>preventive services</u> .
	Childbirth/delivery professional services	No charge	20% <u>coinsurance</u>	Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.) <u>In-network</u> : The first visit to determine pregnancy is covered at no charge. Please refer to the Women's Health <u>Preventive Schedule</u> for additional information.
	Childbirth/delivery facility services	\$250 <u>copay</u> per admission	20% <u>coinsurance</u>	<u>In-network</u> : \$500 individual/\$750 family <u>copay</u> limit per benefit period; aggregate with inpatient mental health/substance abuse services. Precertification may be required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	\$25 copay/visit	20% coinsurance	Combined in-network and out-of-network: 200 visits per benefit period, combined with visiting nurse.  Precertification may be required.
	<u>Rehabilitation services</u>	\$25 copay/visit	20% coinsurance	Combined in-network and out-of-network: 60 combined physical medicine, occupational therapy, and speech therapy visits per benefit period.  Precertification may be required.
	<u>Habilitation services</u>	Not covered	Not covered	-----none-----
	<u>Skilled nursing care</u>	\$250 copay per admission	20% coinsurance	In-network: \$500 individual/\$750 family copay limit per benefit period; aggregate with inpatient mental health/substance abuse services.  Precertification may be required.
If your child needs dental or eye care	<u>Durable medical equipment</u>	No charge (DME) \$25 copay (diabetic equipment & diabetic supplies)	50% coinsurance (DME) 20% coinsurance (diabetic equipment & diabetic supplies)	Precertification may be required.
	<u>Hospice services</u>	\$25 copay/visit	20% coinsurance	Precertification may be required.
	Children's eye exam	Not covered	Not covered	-----none-----
	Children's glasses	Not covered	Not covered	-----none-----
	Children's dental check-up	Not covered	Not covered	-----none-----

## Excluded Services & Other Covered Services:

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Habilitation services
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Bariatric surgery
- Chiropractic care
- Hearing aids (Internal)
- Infertility treatment
- Non-emergency care when traveling outside the U.S. See <https://www.bcbsglobalcare.com>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.ccio.cms.gov](http://www.ccio.cms.gov). Other options to continue coverage are available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit <http://www.HealthCare.gov> or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim appeal or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Highmark, Inc. at 1-844-639-2440.
- The Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).
- Additionally, an independent consumer assistance program can help you file your appeal. Contact the consumer assistance services at 1-888-614-5400.

**Does this plan provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section.



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	\$0
Specialist copayment	\$25
Hospital (facility) copayment	\$250
Other coinsurance	0%

This **EXAMPLE** event includes services like:

- Specialist office visits (**prenatal care**)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (**ultrasounds and blood work**)
- Specialist visit (**anesthesia**)

<b>Total Example Cost</b>	<b>\$12,700</b>
<b>In this example, Peg would pay:</b>	
<b>Cost Sharing</b>	
Deductibles	\$0
Copayments	\$700
Coinsurance	\$0
<b>What isn't covered</b>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$760</b>

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-844-639-2440.

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	\$0
Specialist copayment	\$25
Hospital (facility) copayment	\$250
Other coinsurance	0%

This **EXAMPLE** event includes services like:

- Primary care physician office visits (**including disease education**)
- Diagnostic tests (**blood work**)
- Prescription drugs
- Durable medical equipment (**glucose meter**)

<b>Total Example Cost</b>	<b>\$5,600</b>
<b>In this example, Joe would pay:</b>	
<b>Cost Sharing</b>	
Deductibles	\$0
Copayments	\$600
Coinsurance	\$0
<b>What isn't covered</b>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$620</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

The plan's overall deductible	\$0
Specialist copayment	\$25
Hospital (facility) copayment	\$250
Other coinsurance	0%

This **EXAMPLE** event includes services like:

- Emergency room care (**including medical supplies**)
- Diagnostic test (**x-ray**)
- Durable medical equipment (**crutches**)
- Rehabilitation services (**physical therapy**)

<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Mia would pay:</b>	
<b>Cost Sharing</b>	
Deductibles	\$0
Copayments	\$700
Coinsurance	\$0
<b>What isn't covered</b>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$700</b>

The plan would be responsible for the other costs of these **EXAMPLE** covered services.

Insurance or benefit administration may be provided by Highmark Blue Shield which are independent licensees of the Blue Cross and Blue Shield Association. Health care plans are subject to terms of the benefit agreement.

To find more information about Highmark's benefits and operating procedures, such as accessing the drug formulary or using network providers, please go to [DiscoverHighmark.com](https://www.DiscoverHighmark.com); or for a paper copy, call 1-844-639-2440.

## **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 serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (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.