

HIGHMARK BLUE CROSS BLUE SHIELD
DELAWARE REGION

A partner for every step of the health journey.

**For small groups with
50 or fewer employees**

EFFECTIVE JANUARY 1, 2025



Because Life.™

A health plan that does more.

Your employees want support for all aspects of their lives.
A plan that cares for their physical, mental, and financial health.

With Highmark, your employees get coverage and benefits that allow them to live healthy and meaningful lives. And you get nationally recognized coverage that helps lower health care costs.

Contact your broker or Highmark sales rep
to get started.

Hi. My name is _____

Please call me at _____

Or email me at _____

Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield serves the state of Delaware and is an independent licensee of the Blue Cross Blue Shield Association.

Expansive coverage starts here.

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Turn the page to see all the great perks
that come with a plan from Highmark.

Elevating everyone's experience



It's all about simplicity. That's why we go above and beyond when it comes to giving you and your employees resources and tools that make managing total health easier.

ELEVATING EVERYONE'S EXPERIENCE



My Highmark

This easy-to-use app and website have everything your employees need to manage their benefits and reach their health goals, all in one place.



Blue Distinction List

Only doctors who consistently deliver safe, effective treatments make the list. When your employees use our Find a Doctor tool, a special logo will appear by the provider's name.



Employer portal

Here you can conveniently manage enrollment, billing, and spending accounts. You can also access contracts, benefit books, and order ID cards.



National network

Our superior network discounts allow Highmark to maintain competitive rates for all of our local, regional, and national products and services.



Provider collaborations

We collaborate with providers to better leverage value, manage costs, and drive positive industry change.



BlueCard® and Blue Cross Blue Shield Global® Core Programs

Your employees get access to 1.8 million providers and 97% of hospitals in the U.S. And they're covered in 190 countries.*



Blues On CallSM

For medical concerns after hours, your employees can get guidance anytime from a registered nurse or a health coach.



True Performance

Our plans have more than 630,000 providers delivering value-based care. That means your employees will be in the hospital less, allowing you to better manage costs.

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

Supporting health and well-being



Our health programs focus on integrated wellness so that your employees feel supported in each and every part of their lives.

SUPPORTING HEALTH AND WELL-BEING



Mental Well-Being

This solution provides mental health support tailored to each individual member. And it's available on My Highmark.



Chronic health management programs

Our chronic health management programs offer personalized app-based care, giving your employees the digital tools, coaching, and support they need. And it's all available on My Highmark.

We offer programs like:

- Congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD) management
- Diabetes management powered by Onduo
- Diabetes prevention
- Kidney care management

Plus, they'll get access to our **specialty case management team**. They act as advocates by coordinating health needs and ensuring safety, quality, and cost outcomes.



Well360 Virtual Health

Your employees can get care from wherever they are with a board-certified doctor, 24/7. Well360 Virtual Health can help with urgent care, behavioral health, primary care, women's health, and dermatology.



Virtual physical care program

powered by Sword

Sword puts technology and the expertise of a physical therapist at your employees' fingertips to help them overcome joint and muscle pain.

Supporting health and well-being



SUPPORTING HEALTH AND WELL-BEING



Integrated care team

We offer multidisciplinary clinical support and the highest level of care for employees who may be at a higher health risk.



Maternity care

We provide maternity education and proactively reach out to women with high-risk pregnancies to collaborate with their care team.



Health coaches

Wellness coaches help create a personalized plan for your employees, right over the phone, on their schedule. Sessions are free and confidential.



Utilization management

We focus on prior authorization, site of care, and prescription costs to help guide your employees to appropriate places of care and save them money.

Keeping an eye on the bottom line



We strive to keep your premium costs in line while managing out-of-pocket costs for your employees. It's our way of supporting everyone's financial health.

KEEPING AN EYE ON THE BOTTOM LINE



Blue365 Discounts

Your employees get exclusive discounts at blue365deals.com on travel, car rentals, and clothing. Plus, they get access to GradFin, which helps them navigate paying back student loans.



College tuition benefits

Employees who have Highmark medical or dental automatically earn Tuition Reward points that can be converted into college tuition dollars.



Wellness rewards

These programs help your employees reach their health goals through positive health challenges and expert advice.



ID theft program

Your employees can enroll in credit monitoring, security alerts, and lost wallet protection all at no cost.

Where is your company headquartered?



Pick the plan that’s best for your budget and business.

Shared Cost PPO (Broad network plan)

Plan highlights:

- Comprehensive in-network access nationwide.
- Nationwide access to 1.8 million providers, including 97% of all hospitals, through the BlueCard® program.*
- Out-of-network coverage at a higher cost share.

Health Savings PPO HSA (Broad network plan)

Plan highlights:

- Comprehensive in-network access to doctors and hospitals nationwide.
- Meets IRS qualifications as a qualified high-deductible health plan.
- Nationwide access to 1.8 million providers, including 97% of all hospitals, through the BlueCard program.
- Out-of-network providers are covered at a higher cost share.

Network listing

KENT <ul style="list-style-type: none">• Bayhealth Hospital — Kent Campus	<ul style="list-style-type: none">• St. Francis Hospital• Select Specialty Hospital — Wilmington	OUT-OF-AREA <ul style="list-style-type: none">• Providers participating in the BlueCard Program
NEW CASTLE <ul style="list-style-type: none">• ChristianaCare — Christiana Hospital• ChristianaCare — Wilmington Hospital• Delaware Psychiatric Center• Nemours Children’s Hospital — Delaware	SUSSEX <ul style="list-style-type: none">• Bayhealth Hospital — Sussex Campus• Beebe Medical Center• Milford Memorial Rehabilitation• TidalHealth — Nanticoke Hospital	

Provider list as of July 2024. For a full listing of network hospitals, visit [MyHighmark.com](#) and click on **Plans**. Then click on **Doctors and Drugs** under the **Individual and Family Plans** section.

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

HIGHMARK BLUE CROSS BLUE SHIELD

2025 Shared Cost PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS) ¹		PCP/RETAIL CLINIC	MENTAL HEALTH/ SUBSTANCE ABUSE OFFICE VISIT	OUTPATIENT THERAPIES (OCCUPATIONAL AND PHYSICAL)	SPECIALIST OFFICE VISIT	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY DEPARTMENT	BASIC DIAGNOSTICS (LAB/ PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (HCR COMPREHENSIVE) ^{2, 3}
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/ STANDARD GENERIC/ BRAND/NONFORMULARY
		MEMBER PAYS		MEMBER PAYS		MEMBER PAYS													
Platinum	Shared Cost PPO \$0-90	\$0	\$0	10%	30%	\$2,500	\$5,000	Office visit: \$15 Virtual visit: \$0	Office visit: \$15 Virtual visit: \$0	\$15	\$30	\$40	10% after ded.	10% after ded.	\$200	\$25	\$35	\$150	\$3/\$10/\$40/\$110
Platinum	Shared Cost PPO \$0-\$150	\$0	\$0	0%	20%	\$3,400	\$6,800	Office visit: \$15 Virtual visit: \$0	Office visit: \$15 Virtual visit: \$0	\$15	\$30	\$40	\$0	\$150 per day, up to five days, then \$0	\$200	\$25	\$35	\$150	\$3/\$10/\$40/\$110
Platinum	Shared Cost PPO \$250-100	\$250	\$500	0%	20%	\$2,000	\$4,000	Office visit: \$15 Virtual visit: \$0	Office visit: \$15 Virtual visit: \$0	\$15	\$30	\$40	\$0 after ded.	\$0 after ded.	\$200	\$25	\$35	\$150	\$3/\$15/\$50/\$110
Platinum	Shared Cost PPO \$500-100	\$500	\$1,000	0%	20%	\$2,000	\$4,000	Office visit: \$25 Virtual visit: \$0	Office visit: \$25 Virtual visit: \$0	\$20	\$30	\$40	\$0 after ded.	\$0 after ded.	\$200	\$25	\$35	\$150	\$3/\$10/\$40/\$110
Gold	Shared Cost PPO \$0-\$250	\$0	\$0	0%	20%	\$9,100	\$18,200	Office visit: \$25 Virtual visit: \$0	Office visit: \$25 Virtual visit: \$0	\$20	\$45	\$55	\$220	\$250 per day, up to five days, then \$0	\$250	\$25	\$35	\$250	\$10/50%/50%
Gold	Shared Cost PPO \$0-\$500	\$0	\$0	0%	20%	\$9,200	\$18,400	Office visit: \$45 Virtual visit: \$0	Office visit: \$45 Virtual visit: \$0	\$20	\$60	\$70	\$215	\$500 per day, up to five days, then \$0	\$350	\$60	\$60	\$350	\$3/\$20/\$70/\$120
Gold	Shared Cost PPO \$300-100	\$300	\$600	0%	20%	\$8,550	\$17,100	Office visit: \$35 Virtual visit: \$0	Office visit: \$35 Virtual visit: \$0	\$20	\$60	\$70	\$165 after ded.	\$0 after ded.	\$350	\$35	\$55	\$350	\$3/\$15/\$70/\$120
Gold	Shared Cost PPO \$750-100	\$750	\$1,500	0%	20%	\$9,100	\$18,200	Office visit: \$30 Virtual visit: \$0	Office visit: \$30 Virtual visit: \$0	\$20	\$50	\$60	\$160 after ded.	\$0 after ded.	\$250	\$50	\$50	\$250	\$3/\$15/\$70/\$120
Gold	Shared Cost PPO \$1000-100	\$1,000	\$2,000	0%	20%	\$9,100	\$18,200	Office visit: \$25 Virtual visit: \$0	Office visit: \$25 Virtual visit: \$0	\$20	\$60	\$60	\$175 after ded.	\$0 after ded.	\$300	\$25	\$35	\$250	\$3/\$30/\$70/\$120
Gold	Shared Cost PPO \$1000-80	\$1,000	\$2,000	20%	40%	\$9,200	\$18,400	Office visit: \$25 Virtual visit: \$0	Office visit: \$25 Virtual visit: \$0	\$20	\$45	\$55	\$190 after ded.	20% after ded.	\$250	\$25	\$35	\$150	\$3/\$15/\$70/\$120
Gold	Shared Cost PPO \$1200-100	\$1,200	\$2,400	0%	20%	\$9,100	\$18,200	Office visit: \$30 Virtual visit: \$0	Office visit: \$30 Virtual visit: \$0	\$20	\$55	\$60	\$160 after ded.	\$0 after ded.	\$250	\$25	\$35	\$250	\$3/\$30/\$70/\$120
Gold	Shared Cost PPO \$1400-100	\$1,400	\$2,800	0%	20%	\$6,500	\$13,000	Office visit: \$50 Virtual visit: \$0	Office visit: \$50 Virtual visit: \$0	\$20	\$75	\$85	\$0 after ded.	\$0 after ded.	\$300	\$75 after ded.	\$75 after ded.	\$325 after ded.	\$3/\$15/\$70/\$120
Gold	Shared Cost PPO \$1500-100	\$1,500	\$3,000	0%	20%	\$9,100	\$18,200	Office visit: \$30 Virtual visit: \$0	Office visit: \$30 Virtual visit: \$0	\$20	\$50	\$60	\$150 after ded.	\$0 after ded.	\$250	\$25	\$35	\$250	\$3/\$30/\$70/\$120
Gold	Shared Cost PPO \$1500-80	\$1,500	\$3,000	20%	40%	\$9,100	\$18,200	Office visit: \$30 Virtual visit: \$0	Office visit: \$30 Virtual visit: \$0	\$20	\$45	\$50	\$150 after ded	20% after ded.	\$200	\$25	\$35	\$100	\$3/\$15/\$70/\$120
Gold	Shared Cost PPO \$2000-100	\$2,000	\$4,000	0%	20%	\$7,900	\$15,800	Office visit: \$40 Virtual visit: \$0	Office visit: \$40 Virtual visit: \$0	\$20	\$75	\$85	\$100 after ded.	\$0 after ded.	\$300	\$40	\$65	\$300	\$3/\$15/\$70/\$120

* Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting.
Please refer to page 20 for footnotes.
To view the full benefit grid, click on the product name above or contact your local broker.

Continued on next page...

HIGHMARK BLUE CROSS BLUE SHIELD

2025 Shared Cost PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS) ¹		PCP/RETAIL CLINIC	MENTAL HEALTH/SUBSTANCE ABUSE OFFICE VISIT	OUTPATIENT THERAPIES (OCCUPATIONAL AND PHYSICAL)	SPECIALIST OFFICE VISIT	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY DEPARTMENT	BASIC DIAGNOSTICS (LAB/PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)	RX FORMULARY (HCR COMPREHENSIVE) ^{2, 3}
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/STANDARD GENERIC/BRAND/NONFORMULARY
		MEMBER PAYS		MEMBER PAYS		MEMBER PAYS													
Gold	Shared Cost PPO \$2500-100	\$2,500	\$5,000	0%	20%	\$9,100	\$18,200	Office visit: \$30 Virtual visit: \$0	Office visit: \$30 Virtual visit: \$0	\$20	\$50	\$60	\$0 after ded.	\$0 after ded.	\$300	\$30 after ded.	\$50 after ded.	\$300	\$3/\$30/\$70/\$120
Gold	Shared Cost PPO \$2500 1x-90	\$2,500 — 1x Family	\$5,000 — 1x Family	10%	30%	\$8,550 — 1x Family	\$17,100 — 1x Family	Office visit: \$30 Virtual visit: \$0	Office visit: \$30 Virtual visit: \$0	\$20	\$50	\$60	10% after ded.	\$300 after ded.	\$300 after ded.	\$50 after ded.	\$50 after ded.	\$150 after ded.	\$3/\$15/\$70/\$120
Gold	Shared Cost PPO \$2600-70	\$2,600	\$5,200	30%	50%	\$7,000	\$14,000	Office visit: \$55 Virtual visit: \$0	Office visit: \$55 Virtual visit: \$0	\$20	\$80	\$90	30% after ded.	30% after ded.	\$425	\$85	\$85	\$275	\$3/\$40/\$85/\$145
Gold	Shared Cost PPO \$2750-100	\$2,750	\$5,500	0%	20%	\$7,900	\$15,800	Office visit: \$30 Virtual visit: \$0	Office visit: \$30 Virtual visit: \$0	\$20	\$50	\$60	\$0 after ded.	\$0 after ded.	\$300	\$30 after ded.	\$50 after ded.	\$300	\$3/\$15/\$70/\$120
Gold	Shared Cost PPO \$2850-100	\$2,850	\$5,700	0%	20%	\$7,900	\$15,800	Office visit: \$40 Virtual visit: \$0	Office visit: \$40 Virtual visit: \$0	\$20	\$65	\$75	\$0 after ded.	\$0 after ded.	\$300	\$40	\$65	\$300	\$3/\$15/\$70/\$120
Gold	Shared Cost PPO \$3000-90	\$3,000	\$6,000	10%	30%	\$7,000	\$14,000	Office visit: \$30 Virtual visit: \$0	Office visit: \$30 Virtual visit: \$0	\$20	\$60	\$70	10% after ded.	10% after ded.	\$325	\$30	\$60	\$325	\$3/\$15/\$70/\$120
Silver	Shared Cost PPO \$0 Silver 100	\$0	\$1,000	0%	20%	\$9,200	\$18,400	Office visit: \$60 Virtual visit: \$0	Office visit: \$60 Virtual visit: \$0	\$20	\$80	\$90	\$205	\$500	\$650	\$75	\$150	\$500	\$3/\$45/\$100/\$170
Silver	Shared Cost PPO \$0-100	\$0	\$0	0%	20%	\$9,200	\$18,400	Office visit: \$75 Virtual visit: \$0	Office visit: \$100 Virtual visit: \$0	\$20 after ded.	\$100	\$100	\$220	\$2,000/day, up to three days, then \$0	\$1,500	\$100	\$100	\$500	\$3/\$40/\$130/\$270
Silver	Shared Cost PPO \$1400-50	\$1,400	\$2,800	50%	50%	\$9,200	\$18,400	Office visit: \$65 Virtual visit: \$0	Office visit: \$65 Virtual visit: \$0	\$20	\$90	\$100	\$400 after ded.	50% after ded.	\$600 after ded.	\$90	\$90	50% after ded.	\$3/\$45/\$100/\$170
Silver	Shared Cost PPO Basic \$2000-75	\$2,000	\$4,000	25%	45%	\$9,200	\$18,400	Office visit: \$55 Virtual visit: \$0	Office visit: 25% after ded. Virtual visit: \$0 after ded.	25% after ded.	25% after ded.	25% after ded.	\$200 after ded.	25% after ded.	25% after ded.	\$55	25% after ded.	25% after ded.	\$3/\$40/\$85/\$145
Silver	Shared Cost PPO \$4500-100	\$4,500	\$9,000	0%	20%	\$9,200	\$18,400	Office visit: \$40 Virtual visit: \$0	Office visit: \$40 Virtual visit: \$0	\$20	\$75	\$75	\$250 after ded.	\$550 after ded.	\$350 after ded.	\$60 after ded.	\$60 after ded.	\$300 after ded.	\$3/\$45/\$100/\$170
Silver	Shared Cost PPO \$5200-100	\$5,200	\$10,400	0%	20%	\$9,200	\$18,400	Office visit: \$40 Virtual visit: \$0	Office visit: \$40 Virtual visit: \$0	\$20	\$65	\$65	\$265 after ded.	\$300 after ded.	\$375 after ded.	\$55 after ded.	\$55 after ded.	\$250 after ded.	\$3/\$45/\$100/\$170
Bronze	Shared Cost PPO \$7400-70	\$7,400	\$14,800	30%	50%	\$9,200	\$18,400	Office visit: \$65 Virtual visit: \$0	Office visit: 30% after ded. Virtual visit: \$0 after ded.	25% after ded.	30% after ded.	30% after ded.	\$300 after ded.	30% after ded.	30% after ded.	\$100 after ded.	\$100 after ded.	\$500 after ded.	\$3/\$40/\$130/\$270

* Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting. Please refer to page 20 for footnotes.
To view the full benefit grid, click on the product name above or contact your local broker.

HIGHMARK BLUE CROSS BLUE SHIELD

2025 Health Savings PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS) ¹		PCP/RETAIL CLINIC	MENTAL HEALTH/ SUBSTANCE ABUSE OFFICE VISIT	OUTPATIENT THERAPIES (OCCUPATIONAL AND PHYSICAL)	SPECIALIST OFFICE VISIT	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY DEPARTMENT	BASIC DIAGNOSTICS (LAB/ PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (HCR COMPREHENSIVE) ^{2, 3}
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/ STANDARD GENERIC/ BRAND/NONFORMULARY
		MEMBER PAYS		MEMBER PAYS		MEMBER PAYS													
Gold	Health Savings PPO HSA \$1700-100	\$1,700	\$3,400	0%	20%	\$4,000	\$8,000	Office visit: \$20 after ded. Virtual visit: \$0 after ded.	Office visit: \$20 after ded. Virtual visit: \$0 after ded.	\$20 after ded.	\$40 after ded.	\$45 after ded.	\$40 after ded.	\$0 after ded.	\$200 after ded.	\$40 after ded.	\$40 after ded.	\$200 after ded.	\$3/\$10/\$55/\$110 after ded.
Gold	Health Savings PPO HSA \$2600-100	\$2,600	\$5,200	0%	0%	\$3,000	\$6,000	\$0 after ded	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$90 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.
Silver	Health Savings Embedded PPO HSA Copay \$3400**	\$3,400	\$6,800	0%	20%	\$7,050	\$14,100	Office visit: \$20 after ded. Virtual visit: \$0 after ded.	Office visit: \$20 after ded. Virtual visit: \$0 after ded.	\$20 after ded.	\$50 after ded.	\$60 after ded.	\$140 after ded.	\$0 after ded.	\$250 after ded.	\$35 after ded.	\$50 after ded.	\$250 after ded.	\$3/\$10/\$55/\$110 after ded.
Silver	Health Savings Embedded PPO HSA \$3950-100**	\$3,950	\$7,900	0%	0%	\$7,500	\$15,000	Office visit: \$25 after ded. Virtual visit: \$0 after ded.	\$0 after ded.	\$0 after ded.	\$50 after ded.	\$60 after ded.	\$250 after ded.	\$350 after ded.	\$300 after ded.	\$0 after ded.	\$0 after ded.	\$150 after ded.	\$3/\$10/\$55/\$110 after ded.
Silver	Health Savings Embedded PPO HSA \$4250-100	\$4,250	\$8,500	0%	0%	\$6,250	\$12,500	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$100 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.
Bronze	Health Savings Embedded PPO HSA \$6850-100**	\$6,850	\$13,700	0%	0%	\$7,200	\$14,400	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$25 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.

* Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting. Please refer to page 20 for footnotes.
To view the full benefit grid, click on the product name above or contact your local broker.
**Plan does not offer creditable coverage. See page 20 for details.

IMPORTANT PLAN DETAILS:

- 1 Out-of-pocket maximum calculation includes deductible, copayment, and coinsurance.
- 2 Rx information displayed: Retail up to 31-day supply. NOTE: Member's maximum coinsurance payment for a retail Specialty Rx is \$350 Formulary/\$500 Non-Formulary.
- 3 Integrated Rx plans include all medical and prescription claims accumulating toward one overall deductible.

EMBEDDED PLANS:

In this approach, an individual family member can be eligible for payment of benefits upon meeting the Individual deductible amount (even if the rest of the family has not met the Family deductible amount). Additionally, an individual family member's out-of-pocket (OOP) maximum will be the same as that of a member purchasing Individual coverage for the specified health plan.

The Medicare Modernization Act requires entities (whose policies include prescription drug coverage) to notify Medicare-eligible policyholders whether their prescription drug coverage is creditable coverage, which means that the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Some plans that may have qualified in 2024 may not be creditable coverage in 2025 due to the recent Medicare Part D changes, which eliminated the coverage gap phase and added a \$2,000 out-of-pocket maximum.

As a result, the threshold for minimum coverage has increased from a traditional actuarial value perspective.

A health savings account (HSA) is available to employees. Employer contributions in amounts that exceed annual federally mandated maximum(s) may result in actuarial value changes that may impact compliance as a qualified health plan.

NON-EMBEDDED PLANS:

In this approach, the entire Family deductible must be met before any family member is eligible for payment of benefits. Additionally, the entire Family out-of-pocket (maximum) must be met before the plan begins paying 100%. One family member may satisfy the entire Family deductible and/or OOP.

This is not a contract. This benefits summary presents plan highlights only. Contract limitations and exclusions apply. Please refer to the benefits booklet for complete information.

To determine the availability of services under your health plan, please review your contract for details on benefits, conditions, and exclusions or call the number on the back of your member ID card.

Information above presents in-network plan highlights only. PPO plans also provide benefits for many out-of-network services, generally with higher member cost sharing. Please see plan materials for information.

Notes

[illegible]

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

Sword Health, Inc. does not provide health care services. Sword Health, Inc. is an independent company that provides wellness services for your health plan. Sword Health Professionals provides its services through a group of independently owned professional practices consisting of Sword Health Care Providers, P.A., Sword Health Care Providers of NJ, P.C., and Sword Health Care Physical Therapy Providers of CA, P.C.

The Sword virtual physical care program is made available with support from Sword Health.

Onduo is a separate company that provides a virtual diabetes care program for Highmark members.

Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield serves the state of Delaware and is an independent licensee of the Blue Cross Blue Shield Association.

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.

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

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

Blue Distinction, BlueCard, Blue Cross Blue Shield Global, Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association.

Blue Distinction® Specialty Care is a registered mark of the Blue Cross Blue Shield Association. Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers’ need for affordable health care. Each provider’s cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans’ areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. Total Care (“Total Care”) providers have met national criteria based on provider commitment to deliver value-based care to a population of Blue members. Total Care+ providers also met a goal of delivering quality care at a lower total cost relative to other providers in their area. Program details are displayed on [www. bcbs.com](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.

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: 한국어(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.

אכתונג: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, אוועילעבל פאר אייך. 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 مجانًا. اتصل بالرقم المقدم للولاية التي تقم 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.



Because Life.™