



For health plans with effective dates beginning January 1, 2025		Medical Coverage														Prescriptions	
		Medical Deductible		Plan Payment Level (Coinsurance) After Deductible		Out-of-Pocket Limit¹		TMOOP	Emergency Room	Urgent Care	Retail Clinic	Primary Care Provider (PCP)	Specialist²	Telemedicine⁴	Imaging	Rx Templates Available to Align with the Medical Plan	
										In-Network	In-Network	In-Network	In-Network	In-Network	In-Network		
		In-Network (2x Family unless noted)	Out-of-Network (2x Family unless noted)	In-Network	Out-of-Network	In-Network (2x Family unless noted)	Out-of-Network (2x Family unless noted)	In-Network (2x Family)		In-Network	In-Network	In-Network	In-Network	In-Network	In-Network		
Member Pays		Plan Pays		Member Pays													
PPO	Premium Plans																
	PPO Blue Premium \$10	\$0	\$250	100%	80%	\$0	\$2,000	\$9,200	\$150	\$50*	\$10	\$10	\$10	\$5	\$0	Rx G, M, CCA	
	PPO Blue Premium \$20/\$40	\$0	\$500	100%	80%	\$0	\$3,000	\$9,200	\$150	\$60*	\$20	\$20	\$40	\$15	\$0	Rx G, M, CCA	
	Sharing Plans																
	PPO Blue Sharing \$500 \$30/\$40	\$500	\$1,000	100%	80%	\$0	\$1,000	\$9,200	\$150	\$75*	\$30	\$30	\$40	\$20	\$0 after ded	Rx G, M, CCA	
	PPO Blue Sharing \$1,000 \$30/\$40	\$1,000	\$2,000	100%	80%	\$0	\$2,000	\$9,200	\$150	\$75*	\$30	\$30	\$40	\$20	\$0 after ded	Rx G, M, CCA	
	PPO Blue Sharing \$2,000 \$30/\$40	\$2,000	\$4,000	100%	80%	\$0	\$4,000	\$9,200	\$150	\$75*	\$30	\$30	\$40	\$20	\$0 after ded	Rx G, M, CCA	
	PPO Blue Sharing \$3,000 \$30/\$40	\$3,000	\$6,000	100%	80%	\$0	\$6,000	\$9,200	\$150	\$75*	\$30	\$30	\$40	\$20	\$0 after ded	Rx G, M, CCA	
	PPO Blue Sharing \$4,000 \$30/\$40	\$4,000	\$8,000	100%	80%	\$0	\$8,000	\$9,200	\$150	\$75*	\$30	\$30	\$40	\$20	\$0 after ded	Rx G, M, CCA	
	PPO Blue Sharing \$5,000 \$20/\$35	\$5,000	\$10,000	100%	80%	\$0	\$2,500	\$9,200	\$150	\$60*	\$20	\$20	\$35	\$15	\$0 after ded	Rx G, M, CCA	
	Smart Plans																
	PPO Blue Smart \$500 90/70	\$500	\$1,000	90%	70%	\$2,000	\$4,000	\$9,200	\$150	\$50*	\$20	\$20	\$35	\$15	10% after ded	Rx G, M, CCA	
	PPO Blue Smart \$1,000 80/60	\$1,000	\$2,000	80%	60%	\$1,500	\$3,000	\$9,200	\$150	\$75*	\$30	\$30	\$40	\$20	20% after ded	Rx G, M, CCA	
	PPO Blue Smart \$2,500 80/60	\$2,500	\$5,000	80%	60%	\$1,500	\$3,000	\$9,200	\$150	\$75*	\$30	\$30	\$40	\$20	20% after ded	Rx G, M, CCA	
	Choice Savings Plans																
	PPO Blue Choice Savings \$2,000 \$30/\$40	\$2,000	\$4,000	100%	80%	\$1,000	\$2,000	\$3,000	\$150 after network ded	\$75* after ded	\$30 after ded	\$30 after ded	\$40 after ded	\$0 after ded	\$0 after ded	Rx DC, CCDC	
	PPO Blue Choice Savings \$4,000 \$30/\$40	\$4,000	\$8,000	100%	80%	\$1,000	\$2,000	\$5,000	\$150 after network ded	\$75* after ded	\$30 after ded	\$30 after ded	\$40 after ded	\$0 after ded	\$0 after ded	Rx DC, CCDC	
Healthy Savings Plans																	
PPO Blue Healthy Savings \$1,800Q	\$1,800	\$3,600	100%	80%	\$0	\$1,800	\$1,800	\$0 after network ded	\$0* after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	Rx D		
PPO Blue Healthy Savings \$1,800Q 90/70	\$1,800	\$3,600	90%	70%	\$1,000	\$2,000	\$2,800	10% after network ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	Rx D		
PPO Blue Healthy Savings \$2,000Q 90/70	\$2,000	\$4,000	90%	70%	\$1,000	\$2,000	\$3,000	10% after network ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	Rx D		
PPO Blue Healthy Savings \$2,000Q \$25/\$35	\$2,000	\$4,000	100%	80%	\$500	\$1,000	\$2,500	\$150 after network ded	\$50* after ded	\$25 after ded	\$25 after ded	\$35 after ded	0% after ded	0% after ded	Rx DL		
PPO Blue Healthy Savings \$3,000Q \$30/\$40	\$3,000	\$6,000	100%	80%	\$250	\$1,000	\$3,250	\$150 after network ded	\$75* after ded	\$30 after ded	\$30 after ded	\$40 after ded	\$0 after ded	\$0 after ded	Rx DC, CCDC		
PPO Blue Healthy Savings \$3,500Q 90/70	\$3,500	\$7,000	90%	70%	\$1,000	\$2,000	\$4,500	10% after network ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	Rx CCD, DI		
PPO Blue Healthy Savings \$5,000Q	\$5,000	\$10,000	100%	80%	\$0	\$500	\$5,000	\$0 after network ded	\$0* after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	Rx DC		
PPO Blue Healthy Savings \$6,350Q	\$6,350	\$12,700	100%	80%	\$0	\$1,500	\$6,350	\$0 after network ded	\$0* after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	Rx D		

*Copayment does not apply to Urgent Care Center visits prescribed for the treatment of mental health or substance abuse.

(continued)



For health plans with effective dates beginning January 1, 2025		Medical Coverage														Prescriptions	
		Medical Deductible		Plan Payment Level (Coinsurance) After Deductible		Out-of-Pocket Limit¹		TMOOP	Emergency Room	Urgent Care	Retail Clinic	Primary Care Provider (PCP)	Specialist²	Telemedicine⁴	Imaging	Rx Templates Available to Align with the Medical Plan	
		In-Network (2x Family unless noted)	Out-of-Network (2x Family unless noted)	In-Network	Out-of-Network	In-Network (2x Family unless noted)	Out-of-Network (2x Family unless noted)	In-Network (2x Family)		In-Network	In-Network	In-Network	In-Network	In-Network	In-Network		
		Member Pays		Plan Pays		Member Pays											
EPO	Premium Plans																
	EPO Blue Premium \$10	\$0	N/A	100%	N/A	\$0	N/A	\$9,200	\$150	\$50*	\$10	\$10	\$10	\$5	0%	Rx G	
	EPO Blue Premium \$20/\$40	\$0	N/A	100%	N/A	\$0	N/A	\$9,200	\$150	\$60*	\$20	\$20	\$40	\$15	0%	Rx CCA	
	Sharing Plans																
	EPO Blue Sharing \$2,000 \$30/\$40	\$2,000	N/A	100%	N/A	\$0	N/A	\$9,200	\$150	\$75*	\$30	\$30	\$40	\$20	0% after ded	Rx G, ML	
	Smart Plans																
	EPO Blue Smart \$2,500 80	\$2,500	N/A	80%	N/A	\$1,500	N/A	\$9,200	\$150	\$75*	\$30	\$30	\$40	\$20	20% after ded	Rx G	
	EPO Blue Smart \$500 90	\$500	N/A	90%	N/A	\$2,000	N/A	\$9,200	\$150	\$50*	\$20	\$20	\$35	\$15	10% after ded	Rx CCA	
	Healthy Savings Plans																
EPO Blue Healthy Savings \$2,000Q 90	\$2,000	N/A	90%	N/A	\$1,000	N/A	\$3,000	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	Rx CCD, D		
EPO Blue Healthy Savings \$6,350Q	\$6,350	N/A	100%	N/A	\$0	N/A	\$6,350	0% after ded	0% after ded	0% after ded	0% after ded	0% after ded	0% after ded	0% after ded	Rx CCD, D		

For health plans with effective dates beginning January 1, 2025	Medical Coverage																	Prescriptions	
	Medical Deductible		Plan Payment Level (Coinsurance)		Out-of-Pocket Limit¹		TMOOP	Hospital Inpatient (includes IP MHSA, maternity, transplants, rehab facilities)	Outpatient Surgery	Skilled Nursing Facility	Emergency Room/ Ambulance	Urgent Care	PCP and Retail Clinic	Specialist/ Therapies/Spinal manipulation/ OP MHSA/ Home Health/ Home Infusion	Telemedicine⁴	Imaging**	DME/Orthotics/ Prosthetics	Rx Templates Available to Align with the Medical Plan	
	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 (2x Family)	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	Advanced/ Basic In-Network	In-Network		
	Member Pays		Plan Pays		Member Pays														
EPO Blue \$20/\$40 Easy Plan	\$0	N/A	100%	N/A	\$0	N/A	\$9,200	\$1,000	\$100	\$1,000	\$150	\$50*	\$20	\$40	\$10	\$75/\$20	\$40	Rx L	
EPO Blue \$30/\$50 Easy Plan	\$0	N/A	100%	N/A	\$0	N/A	\$9,200	\$2,000	\$150	\$2,000	\$200	\$60*	\$30	\$50	\$15	\$100/\$30	\$50	Rx L	
EPO Blue \$35/\$55 Easy Plan	\$0	N/A	100%	N/A	\$0	N/A	\$9,200	\$2,500	\$500	\$2,500	\$300	\$70*	\$35	\$55	\$20	\$125/\$40	\$55	Rx L	
PPO Blue \$30/\$50 Easy Plan	\$0	\$4,000	100%	80%	\$0	\$5,500	\$9,200	\$2,000	\$150	\$2,000	\$200	\$60*	\$30	\$50	\$15	\$100/\$30	\$50	Rx L	

* Copayment does not apply to urgent care center visits prescribed for the treatment of mental health or substance abuse.
** Copayment does not apply to diagnostic services prescribed for the treatment of mental health or substance abuse.



Rx Name	Formulary	Benefit Design	Retail	Mail Order	Mandatory Mail Order
Rx G	Comprehensive	Incentive	Generic: \$8 Preferred Brand: \$40 Non-Pref. Brand: \$70	2.5x Retail	N/A
Rx M	Comprehensive	Incentive	Generic: \$10 Preferred Brand: \$60 Non-Pref. Brand: \$85	2.5x Retail	Exclusive Home Delivery
Rx ML	Comprehensive	Incentive	Low-Cost Generic: \$3 Generic: \$10 Preferred Brand: \$60 Non-Pref. Brand: \$85	2.5x Retail	Exclusive Home Delivery
Rx DC	Comprehensive	Incentive	Integrated with Medical ¹ after deductible Generic: \$15 Preferred Brand: \$30 Non-Preferred Brand: \$60	2x Retail	N/A
Rx CCA	Core	Closed	Low-Cost Generic: \$3 Medium-Cost Generic: \$10 Higher-Cost Generic/Brand: 10% \$150 max. Highest-Cost Generic/Brand: 15% \$450 max.	Low-/Medium-Cost Generic: 2x retail Higher-Cost Generic/Brand: 10% \$300 max. Highest-Cost Generic/Brand: 15% with \$900 max.	N/A
Rx CCD	Core	Closed	Integrated with Medical ¹	Integrated with Medical ¹	N/A
Rx CCDC	Core	Closed	Integrated with Medical ¹ after deductible Low-Cost Generic: \$3 Medium-Cost Generic: \$10 Higher-Cost Generic/Brand: \$50 Highest-Cost Generic/Brand: \$100	Integrated with Medical ¹ 2x retail	N/A
Rx DI	Comprehensive	Incentive	Integrated with Medical ¹ Generic: coinsurance after deductible Brand Formulary: (coinsurance amount minus 5%) after deductible Brand Non-Formulary: (coinsurance amount minus 10%) after deductible	Integrated with Medical ¹ Generic: coinsurance after deductible Brand Formulary: (coinsurance amount minus 5%) after deductible Brand Non-Formulary: (coinsurance amount minus 10%) after deductible	N/A
Rx D	Comprehensive	Incentive	Integrated with Medical ¹	Integrated with Medical ¹	N/A
Rx DL	Comprehensive	Incentive	\$3/\$10/\$30/\$60 (after deductible)	\$6/\$20/\$60/\$120 (after deductible)	N/A
Rx L	Comprehensive	Incentive	Low-Cost Generic: \$3 Generic: \$10 Preferred Brand: \$40 Non-Pref. Brand: \$65	2x Retail	N/A

Southeastern PA is comprised of 5 counties: Bucks, Chester, Delaware, Montgomery, and Philadelphia.

- 1 Out-of-Pocket Limit (for non-Healthy Savings plans): Includes coinsurance. Out-of-Pocket Limit (for Healthy Savings and Choice Savings plans): Includes coinsurance and copayments. The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government, TMOOP must include deductible, coinsurance, copays, prescription drug cost share, and any qualified medical expense. Non-High Deductible Health Plans (such as PPOs, etc.): Effective with plan years beginning on or after January 1, 2025, the TMOOP cannot exceed \$9,200 for individual and \$18,400 for two or more persons. Qualified High Deductible Health Plans: Effective with plan years beginning on or after January 1, 2025, the TMOOP cannot exceed \$8,300 for individual and \$16,600 for two or more persons. In addition, new regulations for 2025 do not allow a member within a family plan to exceed \$9,200 in cost sharing.
- 2 Specialist copay also applies to outpatient: chiropractic, physical therapy, and speech therapy office visits.
- 3 Integrated Rx plans include all medical and prescription claims accumulating toward one overall deductible.
- 4 Telemedicine services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark-approved telemedicine vendor. Additional services provided by an approved telemedicine vendor are paid according to the benefit category that they fall under (e.g., PCP is eligible under the PCP office visit benefit; behavioral health is eligible under outpatient mental health).

Highmark Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

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.

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).

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