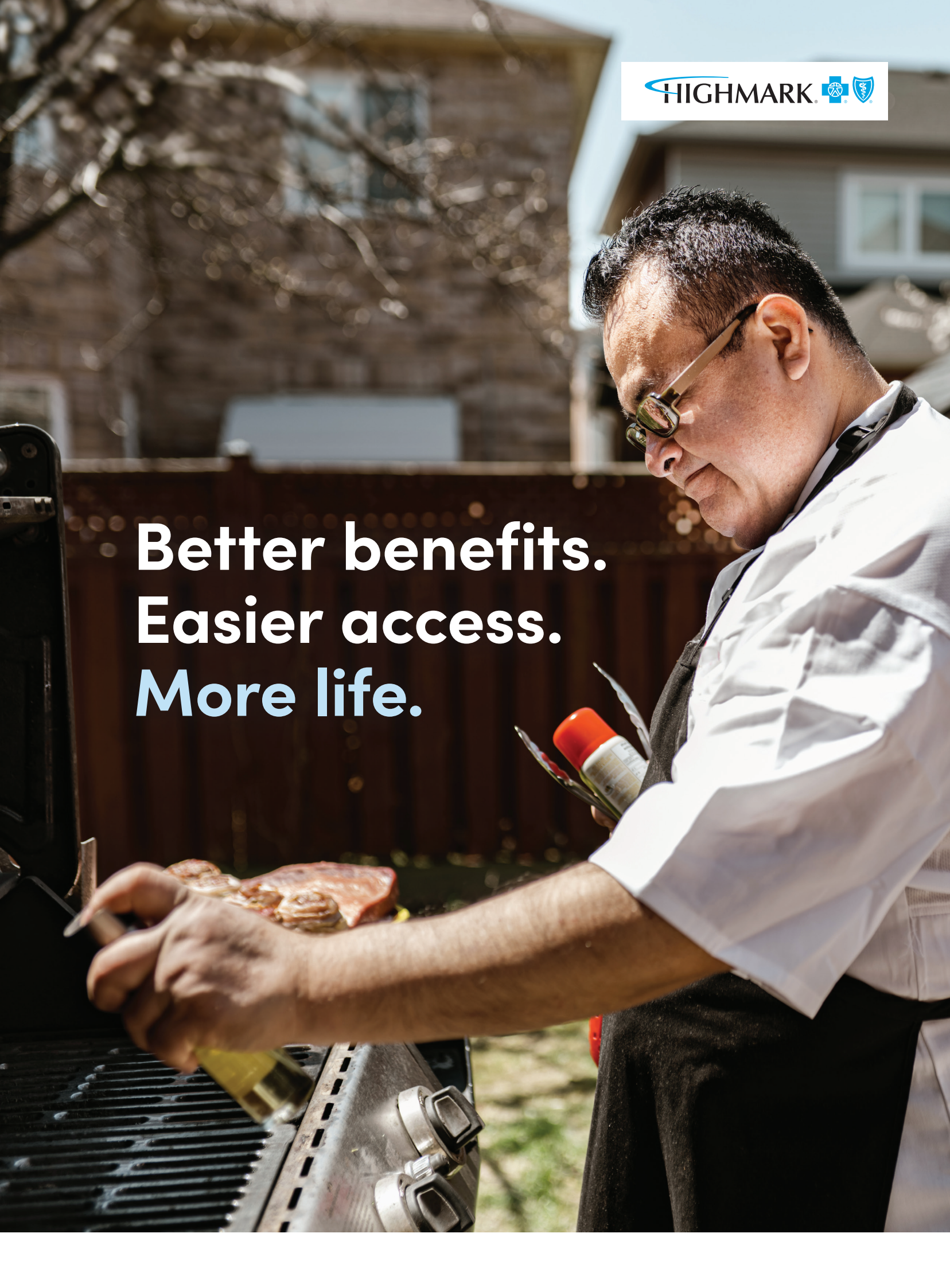


**Better benefits.
Easier access.
More life.**



Care that keeps up with your life.

Wherever you are,
we've got you covered.



BlueCare® Custom PPO

Allied Services

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.

Thomas A. Doran

President, Highmark Health Plans

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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 premium payments right on your mobile device. Scan the QR code to download the MyHighmark app or go to **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

Tips on how to avoid diabetes.

Lower your risk for prediabetes with simple, effective, practical strategies using this lifestyle program. Get started at **myhighmark.com** or on the MyHighmark app.





WELL360 VIRTUAL HEALTH

Personalized care when and where you want it.

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



SPENDING ACCOUNTS

Save money, manage costs.

Spending accounts are a simple, smart way to pay for your health expenses with tax-free funds. And with online access, you can easily check balances and pay claims from your computer or mobile device. Find more details about spending accounts available to you in the Spending Accounts section.



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.



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.



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.



Health plans built with you in mind.

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.



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.

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.

Product Information /Benefit Summary



Nationwide access to providers through the BlueCard® program.

And you're covered close to home, too.

Easy access to top-performing specialists.

Total support, day or night.

Need help finding top-quality doctors and hospitals?

Here's how Highmark makes it simple for you:

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.

Our northeastern Pennsylvania network covers 13 counties with 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. Emergency care is covered at the in-network level of benefits, even if the provider is out of network.

The BlueCare Custom PPO network includes:

- All First Priority Life® PPO network providers in our 13-county service area (hospitals and affiliated physicians).
- Blue Distinction® Centers for Transplants.
- Several hospitals and their participating doctors located just beyond our 13-county service area.

If you have BlueCard® PPO, your only in-network providers are those in the 13-county service area of northeastern Pennsylvania. If you go out of network, you will pay more out of pocket for BlueCard PPO providers. However, if you choose an out-of-network BlueCard PPO provider, you will still have a lower out-of-pocket cost than you would if you chose another out-of-network provider. That's because BlueCard PPO providers have agreed to charge Blue Plan members less.

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.

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.

To search for in-network providers:

1. Go to highmark.com/find-a-doctor.
2. Locate your region and select **FIND CARE**.
3. Under **Find Care**, select **FIND A DOCTOR**.
4. Select **Continue** under Just Browsing or **Log In** if you're already a member.
5. Enter city, state, or ZIP and Select **Continue**.
6. Choose a **Network** from the list.
7. Type a name or specialty into the search window.

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 Member Service at the number on the back of your ID card.

*According to the Blue Cross Blue Shield Association.
NEPA

Allied Services Custom PPO 01799540, 01799541

On the chart below, you'll see what your plan pays 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
General Provisions		
Effective Date	July 1, 2025	
Benefit Period(1)	Contract Year	
Deductible (per benefit period)		
Individual	\$3,000	\$3,000
Family	\$6,000	\$6,000
Plan Pays – payment based on the plan allowance	70% after deductible	70% after deductible
Out-of-Pocket Limit (Once met, plan pays 100% coinsurance for the rest of the benefit period)		
Individual	\$3,000	None
Family	\$6,000	None
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period.		
Individual	\$6,000	None
Family	\$12,000	None
Annual Maximum (per benefit period)	None	\$500,000
Office/Clinic/Urgent Care Visits		
Retail Clinic Visits & Virtual Visits	100% after \$20 copay	70% after deductible
Primary Care Provider Office Visits & Virtual Visits	100% after \$30 copay	70% after deductible
Specialist Office Visits & Virtual Visits	100% after \$50 copay	70% after deductible
Virtual Visit Originating Site Fee	70% after deductible	70% after deductible
	100% after \$40 copay	70% after deductible
Urgent Care Center Visits	Copayment does not apply to Urgent Care Center Visits prescribed for the treatment of Mental Health or Substance Abuse	
Telemedicine Services(3)	100% after \$10 copay	not covered
Preventive Care (4)		
Routine Adult		
Physical Exams	100% (deductible does not apply)	70% after deductible
Adult Immunizations	100% (deductible does not apply)	70% after deductible
Routine Gynecological Exams, including a Pap Test	100% (deductible does not apply)	70% (deductible does not apply)
Breast Cancer Screenings (annual routine and supplemental)	100% (deductible does not apply)	70% (deductible does not apply)
BRCA-Related Genetic Counseling and Genetic Testing	100% (deductible does not apply)	70% (deductible does not apply)
Colorectal Cancer Screening	100% (deductible does not apply)	70% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)	70% after deductible
Routine Pediatric		
Physical Exams	100% (deductible does not apply)	70% after deductible
Pediatric Immunizations	100% (deductible does not apply)	70% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)	70% after deductible
Emergency Services		
Emergency Room Services (5)	100% after \$250 copay (waived if admitted)	
Ambulance – Emergency and Non-Emergency (6) (Includes coverage for wheelchair van transport)	100% (deductible does not apply) for emergencies; 70% after program deductible for non-emergencies	100% (deductible does not apply) for emergencies; 70% after program deductible for non-emergencies
Hospital and Medical / Surgical Expenses (including maternity) (5)		
Hospital Inpatient	70% after deductible	70% after deductible
Hospital Outpatient	70% after deductible	70% after deductible
Outpatient Surgery (facility)	70% after deductible	70% after deductible
Surgical Services (professional)	70% after deductible	70% after deductible

Benefit	In Network	Out of Network
Maternity (non-preventive facility & professional services) including dependent daughter	70% after deductible	70% after deductible
Medical Care (including inpatient visits and consultations)/Surgical Expenses	70% after deductible	70% after deductible
Therapy and Rehabilitation Services		
Physical Medicine	70% after deductible limit: 20 visits/benefit period - Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse	70% after deductible
Respiratory Therapy	70% after deductible	70% after deductible
Speech Therapy	70% after deductible limit: 12 visits/benefit period - Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse	70% after deductible
Occupational Therapy	70% after deductible limit: 12 visits/benefit period - Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse	70% after deductible
Spinal Manipulations	70% after deductible limit: 18 visits/benefit period. No age limit	70% after deductible
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	70% after deductible	70% after deductible
Mental Health / Substance Abuse		
Inpatient Mental Health Services	70% after deductible	70% after deductible
Inpatient Detoxification / Rehabilitation	70% after deductible	70% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	70% after deductible	70% after deductible
Outpatient Substance Abuse Services	70% after deductible	70% after
Other Services		
Allergy Extracts and Injections	70% after deductible	70% after deductible
Autism Spectrum Disorder Including Applied Behavior Analysis (7)	70% after deductible	70% after deductible
Assisted Fertilization Procedures (Limited to Artificial Insemination - 3 attempts per lifetime)	70% after deductible	70% after deductible
Dental Services Related to Accidental Injury	70% after deductible	70% after deductible
Diabetes Treatment Equipment and Supplies	70% after deductible	70% after deductible
Diabetes Education Program	70% after deductible	70% after deductible
Diagnostic Services Advanced Imaging (MRI, CAT, PET scan, etc.)	70% after deductible	70% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	70% after deductible	70% after deductible
Durable Medical Equipment, Orthotics, and Prosthetics	70% after deductible	70% after deductible
Home Health Care	70% after deductible	70% after deductible
Hospice	70% after deductible limit: 180 days/ lifetime maximum of 30 days can be used for continuous or inpatient care 10 days/ lifetime can be used for respite care	70% after deductible
Infertility Counseling, Testing and Treatment(8)	70% after deductible to determine diagnosis only	70% after deductible to determine diagnosis only
Mammograms, Medically Necessary	100% (deductible does not apply)	70% (deductible does not apply)
Private Duty Nursing	not covered	not covered
Skilled Nursing Facility Care	70% after deductible limit: 60 days/benefit period	70% after deductible
Transplant Services	70% after deductible	70% after deductible
Precertification Requirements (9)	Yes	Yes
Prescription Drugs		
Prescription Drug Deductible Individual Family	none none	

Benefit	In Network	Out of Network
Prescription Drug Program (10) SensibleRx Complete Defined by the National 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	Retail Drugs (31/60/90-day Supply) \$5 / \$10 / \$15 formulary low cost generic copay \$5 / \$10 / \$15 non-formulary low cost generic copay \$25 / \$50 / \$75 formulary generic copay \$25 / \$50 / \$75 non-formulary generic copay \$50 / \$100 / \$150 formulary brand copay \$70 / \$140 / \$210 non-formulary brand copay Active Choice Maintenance Drugs through Mail Order (90-day Supply) \$10 formulary low cost generic copay \$10 non-formulary low cost generic copay \$50 formulary generic copay \$50 non-formulary generic copay \$100 formulary brand copay \$140 non-formulary brand copay Specialty Drugs: \$100 copay per prescription	

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.

(1) Your group's benefit period is based on a Contract Year. The Contract Year is a consecutive 12-month period beginning on your employer's effective date. Contact your employer to determine the effective date applicable to your program.

(2) 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.

(3) Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider 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 the Outpatient Mental Health Services benefit).

(4) Services are limited to those listed on the Highmark Preventive Schedule with enhancements (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) Air Ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.

(7) Diagnostic assessment to diagnose Autism Spectrum Disorders may be performed by a licensed physician, licensed physician assistant, licensed psychologist or certified registered nurse practitioner. Diagnostic assessments performed by a licensed physician, licensed physician assistant or certified registered nurse practitioner will be covered as specified in the Office Visit benefit category. Diagnostic assessments performed by a licensed psychologist will be covered as specified in the Mental Health Care Services- Outpatient benefit category. Applied Behavioral Analysis for the treatment of Autism Spectrum Disorders will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g. speech therapy, diagnostic services). Services for the treatment of Autism Spectrum Disorders do not reduce visit/day limits

(8) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.

(9) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.

(10) 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. Under SensibleRx Complete, when you purchase a brand drug that has a generic equivalent, you will be responsible for the brand drug copayment plus the difference in cost between the brand and generic drugs. With the Active Choice program, you must choose how you want to fill your maintenance prescription drugs. You may choose a retail pharmacy or your mail order program. If after two fills at a retail pharmacy you have not made your selection, you will need to pay full cost of the drug allowed by your plan for any future refills. You can change your selection at any time. Your plan requires that you use a specific specialty pharmacy for hemophilia medications. Please contact member services for more details. The Copay Armor program helps members to afford high cost medications (mostly specialty) by leveraging manufacturer coupon dollars. Members will not need to change where prescriptions are filled and will be contacted by Pillar Rx for cost savings enrollment. This program utilizes the Copay Armor Max drug list. Your plan offers the Free Market Health program for select specialty medications. You will be contacted by one of the specialty network pharmacies who will provide quality service, care, and coordination of your specialty prescription fill and delivery. No enrollment necessary.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, First Priority Health or First Priority Life, all of which are independent licensees of the Blue Cross Blue Shield Association.

Discrimination is Against the Law

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

The claims administrator:

- 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 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>.

Please note that your employer – and not the claims administrator – is entirely responsible for determining member eligibility and for the design of your plan/program; including, any exclusion or limitation described in the benefit Booklet.

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).

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).

Geb Acht: Wann du Deutsch schwetzsch, kannst du den Dolmetscher griegel, un iss die Hilf Koschdefrei. Kannst du die Nummer an deinre ID Kard dahinner uffrue (TTY: 711).

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

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 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).

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.

ધ્યાન આપશો: જો તમે ગુજરાતી ભાષા બોલતા હો, તો ભાષા સહાયતા સેવાઓ, મફતમાં તમને ઉપલબ્ધ છે. તમારા ઓળખપત્રના પાછળના ભાગે આવેલા નંબર પર ફોન કરો (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ប្រការចងចាំ: បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសា ដែលអាចផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខដែលមាននៅលើខ្នង កាតសម្គាល់របស់លោកអ្នក (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).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyon tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

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. یا شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

BAA ÁKONÍNÍZIN: Diné k'ehgo yánilti'go, language assistance services, éi t'áá níik'eh, bee níká a'doowol, éi bee ná'ahóót'i'. ID bee nééhózingo nanitinígíí bine'déé' (TTY: 711) jít' hodíilnih.

ધ્યાન દે: યદિ આપ હિન્દી બોલતે હૈ, તો આપકે લિ નિશિલ્ક ભાષા સહાયતા સેવા ઉપલબ્ધ હૈ। આપકે સદસ્ય પહચાન (ID) કાર્ડ કે પીછે દરિ ગણ નંબર પર ફોન કરૈ। (TTY: 711).

توجه فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ اپنے شناختی کارڈ کی پشت پر درج شدہ نمبر پر کال کریں (TTY: 711)۔

గమనిక: మీరు తెలుగు మాట్లాడితే, లాగ్ వేజ్ అసెస్మెంట్ సర్వీస్, ఛార్జ్ లెకుండా, మీకు అందుబాటులో ఉన్నాయి. మీ మెంబర్ ఐడెంటిఫికేషన్ కార్డు (బ్యాక్) వెనుక ఉన్న నంబరుకు కాల్ చేయండి (TTY: 711).

โปรดทราบ: หากคุณพูด ไทย, มีบริการช่วยเหลือด้านภาษาให้คุณโดยไม่มีค่าใช้จ่าย โทรไปยัง หมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของคุณ (TTY: 711)

ધ્યાન દાનિહોસ્: યદિ તપાઈ નેપાલી ભાષા બોલુનુછ અને, તપાઈકા લાગિભાષા સહાયતા સેવાહર નિશિલ્ક ઉપલબ્ધ હુનુછન। તપાઈકો આઈડી કાર્ડકો પછાડિ ભાગમા રહેકો નમ્બર (TTY: 711) મા ફોન ગરુનહોસ્।

Aandacht: Indien u Nederlands spreekt, is de taaladviesdienst gratis beschikbaar voor u. Bel het nummer op de achterkant van uw identificatie (ID) kaart (TTY: 711).

U65_ASO_G_M_2Col_8pt_blk_NL

Allied Services BlueCare Custom PPO QHD \$2000 01799542, 01799543

This program is a qualified high deductible plan as defined by the Internal Revenue Service. It is designed for use with a Health Savings Account (HSA). On the chart below, you'll see what your plan pays 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
General Provisions		
Effective Date	July 1, 2025	
Benefit Period(1)	Contract Year	
Deductible (per benefit period)		
Individual	\$2,000	\$2,000
Family	\$4,000	\$4,000
Plan Pays – payment based on the plan allowance	70% after deductible	70% after deductible
Out-of-Pocket Limit (Includes prescription drug expenses, coinsurance and copays. Once met, plan pays 100% coinsurance for the rest of the benefit period)		
Individual	\$2,000	None
Family	\$4,000	None
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period.		
Individual	\$4,000	None
Family	\$8,000	None
Annual Maximum (per benefit period)	None	\$500,000
Office/Clinic/Urgent Care Visits		
Retail Clinic Visits & Virtual Visits	70% after deductible	70% after deductible
Primary Care Provider Office Visits & Virtual Visits	70% after deductible	70% after deductible
Specialist Office Visits & Virtual Visits	70% after deductible	70% after deductible
Virtual Visit Originating Site Fee	70% after deductible	70% after deductible
Urgent Care Center Visits	70% after deductible	70% after deductible
Telemedicine Services(3)	70% after deductible	not covered
Preventive Care (4)		
Routine Adult		70% after deductible
Physical Exams	100% (deductible does not apply)	
Adult Immunizations	100% (deductible does not apply)	70% after deductible
Routine Gynecological Exams, including a Pap Test	100% (deductible does not apply)	70% after deductible
Breast Cancer Screenings (annual routine and supplemental)	100% (deductible does not apply)	70% (deductible does not apply)
BRCA-Related Genetic Counseling and Genetic Testing	100% (deductible does not apply)	70% after deductible
Colorectal Cancer Screening	100% (deductible does not apply)	70% after deductible
Diagnostic Services and Procedures	100% (deductible does not apply)	70% after deductible
Routine Pediatric		
Physical Exams	100% (deductible does not apply)	70% after deductible
Pediatric Immunizations	100% (deductible does not apply)	70% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)	70% after deductible
Emergency Services		
Emergency Room Services (5)	70% after deductible	70% after deductible in-network deductible applies
Ambulance – Emergency and Non-Emergency (6) (Includes coverage for wheelchair van transport)	70% after deductible	70% after in-network deductible for emergencies; 70% after out-of-network deductible for non-emergencies
Hospital and Medical / Surgical Expenses (including maternity) (5)		
Hospital Inpatient	70% after deductible	70% after deductible
Hospital Outpatient	70% after deductible	70% after deductible
Outpatient Surgery (facility)	70% after deductible	70% after deductible
Surgical Services (professional)	70% after deductible	70% after deductible

Benefit	In Network	Out of Network
Maternity (non-preventive facility & professional services) including dependent daughter	70% after deductible	70% after deductible
Medical Care (including inpatient visits and consultations)/Surgical Expenses	70% after deductible	70% after deductible
Therapy and Rehabilitation Services		
Physical Medicine	70% after deductible limit: 20 visits/benefit period - Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse	70% after deductible
Respiratory Therapy	70% after deductible	70% after deductible
Speech Therapy	70% after deductible limit: 12 visits/benefit period - Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse	70% after deductible
Occupational Therapy	70% after deductible limit: 12 visits/benefit period - Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse	70% after deductible
Spinal Manipulations	70% after deductible limit: 12 visits/benefit period. No age limit	70% after deductible
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	70% after deductible	70% after deductible
Mental Health / Substance Abuse		
Inpatient Mental Health Services	70% after deductible	70% after deductible
Inpatient Detoxification / Rehabilitation	70% after deductible	70% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	70% after deductible	70% after deductible
Outpatient Substance Abuse Services	70% after deductible	70% after deductible
Other Services		
Allergy Extracts and Injections	70% after deductible	70% after deductible
Autism Spectrum Disorder Including Applied Behavior Analysis (7)	70% after deductible	70% after deductible
Assisted Fertilization Procedures (Limited to Artificial Insemination - 3 attempts per lifetime)	70% after deductible	70% after deductible
Dental Services Related to Accidental Injury	70% after deductible	70% after deductible
Diabetes Treatment Equipment and Supplies	70% after deductible	70% after deductible
Diabetes Education Program	70% after deductible	70% after deductible
Diagnostic Services Advanced Imaging (MRI, CAT, PET scan, etc.)	70% after deductible	70% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	70% after deductible	70% after deductible
Durable Medical Equipment, Orthotics, and Prosthetics	70% after deductible	70% after deductible
Home Health Care	70% after deductible	70% after deductible
Hospice	70% after deductible limit: 180 days/ lifetime maximum of 30 days can be used for continuous or inpatient care 10 days/ lifetime can be used for respite care	70% after deductible
Infertility Counseling, Testing and Treatment(8)	70% after deductible to determine diagnosis only	70% after deductible to determine diagnosis only
Private Duty Nursing	not covered	not covered
Mammograms, Medically Necessary	100% (deductible does not apply)	70% after deductible
Skilled Nursing Facility Care	70% after deductible limit: 60 days/benefit period	70% after deductible
Transplant Services	70% after deductible	70% after deductible
Precertification Requirements (9)	Yes	Yes
Prescription Drugs		
Prescription Drug Deductible Individual Family	Integrated with medical deductible Integrated with medical deductible	

Benefit	In Network	Out of Network
Prescription Drug Program (10) SensibleRx Complete Defined by the National 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	Retail Drugs (31/60/90-day Supply) \$5 / \$10 / \$15 formulary low cost generic copay \$5 / \$10 / \$15 non-formulary low cost generic copay \$25 / \$50 / \$75 formulary generic copay \$25 / \$50 / \$75 non-formulary generic copay \$50 / \$100 / \$150 formulary brand copay \$70 / \$140 / \$210 non-formulary brand copay Active Choice Maintenance Drugs through Mail Order (90-day Supply) \$10 formulary low cost generic copay \$10 non-formulary low cost generic copay \$50 formulary generic copay \$50 non-formulary generic copay \$100 formulary brand copay \$140 non-formulary brand copay Specialty Drugs: \$100 copay per prescription after deductible	

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.

(1) Your group's benefit period is based on a Contract Year. The Contract Year is a consecutive 12-month period beginning on your employer's effective date. Contact your employer to determine the effective date applicable to your program.

(2) 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. If you are enrolled in a "Family" plan, with your non-embedded deductible, the entire family deductible must be satisfied before claims reimbursement begins. In addition, with your non-embedded out-of-pocket limit, the entire family out-of-pocket limit must be satisfied before additional claims reimbursement begins. Finally, with your non-embedded TMOOP, once the entire family TMOOP is satisfied, claims will pay at 100% of the plan allowance for covered expenses for the family, for the rest of the plan year.

(3) Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider 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 the Outpatient Mental Health Services benefit).

(4) Services are limited to those listed on the Highmark Preventive Schedule with enhancements (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) Air Ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.

(7) Diagnostic assessment to diagnose Autism Spectrum Disorders may be performed by a licensed physician, licensed physician assistant, licensed psychologist or certified registered nurse practitioner. Diagnostic assessments performed by a licensed physician, licensed physician assistant or certified registered nurse practitioner will be covered as specified in the Office Visit benefit category. Diagnostic assessments performed by a licensed psychologist will be covered as specified in the Mental Health Care Services- Outpatient benefit category. Applied Behavioral Analysis for the treatment of Autism Spectrum Disorders will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g. speech therapy, diagnostic services). Services for the treatment of Autism Spectrum Disorders do not reduce visit/day limits

(8) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.

(9) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.

(10) 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. Under SensibleRx Complete, when you purchase a brand drug that has a generic equivalent, you will be responsible for the brand drug copayment plus the difference in cost between the brand and generic drugs. With the Active Choice program, you must choose how you want to fill your maintenance prescription drugs. You may choose a retail pharmacy or your mail order program. If after two fills at a retail pharmacy you have not made your selection, you will need to pay full cost of the drug allowed by your plan for any future refills. You can change your selection at any time. Your plan requires that you use a specific specialty pharmacy for hemophilia medications. Please contact member services for more details. Your plan offers the Free Market Health program for select specialty medications. You will be contacted by one of the specialty network pharmacies who will provide quality service, care, and coordination of your specialty prescription fill and delivery. No enrollment necessary.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, First Priority Health or First Priority Life, all of which are independent licensees of the Blue Cross Blue Shield Association.

Discrimination is Against the Law

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

The claims administrator:

- 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 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>.

Please note that your employer – and not the claims administrator – is entirely responsible for determining member eligibility and for the design of your plan/program; including, any exclusion or limitation described in the benefit Booklet.

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).

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).

Geb Acht: Wann du Deutsch schwetzsch, kannst du den Dolmetscher griegel, un iss die Hilf Koschdefrei. Kannst du die Nummer an deinre ID Kard dahinner uffrue (TTY: 711).

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

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 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).

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.

ધ્યાન આપશો: જો તમે ગુજરાતી ભાષા બોલતા હો, તો ભાષા સહાયતા સેવાઓ, મફતમાં તમને ઉપલબ્ધ છે. તમારા ઓળખપત્રના પાછળના ભાગે આવેલા નંબર પર ફોન કરો (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ប្រការចងចាំ: បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសា ដែលអាចផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខដែលមាននៅលើខ្នង កាតសម្គាល់របស់លោកអ្នក (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).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyon tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

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. یا شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

BAA ÁKONÍNÍZIN: Diné k'ehgo yánilti'go, language assistance services, éi t'áá níik'eh, bee níká a'doowol, éi bee ná'ahóót'i'. ID bee nééhózingo nanitinígíí bine'déé' (TTY: 711) jít' hodílnih.

ધ્યાન દે: યદિ આપ હિન્દી બોલતે હૈ, તો આપકે લિ નિશિલ્ક ભાષા સહાયતા સેવા ઉપલબ્ધ હૈ। આપકે સદસ્ય પહચાન (ID) કાર્ડ કે પીછે દરિ ગણ નંબર પર ફોન કરૈ। (TTY: 711).

توجه فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ اپنے شناختی کارڈ کی پشت پر درج شدہ نمبر پر کال کریں (TTY: 711)۔

గమనిక: మీరు తెలుగు మాట్లాడితే, లాగ్ వేజ్ అసెస్మెంట్ సర్వీస్, ఛార్జ్ లెకుండా, మీకు అందుబాటులో ఉన్నాయి. మీ మెంబర్ ఐడెంటిఫికేషన్ కార్డు (బ్యాక్) వెనుక ఉన్న నంబరుకు కాల్ చేయండి (TTY: 711).

โปรดทราบ: หากคุณพูด ไทย, มีบริการช่วยเหลือด้านภาษาให้คุณโดยไม่มีค่าใช้จ่าย โทรไปยัง หมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของคุณ (TTY: 711)

ધ્યાન દાનિહોસ્: યદિ તપાઈ નેપાલી ભાષા બોલુનુછ અને, તપાઈકા લાગિભાષા સહાયતા સેવાહર નિશિલ્ક ઉપલબ્ધ હુનુછન। તપાઈકો આઈડી કાર્ડકો પછાડિ ભાગમા રહેકો નમ્બર (TTY: 711) મા ફોન ગરુનુહોસ્।

Aandacht: Indien u Nederlands spreekt, is de taaladviesdienst gratis beschikbaar voor u. Bel het nummer op de achterkant van uw identificatie (ID) kaart (TTY: 711).

U65_ASO_G_M_2Col_8pt_blk_NL

Allied Services BlueCare Custom PPO QHD \$3000 01799544, 01799545

This program is a qualified high deductible plan as defined by the Internal Revenue Service. It is designed for use with a Health Savings Account (HSA). On the chart below, you'll see what your plan pays 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
General Provisions		
Effective Date	July 1, 2025	
Benefit Period(1)	Contract Year	
Deductible (per benefit period)		
Individual	\$3,000	\$3,000
Family	\$6,000	\$6,000
Plan Pays – payment based on the plan allowance	70% after deductible	70% after deductible
Out-of-Pocket Limit (Includes prescription drug expenses, coinsurance and copays. Once met, plan pays 100% coinsurance for the rest of the benefit period)		
Individual	\$3,000	None
Family	\$6,000	None
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period.		
Individual	\$6,000	None
Family	\$12,000	None
Annual Maximum (per benefit period)	None	\$500,000
Office/Clinic/Urgent Care Visits		
Retail Clinic Visits & Virtual Visits	70% after deductible	70% after deductible
Primary Care Provider Office Visits & Virtual Visits	70% after deductible	70% after deductible
Specialist Office Visits & Virtual Visits	70% after deductible	70% after deductible
Virtual Visit Originating Site Fee	70% after deductible	70% after deductible
Urgent Care Center Visits	70% after deductible	70% after deductible
Telemedicine Services(3)	70% after deductible	not covered
Preventive Care (4)		
Routine Adult		
Physical Exams	100% (deductible does not apply)	70% after deductible
Adult Immunizations	100% (deductible does not apply)	70% after deductible
Routine Gynecological Exams, including a Pap Test	100% (deductible does not apply)	70% after deductible
Breast Cancer Screenings (annual routine and supplemental)	100% (deductible does not apply)	70% (deductible does not apply)
BRCA-Related Genetic Counseling and Genetic Testing	100% (deductible does not apply)	70% after deductible
Colorectal Cancer Screening	100% (deductible does not apply)	70% after deductible
Diagnostic Services and Procedures	100% (deductible does not apply)	70% after deductible
Routine Pediatric		
Physical Exams	100% (deductible does not apply)	70% after deductible
Pediatric Immunizations	100% (deductible does not apply)	70% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)	70% after deductible
Emergency Services		
Emergency Room Services (5)	70% after deductible	70% after in-network deductible
Ambulance – Emergency and Non-Emergency (6) (Includes coverage for wheelchair van transport)	70% after deductible	70% after in-network deductible for emergencies; 70% after out-of-network deductible for non-emergencies
Hospital and Medical / Surgical Expenses (including maternity) (5)		
Hospital Inpatient	70% after deductible	70% after deductible

Benefit	In Network	Out of Network
Hospital Outpatient	70% after deductible	70% after deductible
Outpatient Surgery (facility)	70% after deductible	70% after deductible
Surgical Services (professional)	70% after deductible	70% after deductible
Maternity (non-preventive facility & professional services) including dependent daughter	70% after deductible	70% after deductible
Medical Care (including inpatient visits and consultations)/Surgical Expenses	70% after deductible	70% after deductible
Therapy and Rehabilitation Services		
Physical Medicine	70% after deductible limit: 20 visits/benefit period - Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse	70% after deductible
Respiratory Therapy	70% after deductible	70% after deductible
Speech Therapy	70% after deductible limit: 12 visits/benefit period- Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse	70% after deductible
Occupational Therapy	70% after deductible limit: 12 visits/benefit period- Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse	70% after deductible
Spinal Manipulations	70% after deductible limit: 12 visits/benefit period. No age limit	70% after deductible
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	70% after deductible	70% after deductible
Mental Health / Substance Abuse		
Inpatient Mental Health Services	70% after deductible	70% after deductible
Inpatient Detoxification / Rehabilitation	70% after deductible	70% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	70% after deductible	70% after deductible
Outpatient Substance Abuse Services	70% after deductible	70% after deductible
Other Services		
Allergy Extracts and Injections	70% after deductible	70% after deductible
Autism Spectrum Disorder Including Applied Behavior Analysis (7)	70% after deductible	70% after deductible
Assisted Fertilization Procedures (Limited to Artificial Insemination - 3 attempts per lifetime)	70% after deductible	70% after deductible
Dental Services Related to Accidental Injury	70% after deductible	70% after deductible
Diabetes Treatment Equipment and Supplies	70% after deductible	70% after deductible
Diabetes Education Program	70% after deductible	70% after deductible
Diagnostic Services	70% after deductible	70% after deductible
Advanced Imaging (MRI, CAT, PET scan, etc.)		70% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	70% after deductible	70% after deductible
Durable Medical Equipment, Orthotics, and Prosthetics	70% after deductible	70% after deductible
Home Health Care	70% after deductible	70% after deductible
Hospice	70% after deductible limit: 180 days/ lifetime maximum of 30 days can be used for continuous or inpatient care 10 days/ lifetime can be used for respite care	70% after deductible
Infertility Counseling, Testing and Treatment(8)	70% after deductible to determine diagnosis only	70% after deductible to determine diagnosis only
Mammograms, Medically Necessary	100% (deductible does not apply)	70% after deductible
Private Duty Nursing	not covered	not covered
Skilled Nursing Facility Care	70% after deductible limit: 60 days/benefit period	70% after deductible
Transplant Services	70% after deductible	70% after deductible
Precertification Requirements (9)	Yes	Yes
Prescription Drugs		
Prescription Drug Deductible Individual Family	Integrated with medical deductible Integrated with medical deductible	

Benefit	In Network	Out of Network
Prescription Drug Program (10) SensibleRx Complete Defined by the National 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	Retail Drugs (31/60/90-day Supply) \$5 / \$10 / \$15 formulary low cost generic copay \$5 / \$10 / \$15 non-formulary low cost generic copay \$25 / \$50 / \$75 formulary generic copay \$25 / \$50 / \$75 non-formulary generic copay \$50 / \$100 / \$150 formulary brand copay \$70 / \$140 / \$210 non-formulary brand copay Active Choice Maintenance Drugs through Mail Order (90-day Supply) \$10 formulary low cost generic copay \$10 non-formulary low cost generic copay \$50 formulary generic copay \$50 non-formulary generic copay \$100 formulary brand copay \$140 non-formulary brand copay Specialty Drugs: \$100 copay per prescription after deductible	

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.

(1) Your group's benefit period is based on a Contract Year. The Contract Year is a consecutive 12-month period beginning on your employer's effective date. Contact your employer to determine the effective date applicable to your program.

(2) 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. 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. In addition, with your embedded out-of-pocket limit, once an individual family member's out-of-pocket limit is satisfied, additional claims reimbursement begins for that person. Finally, with your embedded TMOOP, once any eligible family member satisfies his/her individual TMOOP, 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 TMOOP amount is met.

(3) Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider 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 the Outpatient Mental Health Services benefit).

(4) Services are limited to those listed on the Highmark Preventive Schedule with enhancements (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) Air Ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.

(7) Diagnostic assessment to diagnose Autism Spectrum Disorders may be performed by a licensed physician, licensed physician assistant, licensed psychologist or certified registered nurse practitioner. Diagnostic assessments performed by a licensed physician, licensed physician assistant or certified registered nurse practitioner will be covered as specified in the Office Visit benefit category. Diagnostic assessments performed by a licensed psychologist will be covered as specified in the Mental Health Care Services- Outpatient benefit category. Applied Behavioral Analysis for the treatment of Autism Spectrum Disorders will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g. speech therapy, diagnostic services). Services for the treatment of Autism Spectrum Disorders do not reduce visit/day limits

(8) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.

(9) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.

(10) 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. Under SensibleRx Complete, when you purchase a brand drug that has a generic equivalent, you will be responsible for the brand drug copayment plus the difference in cost between the brand and generic drugs. With the Active Choice program, you must choose how you want to fill your maintenance prescription drugs. You may choose a retail pharmacy or your mail order program. If after two fills at a retail pharmacy you have not made your selection, you will need to pay full cost of the drug allowed by your plan for any future refills. You can change your selection at any time. Your plan requires that you use a specific specialty pharmacy for hemophilia medications. Please contact member services for more details. Your plan offers the Free Market Health program for select specialty medications. You will be contacted by one of the specialty network pharmacies who will provide quality service, care, and coordination of your specialty prescription fill and delivery. No enrollment necessary.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, First Priority Health or First Priority Life, all of which are independent licensees of the Blue Cross Blue Shield Association.

Discrimination is Against the Law

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

The claims administrator:

- 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 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>.

Please note that your employer – and not the claims administrator – is entirely responsible for determining member eligibility and for the design of your plan/program; including, any exclusion or limitation described in the benefit Booklet.

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).

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).

Geb Acht: Wann du Deutsch schwetzsch, kannst du den Dolmetscher griegel, un iss die Hilf Koschdefrei. Kannst du die Nummer an deinre ID Kard dahinner uffrue (TTY: 711).

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

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 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).

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.

ધ્યાન આપશો: જો તમે ગુજરાતી ભાષા બોલતા હો, તો ભાષા સહાયતા સેવાઓ, મફતમાં તમને ઉપલબ્ધ છે. તમારા ઓળખપત્રના પાછળના ભાગે આવેલા નંબર પર ફોન કરો (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ប្រការចងចាំ: បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសា ដែលអាចផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខដែលមាននៅលើខ្នង កាតសម្គាល់របស់លោកអ្នក (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).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyon tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

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. یا شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

BAA ÁKONÍNÍZIN: Diné k'ehgo yánilti'go, language assistance services, éi t'áá níik'eh, bee níká a'doowol, éi bee ná'ahóót'i'. ID bee nééhózingo nanitinígíí bine'déé' (TTY: 711) jít' hodiilnih.

ધ્યાન દે: યદિ આપ હિન્દી બોલતે હૈ, તો આપકે લિ નિશિલ્ક ભાષા સહાયતા સેવા ઉપલબ્ધ હૈ। આપકે સદસ્ય પહચાન (ID) કાર્ડ કે પીછે દરિ ગણ નંબર પર ફોન કરૈ। (TTY: 711).

توجه فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ اپنے شناختی کارڈ کی پشت پر درج شدہ نمبر پر کال کریں (TTY: 711)۔

గమనిక: మీరు తెలుగు మాట్లాడితే, లాగ్ వేజ్ అసెస్మెంట్ సర్వీస్, ఛార్జ్ లెకుండా, మీకు అందుబాటులో ఉన్నాయి. మీ మెంబర్ ఐడెంటిఫికేషన్ కార్డు (బ్యాక్) వెనుక ఉన్న నంబరుకు కాల్ చేయండి (TTY: 711).

โปรดทราบ: หากคุณพูด ไทย, มีบริการช่วยเหลือด้านภาษาให้คุณโดยไม่มีค่าใช้จ่าย โทรไปยัง หมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของคุณ (TTY: 711)

ધ્યાન દાનિહોસ્: યદિ તપાઈ નેપાલી ભાષા બોલુનુછ અને, તપાઈકા લાગિભાષા સહાયતા સેવાહર નિશિલ્ક ઉપલબ્ધ હુનુછન। તપાઈકો આઈડી કાર્ડકો પછાડિ ભાગમા રહેકો નમ્બર (TTY: 711) મા ફોન ગરુનુહોસ્।

Aandacht: Indien u Nederlands spreekt, is de taaladviesdienst gratis beschikbaar voor u. Bel het nummer op de achterkant van uw identificatie (ID) kaart (TTY: 711).

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Preventive Schedule



What's preventive care?

When you're healthy, preventive care helps you stay that way. For most plans, if you see an in-network provider, essentials like flu shots, routine screenings, checkups, and breast exams are 100% covered.

2025 Preventive Schedule

Effective 1/1/2025

Plan your care: Know what you need and when to get it

Preventive or routine care helps us stay well or finds problems early, when they are easier to treat. As a part of your health plan, you may be eligible to receive some of these preventive benefits with little to no cost sharing when using in-network providers. All benefits for over the counter drugs and supplies must be purchased through in-network pharmacy providers in order to be covered.* Make sure you know what is covered by your health plan and any requirements before you receive any of these services. Recommended annual services are based on a calendar year resetting January 1 of every year.

Some services and their frequency may depend on your doctor's advice. That's why it's important to talk with your doctor about the services that are right for your age, gender, and family history. CHIP members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.

Questions?

-  Call Member Service
-  Ask your doctor
-  Log in to your account

Adults: Ages 19+










Female

















Male

GENERAL HEALTH CARE

 	Routine Checkup** (This exam is not the work- or school-related physical)	<ul style="list-style-type: none"> Ages 19 – 49: Every one to two years Ages 50 and older: Once a year
 	Depression Screening and Anxiety Screening	Once a year
 	Illicit Drug-Use Screening	Once a year
	Pelvic and Breast Exam	Once a year

SCREENINGS/PROCEDURES

	Abdominal Aortic Aneurysm Screening	Ages 65 – 75 who have ever smoked: One-time screening
 	Ambulatory Blood Pressure Monitoring	To confirm new diagnosis of high blood pressure before starting treatment
	Breast Cancer Genetic (BRCA) Screening (Requires prior authorization)	Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk
 	Cholesterol (Lipid) Screening	<ul style="list-style-type: none"> Ages 20 and older: Once every five years High-risk: More often
 	Colon Cancer Screening (Including colonoscopy)	<ul style="list-style-type: none"> Ages 45 and older: Every one to 10 years, depending on screening test High-risk: Earlier or more frequently
 	Colon Cancer Screening	Ages 45 and older: Colonoscopy following a positive result obtained within one year by other mandated screening method
 	Certain Colonoscopy Preps With Prescription	<ul style="list-style-type: none"> Ages 45 and older: Once every 10 years High-risk: Earlier or more frequently
 	Diabetes Screening	High-risk: Ages 40 and older, once every three years









* For example, if the in-network pharmacy provider is located within a larger retail setting, the drug/supply must be purchased through the pharmacy provider's register (and not the general retail register) in order to be covered.

** Routine checkup could include health history; physical; height, weight, and blood pressure measures; body mass index (BMI) assessment; counseling for obesity, fall prevention, skin cancer, and safety; depression screening; alcohol and drug abuse, and tobacco use assessment; age-appropriate guidance, and intimate partner violence screening and counseling for reproductive age women.













** USPSTF-mandated routine labs

Adults: Ages 19+

SCREENINGS/PROCEDURES













	Hepatitis B Screening	<ul style="list-style-type: none"> Once per lifetime for adults High-risk: More often
	Hepatitis C Screening	Ages 18 – 79
	Latent Tuberculosis Screening	High-risk
	Lung Cancer Screening (Requires prior authorization and use of authorized facility)	Ages 50 – 80 with 20-pack per year history: Once a year for current smokers, or once a year if currently smoking or quit within past 15 years
	Mammogram	<ul style="list-style-type: none"> Ages 40 and older: Once a year including 3D Screening, follow-up MRI, or ultrasound per doctor's advice
	Osteoporosis (Bone Mineral Density) Screening	Ages 65 and older: Once every two years, or younger if at risk as recommended by physician
	Cervical Cancer Screening	<ul style="list-style-type: none"> Ages 21 – 65 Pap: Every three years, or annually, per doctor's advice Ages 30 – 65: Every five years if HPV only or combined Pap and HPV are negative Ages 65 and older: Per doctor's advice
	Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV, and Syphilis)	<ul style="list-style-type: none"> Sexually active males and females HIV screening for adults to age 65 in the general population and those at risk, then screening over age 65 with risk factors

IMMUNIZATIONS**

	Chicken Pox (Varicella)	Adults with no history of chicken pox: One two-dose series
	COVID-19 Vaccine	Per doctor's advice following CDC and Emergency Use Authorization Guidelines
	Diphtheria, Tetanus (Td/Tdap)	One dose Tdap, then Td or Tdap booster every 10 years
	Flu (Influenza)	Every year
	Haemophilus Influenzae Type B (Hib)	For adults with certain medical conditions to prevent meningitis, pneumonia, and other serious infections; this vaccine does not provide protection against the flu and does not replace the annual flu vaccine
	Hepatitis A	At-risk or per doctor's advice: One two-, three-, or four-dose series
	Hepatitis B	<ul style="list-style-type: none"> Ages 19–59: Two to four doses per doctor's advice Ages 60 and older: High-risk per doctor's advice
	Human Papillomavirus (HPV)	<ul style="list-style-type: none"> To age 26: One three-dose series Ages 27 – 45, at-risk or per doctor's advice
	Measles, Mumps, Rubella (MMR)	One or two doses
	Meningitis*	At-risk or per doctor's advice
	Pneumonia	High-risk or ages 65 and older: One or two doses, per lifetime
	RSV Vaccine	<ul style="list-style-type: none"> Ages 60 and older Pregnant women

* Meningococcal B vaccine per doctor's advice.

** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.

IMMUNIZATIONS**		
	Shingles	<ul style="list-style-type: none"> Shingrix — Ages 50 and older: Two doses Ages 19 – 49: Immunocompromised per doctor's advice
PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION		
	Aspirin	Pregnant women at risk for preeclampsia
	Folic Acid	Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid
	Chemoprevention drugs such as raloxifene, tamoxifen, or aromatase inhibitors***	At risk for breast cancer, without a cancer diagnosis, ages 35 and older
	Tobacco Cessation (Counseling and medication)	Adults who use tobacco products
	Low-to-Moderate Dose Select Generic Statin Drugs for Prevention of Cardiovascular Disease (CVD)	Ages 40 – 75 years with one or more CVD risk factors (such as dyslipidemia, diabetes, hypertension, or smoking) and have calculated 10-year risk of a cardiovascular event of 10% or greater
	Select PrEP Drugs and Certain Related Services for Prevention of HIV Infection	Adults at risk for HIV infection, without an HIV diagnosis
PREVENTIVE CARE FOR PREGNANT WOMEN		
	Screenings and Procedures	<ul style="list-style-type: none"> Gestational diabetes screening Hepatitis B screening and immunization, if needed HIV screening Syphilis screening Smoking cessation counseling Depression screening and anxiety screening during pregnancy and postpartum Depression prevention counseling during pregnancy and postpartum Rh typing at first visit Rh antibody testing for Rh-negative women RSV vaccine per CDC guidelines Tdap with every pregnancy Urine culture and sensitivity at first visit Alcohol misuse screening and counseling Nutritional counseling for pregnant women to promote healthy weight during the pregnancy
PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE		
	Adults with BMI 25 to 29.9 (overweight) and 30 to 39.9 (obese) are eligible for:	<ul style="list-style-type: none"> Additional annual preventive office visits specifically for obesity and blood pressure measurement Additional nutritional counseling visits specifically for obesity Recommended lab tests: <ul style="list-style-type: none"> ALT AST Hemoglobin A1c or fasting glucose Cholesterol screening
	Adults with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome	Nutritional counseling
	Adults with BMI 40 and over	Nutritional counseling and fasting glucose screening
ADULT DIABETES PREVENTION PROGRAM (DPP)		
	Applies to Adults <ul style="list-style-type: none"> Without a diagnosis of diabetes (does not include a history of gestational diabetes) Overweight or obese (determined by BMI) Fasting Blood Glucose of 100–125 mg/dl or HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140–199mg/dl 	Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss

** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.

*** Aromatase inhibitors when the other drugs can't be used such as when there is a contraindication or they are not tolerated.

2025 Preventive Schedule

Plan your child's care:

Know what your child needs and when to get it

Preventive or routine care helps your child stay well or finds problems early, when they are easier to treat. Most of these services may not have cost sharing if you use the plan's in-network providers. Make sure you know what is covered by your health plan and any requirements before you schedule any services for your child.

Services include Bright Futures recommendations. CHIP members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.

It's important to talk with your child's doctor. The frequency of services, and schedule of screenings and immunizations, depends on what the doctor thinks is right for your child.

Questions?

-  Call Member Service
-  Ask your doctor
-  Log in to your account

Children: Birth to 30 Months¹

GENERAL HEALTH CARE	BIRTH	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M
Routine Checkup* (This exam is not the preschool- or day care-related physical.)	●	●	●	●	●	●	●	●	●	●	●
Hearing Screening	●										
SCREENINGS											
Autism Screening									●	●	
Critical Congenital Heart Disease (CCHD) Screening With Pulse Oximetry	●										
Developmental Screening						●			●		●
Hematocrit or Hemoglobin Anemia Screening							●				
Hepatitis C Screening			Per MD recommendation with material exposure during pregnancy								
Lead Screening**							●			●	
Newborn Blood Screening and Bilirubin	●										
IMMUNIZATIONS											
Chicken Pox							Dose 1				
COVID-19 Vaccine	Per doctor's advice following CDC and Emergency Use Authorization Guidelines										
Diphtheria, Tetanus, Pertussis (DTaP)			Dose 1	Dose 2	Dose 3			Dose 4			
Flu (Influenza)***					Ages 6 months to 30 months: 1 or 2 doses annually						
Haemophilus Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3		Dose 3 or 4				
Hepatitis A							Dose 1		Dose 2		
Hepatitis B	Dose 1	Dose 2			Dose 3						
Measles, Mumps, Rubella (MMR)							Dose 1				
Pneumonia			Dose 1	Dose 2	Dose 3		Dose 4				
Polio (IPV)			Dose 1	Dose 2	Ages 6 months to 18 months: Dose 3						
Rotavirus			Dose 1	Dose 2	Dose 3						
RSV Vaccine	Per MD recommendation following CDC guidelines										

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. Additional: Instrument vision screening to assess risk for ages 1 and 2 years.

** Per Bright Futures. Refer to state-specific recommendations as needed.

*** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.

Children: 3 Years to 18 Years¹

GENERAL HEALTH CARE	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y
Routine Checkup* (This exam is not the preschool- or day care-related physical)	●	●	●	●	●	●	●	●	Once a year from ages 11 – 18			
Ambulatory Blood Pressure Monitoring**												●
Anxiety Screening						Once a year from ages 8 – 18						
Depression Screening										Once a year from ages 12 – 18		
Illicit Drug-Use Screening												●
Hearing Screening***		●	●	●		●		●		●	●	●
Visual Screening***	●	●	●	●		●		●		●	●	
SCREENINGS												
Hematocrit or Hemoglobin Anemia Screening			Annually for females during adolescence and when indicated									
Lead Screening	When indicated (Please also refer to your state-specific recommendations)											
Cholesterol (Lipid) Screening							Once between ages 9 – 11 and ages 17 – 21					
IMMUNIZATIONS												
Chicken Pox		Dose 2										
COVID-19 Vaccine	Per doctor’s advice following CDC and Emergency Use Authorization Guidelines											
Dengue Vaccine							9 – 16 years living in dengue endemic areas in U.S. Territories AND have laboratory confirmation of previous dengue infection					
Diphtheria, Tetanus, Pertussis (DTaP)		Dose 5							One dose Tdap			
Flu (Influenza)****	Ages 3 – 18: 1 or 2 doses annually											
Human Papillomavirus (HPV)							Provides long-term protection against cervical and other cancers. 2 doses when started ages 9 – 14. 3 doses, all other ages.					
Measles, Mumps, Rubella (MMR)		Dose 2										
Meningitis*****									Dose 1		Age 16: One-time booster	
Pneumonia	Per doctor’s advice											
Polio (IPV)		Dose 4										


* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance; alcohol and drug abuse, and tobacco use assessment.

** To confirm new diagnosis of high blood pressure before starting treatment.

*** Hearing screening once between ages 11-14, 15-17, and 18-21. Vision screening covered when performed in doctor's office by having the child read letters of various sizes on a Snellen chart. Includes instrument vision screening for ages 3, 4, and 5 years. A comprehensive vision exam is performed by an ophthalmologist or optometrist and requires a vision benefit.

**** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.

***** Meningococcal B vaccine per doctor's advice.

CARE FOR PATIENTS WITH RISK FACTORS	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y
BRCA Mutation Screening (Requires prior authorization)					Per doctor's advice							
Cholesterol Screening	Screening will be done based on the child's family history and risk factors											
Fluoride Varnish (Must use primary care doctor)	Ages 5 and younger											
Hepatitis B Screening									Per doctor's advice			
Hepatitis C Screening												
Latent Tuberculosis Screening												High-risk
Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV, and Syphilis)									For all sexually active individuals HIV routine check, once between ages 15 – 21			
Tuberculin Test	Per doctor's advice											

Children: 6 Months to 18 Years¹


PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION

Oral Fluoride	For ages 6 months to 16 years whose primary water source is deficient in fluoride
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PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE

Children with a BMI in the 85th to 94th percentile (overweight) and the 95th to 98th percentile (obese) are eligible for:	<ul style="list-style-type: none"> • Additional annual preventive office visits specifically for obesity • Additional nutritional counseling visits specifically for obesity • Recommended lab tests: <ul style="list-style-type: none"> – Alanine aminotransferase (ALT) – Aspartate aminotransferase (AST) – Hemoglobin A1c or fasting glucose (FBS) – Cholesterol screening
Age 18 with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome	Nutritional counseling

ADULT DIABETES PREVENTION PROGRAM (DPP) AGE 18

 Applies to Adults <ul style="list-style-type: none"> • Without a diagnosis of diabetes (does not include a history of gestational diabetes) • Overweight or obese (determined by BMI) • Fasting Blood Glucose of 100–125 mg/dl or HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140–199mg/dl 	Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss
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Women's Health Preventive Schedule

SERVICES	
Well-Woman Visits (Includes: Preconception and first prenatal visit, urinary incontinence screening)	Up to four visits each year for developmentally and age-appropriate preventive services
Contraception (Birth Control) Methods and Discussion*	All women planning or capable of pregnancy
SCREENINGS/PROCEDURES	
Diabetes Screening	Screen for diabetes in pregnancy at first prenatal visit or at weeks 24 – 28 and after pregnancy in women with a history of gestational diabetes and no diagnosis of diabetes.
HIV Screening and Discussion	<ul style="list-style-type: none"> • All sexually active women: Once a year • Ages 15 and older, receive a screening test for HIV at least once during their lifetime • Risk assessment and prevention education for HIV infection beginning at age 13 • Screen for HIV in all pregnant women upon initiation of prenatal care with rescreening during pregnancy based on risk factors
Human Papillomavirus (HPV) Screening Testing	Beginning at age 30: Every three years
Domestic and Intimate Partner Violence Screening and Counseling	Once a year
Breastfeeding (Lactation) Support and Counseling, and Costs for Equipment	During pregnancy and/or after delivery (postpartum)
Sexually Transmitted Infections (STI) Discussion	All sexually active women: Once a year
Screening for Anxiety	The Women's Preventive Services Initiative recommends screening for anxiety in adolescent girls and adult women, including those who are pregnant or postpartum.
Nutritional Counseling	Ages 40 – 60 with normal BMI and overweight BMI

* FDA-approved contraceptive methods may include sterilization and procedures as prescribed. One or more forms of contraception in each of the 18 FDA-approved methods, as well as any particular service or FDA approved, cleared or granted contraceptive product that an individual's provider determines is medically appropriate, are covered without cost sharing. Exception Process: Your provider may request an exception for use of a prescribed nonformulary contraception drug due to medical necessity by completing the online request form. When approved, the prescribed drug will then be made available to you with zero-dollar cost share. Note: On page 2 of the form under the title Prior Authorization reads "Contraceptives require a statement of medical necessity only". The following link works for all states. [<https://content.highmarkprc.com/Files/Region/PA/Forms/MM-056.pdf>] Only FDA approved contraception apps, which are not part of the 18 method categories, and are available for download to a cell phone are reimbursable through the paper claim process with a prescription. Members need to submit three documents to obtain reimbursement; 1) completed the paper Claim Form: [https://www.highmarkbcbs.com/redesign/pdfs/mhs/Medical_Claim_Form.pdf] Under section DIAGNOSIS OR NATURE OF ILLNESS OR INJURY – write "contraception app purchase" 2) receipt of payment for the FDA approved contraception app, 3) provider prescription for the FDA approved contraception app.

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life 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.

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.

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>.

ATTENTION: If you speak English, 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）。

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.

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

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

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).

אכטונג: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, אוועלעבל פאר אייך. רופט די נומער וואס איז אויף די פארקערטע זייט פון אייער ID קארטל (TTY:711).

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। আপনার আইডি কার্ডের (TTY:711) পিছনে থাকা নম্বরে ফোন করুন।

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).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (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).

توجه فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ اپنے شناختی کارڈ کی پشت پر درج شدہ نمبر پر کال کریں (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).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyonang tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ΠΡΟΣΟΧΗ: Σε περίπτωση που μιλάτε Ελληνικά, οι διαθέσιμες υπηρεσίες γλωσσικής βοήθειας σας παρέχονται δωρεάν. Καλέστε τον αριθμό στο πίσω μέρος της ταυτότητας σας (TTY:711).

Information About the Affordable Care Act (ACA)

This schedule is a reference tool for planning your family's preventive care, and lists items and services required under the Affordable Care Act (ACA), as amended. It is reviewed and updated periodically based on the advice of the U.S. Preventive Services Task Force, laws and regulations, and updates to clinical guidelines established by national medical organizations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your doctor is always your best resource for determining if you're at increased risk for a condition. Some services may require prior authorization. If you have questions about this schedule, prior authorizations, or your benefit coverage, please call the Member Service number on the back of your member ID card.

Information About Children's Health Insurance Program (CHIP)

Because the Children's Health Insurance Program (CHIP) is a government-sponsored program and not subject to ACA, certain preventive benefits may not apply to CHIP members and/or may be subject to copayments.

The ACA authorizes coverage for certain additional preventive care services. These services do not apply to "grandfathered" plans. These plans were established before March 23, 2010, and have not changed their benefit structure. If your health coverage is a grandfathered plan, you would have received notice of this in your benefit materials.

Prescription Drug Coverage





PRESCRIPTION DRUG BENEFITS

A pharmacy plan that fits your life.

First off, you'll use the same ID card for your medications as you do for your medical coverage. When you go to an in-network pharmacy, depending on your plan and the prescription, you might have a copay or need to pay a percentage of the drug's cost.

Knowing that, here are two important things to remember:

1. You'll usually save money by choosing a generic drug over a brand-name drug.
2. Our mail order service for maintenance prescription drugs is a convenient option that saves you trips to the pharmacy.

And when it comes to staying on top of your coverage, your member website has details on your drug coverage and easy-to-use tools to manage your benefits and prescriptions. Use the website to:

- **Find in-network pharmacies.**
- **View covered drugs.**
- **See drug prices and lower-cost options.**
- **Enroll in mail-order refills.**
- **Refill or renew a prescription.**
- **Get drug interaction warnings.**
- **Compare cost savings with mail order.**
- **Access forms needed for your coverage.**

Once you're a member, you can log in to the My Highmark app, or the member website at myhighmark.com, or call the number on the back of your member ID card to learn more.



Programs to keep you safe while keeping drug costs down.

When it comes to your medications, Highmark uses programs to help you make safer, more cost-effective drug choices. In the course of getting you the right drug, at the right time, in the right amount, at the right price, you might run into one of the following programs:

Prior authorization:

When you're enrolled and it's time to fill a prescription, we'll automatically check to be sure it's the best way to treat your diagnosed condition (or that you've tried other treatments before that didn't work for you). If the prescription isn't right for you, you'll need to get a prior authorization from your doctor. It's our way of double-checking that you're getting safe, effective, medically necessary drugs.

Quantity limits:

Some drugs are regulated to make sure you get the right dosage. Limits can be based on gender, age, or other factors that restrict how often or how much of a refill you can get. They're in place to keep you safe.

Step therapy:

For certain medications, our drug programs use a "step" approach. That means you'll need to try preferred medications first before less-preferred medications are covered. Preferred medications tend to be the lower-cost generic drugs that have already been clinically proven to be safe and just as effective as their more expensive counterparts. Step therapy is designed to help lower costs while still providing access to non-preferred medications.

One last special case:

Some drugs may have restrictions on how much of their cost is covered by your plan. These are called coverage limits. If you submit a prescription for a drug that has coverage limits, we'll tell you, in writing, that you need to get approval before the prescription can be filled.

Talk to your employer or your HR manager to find out what additional benefits are available to you.

Formulary drugs

A formulary is a list of FDA-approved medications selected by the Plan, divided up by the condition they are used to treat. To keep prescriptions affordable, your formulary might not cover all available medications. If one of your prescriptions isn't on your formulary, talk with your doctor. They can help find an alternative, if needed, or help keep you on your current medication. Understanding your formulary can help you better manage your drug costs and get the care you need. To see your full formulary list, log in to myhighmark.com and click on the **Benefits** tab. Scroll down to the Insurance Benefits section and click **Prescription**. Then click **View drug formulary** to search for drugs by name or category.

Specialty drugs

Highmark's Specialty Management Program connects you with the most appropriate pharmacy, infusion center, hospital or other care site tailored to your unique needs. We understand that specialty drug management can be complex and costly. Our specialty pharmacy providers work with you and your health care team to make sure you receive personalized, high-quality care while minimizing expenses.

Low-Cost Generic Rx Program

By offering you certain drugs at reduced costs, this program helps you stick to your medication routines and improve your health outcomes.

Vaccines at retail pharmacies

Your pharmacy benefit covers certain vaccines at participating retail pharmacies. No appointment needed. These vaccines may include:

- Chickenpox (Varicella)
 - COVID-19
 - Diphtheria, tetanus (Td/Tdap)
 - Diphtheria, tetanus, pertussis (DTaP)
 - Flu
 - Haemophilus influenzae Type B (Hib)
 - Hepatitis A
 - Hepatitis B
 - Human papillomavirus (HPV)
 - Measles, mumps, rubella (MMR)
 - Meningitis
 - MPox
 - Pneumonia
 - Polio (IPV)
 - Respiratory Syncytial Virus (RSV)
 - Rotavirus
 - Shingles (Zoster)
-



For additional information, please call the number on the back of your member ID card or on the My Highmark app.



Save even more with the mail order pharmacy.

If you take medications regularly, the mail order pharmacy can make life simpler and help you save with:

- 90-day drug refills with just a single copay.
- 24/7 ordering online, by mail or by phone.
- Typical delivery in three to five days.
- Free standard shipping.
- Helpful pharmacists available to you 24/7.
- Simple payments via e-check, credit card, or a health spending account.



How to start using the mail order pharmacy

Get a new prescription for up to a 90-day supply, plus refills for up to one year from your doctor. Then:

- Have your doctor fax in your new prescription or submit it as an e-prescription.

Or

- Use it to file your Pharmacy Mail Order Form and Health, Allergy, and Medication Questionnaire.

You'll find those forms at the end of this Pharmacy Benefits section. They're also available in the My Highmark app, or the member website at myhighmark.com. Log in, click on the **Support** tab, scroll down to the Health Plan Documents section, and select **Forms Library**. Next, select the **Pharmacy/Rx** tab to locate the Home Delivery Order Form.

Mail your completed forms to:

Express Scripts Pharmacy
PO Box 66577
St Louis, MO 63166-6577

For help with your order, call Express Scripts Pharmacy at 1-855-686-9786 (TTY call 1-800-759-1089).

Active Choice Home Delivery

A mail order medication program.

Managing costs

Your prescription drug plan includes the **Active Choice Home Delivery Program**. It's designed to help you better manage the cost of your maintenance prescriptions and your health. Maintenance drugs are those you take on an ongoing basis and are appropriate for a 90-day supply.

How it works

You and your enrolled dependents must let Express Scripts know how you will fill your maintenance prescription drugs. You can choose **mail order through Express Scripts Pharmacy** or **retail pharmacy**.

You can fill your prescription at a retail pharmacy two times before you need to tell Express Scripts where you want to get your medications filled going forward. After the second fill, you'll be responsible for 100% of the cost of the drug until you make a choice.

No penalty for choosing retail

There is no penalty if you choose retail for your maintenance prescriptions. You can change your preference at any time by contacting Express Scripts Pharmacy.

Choose and save

There are two ways you can let us know your decision:

1. Call Express Scripts Pharmacy toll-free at **1-855-686-9786**, available 24/7.
2. Log in to the **My Highmark** app or the member website at [MyHighmark.com](https://www.MyHighmark.com).
 - Click on the **Benefits** tab and then scroll down to the **Insurance Benefits** section and select **Prescription**.
 - Select **View prescription benefits**.
 - Select **Home**.
 - If you see the **Avoid Paying More** option, click it to make your choice.



PARTICIPATING CVS NATIONAL NETWORK PHARMACIES

Over 57,000 pharmacies are in the CVS National Network, including:

Accredo	Hy-Vee	Raley's
Acme	IHC Pharmacy Services	Reasor's
Ahold	Ingles Markets	ReCept Pharmacy
Albertsons	InstyMeds	Red Cross Pharmacy
Aurora Pharmacy	Kelsey-Seybold Pharmacy Div	Rite Aid
Bartell Drug	Kinney Drugs	Roundy's Supermarkets
Big Y Foods	Kmart	Safeway
Bi-Lo Holdings	Knight Drugs	Sam's Club
Bi-Mart	Lewis Drugs Inc	Sav-On
Brookshire Brothers	MK Stores	Savemart Supermarkets
Brookshire Grocery	Marc Glassman	Schnucks
Coborn's	Maxor Pharmacy	Seip Drug
Costco	Med-Fast Pharmacy	Spartan
CVS	Meijer Pharmacy	Supervalu
Dept. of Veterans Affairs	Metrocare	Target (CVS Pharmacy)
Discount Drug Mart	NeighborCare	The Medicine Shoppe
Family Care	Northeast Ohio Neighborhood	Thrifty White Stores
Food City Pharmacy	Omnicare	Tops Markets
Fruth Pharmacy	Osborn Drugs Inc.	United Supermarkets
Giant Eagle	Patient First	Unity Pharmacies
Hannaford Brothers	Pharmaca Integrative Pharmacy	Value Drugs
Harps & Price Cutter Pharmacy	PharMerica	Wakefern
H-E-B Grocery	Planned Parenthood	Walmart
Henry Ford Health System	PrescribeIT Rx	Wegmans
HIP Pharmacy Services	Price Chopper Pharmacy	Weis Market
Homeland Pharmacy	Publix	

**Home Delivery Order Options**

Ask your doctor to write your prescription for up to a 90-day supply or the maximum days allowed by your plan with refills up to one year, if appropriate.

ePrescribe: For fastest service ask your doctor to submit prescriptions electronically to Express Scripts Home Delivery. **Online/mobile app:** Log in to [express-scripts.com/rx](https://www.express-scripts.com/rx) or the Express Scripts® mobile app, choose the medicine you want delivered, add it to your cart, then check out.

Fax: Have your doctor call **1.888.327.9791** for faxing instructions. (Faxes can only be accepted from a doctor's office.)

Phone: Call Express Scripts at the toll-free number on the back of your ID card for assistance in switching to home delivery.

Mail: Complete the order form and send to Express Scripts® Pharmacy along with prescriptions and payment.

Please use **ALL CAPITAL LETTERS** with black or blue ink. Fill in the circles as shown. (●)

1	Member Information
Member ID Number	Group #
Member Last Name	Member First Name
Want updates on your order? Register on our website. https://www.express-scripts.com	Email address
To GO GREEN go to https://www.express-scripts.com/green to update your Communication Preferences under Account	

2	Shipping Address	
<input type="radio"/> Permanent <input type="radio"/> Temporary If temporary address, please provide effective dates From ____/____/____ To ____/____/____		
Shipping Address Line 1 (Street address is preferred over PO Box)		
Apt#		
Shipping Address Line 2		
City	State Zip	
Primary Phone Number Choose One M H W	Secondary Phone Number Choose One M H W	
Shipping Method (Expedited shipping will not rush prescription processing)		
<input type="radio"/> Standard	Free	Arrives within 5-10 days after order is shipped
<input type="radio"/> Two Day	\$12.00	Arrives 2 business days after order is shipped
<input type="radio"/> One Day	\$21.00	Arrives 1 business day after order is shipped

3	Patient Information
Please only include prescriptions for patients covered under the above Member ID	
Patient #1	
Patient Last Name	Patient First Name
Patient DOB	Gender Male Female
Physician Name	Physician Phone
Patient #2	
Patient Last Name	Patient First Name
Patient DOB	Gender Male Female
Physician Name	Physician Phone

4	Payment Method	Do not send cash		
<p>You authorize us to retain on file your payment card details that you used to make this purchase and to charge your payment card account to pay for any prescription orders requested by you. Should you also choose to enroll in the auto-pay program, you further consent that we may charge your enrolled payment method for prescription orders made by covered household members, including previously ordered prescriptions which are unpaid.</p> <ul style="list-style-type: none"> • We will notify you of any changes to this authorization by email or mail as applicable. This Card on File Authorization, and if applicable auto-pay enrollment, will remain in effect until you cancel the authorization by logging into your account or calling the toll-free number on the back of your ID card. The transaction amount is determined by your plan's benefit structure at the time the prescription is shipped. • State law prohibits the return of prescription medications for resale or reuse. We cannot accept the return of properly dispensed prescription medications for credit or refund. • See our privacy policy for information regarding our use and disclosure of personally identifiable information. 				
<p>Signature X _____</p>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Credit Card: We accept VISA, MC, Discover, AMEX, Diners</td> <td style="width: 50%;">Check or Checking Account</td> </tr> </table>			Credit Card: We accept VISA, MC, Discover, AMEX, Diners	Check or Checking Account
Credit Card: We accept VISA, MC, Discover, AMEX, Diners	Check or Checking Account			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><input type="radio"/> Automatic, ongoing payment through credit card Authorize to pay for this order and all future orders with the credit card below.</p> <p><input type="radio"/> For this order only. Simply fill in your credit card information below.</p> <p>Credit Card Number</p> <p>_____</p> <p>Exp Date</p> <p>_____</p> </td> <td style="width: 50%; vertical-align: top;"> <p><input type="radio"/> Automatic, ongoing payment through checking account I authorize to pay for this order and all future orders with the checking account information below or include a voided check.</p> <p><input type="radio"/> For this order only. Enclose a check payable to Express Scripts® Pharmacy. Write invoice number on the check.</p> <p>Name of checking account holder</p> <p>_____</p> <p>Checking Account Number</p> <p>_____</p> <p>Routing Number (first 9 digits lower-left corner of personal check)</p> <p>_____</p> </td> </tr> </table>			<p><input type="radio"/> Automatic, ongoing payment through credit card Authorize to pay for this order and all future orders with the credit card below.</p> <p><input type="radio"/> For this order only. Simply fill in your credit card information below.</p> <p>Credit Card Number</p> <p>_____</p> <p>Exp Date</p> <p>_____</p>	<p><input type="radio"/> Automatic, ongoing payment through checking account I authorize to pay for this order and all future orders with the checking account information below or include a voided check.</p> <p><input type="radio"/> For this order only. Enclose a check payable to Express Scripts® Pharmacy. Write invoice number on the check.</p> <p>Name of checking account holder</p> <p>_____</p> <p>Checking Account Number</p> <p>_____</p> <p>Routing Number (first 9 digits lower-left corner of personal check)</p> <p>_____</p>
<p><input type="radio"/> Automatic, ongoing payment through credit card Authorize to pay for this order and all future orders with the credit card below.</p> <p><input type="radio"/> For this order only. Simply fill in your credit card information below.</p> <p>Credit Card Number</p> <p>_____</p> <p>Exp Date</p> <p>_____</p>	<p><input type="radio"/> Automatic, ongoing payment through checking account I authorize to pay for this order and all future orders with the checking account information below or include a voided check.</p> <p><input type="radio"/> For this order only. Enclose a check payable to Express Scripts® Pharmacy. Write invoice number on the check.</p> <p>Name of checking account holder</p> <p>_____</p> <p>Checking Account Number</p> <p>_____</p> <p>Routing Number (first 9 digits lower-left corner of personal check)</p> <p>_____</p>			
<p>Review your account balance and pay outstanding balances anytime at express-scripts.com/rx. To change the limit of the amount we can charge your card without a call to you:</p> <ul style="list-style-type: none"> • Go to express-scripts.com/rx • Log in to your account • Under Account, select Payment Methods; under the method, select Edit • Change the payment authorization limit and Save <p>You can manage all account preferences at express-scripts.com/rx or call Member Services at the toll-free number on your ID card.</p>				

5	Health History
<p>To update your allergies or health conditions: Visit us at https://www.express-scripts.com/frontend/consumer/#/health-profile or call 1.877.438.4417. This information helps us protect you against potentially harmful drug interactions and allergies.</p>	

6	Important reminders and other information
<p>If you are a Medicare Part B beneficiary AND have private health insurance, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the toll-free number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at 1.800.633.4227.</p> <p>For additional information or help, visit us at express-scripts.com/rx or call Member Services at the toll-free number found on your ID card. TTY/TDD users should call 1.800.759.1089.</p> <p>Your order may be filled at any one of our Express Scripts® Pharmacies located nationwide.</p>	

7	Generic Substitution
<p>State law permits a pharmacist to substitute a less expensive generic equivalent drug for a brand-name drug unless you or your physician directs otherwise. Please note that this applies to new prescriptions and to any future refills of that prescription. Also be aware that you may pay more for a brand-name drug.</p> <p><input type="radio"/> I do not wish to receive a less expensive brand or generic medication.</p> <p>If the prescription is being submitted electronically, discuss with your doctor.</p>	

Place your prescription(s), order form(s)
 and your payment in an envelope.
 Do not use staples or paper clips.
 Do not affix sticky notes to form.



express-scripts.com/rx

EXPRESS SCRIPTS PHARMACY
PO BOX 66577
ST LOUIS, MO 63166-6577

Spending Accounts





HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

A simple way to save for everyday medical expenses.

How does an FSA work?

When you have an FSA, you can use it to pay for medical, dental, vision, prescription, and other qualified medical expenses. It can reduce your taxable income by using pre-tax dollars to pay for your care.

What's the advantage of an FSA?

A big perk to your FSA is that you'll have access to your entire elect amount at the beginning of your plan year. That means you can immediately start using your FSA money for qualified medical expenses. Another advantage is that the plan may also allow money to carry over or give you extra time to submit expenses.

How do you set up an FSA?

First, you decide how much money to contribute for the year. This amount is called your "annual election." Your annual election gets deducted evenly from each paycheck before taxes and put into your FSA. The IRS sets maximum amounts for yearly contributions to FSAs, which are subject to adjustment by the IRS on the basis of inflation. In 2025, the maximum FSA contribution limit is \$3,200 with an FSA Carryover limit of \$640 where applicable.

What's considered a qualified medical expense?

- Deductibles, copays, and coinsurance
- Medication
- Dental care
- Orthodontia
- Eye exams
- Laser eye surgery
- Glasses and contact lenses
- Hearing aids
- Diabetes supplies

You can view an extensive list of qualified medical expenses at highmarkspendingaccounts.com.

Check with your employer for more details regarding your FSA.



DEPENDENT CARE FSA

A dependent care FSA is a flexible spending account that can be used to pay for dependent care you or your spouse need in order to work, look for work, or go to school. Like other FSAs, it saves you money by reducing your taxable income by spending pre-tax dollars on dependent care.

How does a dependent care FSA work?

You first decide how much money to contribute throughout the year. That amount gets deducted evenly from each paycheck before taxes and put into your FSA. The current maximum annual contribution amounts are \$5,000 if you're single or married filing jointly and \$2,500 if you're married filing separately.

With dependent care FSAs, you can only spend up to the amount that's already been deducted from your paycheck. Your plan might also give you extra time to submit expenses.

Who qualifies as an eligible dependent?

- A qualifying child under age 13 who lives with you
- Any spouse, child, or relative of any age who lives with you and is physically or mentally unable to care for themselves

What's considered a qualified expense for dependent care?

- Licensed day care providers
- Before- and after-school care for children under 13
- Summer day camps for children under 13
- Care provided in your home
- Non-medical home or day care for eligible disabled dependents
- Registration fees
- Educational expenses for preschool

Common expenses that don't qualify:

- Educational expenses for kindergarten and higher grades
- Overnight camps
- Food or clothing
- Transportation

For more details on Dependent Care FSAs, check with your employer.

Wellness





WELLNESS COACHES

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 [HighmarkHealthCoachBCBS.com](https://www.HighmarkHealthCoachBCBS.com).



BABY BLUEPRINTS®

Pregnancy advice, answers, and support.

Our maternity education program for mom-to-be questions and over-the-phone support from a nurse health coach that's available at no additional cost. Call **1-866-918-5267** to enroll.

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.



CARE COST ESTIMATOR

Know what you'll owe for care.

Before making an appointment for a test, scan, or procedure, Care Cost Estimator helps you estimate your bill in advance. Available on your member website, myhighmark.com.



BLUE365®

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.



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 and enter your ZIP code to search anonymously for resources in your community.

Additional Important Information



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 upfront 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.



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.

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.

If you want to read the full legal descriptions of the policies we've summed up here, go to **discoverhighmark.com**. Scroll to the bottom of the page, click on **Quality Assurance**, and enter your ZIP code.



Care and case management

Programs for care support and complex condition management:

CARE MANAGEMENT PROGRAM

From person to person, care needs can differ and change over time. Our Care Management Program focuses on connected care so we can help you get safe, effective, appropriate care right when you need it.

Services under the Care Management Program:

Precertification Review starts before you get care and:

- Confirms you're eligible and have benefits for care.
 - Determines if care is medically necessary and appropriate.
 - Ensures that care happens at the right facility by the right provider.
 - Provides alternatives for care, if available.
 - Identifies if case or condition management could help the member.
-

Concurrent Review happens during the course of treatment to:

- Assess the medical need to continue treatment.
 - Evaluate the right level of care for treatment.
 - Foresee any possible quality of care concerns.
 - Identify situations that require a physician consultation.
 - Determine potential case or condition management benefits.
 - Update and/or revise the discharge plan.
-

Discharge Planning occurs throughout the course of treatment to:

- Promote alternative levels of care, when appropriate.
 - Ensure that care is delivered in the appropriate setting.
 - Identify case or condition management program prospects early on.
 - Make timely referrals for intervention.
 - Develop and carry out appropriate discharge plans.
-

Retrospective Review happens after services have been provided and:

- Evaluates the appropriateness of medical services solely on information available at the time the medical care was provided.



CASE MANAGEMENT PROGRAM

Based on the Case Management Society of America (CMSA) standards, the Case Management Program supports members with serious and complex medical conditions by helping them navigate the health care system and make informed care decisions. Regardless of the condition, the overall goal is to get members back to the highest possible level of functioning in their work, family, and social lives.

Individual goals of Case Management include:

- Identifying and resolving gaps in care.
- Assuring the right care at the right time through appropriate facilities and providers.
- Increasing members' understanding of their condition or situation.
- Reducing medication inconsistencies and ensuring correct use of prescribed medications.
- Addressing any caregiver issues that may affect members' conditions.
- Improving members' ability to self-manage their conditions and wellness focus.
- Reducing potentially avoidable emergency room visits and hospital readmissions.
- Assessing medication needs and consulting with the Highmark pharmacy team as deemed necessary.

How the Case Management Program works:

A Registered Nurse Case Manager collaborates with a multidisciplinary team, consisting of medical directors, pharmacists, behavioral health specialists, social workers, wellness specialists, and dietitians, to evaluate an individual's health needs by:

- Planning, coordinating, and monitoring care and progress toward health.
- Evaluating all of a member's options, resources, and services.
- Identifying gaps and/or barriers to optimal care before inpatient admission and/or discharge.
- Helping members and caregivers to understand conditions and plans of care so they can manage their health.
- Educating on care coordination, support systems, medication, health, and wellness.
- Collaborating with a variety of providers, care facilities, and home health agencies to ensure appropriate care.

Case management is voluntary and meant to support members.
They can opt out of the program at any time.



Prior authorization for out-of-area services

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 includes radiology and cardiac imaging. A prior authorization just means that we work with your provider before you receive the proposed service to make sure that the procedure is medically necessary. Your out-of-area provider will be expected to reach out to us about that, but it is important that you stay in contact with them.

The provider may also call Provider Services to determine if a prior authorization for proposed service is required.

If no prior authorization is received, you could be responsible for 100% of your bill.*

Call Member Service, the number on the back of your identification card, 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.

Let's break this down a little more.

- 1** You and your provider agree on a service that you need.
- 2** Your provider lets Highmark know all of the details about the procedure. **You should stay in contact with your provider.**
- 3** Highmark will review your requested service.
- 4** We'll send you and your provider a prior authorization if the request is determined to be medically necessary.

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.



My Highmark App

It's your health plan at your fingertips. Visit myhighmark.com or download the My Highmark app from the Apple App Store or Google Play.



Well360 Virtual Health

Get care from wherever you are. Visit myhighmark.com or use the MyHighmark app.



Blues On Call

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



Blue365

For discounts to help you stay healthy and active, visit blue365deals.com.



Baby BluePrints

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



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.

Enrollment Application





ENROLLMENT/WAIVE FORM

I. EMPLOYEE INFORMATION (Must be completed for both enrollees and waivers)

Effective Date	Employer Name				Group Number	Payroll Location
Last Name	First Name		MI	Social Security No.		
Address	Product Selection: <input type="checkbox"/> Medical Product Name: _____ <input type="checkbox"/> Vision Product Name: _____ <input type="checkbox"/> Dental Product Name: _____					
City	State	Zip	Home Phone	COBRA REASON: <input type="checkbox"/> Deceased <input type="checkbox"/> Involuntary Lay-Off <input type="checkbox"/> Date of Event _____ <input type="checkbox"/> Left Employment <input type="checkbox"/> Other _____		
Employment Status <input type="checkbox"/> Active <input type="checkbox"/> COBRA <input type="checkbox"/> Disabled	Date of Full-Time Hire Mo Day Yr	Hours Worked Per Week	<input type="checkbox"/> COBRA Start Date _____ End Date _____			

II. ENROLLMENT INFORMATION AND COVERAGE SELECTION

List ALL Dependents, Relationship to Employee and Coverage Selection	First Name & Middle Initial (show Last Name if different from Subscriber)		Social Security #	Birthdate	Gender	Dependent Status If Over Age 26	Product Selection Med** Vis Den	
	Employee			/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Spouse <input type="checkbox"/> Dom. Part.*			/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child <input type="checkbox"/> Other*			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child <input type="checkbox"/> Other*			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child <input type="checkbox"/> Other*			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child <input type="checkbox"/> Other*			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If "domestic partner" or "other" applies, complete using one of the following codes: (02) Adopted Child, (05) Grandchild, (07) Nephew or Niece, (17) Stepson or Stepdaughter and (29) Domestic Partner. Legal Documentation (Court Decree, Guardianship Papers, Domestic Partner Affidavit, etc.) must be provided prior to enrollment. ☐ Other: _____

If you answered No to Med** under Product Selection, please list reason: _____

I hereby certify that I have been given the opportunity to participate in the group insurance plan provided by my employer. If I and/or any of my Eligible Dependents desire to apply for this insurance at a later date, I may be required to wait until my group's renewal or until a qualifying event occurs before coverage will be offered.

By entering your name on the signature line below, you understand that you are creating an electronic signature which has the same effect as a written signature, and you are representing that you have reviewed and submitted this form accordingly.

Employee Signature	ONLY SIGN IF YOU ARE WAIVING COVERAGE	Date
--------------------	---------------------------------------	------

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends, or not later than 60 days if the other plan coverage was through Medicaid or a state Children's Health Insurance Program (CHIP). In addition, as long as you are covered by the group's health insurance plan provided by your employer, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

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:

Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life 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.**

Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield.

West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company. **Visit <https://www.highmarkbcbswv.com/NetworkAccessPlan> to view the Access Plan required by the Health Benefit Plan Network Access and Adequacy Act. You may also request a copy by contacting us at the number on the back of your ID card.**

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

Highmark Blue Cross 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.

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.

Livongo is an independent company that provides a diabetes management program on behalf of Highmark.

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® 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. 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.

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

Blue Cross Blue Shield Global® 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: 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.

אכטונג: 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 نقيم فيها.

UWAGA: jeżeli posługuje się Pan/Pani językiem polsku, udostępniamy bezpłatnie 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۔

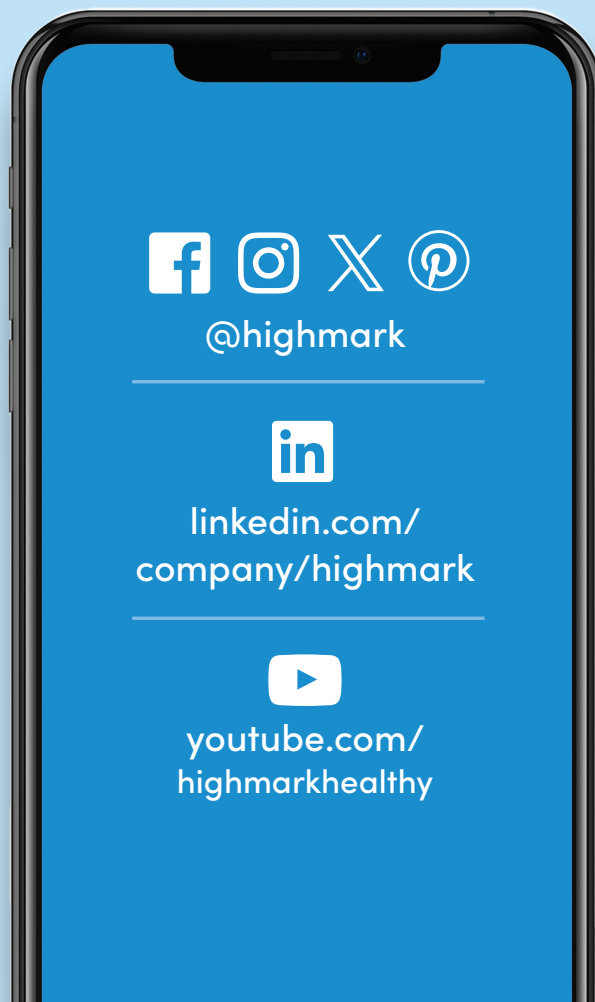
CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí được cung cấp sẵn cho quý vị. Gọi số được cung cấp cho tiểu bang cư trú của quý vị.

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:**



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.