

Benefits made for your life.

Benefit Highlights 2024



Because Life.™

A simplified health plan for easy, stress-free care.

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Three ways Highmark makes it simple.



1

Nationwide access to providers through the BlueCard® program.

With your coverage, you get access to the largest physician and hospital networks in the U.S., with over 1.7 million providers, including 95% of hospitals.* And when you travel, you're covered in 190 countries. When we say big, we mean BIG.



2

Total support, day or night.

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



3

Easy access to top-performing specialists.

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

There's the short version.

For more details on what makes the choice even simpler, turn the page.

*According to the Blue Cross Blue Shield Association.

**Get the care you need,
when you need it. It's
coverage that goes
where you go.**



BLUE DISTINCTION SPECIALTY CARE

See specialists who get better results.

Only those providers that meet nationally established, objective quality measures for Blue Distinction Centers will be considered for designation as a Blue Distinction Center+. When searching on the Highmark member website, Blue Distinction icons indicate specialists who have earned the status for exceptional safety and results.

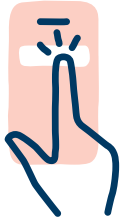


WELL360 VIRTUAL HEALTH

Personalized care when and where you want it.

No more waiting rooms, no more waiting to schedule. Get care when and where you need it with Well360 Virtual Health. This solution lets you talk with a board-certified doctor in your area right away. Register on myhighmark.com or log in if you are already using the Amwell® site.

**Quick answers to all
your questions, plus
endless support on your
road to better health.**



MY HIGHMARK APP

Your health plan in your pocket.

Get instant access to your digital member ID card, care-finding tools, and claims updates — right on your mobile device. To start, just download the My Highmark app from the App Store or Google Play and set up your profile.



BLUES ON CALLSM

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 or a health coach any time and put your worries to bed.



MEMBER WEBSITE AND ONLINE TOOLS

Your entire plan at your fingertips.

View your digital ID card, use the Find a Doctor tool, estimate care costs, and check your deductible progress and claim status all at myhighmark.com.



WELLNESS

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Get guidance based on your lifestyle, trackers to measure your progress, and resources like Highmark rewards programs to make healthy choices and keep you motivated.



BLUE365SM

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.

Phew, that's a lot of good stuff. And it just takes a tiny card with your name on it to get it all. **Talk about simple.**

Let's (en)roll with Highmark.

Health care lingo, translated.

When you're choosing a plan, 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 after you enroll.)

CLAIM

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

COPAY

The set amount you pay for a covered service.

COINSURANCE

The percentage you owe after your deductible. For example, if your plan pays 80%, you pay 20%.

DEDUCTIBLE

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

FORMULARY

The list of medications covered by your plan, sorted by tier. Lower tiers usually mean lower copays.

IN-NETWORK PROVIDER

A medical professional or facility 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 100% after that.

PREMIUM

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

PLAN ALLOWANCE

The set amount your plan will pay for a health service, even if your provider bills for more.



Have questions about your plan?

Call the number on the back of your member ID card or visit myhighmark.com.

Our friends in the legal department asked us to include this. Enjoy all the nitty gritty details.

Highmark Choice Company and Highmark Senior Health Company are Medicare Advantage plans with a Medicare contract. Highmark Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in Highmark Choice Company, Highmark Senior Health Company, and Highmark Health Insurance Company depends on contract renewal. Highmark Blue Shield, Highmark Choice Company, Highmark Senior Health Company, and Highmark Health Insurance Company are independent licensees of the Blue Cross Blue Shield Association.

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

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American Well is an independent company that provides telemedicine services and does not provide Blue Cross and/or Blue Shield products or services. American Well is solely responsible for their telemedicine services.

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.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage, all of which are independent licensees of the Blue Cross Blue Shield Association.

All references to "Highmark" in this communication are references to Highmark Inc., an independent licensee of the Blue Cross Blue Shield Association, 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>.

If you speak English, language assistance services, free of charge, are available to you. Call 1-800-876-7639.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-800-876-7639.

如果您说中文，可向您提供免费语言协助服务。請致電 1-800-876-7639。

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-800-876-7639.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. 1-800-876-7639 로 전화.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyonang tulong sa wika. Tumawag sa 1-800-876-7639.

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

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

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

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

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

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

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

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

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

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



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