

HIGHMARK BLUE CROSS BLUE SHIELD

2024 Shared Cost PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS) ¹		PCP/RETAIL CLINIC	MENTAL HEALTH/ SUBSTANCE ABUSE OFFICE VISIT	OUTPATIENT THERAPIES (OCCUPATION AND PHYSICAL)	SPECIALIST OFFICE VISIT	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/ PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE) ^{2, 3}
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/ STANDARD GENERIC/ BRAND/NONFORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS													
Platinum	Shared Cost PPO \$0-\$150	\$0	\$0	100%	80%	\$2,800	\$5,600	\$15	\$15	\$15	\$30	\$40	\$0	\$150 per day, up to five days, then \$0	\$200	\$25	\$35	\$150	\$3/\$10/\$35/\$90
Platinum	Shared Cost PPO \$0-90	\$0	\$0	90%	70%	\$2,250	\$4,500	\$15	\$15	\$15	\$30	\$40	10%	10%	\$200	\$25	\$35	\$150	\$3/\$10/\$35/\$90
Platinum	Shared Cost PPO \$250-100	\$250	\$500	100%	80%	\$2,000	\$4,000	\$15	\$15	\$15	\$30	\$40	\$0 after ded.	\$0 after ded.	\$200	\$25	\$35	\$150	\$3/\$15/\$45/\$90
Platinum	Shared Cost PPO \$500-100	\$500	\$1,000	100%	80%	\$2,000	\$4,000	\$25	\$25	\$15	\$30	\$40	\$0 after ded.	\$0 after ded.	\$200	\$25	\$35	\$150	\$3/\$10/\$35/\$90
Gold	Shared Cost PPO \$0-\$250	\$0	\$0	100%	80%	\$9,100	\$18,200	\$25	\$25	\$15	\$45	\$55	\$150	\$250 per day, up to five days, then \$0	\$250	\$25	\$35	\$250	\$10/50%/50%
Gold	Shared Cost PPO \$0-\$500	\$0	\$0	100%	80%	\$9,450	\$18,900	\$45	\$45	\$15	\$60	\$70	\$150	\$500 per day, up to five days, then \$0	\$350	\$60	\$60	\$350	\$3/\$20/\$65/\$100
Gold	Shared Cost PPO \$300-100	\$300	\$600	100%	80%	\$8,550	\$17,100	\$35	\$35	\$15	\$60	\$70	\$150 after ded.	\$0 after ded.	\$350	\$35	\$55	\$350	\$3/\$15/\$65/\$100
Gold	Shared Cost PPO \$750-100	\$750	\$1,500	100%	80%	\$9,100	\$18,200	\$30	\$30	\$15	\$50	\$60	\$140 after ded.	\$0 after ded.	\$250	\$50	\$50	\$250	\$3/\$15/\$65/\$100
Gold	Shared Cost PPO \$1000-100	\$1,000	\$2,000	100%	80%	\$9,100	\$18,200	\$25	\$25	\$15	\$50	\$60	\$145 after ded.	\$0 after ded.	\$300	\$25	\$35	\$250	\$3/\$30/\$65/\$100
Gold	Shared Cost PPO \$1000-80	\$1,000	\$2,000	80%	60%	\$9,450	\$18,900	\$25	\$25	\$15	\$45	\$55	\$135 after ded.	20% after ded.	\$200	\$25	\$35	\$100	\$3/\$15/\$65/\$100
Gold	Shared Cost PPO \$1200-100	\$1,200	\$2,400	100%	80%	\$9,100	\$18,200	\$30	\$30	\$15	\$50	\$60	\$135 after ded.	\$0 after ded.	\$250	\$25	\$35	\$250	\$3/\$30/\$65/\$100
Gold	Shared Cost PPO \$1400-100	\$1,400	\$2,800	100%	80%	\$6,500	\$13,000	\$50	\$50	\$15	\$75	\$85	\$0 after ded.	\$0 after ded.	\$300	\$75 after ded.	\$75 after ded.	\$325 after ded.	\$3/\$15/\$65/\$100
Gold	Shared Cost PPO \$1500-100	\$1,500	\$3,000	100%	80%	\$9,100	\$18,200	\$30	\$30	\$15	\$50	\$60	\$120 after ded.	\$0 after ded.	\$250	\$25	\$35	\$250	\$3/\$30/\$65/\$100
Gold	Shared Cost PPO \$1500-80	\$1,500	\$3,000	80%	60%	\$9,100	\$18,200	\$30	\$30	\$15	\$40	\$50	\$110 after ded.	20% after ded.	\$200	\$25	\$35	\$100	\$3/\$15/\$65/\$100
Gold	Shared Cost PPO \$2000-100	\$2,000	\$4,000	100%	80%	\$7,900	\$15,800	\$40	\$40	\$15	\$75	\$85	\$100 after ded.	\$0 after ded.	\$300	\$40	\$65	\$300	\$3/\$15/\$65/\$100

* Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting.
Please refer to page 11 for footnotes.
To view the full benefit grid, click on the product name above or contact your local broker.

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HIGHMARK BLUE CROSS BLUE SHIELD

2024 Shared Cost PPO Plans

Metal Level	Product Name	Medical Deductible		Coinsurance		Out-of-Pocket Maximum (Includes Deductible, Coinsurance, and Copays) ¹		PCP/Retail Clinic	Mental Health/Substance Abuse Office Visit	Outpatient Therapies (Occupation and Physical)	Specialist Office Visit	Urgent Care	Outpatient Surgery*	Inpatient Hospital	Emergency Room	Basic Diagnostics (Lab/Pathology)	Basic Diagnostics (X-Ray)	Advanced Diagnostics/Imaging (MRI/CAT/PET)	Rx Formulary (Comprehensive) ^{2, 3}
		In-Network (2x Family)	Out-of-Network (2x Family)	In-Network	Out-of-Network	In-Network (2x Family)	Out-of-Network (2x Family)	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	Low-Cost Generic/Standard Generic/Brand/Nonformulary
		Member Pays		Plan Pays		Member Pays													
Gold	Shared Cost PPO \$2500-100	\$2,500	\$5,000	100%	80%	\$9,100	\$18,200	\$30	\$30	\$15	\$50	\$60	\$0 after ded.	\$0 after ded.	\$300	\$30 after ded.	\$50 after ded.	\$300	\$3/\$30/\$65/\$100
Gold	Shared Cost PPO \$2500 1x-90	\$2,500 — 1x family	\$5,000 — 1x family	90%	70%	\$8,550 — 1x family	\$17,100 — 1x family	\$30	\$30	\$15	\$50	\$60	10% after ded.	\$300 after ded.	\$300 after ded.	\$50 after ded.	\$50 after ded.	\$150 after ded.	\$3/\$15/\$65/\$100
Gold	Shared Cost PPO \$2600-70	\$2,600	\$5,200	70%	50%	\$7,000	\$14,000	\$55	\$55	\$15	\$80	\$90	30% after ded.	30% after ded.	\$425	\$85	\$85	\$275	\$3/\$40/\$80/\$125
Gold	Shared Cost PPO \$2750-100	\$2,750	\$5,500	100%	80%	\$7,900	\$15,800	\$30	\$30	\$15	\$50	\$60	\$0 after ded.	\$0 after ded.	\$300	\$30 after ded.	\$50 after ded.	\$300	\$3/\$15/\$65/\$100
Gold	Shared Cost PPO \$2850-100	\$2,850	\$5,700	100%	80%	\$7,900	\$15,800	\$40	\$40	\$15	\$65	\$75	\$0 after ded.	\$0 after ded.	\$300	\$40	\$65	\$300	\$3/\$15/\$65/\$100
Gold	Shared Cost PPO \$3000-90	\$3,000	\$6,000	90%	70%	\$7,000	\$14,000	\$30	\$30	\$15	\$60	\$70	10% after ded.	10% after ded.	\$325	\$30	\$60	\$325	\$3/\$15/\$65/\$100
Silver	Shared Cost PPO \$0 Silver 100	\$0	\$1,000	100%	80%	\$9,450	\$18,900	\$60	\$60	\$15	\$80	\$90	\$200	\$500	\$650	\$75	\$150	\$500	\$3/\$45/\$95/\$150
Silver	Shared Cost PPO \$0-100	\$0	\$0	100%	80%	\$9,450	\$18,900	\$75	\$100	\$15	\$100	\$0	\$200	\$2,000 per day, up to three days, then \$0	\$1500	\$100	\$100	\$500	\$3/\$40/\$125/\$250
Silver	Shared Cost PPO \$1400-50	\$1,400	\$2,800	50%	50%	\$9,450	\$18,900	\$65	\$65	\$15	\$90	\$100	\$400 after ded.	50% after ded.	\$600 after ded.	\$90	\$90	50% after ded.	\$3/\$45/\$95/\$150
Silver	Shared Cost PPO Basic \$2000-75	\$2,000	\$4,000	75%	55%	\$9,450	\$18,900	\$55	25% after ded.	25% after ded.	25% after ded.	25% after ded.	\$200 after ded.	25% after ded.	25% after ded.	\$55	25% after ded.	25% after ded.	\$3/\$40/\$80/\$125
Silver	Shared Cost PPO \$4500-100	\$4,500	\$9,000	100%	80%	\$9,450	\$18,900	\$40	\$40	\$15	\$65	\$75	\$200 after ded.	\$550 after ded.	\$350 after ded.	\$60 after ded.	\$60 after ded.	\$300 after ded.	\$3/\$45/\$95/\$150
Silver	Shared Cost PPO \$5200-100	\$5,200	\$10,400	100%	80%	\$9,450	\$18,900	\$35	\$35	\$15	\$55	\$65	\$200 after ded.	\$300 after ded.	\$375 after ded.	\$55 after ded.	\$55 after ded.	\$200 after ded.	\$3/\$45/\$95/\$150
Bronze	Shared Cost PPO \$7400-70	\$7,400	\$14,800	70%	50%	\$9,450	\$18,900	\$65	30% after ded.	25% after ded.	30% after ded.	30% after ded.	\$300 after ded.	30% after ded.	30% after ded.	\$100 after ded.	\$100 after ded.	\$500 after ded.	\$3/\$40/\$125/\$250

* Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting. Please refer to page 11 for footnotes.
To view the full benefit grid, click on the product name above or contact your local broker.

HIGHMARK BLUE CROSS BLUE SHIELD

2024 Health Savings PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS) ¹		PCP/RETAIL CLINIC	MENTAL HEALTH/ SUBSTANCE ABUSE OFFICE VISIT	OUTPATIENT THERAPIES (OCCUPATION AND PHYSICAL)	SPECIALIST OFFICE VISIT	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/ PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE) ^{2, 3}
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/ STANDARD GENERIC/ BRAND/NONFORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS													
Gold	Health Savings PPO HSA \$1600-100	\$1,600	\$3,200	100%	80%	\$4,000	\$8,000	\$20 after ded.	\$20 after ded.	\$15 after ded.	\$40 after ded.	\$45 after ded.	\$40 after ded.	\$0 after ded.	\$200 after ded.	\$40 after ded.	\$40 after ded.	\$200 after ded.	\$3/\$10/\$50/\$90 after ded.
Gold	Health Savings PPO HSA \$2600-100	\$2,600	\$5,200	100%	100%	\$3,000	\$6,000	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$20 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.
Silver	Health Savings Embedded PPO HSA Copay \$3200	\$3,200	\$6,400	100%	80%	\$7,050	\$14,100	\$20 after ded.	\$20 after ded.	\$15 after ded.	\$50 after ded.	\$60 after ded.	\$140 after ded.	\$0 after ded.	\$250 after ded.	\$35 after ded.	\$50 after ded.	\$250 after ded.	\$3/\$10/\$50/\$90 after ded.
Silver	Health Savings Embedded PPO HSA \$3950-100	\$3,950	\$7,900	100%	100%	\$7,500	\$15,000	\$25 after ded.	\$0 after ded.	\$0 after ded.	\$50 after ded.	\$60 after ded.	\$250 after ded.	\$350 after ded.	\$300 after ded.	\$0 after ded.	\$0 after ded.	\$150 after ded.	\$3/\$10/\$50/\$90 after ded.
Silver	Health Savings Embedded PPO HSA \$4250-100	\$4,250	\$8,500	100%	100%	\$6,250	\$12,500	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$85 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.
Bronze	Health Savings Embedded PPO HSA \$6850-100	\$6,850	\$13,700	100%	100%	\$7,200	\$14,400	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$25 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.

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Extra resources you won't find in other plans

BLUECARD AND BLUE CROSS BLUE SHIELD GLOBAL® CORE PROGRAM

Coverage that goes where your employees go.

Around town or coast to coast, your employees get access to 1.8 million providers and 97% of hospitals in the U.S. And they're even covered in 190 countries.

WELL360 VIRTUAL HEALTH

Personalized care where and when employees need it.

No more waiting rooms, no more waiting to schedule. Your employees can get care from wherever they are with a board-certified doctor, 24/7. They can register with well360virtualhealth.com or log in if they are already using the Amwell® site.

BLUE DISTINCTION®

See specialists who get results.

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

BLUES ON CALL™

Answers from a health pro, 24/7.

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

DIABETES MANAGEMENT POWERED BY ONDUO

Personalized support to control diabetes.

Tools to help your employees track their blood sugar and manage diabetes from wherever they are.

COLLEGE TUITION REWARD PROGRAM

Rewards that come with Highmark coverage.

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