HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE REGION

2026 Shared Cost PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM[1] (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS)		PRIMARY CARE PHYSICIAN/ RETAIL CLINIC	MENTAL HEALTH/ SUBSTANCE ABUSE OFFICE VISIT	OUTPATIENT THERAPIES OCCUPATION/ 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 (HCR COMPREHENSIVE)[2,3]
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/ STANDARD GENERIC/ BRAND FORMULARY/ NON-FORMULARY/ SPECIALTY FORMULARY/ SPECIALTY NON-FORMULARY
		MEMBER PAYS		MEMBER PAYS		MEMBER PAYS													
Platinum	Shared Cost PPO $0-90	$0	$0	10%	30%	$4,500	$9,000	Office Visit: $15 Virtual Visit: $0	Office Visit: $15 Virtual Visit: $0	$15	$30	$40	10%	10%	$300	$50	$70	$150	$3/$10/$40/$110
Platinum	Shared Cost PPO $0-$150	$0	$0	0%	20%	$4,500	$9,000	Office Visit: $15 Virtual Visit: $0	Office Visit: $15 Virtual Visit: $0	$15	$30	$40	$110	$150 per day, up to 5 days, then $0	$200	$25	$35	$150	$3/$10/$40/$110
Platinum	Shared Cost PPO $250-100	$250	$500	0%	20%	$4,500	$9,000	Office Visit: $15 Virtual Visit: $0	Office Visit: $15 Virtual Visit: $0	$15	$30	$40	$110	$0 after ded.	$200	$25	$35	$150	$3/$15/$50/$110
Platinum	Shared Cost PPO $500-100	$500	$1,000	0%	20%	$4,000	$8,000	Office Visit: $25 Virtual Visit: $0	Office Visit: $25 Virtual Visit: $0	$20	$30	$40	$110	$0 after ded.	$200	$25	$35	$150	$3/$10/$40/$110
Gold	Shared Cost PPO $0-$250	$0	$0	0%	20%	$10,600	$21,200	Office Visit: $25 Virtual Visit: $0	Office Visit: $25 Virtual Visit: $0	$20	$45	$55	$250	$250 per day, up to 5 days, then $0	$400	$25	$35	$250	$10/50%/50%
Gold	Shared Cost PPO $0-$500	$0	$0	0%	20%	$10,600	$21,200	Office Visit: $45 Virtual Visit: $0	Office Visit: $45 Virtual Visit: $0	$20	$60	$70	$250	$500 per day, up to 5 days, then $0	$350	$60	$60	$350	$3/$20/$85/$120
Gold	Shared Cost PPO $300-100	$300	$600	0%	20%	$10,600	$21,200	Office Visit: $35 Virtual Visit: $0	Office Visit: $35 Virtual Visit: $0	$20	$60	$70	$250 after ded.	$150 after ded.	$350	$70	$90	$350	$3/$15/$85/$120
Gold	Shared Cost PPO $750-100	$750	$1,500	0%	20%	$10,600	$21,200	Office Visit: $30 Virtual Visit: $0	Office Visit: $30 Virtual Visit: $0	$20	$50	$60	$250 after ded.	$150 after ded.	$400	$90	$90	$250	$3/$15/$85/$120
Gold	Shared Cost PPO $1000-100	$1,000	$2,000	0%	20%	$10,600	$21,200	Office Visit: $25 Virtual Visit: $0	Office Visit: $25 Virtual Visit: $0	$20	$60	$60	$250 after ded.	$150 after ded.	$400	$50	$70	$250	$3/$30/$85/$120
Gold	Shared Cost PPO $1000-80	$1,000	$2,000	20%	40%	$10,600	$21,200	Office Visit: $25 Virtual Visit: $0	Office Visit: $25 Virtual Visit: $0	$20	$45	$55	$250 after ded.	20% after ded.	$400	$50	$70	$150	$3/$15/$85/$120
Gold	Shared Cost PPO $1200-100	$1,200	$2,400	0%	20%	$10,600	$21,200	Office Visit: $30 Virtual Visit: $0	Office Visit: $30 Virtual Visit: $0	$20	$55	$60	$250 after ded.	$150 after ded.	$400	$50	$70	$250	$3/$30/$85/$120
Gold	Shared Cost PPO $1400-100	$1,400	$2,800	0%	20%	$8,000	$16,000	Office Visit: $50 Virtual Visit: $0	Office Visit: $50 Virtual Visit: $0	$20	$75	$85	$250 after ded.	$0 after ded.	$300	$75 after ded.	$75 after ded.	$325 after ded.	$3/$15/$85/$120
Gold	Shared Cost PPO $1500-100	$1,500	$3,000	0%	20%	$10,600	$21,200	Office Visit: $30 Virtual Visit: $0	Office Visit: $30 Virtual Visit: $0	$20	$50	$60	$250 after ded.	$150 after ded.	$400	$50	$70	$250	$3/$30/$85/$120
Gold	Shared Cost PPO $1500-80	$1,500	$3,000	20%	40%	$10,600	$21,200	Office Visit: $30 Virtual Visit: $0	Office Visit: $30 Virtual Visit: $0	$20	$45	$50	$250 after ded.	20% after ded.	$400	$50	$70	$100	$3/$15/$85/$120

*Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.

Please refer to page 22 for footnotes.

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All plans offer creditable coverage.

HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE REGION

2026 Shared Cost PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM[2] (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS)		PRIMARY CARE PHYSICIAN/ RETAIL CLINIC	MENTAL HEALTH/ SUBSTANCE ABUSE OFFICE VISIT	OUTPATIENT THERAPIES OCCUPATION/ 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 (HCR COMPREHENSIVE)[2,3]
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/ STANDARD GENERIC/ BRAND FORMULARY/ NON-FORMULARY/ SPECIALTY FORMULARY/ SPECIALTY NON-FORMULARY
		MEMBER PAYS		MEMBER PAYS		MEMBER PAYS													
Gold	Shared Cost PPO $2000-100	$2,000	$4,000	0%	20%	$10,600	$21,200	Office Visit: $40 Virtual Visit: $0	Office Visit: $40 Virtual Visit: $0	$20	$75	$85	$150 after ded.	$0 after ded.	$300	$40	$65	$300	$3/$15/$85/$120
Gold	Shared Cost PPO $2500-100	$2,500	$5,000	0%	20%	$10,600	$21,200	Office Visit: $30 Virtual Visit: $0	Office Visit: $30 Virtual Visit: $0	$20	$50	$60	$225 after ded.	$0 after ded.	$300	$30 after ded.	$50 after ded.	$300	$3/$30/$85/$120
Gold	Shared Cost PPO $2600-70	$2,600	$5,200	30%	50%	$8,000	$16,000	Office Visit: $55 Virtual Visit: $0	Office Visit: $55 Virtual Visit: $0	$20	$80	$90	30% after ded.	30% after ded.	$425	$85	$85	$275	$3/$40/$85/$145
Gold	Shared Cost PPO $2850-100	$2,850	$5,700	0%	20%	$10,600	$21,200	Office Visit: $40 Virtual Visit: $0	Office Visit: $40 Virtual Visit: $0	$20	$65	$75	$150 after ded.	$0 after ded.	$300	$40	$65	$300	$3/$15/$85/$120
Gold	Shared Cost PPO $3000-90	$3,000	$6,000	10%	30%	$8,500	$17,000	Office Visit: $30 Virtual Visit: $0	Office Visit: $30 Virtual Visit: $0	$20	$60	$70	10% after ded.	10% after ded.	$400	$60	$90	$325	$3/$15/$85/$120
Silver	Shared Cost PPO $0 Silver 100	$0	$1,000	0%	20%	$10,600	$21,200	Office Visit: $60 Virtual Visit: $0	Office Visit: $60 Virtual Visit: $0	$20	$80	$90	$250	$500	$650	$75	$150	$500	$3/$45/$125/$170
Silver	Shared Cost PPO $0-100	$0	$0	0%	20%	$10,600	$21,200	Office Visit: $75 Virtual Visit: $0	Office Visit: $100 Virtual Visit: $0	$20	$100	$100	$250	$2,000/day, up to 3 days/ per after admission/ then $0	$1500	$100	$100	$500	$3/$40/$130/$270
Silver	Shared Cost PPO $1400-50	$1,400	$2,800	50%	50%	$10,600	$21,200	Office Visit: $65 Virtual Visit: $0	Office Visit: $65 Virtual Visit: $0	$20	$90	$100	$400 after ded.	50% after ded.	$600 after ded.	$90	$90	50% after ded.	$3/$45/$125/$170
Silver	Shared Cost PPO Basic $2000-75	$2,000	$4,000	25%	45%	$10,600	$21,200	Office Visit: $55 Virtual Visit: $0	Office Visit: 25% after ded. Virtual Visit: $0 after ded.	25% after ded.	25% after ded.	25% after ded.	$250 after ded.	25% after ded.	$400	$55	25% after ded.	25% after ded.	$3/$40/$85/$145
Silver	Shared Cost PPO $4500-100	$4,500	$9,000	0%	20%	$10,600	$21,200	Office Visit: $40 Virtual Visit: $0	Office Visit: $40 Virtual Visit: $0	$20	$75	$75	$250 after ded.	$550 after ded.	$400 after ded.	$90 after ded.	$90 after ded.	$300 after ded.	$3/$45/$125/$170
Silver	Shared Cost PPO $5200-100	$5,200	$10,400	0%	20%	$10,600	$21,200	Office Visit: $40 Virtual Visit: $0	Office Visit: $40 Virtual Visit: $0	$20	$65	$65	$300 after ded.	$300 after ded.	$400 after ded.	$90 after ded.	$90 after ded.	$250 after ded.	$3/$45/$125/$170
Bronze	Shared Cost PPO $7400-70	$7,400	$14,800	30%	50%	$10,600	$21,200	Office Visit: $65 Virtual Visit: $0	Office Visit: 30% after ded. Virtual Visit: $0 after ded.	25% after ded.	30% after ded.	30% after ded.	$300 after ded.	30% after ded.	$400	$100 after ded.	$100 after ded.	$500 after ded.	$3/$40/$130/$270

*Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.

Please refer to page 22 for footnotes.

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All plans offer creditable coverage.

HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE REGION

2026 Health Savings PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM[2] (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS)		PRIMARY CARE PHYSICIAN/ RETAIL CLINIC	MENTAL HEALTH/ SUBSTANCE ABUSE OFFICE VISIT	OUTPATIENT THERAPIES OCCUPATION/ 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 (HCR COMPREHENSIVE)[2,3]
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/ STANDARD GENERIC/ BRAND FORMULARY/ NON-FORMULARY/ SPECIALTY FORMULARY/ SPECIALTY NON-FORMULARY
		MEMBER PAYS		MEMBER PAYS		MEMBER PAYS													
Gold	Health Savings PPO HSA $1750-100	$1,750	$3,500	0%	20%	$5,000	$10,000	Office Visit: $20 after ded. Virtual Visit: $0 after ded.	Office Visi: $20 after ded. Virtual Visit: $0 after ded.	$20 after ded.	$40 after ded.	$45 after ded.	$250 after ded.	$0 after ded.	$400 after ded.	$40 after ded.	$40 after ded.	$200 after ded.	$3/$10/$55/$110 after ded.
Gold	Health Savings PPO HSA $2600-100	$2,600	$5,200	0%	0%	$4,000	$8,000	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$250 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 $3500	$3,500	$7,000	0%	20%	$7,500	$15,000	Office Visit: $20 after ded. Virtual Visit: $0 after ded.	Office Visit: $20 after ded. Virtual Visit: $0 after ded.	$20 after ded.	$50 after ded.	$60 after ded.	$250 after ded.	$0 after ded.	$400 after ded.	$35 after ded.	$50 after ded.	$250 after ded.	$3/$10/$55/$110 after ded.
Silver	Health Savings Embedded PPO HSA $3950-100	$3,950	$7,900	0%	0%	$7,500	$15,000	Office Visit: $25 after ded. Virtual Visit: $0 after ded.	$0 after ded.	$0 after ded.	$50 after ded.	$60 after ded.	$250 after ded.	$350 after ded.	$400 after ded.	$0 after ded.	$0 after ded.	$150 after ded.	$3/$10/$55/$110 after ded.
Silver	Health Savings Embedded PPO HSA $4250-100	$4,250	$8,500	0%	0%	$7,500	$15,000	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$250 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	0% after ded.
Bronze	Health Savings Embedded PPO HSA $6850-100	$6,850	$13,700	0%	0%	$7,500	$15,000	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$100 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.

*Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.

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