For groups with more than 50 employees | Western Pennsylvania Region

HIGHMARK

For health plans with effective dates beginning January 1, 2027		Medical Coverage													Prescriptions
		Medical Deductible		Plan Payment Level (Coinsurance) After Deductible		Out-of-Pocket Limit[1]		TMOOP	Emergency Room	Urgent Care	Retail Clinic	Primary Care Provider (PCP)	Specialist[2]	Telemedicine[3]	Imaging	Rx Templates Available to Align with the Medical Plan
		In-network (2x Family unless noted)	Out-of-network (2x Family)	In-network	Out-of-network	In-network (2x Family)	Out-of-network (2x Family)	In-network (2x Family)		In-network	In-network	In-network	In-network	In-network	In-network	
		Member Pays		Plan Pays		Member Pays										
PPO	**Premium Plans**															
	PPO Blue Premium $10	$0	$250	100%	80%	$0	$2,000	$12,000	$150	$50*	$10	$10	$10	$5	$0	Rx G, L, CCA, CCB, CCC
	PPO Blue Premium $20/$40	$0	$500	100%	80%	$0	$3,000	$12,000	$150	$60*	$20	$20	$40	$15	$0	Rx G, L, CCA, CCB, CCC
	Performance Blue PPO Premium $20/$40	$0	$500	100%	80%	$0	$3,000	$12,000	$150	$60*	$20	$20	$40	$15	$0	Rx G, CCA
	Sharing Plans															
	PPO Blue Sharing $1,000 $30/$40	$1,000	$2,000	100%	80%	$0	$2,000	$12,000	$150	$75*	$30	$30	$40	$20	$0 after ded.	Rx G, L, CCA, CCB, CCC
	Performance Blue PPO Sharing $1,000 $25/$35	$1,000	$2,000	100%	80%	$0	$3,000	$12,000	$250	$75*	$25	$25	$35	$25	$0 after ded.	Rx G, L, CCA, CCB, CCC
	Smart Plans															
	PPO Blue Smart $1,000 80/60 $30/$40	$1,000	$2,000	80%	60%	$1,500	$3,000	$12,000	$150	$75*	$30	$30	$40	$20	20% after ded.	Rx G, L, CCA, CCB, CCC
	Coinsurance Plans															
	PPO Blue Comprehensive Care $500 90/70	$500	$1,000	90%	70%	$1,500	$3,000	$12,000	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	Rx G, L, CCA, CCB, CCC
	Choice Savings Plans															
	PPO Blue Choice Savings $2,000 $30/$40	$2,000	$4,000	100%	80%	$1,000	$2,000	$3,000	$150 after ded.	$75 after ded.*	$30 after ded.	$30 after ded.	$40 after ded.	$0 after ded.	$0 after ded.	Rx DC, DI, CCD, CCDC
	PPO Blue Choice Savings $4,000 $30/$40	$4,000	$8,000	100%	80%	$1,000	$2,000	$5,000	$150 after ded.	$75 after ded.*	$30 after ded.	$30 after ded.	$40 after ded.	$0 after ded.	$0 after ded.	Rx DC, DI, CCD, CCDC
	Performance Blue PPO Choice Savings $4,000 $30/$40	$4,000	$8,000	100%	80%	$500	$1,000	$4,500	$250 after ded.	$75 after ded.*	$30 after ded.	$30 after ded.	$40 after ded.	0% after ded.	0% after ded.	Rx DC, DI, CCD, CCDC
	Healthy Savings Plans															
	PPO Blue Healthy Savings $1,800Q	$1,800	$3,600	100%	80%	$0	$1,800	$1,800	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	Rx DC, CCD, CCDC
	PPO Blue Healthy Savings $1,800Q 90/70	$1,800	$3,600	90%	70%	$1,000	$2,000	$2,600	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	Rx DC, DI, CCD, CCDC
	PPO Blue Healthy Savings $2,000Q 90/70	$2,000	$4,000	90%	70%	$1,000	$2,000	$3,000	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	Rx DC, DI, CCD, D
	PPO Blue Healthy Savings $2,000Q	$2,000	$4,000	100%	80%	$500	$1,000	$2,500	$150 after ded.	$50 after ded.*	$25 after ded.	$25 after ded.	$25 after ded.	$0 after ded.	$0 after ded.	Rx DC, DI, CCD, CCDC
	PPO Blue Healthy Savings $3,000Q $30/$40	$3,000	$6,000	100%	80%	$250	$1,000	$3,000	$150 after ded.	$75 after ded.*	$30 after ded.	$30 after ded.	$40 after ded.	$0 after ded.	$0 after ded.	Rx DC, DI, CCD, CCDC
	PPO Blue Healthy Savings $3,200Q	$3,200	$6,400	100%	80%	$0	$1,500	$3,200	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	$0 after ded.	Rx DC, CCD, CCDC
	PPO Blue Healthy Savings $3,500Q 90/70	$3,500	$7,000	90%	70%	$1,000	$2,000	$4,500	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	Rx DC, DI, CCD, CCDC
	Performance Blue PPO Healthy Savings $3,000Q $30/$40	$3,000	$6,000	100%	80%	$1,000	$2,000	$4,500	$250 after ded.	$75 after ded.*	$30 after ded.	$30 after ded.	$40 after ded.	0% after ded.	0% after ded.	Rx DC, CCD, CCDC
	Performance Blue PPO Healthy Savings $4,000Q	$4,000	$8,000	100%	80%	$0	$0	$4,000	0% after ded.	0% after ded.	0% after ded.	0% after ded.	0% after ded.	0% after ded.	0% after ded.	Rx DC, CCD, CCDC

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For health plans with effective dates beginning January 1, 2027

		Medical Coverage														Prescriptions
		Medical Deductible		Plan Payment Level (Coinsurance) After Deductible		Out-of-Pocket Limit[1]		TMOOP	Emergency Room	Urgent Care	Retail Clinic	Primary Care Provider (PCP)	Specialist[2]	Telemedicine[3]	Imaging	Rx Templates Available to Align with the Medical Plan
		In-network (2x Family unless noted)	Out-of-network (2x Family)	In-network	Out-of-network	In-network (2x Family)	Out-of-network (2x Family)	In-network (2x Family)		In-network	In-network	In-network	In-network	In-network	In-network	
		Member Pays		Plan Pays		Member Pays										
EPO	EPO Blue Sharing $2,000 $30/$40	$2,000	N/A	100%	N/A	$0	N/A	$12,000	$150	$75*	$30	$30	$40	$20	0% after ded.	Rx G, L, CCA, CCB, CCC
EPO	EPO Blue Comprehensive Care $750 80	$750	N/A	80%	N/A	$2,000	N/A	$12,000	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	Rx G, L, CCA, CCB, CCC
EPO	EPO Blue Choice Savings $2,000 $30/$40	$2,000	N/A	100%	N/A	$1,000	N/A	$3,000	$150 after ded.	$75 after ded.*	$30 after ded.	$40 after ded.	$40 after ded.	0% after ded.	0% after ded.	Rx DC
EPO	EPO Blue Healthy Savings $2,000Q 90	$2,000	N/A	90%	N/A	$1,000	N/A	$3,000	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	Rx CCD3
EPO	EPO Blue Healthy Savings $6,350Q	$6,350	N/A	100%	N/A	$0	N/A	$6,350	0% after ded.	0% after ded.	0% after ded.	0% after ded.	0% after ded.	0% after ded.	0% after ded.	Rx CCD3
EPO	Performance Blue EPO Sharing $1,000 $25/$35	$1,000	N/A	100%	N/A	$0	N/A	$12,000	$250	$75*	$25	$25	$35	$25	0% after ded.	Rx G, L, CCA, CCB, CCC
EPO	Performance Blue EPO Smart $1,500 $25/$35	$1,500	N/A	90%	N/A	$500	N/A	$12,000	$250	$75*	$25	$25	$35	$25	0% after ded.	Rx G, L, CCA, CCB, CCC
EPO	Performance Blue EPO Choice Savings $2,000 $30/$40	$2,000	N/A	100%	N/A	$1,000	N/A	$3,000	$250 after ded.	$75 after ded.*	$30 after ded.	$30 after ded.	$40 after ded.	0% after ded.	0% after ded.	Rx DC, DI, CCD, CCDC
EPO	Performance Blue EPO Healthy Savings $3,500Q	$3,500	N/A	100%	N/A	$1,000	N/A	$3,500	0% after ded.	0% after ded.	0% after ded.	0% after ded.	0% after ded.	0% after ded.	0% after ded.	Rx D

For health plans with effective dates beginning January 1, 2027

	Medical Coverage																					Prescriptions
	Medical Deductible (2x Family)		Plan Payment Level (Coinsurance)		Out-of-Pocket Max (2x Family)		TMOOP (2x Family)	Hospital Inpatient	Outpatient Surgery	Emergency Room	Urgent Care Member Liability	Retail Clinic	PCP	Specialist[2]	Tele-medicine[3]	Allergy Extracts/ Injections	DME/ Orthotics/ Prosthetics	Private Duty Nursing	Skilled Nursing Facility	Imaging**		Rx Templates Available to Align with the Medical Plan
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	In-network	In-network		In-network	In-network	In-network	In-network	In-network	In-network	In-network	In-network	In-network	Advanced	Basic	
	Member Pays		Plan Pays		Member Pays																	
EPO Blue $20/$40 Easy Plan	$0	N/A	100%	N/A	$0	N/A	$12,000	$1,000	$100	$150	$50*	$20	$20	$40	$10	$40	$40	$20	$1,000	$75	$20	Rx L
EPO Blue $30/$50 Easy Plan	$0	N/A	100%	N/A	$0	N/A	$12,000	$2,000	$150	$200	$60*	$30	$30	$50	$15	$50	$50	$20	$2,000	$100	$30	Rx L
EPO Blue $35/$55 Easy Plan	$0	N/A	100%	N/A	$0	N/A	$12,000	$2,500	$500	$300	$70*	$35	$35	$55	$20	$55	$55	$20	$2,500	$125	$40	Rx L
PPO Blue $30/$50 Easy Plan	$0	$4,000	100%	80%	$0	$5,500	$12,000	$2,000	$150	$200	$60*	$30	$30	$50	$15	$50	$50	$20	$2,000	$100	$30	Rx L

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For health plans with effective dates beginning January 1, 2027	Medical coverage														Prescriptions
	Medical Deductible		Plan Payment Level (Coinsurance) After Deductible		Out-of-Pocket Limit[1]		TMOOP	Emergency Room	Urgent Care	Primary Care Provider (PCP)/ Retail Clinic	Specialist[2]	Telemedicine[3]	Advanced Imaging	Basic Diagnostic (lab, X-ray, etc.)	Rx Templates Available to Align with the Medical Plan
	In-network (2x Family unless noted)	Out-of-network (2x Family)	In-network	Out-of-network	In-network (2x Family unless noted)	Out-of-network (2x Family)	In-network (2x Family)		In-network	In-network	In-network	In-network	In-network	In-network	
	Member pays		Plan pays		Member pays										
Performance Flex Blue EPO Smart $1,500 $25/$35	Enhanced: $1,500 Standard: $4,500	N/A	Enhanced: 90% Standard: 70%	N/A	Enhanced: $500 Standard: $1,500	N/A	$12,000	$250	Enhanced: $75* Standard: $100*	Enhanced: $25 Standard: $50	Enhanced: $35 Standard: $70	$25	Enhanced: 10% after ded. Standard: 30% after ded.	Enhanced: 10% after ded. Standard: 30% after ded.	Rx G, L, CCA, CCB, CCC
Performance Flex Blue EPO Sharing $1,000 $25/$35	Enhanced: $1,000 Standard: $2,000	N/A	Enhanced: 100% Standard: 80%	N/A	Enhanced: $0 Standard: $3,000	N/A	$12,000	$250	Enhanced: $75* Standard: $100*	Enhanced: $25 Standard: $50	Enhanced: $35 Standard: $70	$25	Enhanced: 0% after ded. Standard: 20% after ded.	Enhanced: 0% after ded. Standard: 20% after ded.	Rx G, L, CCA, CCB, CCC
Performance Flex Blue PPO Premium $20	Enhanced: $0 Standard: $500	$1,000	Enhanced: 100% Standard: 70%	50%	Enhanced: $0 Standard: $3,000	$6,000	$12,000	$250	Enhanced: $50* Standard: $80*	Enhanced: $20 Standard: $40	Enhanced: $20 Standard: $40	$15	Enhanced: 0% after ded. Standard: 30% after ded.	Enhanced: 0% after ded. Standard: 30% after ded.	Rx G, L, CCA, CCB, CCC
Performance Flex Blue PPO Sharing $500 $30/$40	Enhanced: $500 Standard: $1,500	$3,000	Enhanced: 100% Standard: 70%	50%	Enhanced: $0 Standard: $3,000	$6,000	$12,000	$250	Enhanced: $50* Standard: $100*	Enhanced: $30 Standard: $50	Enhanced: $40 Standard: $75	$20	Enhanced: 0% after ded. Standard: 30% after ded.	Enhanced: 0% after ded. Standard: 30% after ded.	Rx G, L, CCA, CCB, CCC
Performance Flex Blue PPO Smart $1,500 90/70	Enhanced: $1,500 Standard: $4,500	$9,000	Enhanced: 90% Standard: 70%	50%	Enhanced: $500 Standard: $1,500	$3,000	$12,000	$250	Enhanced: $75* Standard: $100*	Enhanced: $25 Standard: $50	Enhanced: $35 Standard: $70	$25	Enhanced: 10% after ded. Standard: 30% after ded.	Enhanced: 10% after ded. Standard: 30% after ded.	Rx G, L, CCA, CCB, CCC
Performance Flex Blue PPO Choice Savings $4,000 $30/$40	Enhanced: $4,000 Standard: $6,000	$12,000	Enhanced: 100% Standard: 70%	50%	Enhanced: $500 Standard: $1,000	$2,000	$12,000	$250 after ded.	Enhanced: $75 after ded.* Standard: $100 after ded.*	Enhanced: $30 after ded. Standard: $60 after ded.	Enhanced: $40 after ded. Standard: $75 after ded.	0% after ded.	Enhanced: 0% after ded. Standard: 30% after ded.	Enhanced: 0% after ded. Standard: 30% after ded.	Rx DC, DI, CCD, CCDC
Performance Flex Blue PPO Healthy Savings $3,500Q Rx D	Enhanced: $3,500 Standard: $5,500	$11,000	Enhanced: 100% Standard: 70%	50%	Enhanced: $0 Standard: $1,000	$2,000	$6,500	0% after ded.	Enhanced: 0% after ded. Standard: 30% after ded.	Enhanced: 0% after ded. Standard: 30% after ded.	Enhanced: 0% after ded. Standard: 30% after ded.	0% after ded.	Enhanced: 0% after ded. Standard: 30% after ded.	Enhanced: 0% after ded. Standard: 30% after ded.	Rx DC, CCD, CCDC

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

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Rx Name	Formulary	Benefit Design	Retail	Mail Order
Rx CCA	Core	Closed	Low-Cost Generic: $3 Medium-Cost Generic: $10 Higher-Cost Generic/Brand: 10%/$150 max Highest-Cost Generic/Brand: 15%/$450 max	Low/Medium-Cost Generic: 2x Retail Higher-Cost Generic/Brand: 10%/$300 max Highest-Cost Generic/Brand: 15%/$900 max
Rx CCA	Core	Closed	Low-Cost Generic: $3 Medium-Cost Generic: $10 Higher-Cost Generic/Brand: $75 Highest-Cost Generic/Brand: $225	2x Retail
Rx CCB	Core	Closed	Low-Cost Generic: $5 Medium-Cost Generic: $15 Higher-Cost Generic/Brand: 15%/$200 max Highest-Cost Generic/Brand: 25%/$600 max	Low/Medium-Cost Generic: 2x Retail Higher-Cost Generic/Brand: 15%/$400 max Highest-Cost Generic/Brand: 25%/$1,200 max
Rx CCC	Core	Closed	Low-Cost Generic: $8 Medium-Cost Generic: $20 Higher-Cost Generic/Brand: 20%/$250 max Highest-Cost Generic/Brand: 30%/$750 max	Low/Medium-Cost Generic: 2x Retail Higher-Cost Generic/Brand: 20%/$500 max Highest-Cost Generic/Brand: 30%/$1,500 max
Rx CCD	Core	Closed	Integrated with Medical[4]	Integrated with Medical[4]
Rx CCDC	Core	Closed	Integrated with Medical[4] (after deductible) Low-Cost Generic: $3 Medium-Cost Generic: $10 Higher-Cost Generic/Brand: $50/max Highest-Cost Generic/Brand: $100/max	Integrated with Medical[4]: 2x Retail
Rx CCDC	Core	Closed	Integrated with Medical[4] (after deductible) Low-Cost Generic: $3 Medium-Cost Generic: $10 Higher-Cost Generic/Brand: $75 Highest-Cost Generic/Brand: $225	Integrated with Medical[4]: 2x Retail
RX D	Comprehensive	Incentive	Integrated with Medical	Integrated with Medical
Rx DC	Comprehensive	Incentive	Integrated with Medical[4] (after deductible) Low-Cost Generic: $3 Generic: $15 Preferred Brand: $30 Non-Pref. Brand: $60	Integrated with Medical[4]: 2x Retail
Rx DI	Comprehensive	Incentive	Integrated with Medical[4] (after deductible) Generic – coinsurance after deductible Brand Formulary – (coinsurance minus 5%) after deductible Brand Non-Formulary – (coinsurance minus 10%) after deductible	Integrated with Medical[4] (after deductible) Generic – coinsurance after deductible Brand Formulary – (coinsurance minus 5%) after deductible Brand Non-Formulary – (coinsurance minus 10%) after deductible
Rx G	Comprehensive	Incentive	Generic: $8 Preferred Brand: $40 Non-Pref. Brand: $70	2.5x Retail
Rx L	Comprehensive	Incentive	Low-Cost Generic: $3 Generic: $10 Preferred Brand: $40 Non-Pref. Brand: $65	2x Retail

Western Pennsylvania is comprised of 29 counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington, and Westmoreland.

1 Out-of-Pocket Limit (for non-Healthy Savings plans): Includes coinsurance. Out-of-Pocket Limit (for Healthy Savings and Choice Savings plans): Includes coinsurance and copayments. The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government, TMOOP must include deductible, coinsurance, copays, prescription drug cost share, and any qualified medical expense. Non-High Deductible Health Plans (such as PPOs, etc.): Effective with plan years beginning on or after January 1, 2027, the TMOOP cannot exceed $12,000 for individual and $24,000 for two or more persons. Qualified High Deductible Health Plans: Effective with plan years beginning on or after January 1, 2027, the TMOOP cannot exceed $8,700 for individual and $17,400 for two or more persons. In addition, new regulations for 2027 do not allow a member within a family plan to exceed $12,000 in cost sharing.

2 Specialist copay also applies to outpatient: chiropractic, physical therapy, and speech therapy office visits.

3 On-demand 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 Integrated Rx plans include all medical and prescription claims accumulating toward one overall deductible.

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

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

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）。

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