

Benefits that support your best health.

Highlights from your plan.



HIGHMARK  

Because Life.™

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

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Three ways Highmark makes it simple.

1

Coverage that goes where you go.

With your coverage, 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, you're covered in 190 countries.

2

Total support, day or night.

Whether it's 24/7 answers from registered nurses, video visits with a provider for a diagnosis or a prescription, or help booking appointments – we're there when you need us.

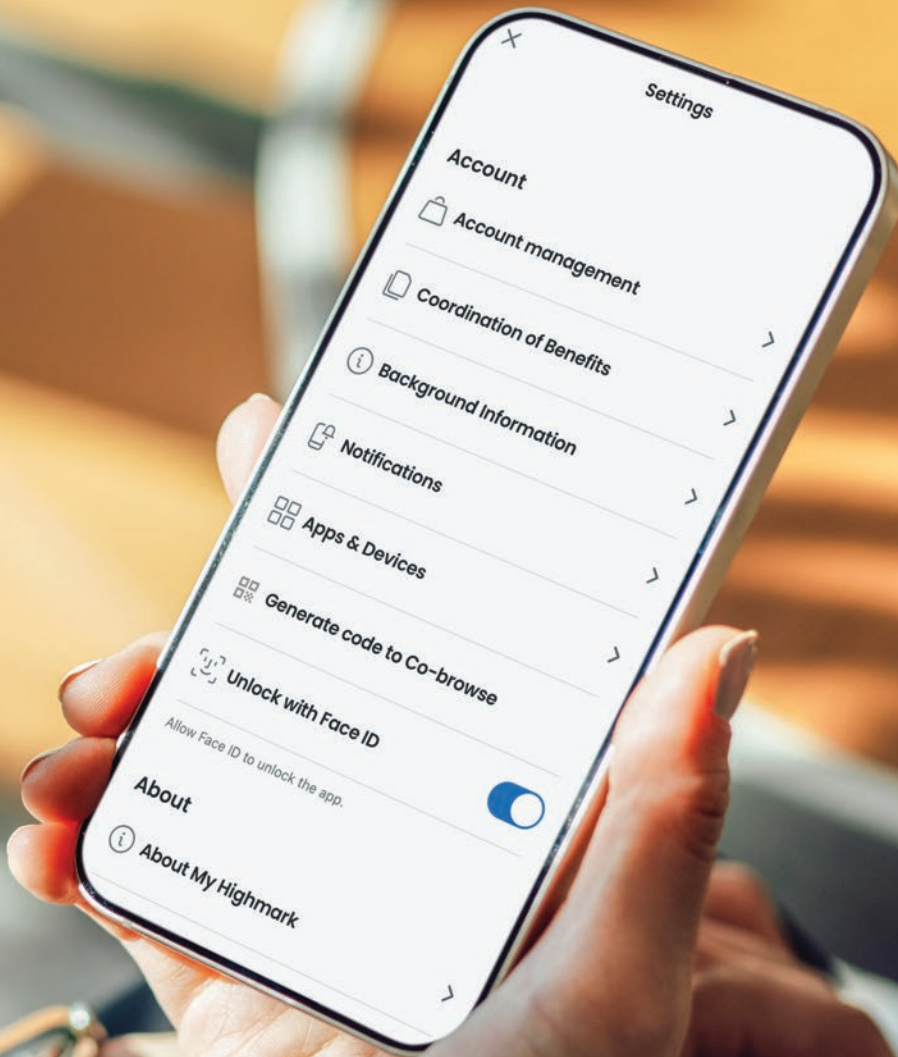
3

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.

*Local facilities and providers may vary by selected plan.

Get to know My Highmark.



All your plan details, all in one place. My Highmark is your one-stop digital experience for accessing everything your plan has to offer. Here's a look at what's waiting for you there.

MANAGE YOUR PLAN

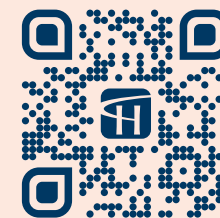
- **Review your benefits:** Get important info on your benefits and coverage.
- **View your member ID card:** Download a digital version for easy access.
- **See claims:** View your claim status and explanations of benefits (EOBs).
- **Estimate costs:** Predict out-of-pocket prices for procedures and services.
- **Budget:** Track progress on your deductible and out-of-pocket maximum.

GET CARE QUICKLY

- **Find doctors and hospitals:** Search for in-network providers near you.
- **Schedule virtual visits:** See a provider through Well360 Virtual Health.

REACH YOUR HEALTH GOALS

- **Complete a health assessment:** Then get recommendations based on your goals, medical history, and lifestyle.
- **Enroll in digital programs:** Access over 70 programs on topics like nutrition, mental health, and chronic conditions.
- **Sign up for a challenge:** Participate in short challenges to help kickstart a healthy habit.



REGISTERING IS EASY.

Scan the QR code to download the My Highmark app or go to MyHighmark.com to get started.

Find providers and get care.

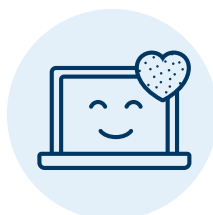


BLUE DISTINCTION

See specialists who get better results.

Blue Distinction providers are top-rated specialists that meet national standards for quality and safety. You can find these providers on My Highmark when searching for care, where they'll be marked with a Blue Distinction icon.

Blue
Distinction®
Center



WELL360 VIRTUAL HEALTH

Personalized care when and where you want it.

No more waiting rooms, no more waiting to schedule. Well360 Virtual Health lets you see a board-certified doctor right away from your phone, tablet, or computer. Log in to My Highmark to schedule.



Tools and support.



WELLNESS COACHING Guidance for building healthy habits.

On the path to better health, having a coach in your corner can make a huge difference. Call 1-800-650-8442 or visit [HighmarkHealthCoachBCBS.com](https://www.highmark.com/health-coach) to schedule a free session with a coach.



BLUE365SM Discounts to help you stay healthy and active.

Get exclusive deals on lifestyle perks that keep you fit and nourished, from workout gear to personal wellness items to healthy meal services.



24/7 NURSELINE Around the clock answers from a pro.

Medical concerns during off hours? Just call the phone number on the back of your member ID card or log in to the My Highmark app to get advice from a registered nurse or a health coach anytime.



DISEASE MANAGEMENT PROGRAMS Help managing chronic conditions.

If you're dealing with a chronic health problem, you don't have to go it alone. Get one-on-one nurse support for conditions like asthma, diabetes, heart disease, and more.



LOCAL RESOURCES Free support for life's challenges.

Things like food, housing, social connections, and finances can all impact your health. If you need help with any of these, visit [HighmarkCommunitySupport.com](https://www.highmark.com/community-support) and enter your ZIP code to find local resources.



VIRTUAL CARE Get treated from the comfort of home.

Connect with a health care professional without leaving the house. Access a range of virtual care programs to get the support you need, when you need it.

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 My Highmark 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](https://www.myhighmark.com).

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

Blue365 is a registered mark of the Blue Cross Blue Shield Association.

BlueCard® is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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 health care. 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.

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., First Priority Health or First Priority Life Insurance 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 BCBS Inc. d/b/a Highmark Blue Cross Blue Shield.

West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield. 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.

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>.

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 مجاناً. اتصل بالرقم المقدم للولاية التي تقيم فيها.

UWAGA: jeżeli posługuje się Pan/Pani językiem polsku, udostępniamy bezpłatne 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.



Because Life.™

Benefit Highlights 2025

07/25 MX4780931

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The SMPL standard makes care and benefits information easy to understand and use.