HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE REGION

2027 Shared Cost PPO Plans

AVAILABLE IN THE FOLLOWING COUNTIES:
Kent, **New Castle**, and **Sussex**

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[2]	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)[3,4]
		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%	$7,000	$14,000	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 $500-100	$500	$1,000	0%	20%	$7,000	$14,000	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 $1000-100	$1,000	$2,000	0%	20%	$10,000	$20,000	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.

To view the full benefit grid, click on the product name above or contact your local broker.

**Plan does not offer creditable coverage. See page 23 for details.

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HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE REGION

2027 Shared Cost PPO Plans

AVAILABLE IN THE FOLLOWING COUNTIES:
Kent, **New Castle**, and **Sussex**

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[2]	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)[3,4]
		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%	$12,000	$24,000	Office Visit: $60 Virtual Visit: $0	Office Visit: $60 Virtual Visit: $0	$20	$80	$90	$500	$1,500	$650	$80	$200	$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	$1,500	$100	$100	$500	$3/$40/$130/$270
Silver	Shared Cost PPO $2500-50	$2,500	$5,000	50%	50%	$12,000	$24,000	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 $3000-65	$3,000	$6,000	35%	45%	$12,000	$24,000	Office Visit: $55 Virtual Visit: $0	Office Visit: 25% after ded Virtual Visit: $0 after ded	35% after ded	35% after ded	35% after ded	$250 after ded	35% after ded	$400	$55	35% after ded	35% after ded	$3/$40/$85/$145
Silver	Shared Cost PPO $6500-100	$6,500	$13,000	0%	20%	$12,000	$24,000	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	30% 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.

To view the full benefit grid, click on the product name above or contact your local broker.

**Plan does not offer creditable coverage. See page 23 for details.

HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE REGION

2027 Health Savings PPO Plans

AVAILABLE IN THE FOLLOWING COUNTIES:
Kent, **New Castle**, and **Sussex**

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[2]	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)[3,4]
		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 $8000-100	$8,000	$16,000	0%	0%	$8,500	$17,000	$0 after ded	$0 after ded	$0 after ded	$0 after ded	$0 after ded	$200 after ded	$300 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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FOOTNOTES:

1 Out-of-pocket maximum calculation includes deductible, copayment, and coinsurance.

2 Specialist cost-sharing amounts also apply to outpatient: chiropractic, physical therapy, and speech therapy office visits.

3 Rx information displayed: Retail up to 31-day supply. NOTE: Member's maximum coinsurance payment for a retail Specialty Rx is **$350** Formulary/ **$500** Non-Formulary.

4 Integrated Rx plans include all medical and prescription claims accumulating toward one overall deductible.

SENSIBLERX COMPLETE:

This add-on for your pharmacy plan lowers pharmacy plan costs while still providing the best possible care. SensibleRx Complete is a program that helps members to reduce pharmacy costs by motivating them to choose generic medications over brand name through cost.* Members who request brand-name medications when generic equivalents are available will pay the brand cost-sharing plus the cost difference between the brand and generic medication.

*A penalty exception request can be made to Highmark by the member or provider. Medical necessity documentation needs to be sent showing that the member has experienced an adverse event or serious allergic reaction (e.g., anaphylaxis) to the generic equivalent of the brand name product that would not be expected to occur with the brand product.

EMBEDDED PLANS:

In this approach, an individual family member can be eligible for payment of benefits upon meeting the Individual deductible amount (even if the rest of the family has not met the Family deductible amount). Additionally, an individual family member's out-of-pocket (OOP) maximum will be the same as that of a member purchasing Individual coverage for the specified health plan.

NON-EMBEDDED PLANS:

In this approach, the entire Family deductible must be met before any family member is eligible for payment of benefits. Additionally, the entire Family out-of-pocket (maximum) must be met before the plan begins paying 100%. One family member may satisfy the entire Family deductible and/or OOP.

HEALTH SAVINGS ACCOUNT (HSA):

A health savings account (HSA) is available to employees. Employer contributions in amounts that exceed annual federally mandated maximum(s) may result in actuarial value changes that may impact compliance as a qualified health plan.

CREDITABLE COVERAGE:

The Medicare Modernization Act requires entities (whose policies include prescription drug coverage) to notify Medicare-eligible policyholders whether their prescription drug coverage is creditable coverage, which means that the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage.

This is not a contract. This benefits summary presents plan highlights only.
Contract limitations and exclusions apply. Please refer to the benefits booklet for complete information.

To determine the availability of services under your health plan, please review your contract for details on benefits, conditions, and exclusions or call the number on the back of your member ID card.

Information above presents in-network plan highlights only. PPO plans also provide benefits for many out-of-network services, generally with higher member cost sharing. Please see plan materials for information.