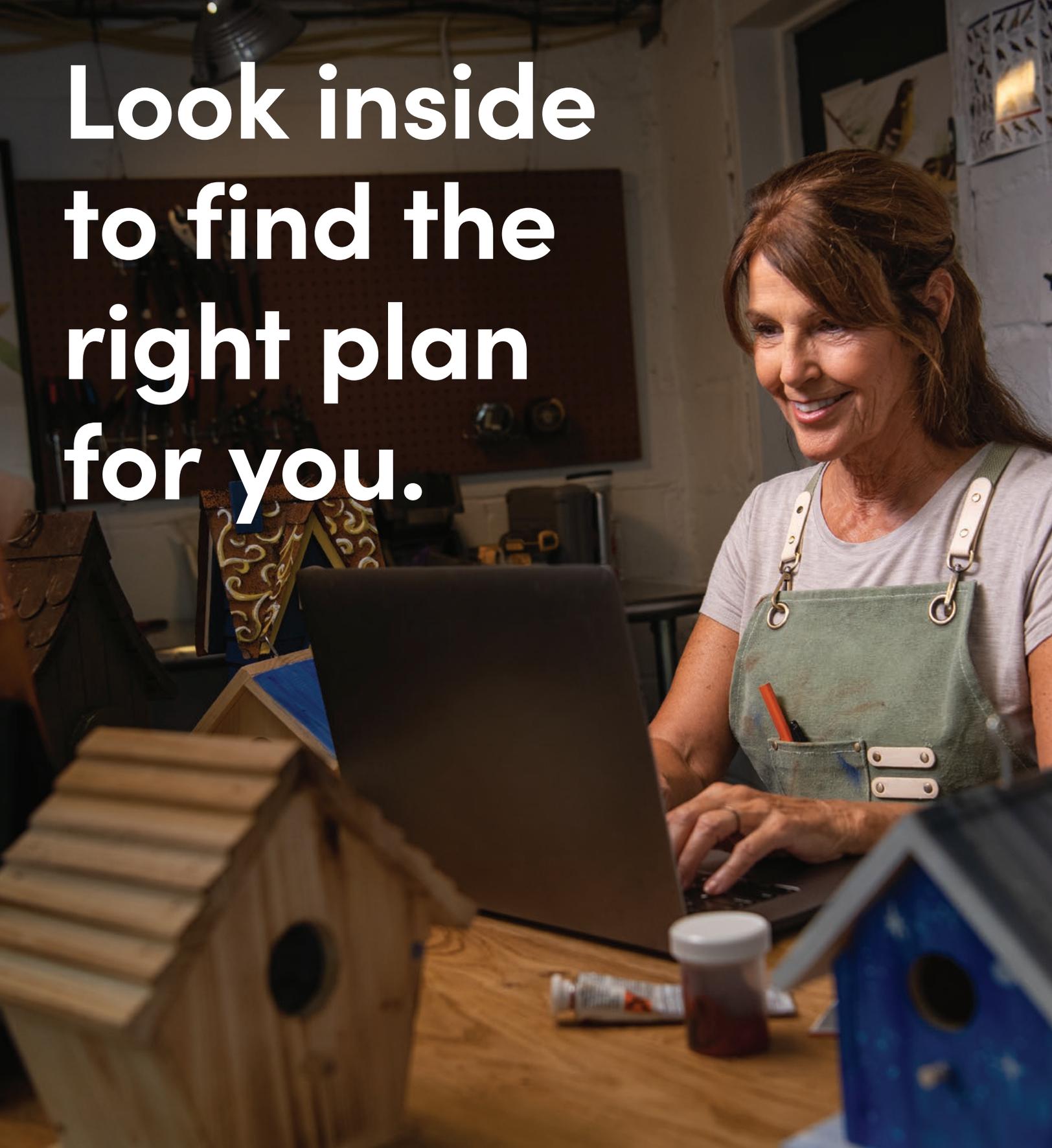


Look inside to find the right plan for you.



**For Benefit Period:
January 1 to December 31, 2023**

Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association.

HIGHMARK  
WESTERN NEW YORK

Because Life.™

Go ahead. Get picky about your plan.

There are a lot of great coverage options from Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY). This book will help you find the plan, the product, and the network access that matters most to you.

Looking for something in particular? You can easily navigate through the guide by clicking on the headings in the Table of Contents.

Why choose Highmark BCBSWNY?	5
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Why choose our health plans?

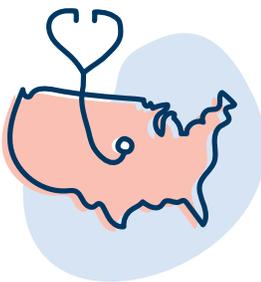
Woah. So many reasons. Here are three big ones right off the top of our heads.



1

Expert care, close to home.

Highmark BCBSWNY invests in a patient-first approach to care, with easy access to high-quality, lower-cost health care services in your area.



2

Coverage that travels with you.

All of our plans come with access to BlueCard®. You're connected to the largest physician and hospital networks in the U.S. with over 1.7 million providers, including 95% of all hospitals.*

With most Highmark BCBSWNY plans, BlueCard also gives you access to routine,** urgent, and emergency care, no matter where you are. Some plans only provide BlueCard coverage for emergency and urgent care.

See page 21 for more information on BlueCard.



3

No red tape.

See whichever in-network doctors you want to see — **no referral needed.** Or call 1-888-BLUE-428, and we'll find a specialist for you. No hoops, no hoopla.

And that's just for starters.

Turn the page for even more reasons to choose Highmark BCBSWNY.

* According to the Blue Cross and Blue Shield Association.

** Certain services may require you to work with your BlueCard-participating provider to obtain prior authorization. Claims for routine care received by BlueCard providers outside of Highmark BCBSWNY's service area will be processed as out of network by the local Blue plan where the service is received.

**How easy do we
make it to find care
and get care?**

Almost too easy.



VIRTUAL HEALTH

Face-to-face with a doctor, 24/7.

Need to see a doctor but don't want to leave your couch? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. Best of all, the virtual health services provided by Amwell® are also available through many in-network providers. That's laid-back-in-a-recliner easy.



BLUE DISTINCTION®**

Easy access to top-performing specialists.

Only doctors who consistently deliver safe, effective treatments make the Blue Distinction list. You can cherry-pick a top-performing specialist for any care you need. Use our Find a Doctor tool and look for the Blue Distinction logo next to their name.



THE HIGHMARK BCBSWNY MEMBER WEBSITE

Your entire plan at your fingertips.

No more searching for old files or waiting on snail mail. Your digital ID card, Find a Doctor tool, deductible progress, and claims status are all available online at highmark.com/bcbswny.



MY CARE NAVIGATORSM

Your appointments, booked for you.

It's as simple as calling 1-888-BLUE-428. We'll help you find the in-network doctor you need and reserve some space on their calendar for a checkup. Which means less on-hold music for you.

**How simple is it
for you to get
answers and
reach your goals?**

Super simple.



BLUES ON CALLSM

Answers from a health pro, 24/7.

Medical concerns during off hours? Just call 1-888-BLUE-428 to get support from a registered nurse or a health coach any time and put your worries to bed.



WELLNESS CARD

It pays to be healthy.

Enjoy a \$250 wellness card* to use on your favorite health and wellness activities. Visit bcbswny.com/wellnesscard to learn more.

* One \$250 wellness card per contract with 2023 Highmark BCBSWNY Individual plans.



WELLNESS

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Get guidance based on your lifestyle, trackers to measure your progress, resources like Sharecare®, and access to experienced wellness coaches to make healthy choices and keep you motivated. Once you're enrolled, visit mycare.sharecare.com.



BLUE365[®]

Discounts to help you stay healthy and active.

With Blue365, you get exclusive discounts on travel, car rental, and even clothing and footwear. Check out member-only deals at blue365deals.com/bcbswny.

**Before we get
much further,
let's cover some
Affordable Care Act
(ACA) essentials.**

ACA basics

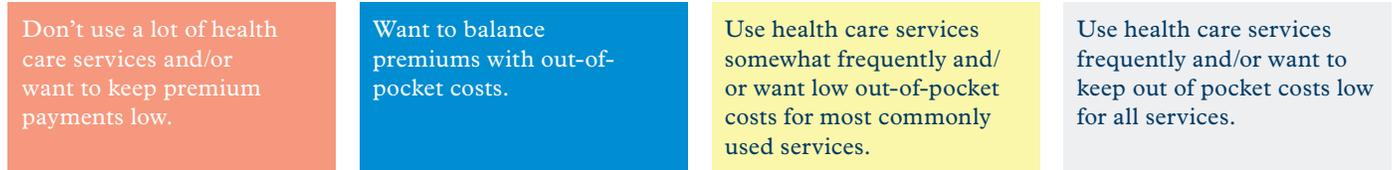
Metal levels

ACA plans* are broken into four categories based on how you and your plan share the costs of your health care.

Just so you know, metal levels reflect cost-sharing** differences only – which means you get the same quality of care at any level.



The levels make sense if you:



* ACA also includes Catastrophic and Standard level plans. Catastrophic plans are available if you're under 30 or have a financial hardship. They're for people who do not go to the doctor frequently or only when there's an emergency. Standard plan enrollment is limited to those aged 19–64.

**The portion of health care services that you pay out of pocket. This generally includes deductibles, coinsurance, and copays.



Ways to save

Good news: There are two ways available to save for ACA enrollees.

Even better news: More than 80% of our ACA members qualify to save.

Advance Premium Tax Credits (APTC), which may be applied – in advance – to lower what you pay each month for your premium on any level Marketplace plan except Catastrophic.

Cost-Sharing Reductions (CSR) will lower out-of-pocket costs that you may pay at the time of service for doctor visits, lab tests, drugs, and other covered services. CSR plans also offer lower deductibles, copays, and coinsurance. You can **only** get these savings if you enroll in an “Extra Savings” Silver plan.

You can qualify for both an APTC and CSR, too.

Extra ACA assistance

The Inflation Reduction Act lowers the cost of health plans for middle- and lower-income individuals and families. It may provide more aid even if you’ve previously qualified for financial help. And it makes it easier to qualify if you’ve been denied in the past.

Your savings can be significant. **See for yourself.**

Kyle

Single, 40 years old
Annual income: \$19,140

Before: \$66 monthly premium

After: \$0 monthly premium

Savings: \$792/year

Dean and Vanessa

Married couple, 64 years old
Annual income: \$77,850

Before: \$2,492 monthly premium

After: \$550 monthly premium

Savings: \$23,304/year

Premiums and Advance Premium Tax Credit (APTC) will vary by county. Examples are based on the second-lowest cost Silver plan available on the Marketplace in a given area. The price of this plan is used to calculate premium subsidies.



See if you qualify

To see if you're eligible for financial help, locate your qualifying income and household size on the chart below. Then refer to the plans for your county to find the plans that meet your needs.

Even if you don't qualify for cost-sharing reductions, you may be eligible for advance premium tax credits. Please refer to the Standard plan options for your county.

Who needs coverage?	What is the income for those covered under your health plan?					
	Eligible for Medicaid	Eligible for Essential Plans	Eligible for CSRs and APTCs			Eligible for APTCs
	Medicaid Eligible Range (100-138% or less FPL)	Essential Plan Eligibility Range (200% or less FPL)	Silver Extra Savings Plans			Standard
			138-150% CSR plans	150-200% CSR plans	200-250% CSR plans	
Single	Less than \$18,754	\$27,180	\$18,755 – \$20,385	\$20,385 – \$27,180	\$27,180 – \$33,975	\$33,975 – \$54,360
Family of 2	Less than \$25,268	\$36,620	\$25,269 – \$27,465	\$27,465 – \$36,620	\$36,620 – \$45,775	\$45,775 – \$73,240
Family of 3	Less than \$31,781	\$46,060	\$31,782 – \$34,545	\$34,545 – \$46,060	\$46,060 – \$57,575	\$57,575 – \$92,120
Family of 4	Less than \$38,295	\$55,500	\$38,296 – \$41,625	\$41,625 – \$55,500	\$55,500 – \$69,375	\$69,375 – \$111,000
Family of 5	Less than \$44,809	\$64,940	\$44,810 – \$48,705	\$48,705 – \$64,940	\$64,940 – \$81,175	\$81,175 – \$129,880
Family of 6	Less than \$51,322	\$74,380	\$51,323 – \$55,785	\$55,785 – \$74,380	\$74,380 – \$92,975	\$92,975 – \$148,760
Family of 7	Less than \$57,836	\$83,820	\$57,837 – \$62,865	\$62,865 – \$83,820	\$83,820 – \$104,775	\$104,775 – \$167,640
Family of 8	Less than \$64,349	\$93,260	\$64,350 – \$69,945	\$69,945 – \$93,260	\$93,260 – \$116,575	\$116,575 – \$186,520

*Income between 100% and 400% FPL: If your income is in this range, you qualify for premium tax credits in all states that lower your monthly premium for a Pennsylvania Insurance Exchange health insurance plan.

*Income below 138% FPL: If your income is below 138% FPL and your state has expanded Medicaid coverage, you qualify for Medicaid based only on your income.

*American Indians and Alaska Natives who are members of federally recognized tribes are eligible for cost-sharing reductions at alternative dollar thresholds.

Essential Plan enrollment is limited to those aged 19-64. To confirm your eligibility for one of four levels of Essential Plans, contact New York State of Health by calling 855-355-5777 or visiting nystateofhealth.ny.gov.

This chart is only applicable for coverage in 2023 and in the 48 contiguous states and the District of Columbia. For families/households with more than 8 persons, add \$4,720 for each additional person. HHS Poverty Guidelines for 2022 (March 3, 2022). Retrieved from <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

Check to see if you qualify for one or both types of help.
Call 855-355-5777.



Next, enrollment dates.

There are two ways you can enroll in or change your ACA coverage. One is a fixed period that happens every year. The other is for special cases that can happen any time.

1 OPEN ENROLLMENT PERIOD November 16, 2022 – January 15, 2023

If you sign up by December 15, 2022, your plan takes effect on January 1, 2023.

If you sign up between December 16, 2022, and January 15, 2023, your plan takes effect on February 1, 2023.



2 SPECIAL ENROLLMENT PERIODS Can happen any time throughout the year

During a Special Enrollment Period, you can only get or change coverage if you have a qualifying life event. Examples include losing your existing coverage, a new addition to the family, getting married, or moving to a new area where you can't keep your current plan. Many Special Enrollment Periods only last 60 days from the qualifying life event.

If you think you're eligible for a Special Enrollment Period, you may be asked to submit documents to verify it. You can go to [ShopBluePlans.com](https://www.shopblueplans.com) for more information.

Finally, your ACA Enrollment Checklist.

Here's the info you'll need for each person who will be covered on your plan.

- Date of birth
- Social Security number
(or legal immigrant documents)
- Income documentation for all household members, even if they won't be covered by the plan
(pay stubs, W-2 forms, or wage and tax statements)
- Current health insurance policy numbers (if applicable)
- Info on any health insurance you or your family could get from your job

All set? Great. Let's dig into the details for 2023 — and find a plan with the benefits you want at price you can afford.

2023 plan designs and network highlights

Now that we've gotten the preliminaries out of the way, let's take a look at the products and networks available in your area in 2023.

Cue the highlight reel.

With Highmark BCBSWNY, you get all the essentials — and so much more.

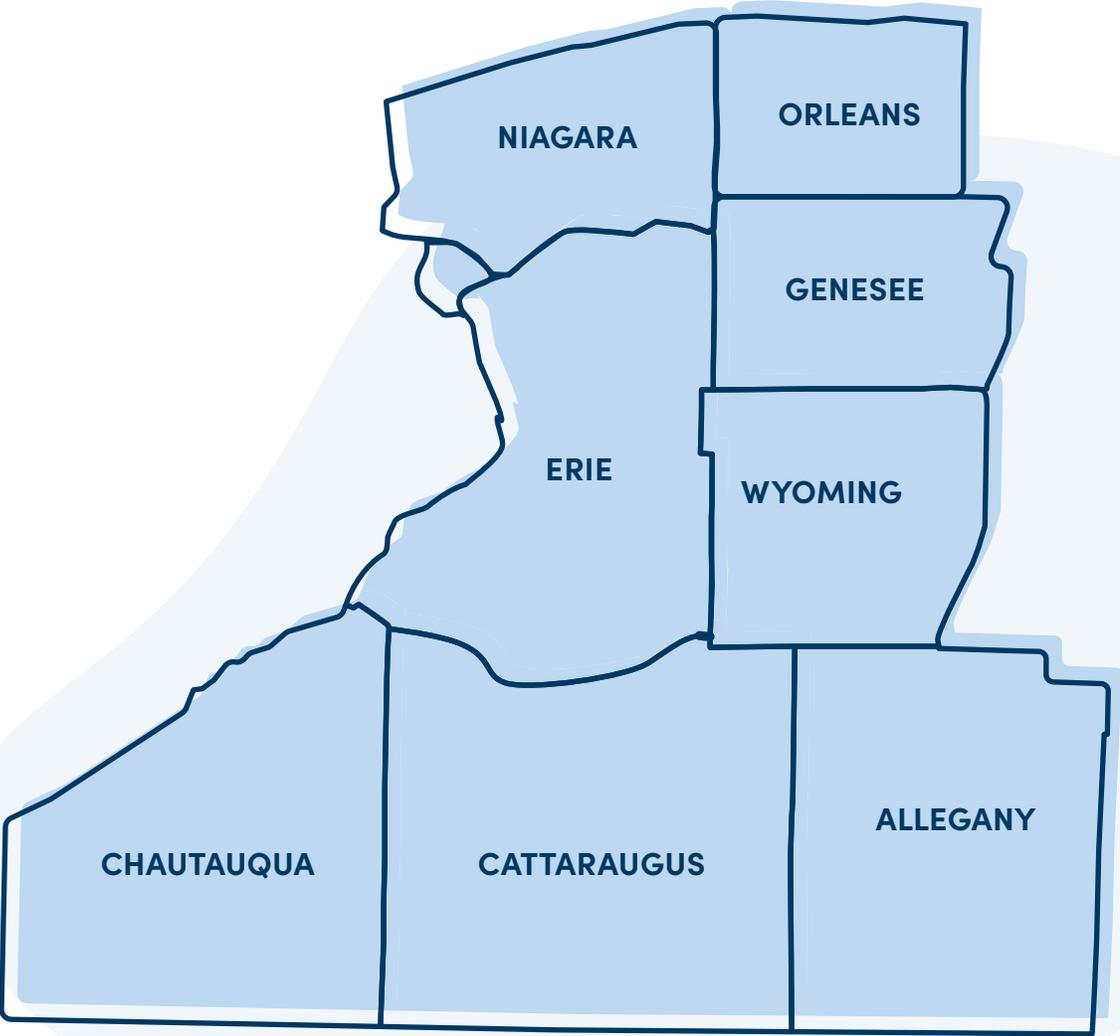
You get access to the 10 Essential Health Benefits — plus coverage for preexisting conditions. They include:

1. Outpatient care
2. Emergency services
3. Hospitalization (like surgery and overnight stays)
4. Pregnancy, maternity, and newborn care
5. Mental health and substance use disorder services
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including dental and vision care

All of our plans give you in-network access to top-quality care, close to home. You can even see in-network specialists without a referral. Whatever your health care needs and budget, we have a plan for you. All you have to do is choose.



Plans are available for residents of the counties highlighted below.

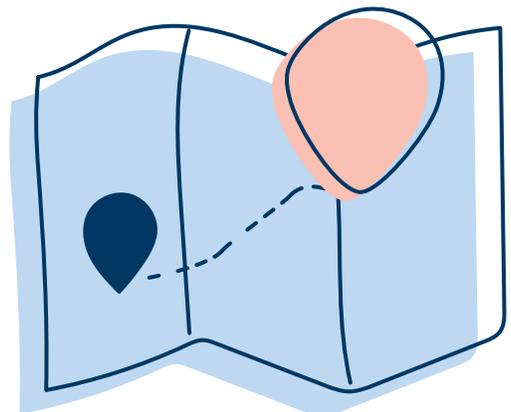


Coverage that goes where you go.



Planning to hit the road or travel abroad this year? With BlueCard, your health care benefits go with you — across the country and around the world. We give you access to doctors and hospitals almost everywhere, so you'll have peace of mind that you can always find the care you need.

And, you're covered worldwide. Keep in mind that BlueCard covers routine, emergency, and urgent care for most plans.



Plans that include pediatric vision and dental*



Highmark BCBSWNY is making pediatric vision and dental care more accessible. At every metal level, we offer plans with the option to have adult dental and vision included. Pediatric dental and vision benefits are automatically included with every plan.

You can find pediatric dental and vision benefits on pages 34–39.

Benefits of vision coverage:

- \$0 eye exam**
- \$0 for eyewear

Our vision plans use the Davis Vision Network — a list of in-network providers can be accessed at highmark.com/bcbswny.

To access network providers, select **Doctors**. Then **enter your ZIP code** and select **Vision Care**.

* These benefits are not included with Standard plans.

** Subject to deductible on HSA-qualified plans.

Benefits of dental coverage:

- Low copays for preventive care

To find a provider, visit highmark.com/bcbswny and select **Doctors**. **Enter your ZIP code** and select **Dental Care**.

IT PAYS TO HAVE DENTAL COVERAGE

Service	Average cost with dental coverage	Average cost without dental coverage (usual fee)
Exams, cleanings, and X-rays	\$0-37	\$300 ¹
Composite filling	\$71	\$170 ²
Simple extraction	\$33	\$163 ³
Root canal	\$400	\$1,250 ⁴

¹ https://www.dentaly.org/us/oral-hygiene/teeth-cleaning/#How_much_does_a_dental_cleaning_cost, last accessed June 15, 2022

¹ <https://www.dentaly.org/us/panoramic-dental-xray/>, last accessed June 15, 2022

² https://www.dentaly.org/us/tooth-filling/#How_much_do_fillings_cost, last accessed June 15, 2022

³ https://www.dentaly.org/us/tooth-extraction/#How_much_does_tooth_removal_cost_in_the_US, last accessed June 15, 2022

⁴ <https://www.webmd.com/oral-health/guide/dental-root-canals>, last accessed June 15, 2022



Now, let's dig into plan details.

You'll see plan summaries here. If you want any plan's full benefit list, visit shop.highmark.com/sales/#!/sbcs or get a paper copy by calling 1-833-258-0188 (TTY/TDD 711).



	Coverage Level		
	Bronze Standard HSA-qualified	Bronze POS 8000	Silver Standard
Plan Availability	POS	POS	POS
Monthly Premium Individual/Family	\$454.89	\$412.37	\$618.36
	\$909.78	\$824.74	\$1,236.72
	\$773.31	\$701.03	\$1,051.21
	\$1,296.44	\$1,175.25	\$1,762.33
In-Network Deductible	Individual: \$6,100 Family: \$12,200	Individual: \$8,500 Family: \$17,000	Individual: \$1,750 Family: \$3,500
In-Network, Out-of-Pocket Maximum	Individual: \$6,900 Family: \$13,800	Individual: \$9,100 Family: \$18,200	Individual: \$9,100 Family: \$18,200
Primary Care Visit	50% after deductible	50% after deductible	\$30 after deductible 1 \$0 pre-deductible office visit
Specialist Visit	50% after deductible	50% after deductible	\$65 after deductible
Outpatient Mental Health and Substance Abuse Visits	50% after deductible	50% after deductible	\$30 after deductible
Speech, Physical, & Occupational Therapy and Chiropractic Care	50% after deductible	50% after deductible	\$30 after deductible
Diagnostic Test (Lab/X-ray)	50% after deductible	50% after deductible	\$65/\$75 after deductible
Urgent Care	50% after deductible	50% after deductible	\$70 after deductible
Emergency Services	50% after deductible	50% after deductible	\$500 after deductible
Hospital Inpatient (per Visit)	50% after deductible	50% after deductible	\$1,500 after deductible
Pharmacy Summary	\$10/\$35/\$70 after deductible	\$15/50%/50% after deductible	\$15/\$40/\$75
Blue365 Vision Discount*	Yes	Yes	Yes
Embedded Pediatric Dental	Yes	Yes	Yes

*Vision benefit administered by Davis Vision.

	Coverage Level			
	Silver POS 7000	Silver Destination 65	Gold Standard	Gold POS 200
Plan Availability	POS	POS	POS	POS
Monthly Premium Individual/Family	\$560.53	\$599.08	\$796.06	\$721.65
	\$1,121.06	\$1,198.17	\$1,592.12	\$1,443.30
	\$952.90	\$1,018.44	\$1,353.30	\$1,226.81
	\$1,597.51	\$1,707.39	\$2,268.77	\$2,056.71
In-Network Deductible	Individual: \$3,000 Family: \$6,000	Individual: \$2,500 Family: \$5,000	Individual: \$600 Family: \$1,200	Individual: \$1,200 Family: \$2,400
In-Network, Out-of-Pocket Maximum	Individual: \$7,000 Family: \$14,000	Individual: \$9,100 Family: \$18,200	Individual: \$4,750 Family: \$9,500	Individual: \$9,100 Family: \$18,200
Primary Care Visit	\$30 after deductible	\$0 after deductible	\$25 after deductible	\$20 after deductible
Specialist Visit	\$50 after deductible	\$30 after deductible	\$40 after deductible	\$40 after deductible
Outpatient Mental Health and Substance Abuse Visits	\$30 after deductible	\$0 after deductible	\$25 after deductible	\$20 after deductible
Speech, Physical, & Occupational Therapy and Chiropractic Care	\$30 after deductible	\$0 after deductible	\$30 after deductible	\$20 after deductible
Diagnostic Test (Lab/X-ray)	\$50 after deductible	\$0/\$75 after deductible	\$40 after deductible	\$40 after deductible
Urgent Care	\$75 after deductible	\$60 after deductible	\$60 after deductible	\$50 after deductible
Emergency Services	\$300 after deductible	\$95 after deductible	\$150 after deductible	\$300 after deductible
Hospital Inpatient (per Visit)	\$1,000 after deductible	\$395 after deductible	\$1,000 after deductible	\$750 after deductible
Pharmacy Summary	\$5/\$50/50% after deductible	\$15/\$50/50%	\$10/\$35/\$70	\$5/\$40/50%
Blue365 Vision Discount*	Yes	Yes	Yes	Yes
Embedded Pediatric Dental	Yes	Yes	Yes	Yes

*Vision benefit administered by Davis Vision.

	Coverage Level		
	Gold Destination 65	Platinum Standard	Platinum POS Plus
Plan Availability	POS	POS	POS
Monthly Premium Individual/Family	\$771.25	\$971.25	\$880.47
	\$1,542.50	\$1,942.50	\$1,760.94
	\$1,311.13	\$1,651.13	\$1,496.80
	\$2,198.07	\$2,768.07	\$2,509.33
In-Network Deductible	Individual: \$1,000 Family: \$2,000	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network, Out-of-Pocket Maximum	Individual: \$9,100 Family: \$18,200	Individual: \$2,000 Family: \$4,000	Individual: \$6,500 Family: \$13,000
Primary Care Visit	\$0 after deductible	\$15 copay	\$10 copay
Specialist Visit	\$30 after deductible	\$35 copay	\$30 copay
Outpatient Mental Health and Substance Abuse Visits	\$0 after deductible	\$15 copay	\$10 copay
Speech, Physical, & Occupational Therapy and Chiropractic Care	\$0 after deductible	\$25 copay	\$10 copay
Diagnostic Test (Lab/X-ray)	\$0/\$75 after deductible	\$35 copay	\$30 copay
Urgent Care	\$60 after deductible	\$55 copay	\$40 copay
Emergency Services	\$95 after deductible	\$100 copay	\$300 copay
Hospital Inpatient (per Visit)	\$335 after deductible	\$500 copay	\$500 copay
Pharmacy Summary	\$5/\$50/50%	\$10/\$30/\$60	\$5/\$30/50%
Blue365 Vision Discount*	Yes	Yes	Yes
Embedded Pediatric Dental	Yes	Yes	Yes

*Vision benefit administered by Davis Vision.



Income Level

138-149% FPL

Coverage Level

Silver
70%
of costs covered
by your plan

30%
out-of-
pocket
costs

Silver
70%
of costs covered
by your plan

30%
out-of-
pocket
costs

Silver
70%
of costs covered
by your plan

30%
out-of-
pocket
costs

Silver
Standard C

Silver
POS 7000 C

Silver
Destination 65 C

	Silver Standard C	Silver POS 7000 C	Silver Destination 65 C
Plan Availability	POS	POS	POS
In-Network Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
In-Network, Out-of-Pocket Maximum	Individual: \$1,000 Family: \$2,000	Individual: \$700 Family: \$1,400	Individual: \$1,000 Family: \$2,000
Primary Care Visit	\$10 copay	\$30 copay	\$0 copay
Specialist Visit	\$20 copay	\$50 copay	\$30 copay
Outpatient Mental Health and Substance Abuse Visits	\$10 copay	\$30 copay	\$0 copay
Speech, Physical, & Occupational Therapy and Chiropractic Care	\$15 copay	\$30 copay	\$0 copay
Diagnostic Test (Lab/X-ray)	\$20 copay	\$50 copay	\$0/\$45 copay
Urgent Care	\$30 copay	\$75 copay	\$60 copay
Emergency Services	\$50 copay	\$300 copay	\$95 copay
Hospital Inpatient (per Visit)	\$100 copay	\$1,000 copay	\$395 copay
Pharmacy Summary	\$6/\$15/\$30	\$5/\$50/50%	\$15/\$50/50%
Blue365 Vision Discount*	Yes	Yes	Yes
Embedded Pediatric Dental	Yes	Yes	Yes

*Vision benefit administered by Davis Vision.

See 34 for annual benefit limits.

Income Level

150-199% FPL

Coverage Level

Silver
70%
of costs covered
by your plan

30%
out-of-
pocket
costs

Silver
70%
of costs covered
by your plan

30%
out-of-
pocket
costs

Silver
70%
of costs covered
by your plan

30%
out-of-
pocket
costs

Silver
Standard B

Silver
POS 7000 B

Silver
Destination 65 B

	Silver Standard B	Silver POS 7000 B	Silver Destination 65 B
Plan Availability	POS	POS	POS
In-Network Deductible	Individual: \$250 Family: \$500	Individual: \$800 Family: \$1,600	Individual: \$800 Family: \$1,600
In-Network, Out-of-Pocket Maximum	Individual: \$2,800 Family: \$5,600	Individual: \$1,800 Family: \$3,600	Individual: \$2,250 Family: \$4,500
Primary Care Visit	\$15 after deductible 1 \$0 pre-deductible office visit	\$30 after deductible	\$0 after deductible
Specialist Visit	\$35 after deductible	\$50 after deductible	\$30 after deductible
Outpatient Mental Health and Substance Abuse Visits	\$15 after deductible	\$30 after deductible	\$0 after deductible
Speech, Physical, & Occupational Therapy and Chiropractic Care	\$25 after deductible	\$30 after deductible	\$0 after deductible
Diagnostic Test (Lab/X-ray)	\$35 after deductible	\$50 after deductible	\$0/\$45 after deductible
Urgent Care	\$50 after deductible	\$75 after deductible	\$60 after deductible
Emergency Services	\$75 after deductible	\$300 after deductible	\$95 after deductible
Hospital Inpatient (per Visit)	\$250 after deductible	\$1,000 after deductible	\$395 after deductible
Pharmacy Summary	\$9/\$20/\$40	\$5/\$50/50% after deductible	\$15/\$50/50%
Blue365 Vision Discount*	Yes	Yes	Yes
Embedded Pediatric Dental	Yes	Yes	Yes

Income Level

200–249% FPL

Coverage Level

Silver
70%
of costs covered
by your plan

30%
out-of-
pocket
costs

Silver
70%
of costs covered
by your plan

30%
out-of-
pocket
costs

Silver
70%
of costs covered
by your plan

30%
out-of-
pocket
costs

Silver
Standard A

Silver
POS 7000 A

Silver
Destination 65 A

	Silver Standard A	Silver POS 7000 A	Silver Destination 65 A
Plan Availability	POS	POS	POS
In-Network Deductible	Individual: \$1,650 Family: \$3,300	Individual: \$2,000 Family: \$4,000	Individual: \$2,200 Family: \$4,400
In-Network, Out-of-Pocket Maximum	Individual: \$7,250 Family: \$14,500	Individual: \$6,500 Family: \$13,000	Individual: \$9,100 Family: \$18,200
Primary Care Visit	\$30 after deductible 1 \$0 pre-deductible office visit	\$30 after deductible	\$0 after deductible
Specialist Visit	\$65 after deductible	\$50 after deductible	\$30 after deductible
Outpatient Mental Health and Substance Abuse Visits	\$30 after deductible	\$30 after deductible	\$0 after deductible
Speech, Physical, & Occupational Therapy and Chiropractic Care	\$30 after deductible	\$30 after deductible	\$0 after deductible
Diagnostic Test (Lab/X-ray)	\$65/\$75 after deductible	\$50 after deductible	\$0/\$45 after deductible
Urgent Care	\$70 after deductible	\$75 after deductible	\$60 after deductible
Emergency Services	\$275 after deductible	\$300 after deductible	\$95 after deductible
Hospital Inpatient (per Visit)	\$1,500 after deductible	\$1,000 after deductible	\$395 after deductible
Pharmacy Summary	\$15/\$40/\$75	\$5/\$50/50% after deductible	\$15/\$50/50%
Blue365 Vision Discount*	Yes	Yes	Yes
Embedded Pediatric Dental	Yes	Yes	Yes

*Vision benefit administered by Davis Vision.

See 34 for annual benefit limits.

Annual benefit limits

Habilitation and rehabilitation, inpatient

Physical therapy, occupational therapy, speech therapy

- 60 combined visits per condition per plan year with Standard plans
- No visit limitations for non-Standard plans



Habilitation and rehabilitation, outpatient

Physical therapy, occupational therapy, speech therapy

- 60 combined visits per condition per plan year

Home health care

40 visits per plan year

Hearing aids

Single purchase every three years

- Members must choose hearing aids from John R. Oishei Children's Hospital or Beckes Optical & Hearing Aids
- Members are entitled to discounts through TruHearing®

Hospice

210 days per plan year, five visits per plan year for family bereavement

Substance abuse, outpatient

Unlimited, 20 visits per plan year for family counseling

Skilled nursing facility

Unlimited for non-Standard plans; 200 days per year for Standard plans

These pediatric vision benefits are included with most of our plans.*

Vision Care Services Discount Program	
Routine Eye Exam	Member Discount
	\$0 (subject to deductible on HSA-qualified plans)
Frames	Member Discount
Any frame available at provider location	\$0 (subject to deductible on HSA-qualified plans)
Lenses (Uncoated Plastic)	Member Price
Single vision	\$0 (subject to deductible on HSA-qualified plans)
Bifocal	\$0 (subject to deductible on HSA-qualified plans)
Trifocal	\$0 (subject to deductible on HSA-qualified plans)
Lens Add-on Options	Member Price
UV coating	Not covered
Tint (solid and gradient)	Not covered
Standard scratch-resistance	Not covered
Standard polycarbonate	Not covered
Standard progressive (add-on to bifocal)	Not covered
Standard antireflective coating	Not covered
Contact Lenses (Materials Only)	Member Discount
Disposable/conventional	Not covered
Other Add-ons and Services	Member Discount
Non-prescription sunglasses, accessories, contact lens solution	Not covered
Laser Vision Correction	Member Discount
	Not covered
Member's Access Frequency	
Examination	1 per 12 months
Frames	Unlimited
Lenses	Unlimited
Contact lenses	Unlimited

* These benefits are not included in Standard plans.

One-year eyeglass breakage warranty included.

Adult Vision benefits utilize the Davis Vision Network. There is no out-of-network coverage. Davis Vision is a separate company that administers Highmark vision benefits.

To find a provider in the Davis Vision Network — visit highmark.com/bcbswny and select **Doctors**. Then **enter your ZIP code** and select **Vision Care**.



These pediatric dental benefits are included with most of our plans.*

Blue Pediatric Dental, embedded in medical

Medical Product	Platinum Standard	Gold Standard	Silver Standard
Annual Deductible	N/A	Follows in-network medical deductible	Follows in-network medical deductible
Annual Out-of-Pocket Maximum	Follows in-network medical out-of-pocket maximum	Follows in-network medical out-of-pocket maximum	Follows in-network medical out-of-pocket maximum
Oral Evaluations (Exams)	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Radiographs (Bitewings, Full-mouth, Occlusal and Periapical Films)	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Prophylaxis (Cleanings)	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Fluoride Treatments	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Palliative Treatment (Emergency)	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Sealants	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Space Maintainers	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures, and Dentures	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Resin-Based Composite – Anterior (White Fillings)	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Resin-Based Composite – Posterior (White Filling)	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Amalgam Restorations	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Simple Extractions	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Surgical Extractions	\$15 copay	\$25 copay after deductible	\$30 copay after deductible

Participating dentists accept the allowed amount as payment in full. Non-participating dentists may bill you for the difference between their charge and the allowed amount paid by the contract.

All services listed may be subject to exclusions and limitations.

United Concordia provides the provider network for Blue Edge Dental and is a separate company that administers dental benefits.

*These benefits are not included in Standard plans.

Medical Product	Platinum Standard	Gold Standard	Silver Standard
Annual Deductible	N/A	Follows in-network medical deductible	Follows in-network medical deductible
Annual Out-of-Pocket Maximum	Follows in-network medical out-of-pocket maximum	Follows in-network medical out-of-pocket maximum	Follows in-network medical out-of-pocket maximum
Complex Oral Surgery	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Endodontics (Root Canals, etc.)	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
General Anesthesia and/or Nitrous Oxide and/or IV Sedation	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Nonsurgical Periodontics	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Periodontal Maintenance	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Surgical Periodontics	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Crowns, Inlays, Onlays	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Prosthetics (Fixed Partial Dentures, Dentures)	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Adjustments and Repairs of Prosthetics	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Implant Services	Not covered	Not covered	Not covered
Consultations	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Medically Necessary Orthodontics	\$15 copay	\$25 copay after deductible	\$30 copay after deductible
Cosmetic Orthodontics	Not covered	Not covered	Not covered

Participating dentists accept the allowed amount as payment in full. Non-participating dentists may bill you for the difference between their charge and the allowed amount paid by the contract.

All services listed may be subject to exclusions and limitations.

United Concordia provides the provider network for Blue Edge Dental and is a separate company that administers dental benefits.

These pediatric dental benefits are included with most of our plans.*

Blue Pediatric Dental, embedded in medical

Medical Product	Bronze Standard HSA-qualified Bronze POS 8000	Platinum POS Plus Gold POS 200 Destination 65	Silver POS 7000 HSA-qualified
Annual Deductible	Follows in-network medical deductible	Not subject to medical deductible	Follows in-network medical deductible
Annual Out-of-Pocket Maximum	Follows in-network medical out-of-pocket maximum	Follows in-network medical out-of-pocket maximum	Follows in-network medical out-of-pocket maximum
Oral Evaluations (Exams)	50% after deductible	\$25 copay	\$25 copay after deductible
Radiographs (Bitewings, Full-mouth, Occlusal and Periapical Films)	50% after deductible	\$25 copay	\$25 copay after deductible
Prophylaxis (Cleanings)	50% after deductible	\$25 copay	\$25 copay after deductible
Fluoride Treatments	50% after deductible	\$25 copay	\$25 copay after deductible
Palliative Treatment (Emergency)	50% after deductible	\$25 copay	\$25 copay after deductible
Sealants	50% after deductible	\$25 copay	\$25 copay after deductible
Space Maintainers	50% after deductible	\$25 copay	\$25 copay after deductible
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures, and Dentures	50% after deductible	50%	50% after deductible
Resin-Based Composite – Anterior (White Fillings)	50% after deductible	50%	50% after deductible
Resin-Based Composite – Posterior (White Filling)	50% after deductible	50%	50% after deductible
Amalgam Restorations	50% after deductible	50%	50% after deductible
Simple Extractions	50% after deductible	50%	50% after deductible
Surgical Extractions	50% after deductible	50%	50% after deductible

Participating dentists accept the allowed amount as payment in full. Non-participating dentists may bill you for the difference between their charge and the allowed amount paid by the contract.

All services listed may be subject to exclusions and limitations.

United Concordia provides the provider network for Blue Edge Dental and is a separate company that administers dental benefits.

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Medical Product	Bronze Standard HSA-qualified Bronze POS 8000	Platinum POS Plus Gold POS 200 Destination 65	Silver POS 7000 HSA-qualified
Annual Deductible	Follows in-network medical deductible	Not subject to medical deductible	Follows in-network medical deductible
Annual Out-of-Pocket Maximum	Follows in-network medical out-of-pocket maximum	Follows in-network medical out-of-pocket maximum	Follows in-network medical out-of-pocket maximum
Complex Oral Surgery	50% after deductible	50%	50% after deductible
Endodontics (Root Canals, etc.)	50% after deductible	50%	50% after deductible
General Anesthesia and/or Nitrous Oxide and/or IV Sedation	50% after deductible	50%	50% after deductible
Nonsurgical Periodontics	50% after deductible	50%	50% after deductible
Periodontal Maintenance	50% after deductible	50%	50% after deductible
Surgical Periodontics	50% after deductible	50%	50% after deductible
Crowns, Inlays, Onlays	50% after deductible	50%	50% after deductible
Prosthetics (Fixed Partial Dentures, Dentures)	50% after deductible	50%	50% after deductible
Adjustments and Repairs of Prosthetics	50% after deductible	50%	50% after deductible
Implant Services	Not covered	Not covered	Not covered
Consultations	50% after deductible	50%	\$25 copay after deductible
Medically Necessary Orthodontics	50% after deductible	50%	50% after deductible
Cosmetic Orthodontics	Not covered	Not covered	Not covered

Participating dentists accept the allowed amount as payment in full. Non-participating dentists may bill you for the difference between their charge and the allowed amount paid by the contract.

All services listed may be subject to exclusions and limitations.

United Concordia provides the provider network for Blue Edge Dental and is a separate company that administers dental benefits.

Health care lingo, translated.

When you're choosing plans, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones.

BLUECARD

A program that connects independent Blue Plans across the country. It gives Blue Plan members access to in-network coverage while outside their plan area. The level of coverage depends on your chosen plan.

COINSURANCE

The percentage of total cost of care you may owe for certain covered services after reaching your deductible. For example, if your plan pays 80%, you pay 20%.

COPAY

The set amount you pay for certain covered services, could be \$20 for a doctor visit or \$30 for a specialist visit. If you owe a copay, you must pay it when you check in for your visit.

DEDUCTIBLE

The set amount you pay for covered health services or drug costs before your plan starts paying.

EMERGENCY SERVICES

Care for a condition needing immediate attention to avoid severe harm.

FORMULARY

A list of drugs selected by the plan based on certain clinical factors. The list of medicines is sorted by tier. Lower tiers usually mean lower copays.

HABILITATIVE SERVICES

Health care services that help you keep, acquire, or improve skills and functioning for daily living following disease, illness, or injury.

HEALTH SAVINGS ACCOUNT (HSA)

An account to set aside pre-tax money to pay for qualified medical expenses. You can only have an HSA if you have a Qualified High-Deductible Health Plan.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A plan that usually comes with a lower premium because you pay more for health care services up front before the insurance company starts to pay. These plans are often combined with a health savings account.

IN-NETWORK PROVIDER

A doctor or hospital that has an agreement with the plan and will accept plan allowance plus member copay or coinsurance as payment in full.

OUT-OF-NETWORK PROVIDER

A doctor or hospital that does not have an agreement with the plan and does not have to accept plan allowance as payment in full.

OUT-OF-POCKET MAXIMUM

The most you'd pay for covered care in a benefit period or year. If you reach this amount, your plan pays 100% after that.

PLAN ALLOWANCE

The set amount an in-network provider has agreed to accept for a covered health care service. Member responsibility for the service can be found in the Outline of Coverage. The plan pays the difference between the plan allowance and the member responsibility. If an out-of-network provider bills for more than the plan allowance, you may have to pay the difference. If your plan does not include out-of-network coverage and you receive care, other than emergency or urgent care, you may be responsible for the entire cost.

PREMIUM

The monthly amount paid for coverage.

PREVENTIVE CARE SERVICES

Routine care like screenings and checkups that help keep you healthy. Refer to the Highmark BCBSWNY Preventive Schedule for the list of preventive care services.

PRIMARY CARE PROVIDER (PCP)

The medical professional you see for most of your basic care, like yearly preventive visits and screenings.

QUALIFIED HEALTH PLAN (QHP)

A plan that has been certified by the Health Insurance Marketplace and meets all ACA requirements. That includes providing the 10 Essential Health Benefits and staying inside the limits for deductibles, copays, and out-of-pocket maximums.

REHABILITATIVE SERVICES

Care that helps you keep, get back, or improve skills and functioning after you were sick, hurt, or disabled.

RETAIL CLINIC

Walk-in centers for less complex health needs, generally open in the evenings and on weekends.

URGENT CARE CENTER

A walk-in center for when you have a condition that's serious enough to need care right away, but not serious enough for a trip to the emergency room.

VIRTUAL VISIT

A real-time office visit with a doctor at a remote location, conducted via interactive audio and streaming video telecommunications.



There's a whole lot of legalese around these plans. We put it all in one place for you.

DISCLOSURES

Important Benefit Details

Non-Embedded Family Deductible: For an agreement covering more than one (1) family member, the family deductible must be satisfied before the plan will begin to pay benefits for covered services for any covered family member. When the family deductible has been satisfied, the family deductible will be considered to have been satisfied for all family members, the plan will begin to pay benefits for covered services for all covered family members for the remainder of the benefit period (January 1, 2023– December 31, 2023). The family deductible can be met by one family member or a combination of members.

Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, 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 healthcare. 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. **Blue Distinction 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 and national criteria for BDC and BDC+ 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 Blue Shield Association nor any Blue Plans are responsible for noncovered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

Aggregate/Embedded Family Deductible Plans: For an Agreement covering more than one (1) family member, as each Member satisfies their individual Deductible, the Plan will begin to pay benefits for Covered Services for that Member for the remainder of the Benefit Period (January 1, 2023– December 31, 2023), whether or not the entire family Deductible has been satisfied. When the family Deductible has been satisfied, the family Deductible will be considered to have been satisfied for all remaining covered family members. Not every individual member must meet the individual deductible for the family deductible to be met and no individual member may satisfy the entire family Deductible.

You are responsible for out-of-pocket costs each benefit period (January 1, 2023– December 31, 2023) up to the maximum amount shown. Thereafter, the plan pays 100% of the Plan Allowance. During the remainder of the benefit period. This amount does not include amounts in excess of the plan allowance.

Diagnostic Lab services include Laboratory and Pathology. Diagnostic Lab services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service.

Basic Diagnostic Services include Diagnostic X-ray, diagnostic medical and allergy testing. Basic diagnostic services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service.

Advanced Imaging services include, but are not limited to, CAT scan, CTA, MRI, MRA, PET scan, and PET/CT Scan. Advanced Imaging services require one copay (or, for some plans, coinsurance after deductible) per date of service and type of service.

Pediatric vision benefits utilize the Davis Vision Network. Pediatric dental benefits utilize United Concordia's Advantage Network.

Essential Formulary prescription drug cost covers a 90-day (Mail Order or Retail) or 31-day (Mail Order or Retail) supply. All plans have a three-tier closed formulary prescription drug structure.

Qualified High Deductible Health Plans may be coupled with a Health Savings Account (HSA). However, certain cost-sharing reductions (CSR) or plan variations of this plan that are offered through the Health Insurance Marketplace are not intended to be used with an HSA. If you have questions, please check with your financial advisor.

Blues On Call is a service mark of the Blue Cross Blue Shield Association.

Highmark BCBSWNY is a Qualified Health Plan insurer in the New York State of health insurance marketplace.

If you purchase coverage through an agent or broker, that individual may receive a commission. Bonus or incentive compensation may also apply. For more details visit highmark.com and enter your Zip code. Select Plans followed by Shop Individual and Family Plans. Scroll to the bottom of the page and look for Highmark Individual Market Broker Compensation.

Please note that information regarding the Patient Protection and Affordable Care Act of 2010 (a.k.a. "PPACA", "Affordable Care Act", "ACA", and/or "Health Care Reform"), as amended, and/or any other law, does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws. This information is intended to provide general information only and does not attempt to give you advice that relates to your specific circumstances. The information regarding any health plan will be subject to the terms of the applicable health plan benefit agreement. Any review of materials, request for information, or application does not obligate you to enroll for coverage. Please request the Outline of Coverage for details on benefits, conditions, and exclusions. Providing your information is voluntary.

To find more information about Highmark's benefits and operating procedures, such as accessing the drug formulary or using network providers, visit our website. Go to highmark.com and enter your Zip code. Select Plans followed by Shop Individual and Family Plans. Scroll to the blue bar at bottom of the page. Look for Be Informed and select Quality Assurance. For a paper copy, call 1-855-873-4108 (TTY/TDD 711).

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

BlueCard coverage is available for emergency or urgent care for all plans when you are away from home. Routine care is also covered for some plans. Consult your plan documents for additional information.

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

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

You should confirm the network status of a provider prior to receiving services. You can call My Care Navigator at 1-888-Blue-428 to confirm if a doctor or facility will be in network in 2021.

Amwell is an independent company that provides telemedicine services. Amwell does not provide Blue Cross and/or Blue Shield products or services and

it is solely responsible for its telemedicine services.

Sharecare, RealAge Test and AskMD are registered trademarks of Sharecare, LLC., an independent and separate company that provides a consumer care engagement platform for Highmark BCBSWNY members. Sharecare is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis or treatment. Sharecare does not endorse any specific product service or treatment. Health care plans and the benefits thereunder are subject to the terms of the applicable benefit agreement.

myCare NavigatorSM is a service mark of Highmark Inc.

Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association.

Notice of Nondiscrimination

The plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The plan 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)
- 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, please call the customer service number on the back of your member ID card or contact the Civil Rights Coordinator.

If you believe that the plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, PO Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295 (TTY 711), Fax: 1-412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org

You can file a grievance in person or by mail, fax, or email. You can also file a civil rights complaint with the US 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 US Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

For assistance in English, call the customer service number listed on your member ID card.

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

פאר הילף אין אידיש, רופט די קאסטומער סערוויס אויפן נומער וואס שטייט אויף אייער ID קארטל. বাংলায় সহায়তার জন্য, আপনার আইডি কার্ডে তালিকাভুক্ত নম্বরে ক্রেতা পরিষেবায় ফোন করুন।

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객센터 전화번호로 문의해 주십시오.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

اردو میں مدد کے لیے، کسٹمر سروس آپ کے شناختی کارڈ پر درج کردہ نمبر پر کال کریں۔

Pour une assistance en français, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

اردو زبان میں مدد کے لیے، کسٹمر سروس کو اپنے آئی ڈی کارڈ پر درج نمبر پر کال کریں۔

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

Για βοήθεια στα ελληνικά, καλέστε το τμήμα εξυπηρέτησης πελατών στον αριθμό που αναφέρεται στην ταυτότητά σας.

Për ndihmë në gjuhën shqipe, merrni në telefon shërbimin klientor në numrin e renditur në kartën tuaj të identitetit.

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

Diné k' ehjí yá 'áti 'bee shiká adooowot nohsingo naaltsos nihaa halne 'go nidaahntinígíi bine 'dééé' Customer Service bíbéesh bee hane 'é biká'ígíi bich 'j' dahoodootnih.

Highmark BCBSWNY, a member of the Blue Cross Blue Shield Association,* has been providing secure and stable health care coverage for over 80 years. With 1 in 3 Americans covered by a Blue Cross and/or Blue Shield plan, when you're with Highmark BCBSWNY, you're in good company.

* The Blue Cross Blue Shield Association is an association of independent Blue Cross Blue Shield plans.

Ready to (en)roll?

Cool. Here's how to do it:

- By phone: 1-855-355-5777
- Online: nystateofhealth.ny.gov
- By contacting your agent or broker



Because Life.™