2021 Highmark product 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 2021.

Cue the highlight reel.

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

First, you get access to the ten essential health benefits — plus coverage for preexisting conditions. They include:

- Outpatient care
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Pregnancy, maternity, and newborn care
- Mental health and substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including dental and vision care

But Highmark goes above and beyond.

Here are just some of the awesome benefits you'll find for the 2021 plan year.* Go ahead. Start circling the ones you want.

- Low office visit copay
- Free telemedicine through American Well
- $0 prescription copays for Tier 1 drugs
- Free preventive vaccines,** tests, and screenings***
- Adult dental and vision coverage
- Predictable copays that start day 1, no deductible to meet
- Prescription drug coverage that starts day 1, no deductible to meet
- Enhanced resources for managing chronic conditions
- 2 free mental health visits
- 2 free substance abuse disorder visits
- Potential tax-free savings with a Health Savings Account****
  - Money can go in tax-free and lower your taxable income
  - Money comes out tax-free when used for qualified medical expenses
  - Interest and earnings on any unused money grows tax-free
  - Unused money rolls over from year to year

* Not all plans include these benefits. The availability of benefits depends on your selected plan.

** As listed on the Highmark Preventive Schedule when given at a participating pharmacy.

*** As presented on the Highmark Preventive Schedule. To check the preventive schedule for covered care, visit **https://www.highmarkbcbsde.com/pdffiles/Highmark_Preventive_Schedule_2021.pdf**.

**** Please note: 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.

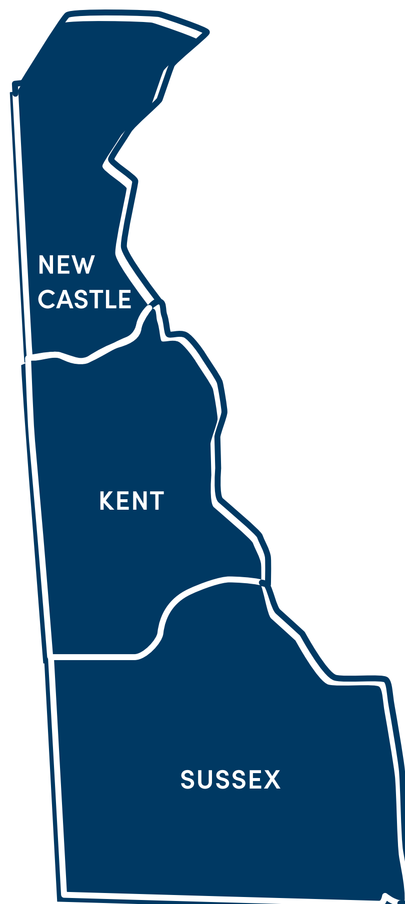
Shared Cost Blue EPO, Health Savings Blue EPO, and Health Savings Embedded Blue EPO

All Individual and Family plans from Highmark Blue Cross Blue Shield Delaware provide comprehensive in-network access throughout Delaware.

With an Individual and Family plan from Highmark Blue Cross Blue Shield Delaware, you have in-network access to high-quality, cost-effective care in Delaware, Maryland, New Jersey, and Pennsylvania. And when you're traveling, BlueCard gives you access to the largest physician and hospital networks in the U.S. with over 1.7 million providers, including 95% of all hospitals.*

To see if your provider is in network, visit highmarkbcbsde.com and click Find a Doctor or Pharmacy.

Individual and Family plans from Highmark Blue Cross Blue Shield Delaware include the following products: Major Events Blue EPO, Health Savings Blue EPO, Health Savings Embedded Blue EPO, and Shared Cost Blue EPO



* According to the Blue Cross Blue Shield Association.

In-Network Hospitals

KENT

- Bayhealth Hospital – Kent Campus

NEW CASTLE

- ChristianaCare – Christiana Hospital
- ChristianaCare – Wilmington Hospital
- Delaware Psychiatric Center
- Nemours/Alfred I. duPont Hospital for Children
- Saint Francis Hospital

SUSSEX

- Bayhealth Hospital – Sussex Campus
- Beebe Medical Center
- Nanticoke Memorial Hospital

IN-NETWORK ACCESS TO THESE OUT-OF-STATE HOSPITALS THROUGH BLUECARD*

MARYLAND

- The Johns Hopkins Hospital
- Peninsula Regional Medical Center

NEW JERSEY

- Memorial Sloan Kettering Cancer Center – Basking Ridge

PENNSYLVANIA

- Children's Hospital of Philadelphia
- Einstein Medical Center Philadelphia
- Penn Medicine – Hospital of the University of Pennsylvania
- Penn Medicine – Pennsylvania Hospital

*In addition to the out-of-state hospitals listed here, Individual and Family plans from Highmark Blue Cross Blue Shield Delaware all include all BlueCard providers across the country, as well as other out-of-state hospitals. Please refer to the provider directory for additional out-of-state hospitals. You can find the provider directory at **highmarkbcbsde.com** under the **Find a Doctor or Pharmacy** tab.

	Coverage Level				
	Catastrophic 8550	**Bronze HSA 6900**	**Bronze 3800**	**Silver HSA 3450**	**Silver 2900**
Plan Availability	Major Events Blue EPO	Heath Savings Embedded Blue EPO	Shared Cost Blue EPO	Heath Savings Embedded Blue EPO	Shared Cost Blue EPO
In-Network Deductible	Individual: $8,550 Family: $17,100	Individual: $6,900 Family: $13,800	Individual: $3,800 Family: $7,600	Individual: $3,450 Family: $6,900	Individual: $2,900 Family: $5,800
In-Network, Out-of-Pocket Maximum	Individual: $8,550 Family: $17,100	Individual: $6,900 Family: $13,800	Individual: $8,500 Family: $17,000	Individual: $6,900 Family: $13,800	Individual: $7,800 Family: $15,600
Primary Care Visit	First 3 visits free, then $0 after deductible	$0 after deductible	$60 copay	$70 after deductible	$50 copay
Specialist Visit	$0 after deductible	$0 after deductible	50% after deductible	$70 after deductible	$50 copay
Outpatient Mental Health and Substance Abuse Visits	$0 after deductible	$0 after deductible	First 2 visits free, then 50% after deductible	$70 after deductible	$50 copay
Physical & Occupational Therapy[2]	$0 after deductible	$0 after deductible	25% after deductible	$17 after deductible	$17 copay
Chiropractic Care[3]	$0 after deductible	$0 after deductible	25% after deductible	10% after deductible	25% after deductible
Lab Services (Diagnostic / X-ray)	$0 after deductible	$0 after deductible	50% after deductible	$90 after deductible	$75 copay
Urgent Care	$0 after deductible	$0 after deductible	$100 copay	$140 after deductible	$100 copay
Emergency Services	$0 after deductible	$0 after deductible	50% after deductible	$750 after deductible	$750 after deductible
Hospital Inpatient (including Maternity)	$0 after deductible	$0 after deductible	50% after deductible	10% after deductible	40% after deductible
Pharmacy Summary[4]	$0/$0/$0/$0 after deductible	$0/$0/$0/$0 after deductible	50%/50%/50%/50% after deductible	$0/$30/$150/50% after deductible	$0/$50/$225/50%
Includes Adult Dental and Vision Option[5]	No	No	Yes	No	Yes

	Coverage Level				
	Silver 2600	**Silver HSA 1850**	**Gold 800**	**Gold 0**	**Platinum 0**
Plan Availability	Shared Cost Blue EPO*	Heath Savings Blue EPO*	Shared Cost Blue EPO	Shared Cost Blue EPO	Shared Cost Blue EPO
In-Network Deductible	Individual: $2,600 Family: $5,200	Individual: $1,850 Family: $3,700 [Non-embedded][1]	Individual: $800 Family: $1,600	Individual: $0 Family: $0	Individual: $0 Family: $0
In-Network, Out-of-Pocket Maximum	Individual: $8,500 Family: $17,000	Individual: $6,900 Family: $13,800	Individual: $6,000 Family: $12,000	Individual: $7,500 Family: $15,000	Individual: $5,000 Family: $10,000
Primary Care Visit	$40 copay	30% after deductible	$15 copay	$20 copay	$5 copay
Specialist Visit	$40 copay	30% after deductible	$15 copay	$20 copay	$5 copay
Outpatient Mental Health and Substance Abuse Visits	$40 copay	30% after deductible	$15 copay	$20 copay	$5 copay
Physical & Occupational Therapy[2]	$17 copay	25% after deductible	$15 copay	$17 copay	$5 copay
Chiropractic Care[3]	25% after deductible	25% after deductible	20% after deductible	25%	10%
Lab Services (Diagnostic / X-ray)	$75 copay	30% after deductible	$40 copay	$50 copay	$10 copay
Urgent Care	$80 copay	30% after deductible	$30 copay	$40 copay	$10 copay
Emergency Services	30% after deductible	30% after deductible	$250 copay	$300 copay	$100 copay
Hospital Inpatient (including Maternity)	30% after deductible	30% after deductible	20% after deductible	40%	10%
Pharmacy Summary[4]	$0/$50/$225/50%	30%/30%/30%/30% after deductible	$0/$25/$75/50%	$0/$30/$150/50%	$0/$10/$50/50%
Includes Adult Dental and Vision Option[5]	Yes	No	Yes	No	Yes

* These plans are available directly from Highmark and are not available on the Health Insurance Marketplace. They do not qualify for Advanced Premium Tax Credits or Cost-Sharing Reductions.

[1] This plan has a Non-Embedded deductible. See Disclosures page for more info.

[2] Limit of 30 combined physical and occupational therapy visits per benefit period.

[3] Limit of 30 chiropractic visits except for the treatment of back pain. Refer to your plan for additional information.

[4] Visit **highmarkacaformulary.com** to view our Formulary and see if your drug is covered, and at which tier.

[5] See page 24 for Adult Dental and Vision benefit details.

	Income Level		
	138–149% FPL		150–199% FPL
	Coverage Level		
	Silver 100	Silver 0	Silver 700
Network Availability	Shared Cost Blue EPO	Health Savings Embedded Blue EPO	Shared Cost Blue EPO
In-Network Deductible	Individual: $100 Family: $200	Individual: $0 Family: $0	Individual: $700 Family: $1,400
In-Network, Out-of-Pocket Maximum	Individual: $1,400 Family: $2,800	Individual: $1,200 Family: $2,400	Individual: $2,850 Family: $5,700
Primary Care Visit	$5 copay	$1 copay	$25 copay
Specialist Visit	$5 copay	$1 copay	$25 copay
Outpatient Mental Health and Substance Abuse Visits	$5 copay	$1 copay	$25 copay
Physical & Occupational Therapy[1]	$5 copay	$1 copay	$17 copay
Chiropractic Care[2]	10% after deductible	10%	10% after deductible
Lab Services (Diagnostic / X-ray)	$15 copay	$10 copay	$45 copay
Urgent Care	$10 copay	$5 copay	$50 copay
Emergency Services	$150 after deductible	$75 copay	$300 after deductible
Hospital Inpatient (including Maternity)	10% after deductible	10%	10% after deductible
Pharmacy Summary[3]	$0/$5/$15/50%	$0/$5/$15/50%	$0/$10/$50/50%
Includes Adult Dental and Vision Option[4]	Yes	No	Yes

	Income Level		
	150–199% FPL	200–249% FPL	
	Coverage Level		
	Silver 0	Silver 2100	Silver 1050
Network Availability	Health Savings Embedded Blue EPO	Shared Cost Blue EPO	Health Savings Embedded Blue EPO
In-Network Deductible	Individual: $0 Family: $0	Individual: $2,100 Family: $4,200	Individual: $1,050 Family: $2,100
In-Network, Out-of-Pocket Maximum	Individual: $2,800 Family: $5,600	Individual: $6,800 Family: $13,600	Individual: $5,800 Family: $11,600
Primary Care Visit	$15 copay	$50 copay	$60 after deductible
Specialist Visit	$15 copay	$50 copay	$60 after deductible
Outpatient Mental Health and Substance Abuse Visits	$15 copay	$50 copay	$60 after deductible
Physical & Occupational Therapy[1]	$15 copay	$17 copay	$17 after deductible
Chiropractic Care[2]	10%	25% after deductible	10% after deductible
Lab Services (Diagnostic / X-ray)	$35 copay	$75 copay	$75 after deductible
Urgent Care	$30 copay	$100 copay	$120 after deductible
Emergency Services	$275 copay	$750 after deductible	$750 after deductible
Hospital Inpatient (including Maternity)	10%	30% after deductible	10% after deductible
Pharmacy Summary[3]	$0/$10/$50/50%	$0/$50/$225/50%	$0/$30/$150/50% after deductible
Includes Adult Dental and Vision Option[4]	No	Yes	No

[1] Limit of 30 combined physical and occupational therapy visits per benefit period.

[2] Limit of 30 chiropractic visits except for the treatment of back pain. Refer to your plan for additional information.

[3] Visit **highmarkacaformulary.com** to view our Formulary and see if your drug is covered, and at which tier.

[4] See page 24 for Adult Dental and Vision benefit details.

For all plans with Adult Dental and Vision — these are your vision benefits.

In-network

Vision Benefits	Frequency - Once Every:
Eye Examination (including dilation when professionally indicated)	12 months
Spectacle Lenses	12 months
Frame	12 months
Contact Lenses (in lieu of eyeglass lenses)	12 months

Copayments	
Eye Examination	$0
Spectacle Lenses	$0
Contact Lens Evaluation, Fitting, and Follow-Up Care	n/a

Eyeglass Benefit - Frame		Average Retail Value	
Non-Collection Frame Allowance (Retail):		Up to $130	Up to $60
Davis Vision Frame Collection[1] (in lieu of Allowance):	Fashion level	Up to $125	Included
	Designer level	Up to $175	$20 copayment
	Premier level	Up to $225	$40 copayment

Eyeglass Benefit - Spectacle Lenses	Average Retail Value	Member Charges
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)	$60-$120	Included
Oversize Lenses	$20	Included
Tinting of Plastic Lenses	$20	$11
Scratch-Resistant Coating	$25-$40	Included
Scratch Protection Plan Single Vision	$60-$120	$20
Scratch Protection Plan Multifocal	$60-$120	$40
Polycarbonate Lenses[2]	$60-$75	$0 or $30
Ultraviolet Coating	$25-$30	$12
Standard Anti-Reflective (AR) Coating	$50-$70	$35
Premium AR Coating	$65-$90	$48
Ultra AR Coating	$100-$125	$60
Standard Progressive Lenses	$150-$195	$50
Premium Progressives (Varilux®, etc.)	$195-$225	$90
Ultra Progressive Lenses	$225-$300	$140
Intermediate-Vision Lenses	$150-$175	$30
High-Index Lenses	$90-$150	$55
Polarized Lenses	$95-$110	$75
Plastic Photosensitive Lenses	$95-$150	$65

Contact Lens Benefit (in lieu of eyeglasses)		
Non-Collection Contact Lenses: Materials Allowance		Up to $85
Collection Contact Lenses[1] in lieu of Allowance): Materials	Disposable	Covered In Full
	Planned Replacement	Covered In Full
	Evaluation, Fitting, and Follow-up Care	Included
Medically Necessary Contact Lenses (with prior approval)	Materials, Evaluation, Fitting, and Follow-Up Care	Included

[1] Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

[2] Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

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 **highmarkbcbsde.com** and select the **Find a Doctor or Pharmacy** tab.

For all plans with Adult Dental and Vision — these are your dental benefits.

Dental Benefits			
Annual Deductible Per Insured Person	$50 Per Calendar Year		
Annual Deductible Per Insured Family	$150 Per Calendar Year		
Annual Maximum Per Insured Person	$1,250		
Covered Services:	Policy Pays		Elimination Period
	In Network	Out of Network	
Oral Evaluations (Exams)	100%	0%	None
Radiographs (All X-Rays)	100%	0%	None
Prophylaxis (Cleanings)	100%	0%	None
Palliative Treatment (Emergency)	100%	0%	None
Sealants	100%	0%	None
Space Maintainers	100%	0%	None
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures , and Dentures	80%	0%	6 Months
Basic Restorative (Fillings, etc.)	80%	0%	None
Simple Extractions	80%	0%	6 Months
Surgical Extractions	50%	0%	6 Months
Complex Oral Surgery	50%	0%	6 Months
Endodontics (Root canals, etc.)	50%	0%	6 Months
General Anesthesia and/or Nitrous Oxide and/or IV Sedation	80%	0%	6 Months
Nonsurgical Periodontics	50%	0%	6 Months
Periodontal Maintenance	50%	0%	None
Surgical Periodontics	50%	0%	6 Months
Crowns, Inlays, Onlays	50%	0%	6 Months
Prosthetics (Fixed Partial Dentures, Dentures)	50%	0%	6 Months
Adjustments and Repairs of Prosthetics	80%	0%	None
Implant Services	0%	0%	None
Consultations	100%	0%	None
Orthodontics	0%	0%	None

The percentage in the Policy Pays column is the percentage of the Policy's Maximum Allowable Charge that the Policy will pay for Covered Services provided by a Participating Dentist. Participating Dentists accept the Maximum Allowable Charge as payment in full.

Adult Dental benefits utilize the United Concordia Advantage Plus 2.0 Network. Members must use a United Concordia provider. There is no Out-of-Network coverage for this benefit. United Concordia Companies, Inc., is a separate company that administers pediatric dental benefits for Highmark Blue Cross Blue Shield Delaware members.

To find a dental provider in the Advantage Network, visit **highmarkbcbsde.com** and select the **Find a Doctor or Pharmacy** tab.

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 Navigator is a service mark of Highmark Inc.

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

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. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. 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, 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.

If you speak English, language assistance services, free of charge, are available to you. Call 1-877-959-2563.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-877-959-2563.

如果您说中文，可向您提供免费语言协助服务。
請致電 1-877-959-2563.

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-877-959-2563.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다.
1-877-959-2563 로 전화.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tumawag sa 1-877-959-2563.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-877-959-2563.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم
1-877-959-2563 .

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-877-959-2563.

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-877-959-2563.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-877-959-2563.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-877-959-2563.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-877-959-2563.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-877-959-2563.

日本語が母国語の方は言語アシスタンス・ サービスを無料でご利用いただけます。 1-877-959-2563 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان
با تماس با شماره 1-877-959-2563 .

Notes

Highmark, a member of the Blue Cross Blue Shield Association,* has been providing secure and stable health care coverage for over 80 years. With one in three Americans covered by a Blue Cross and/or Blue Shield plan, when you're with Highmark, 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: 1-855-882-6533
- Online: Highmark2021Plans.com
- By contacting your agent or broker

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