There's a plan in here with

your name

all over it.

Your guide to finding just the right
Individual or Family plan for you.

For Benefit Period:
January 1 to December 31, 2021

HIGHMARK. WEST VIRGINIA

Go ahead.
Get picky about your plan.

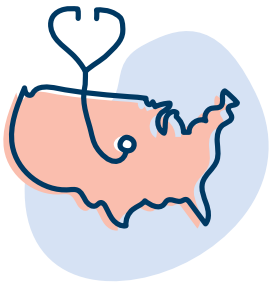
With lots of great coverage options from Highmark, this book will help you find the plan, the product, and the network access that matters most to you.

Why choose a Highmark health plan?

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

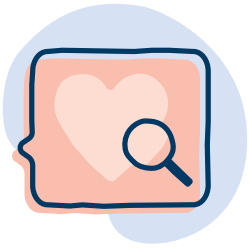
1 Expert care, close to home.

With Highmark Blue Cross Blue Shield West Virginia, you're covered here, there, and just about everywhere with the largest provider network in the Mountain State. Plus, you have access to in-network facilities in all five neighboring states (Pennsylvania, Maryland, Virginia, Kentucky, and Ohio).



2 Coast-to-coast coverage with BlueCard®.

All of our plans come with access to BlueCard, accepted by 96% of hospitals and 95% of doctors in the U.S.* The Blue Card program gives you access to routine, urgent, and emergency care, no matter where you are. Traveling abroad? You're also covered in 190 countries.



3 No red tape.

Lose the timewasting of going to an appointment just to get another appointment. **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.

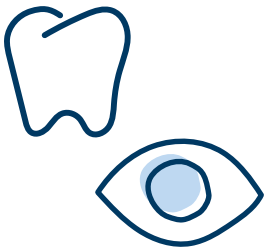
And that's just for starters.

Turn the page for even more reasons to choose Highmark.

* According to the Blue Cross and Blue Shield Association.

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

Almost too easy.



DENTAL AND VISION COVERAGE

All your care, all in one plan.

Healthy eyes and teeth are important parts of your overall health and regular check-ups can help you stay ahead of potential problems down the road. That's why many of our plans come with adult dental and vision benefits included. No need to purchase separate plans.

TELEMEDICINE

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 — telemedicine through American Well is free with many of our plans. Just call the number on the back of your ID card for details. That's laid-back-in-a-recliner easy.

BLUE DISTINCTION®

See specialists who get better results.

Only doctors who consistently deliver safe, effective treatments make our Blue Distinction list. When you use our Find a Doctor tool, a special logo will be by their name, so you can cherry-pick a top-performing specialist for any care you need

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

Super simple.

THE HIGHMARK APP AND 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 via the Highmark Plan app (available on Google Play or in the Apple App Store) or online at **highmarkbcbswv.com**.

MY CARE NAVIGATOR

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.

BLUES ON CALL℠

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

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.

From workout gear to gym memberships to healthy meal services, we'll take a little off the top while you're taking a little off your middle. Member-only deals are at **blue365deals.com**.

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.

	CATASTROPHIC	BRONZE	SILVER	GOLD
Premium	$	$$	$$$	$$$$
Out-of-Pocket Costs	$$$$	$$$	$$	$
Makes sense if you:	Never use health care services unless it's an emergency. **Only available if you're under 30 or have a hardship.**	Don't use a lot of health care services and/or want to keep premium payments low.	Are eligible for CSR or want to balance premiums with out-of-pocket costs.	Use health care services somewhat frequently and/or want low out-of-pocket costs for most commonly used services.

*ACA also includes Platinum level plans; however, Highmark does not offer these types of plans in West Virginia.

Ways to save

Good news: There are two ways to save available for Affordable Care Act (ACA) enrollees.

Even better news: More than 80% of our ACA members qualify.* Take a look to see if you do.

Advanced 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. You can **only** get these savings if you enroll in an Extra Savings Silver plan.

*Based on on-exchange Highmark enrollment during 2020 OEP.

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 Standard or Extra Savings plans to find the plans that will reduce how much you pay for care.

If you don't qualify for Cost-Sharing Reductions, you may be eligible for Advanced Premium Tax Credits. Please refer to the Standard plan options.

Who Needs Coverage?	What is the income for those covered under this health plan?				
	Eligible for Medicaid	Eligible for CSRs and APTCs			Eligible for APTCs
	Medicaid Eligible Range (100–138% or less FPL)	Silver Extra Savings plans			Standard
		138–149% CSR plans	150–199% CSR plans	200–249% CSR plans	250%–400%
Single	Less than $17,607	$17,608 - $19,139	$19,140 - $25,519	$25,520 - $31,899	$31,900 - $51,039
Family of 2	Less than $23,790	$23,791 - $25,859	$25,860 - $34,479	$34,480 - $43,099	$43,100 - $68,959
Family of 3	Less than $29,792	$29,973 - $32,579	$32,580 - $43,439	$43,440 - $54,299	$54,300 - $86,879
Family of 4	Less than $36,155	$36,156 - $39,299	$39,300 - $52,399	$52,400 - $65,499	$65,500 - $104,799
Family of 5	Less than $42,337	$42,338 - $46,019	$46,020 - $61,359	$61,360 - $76,699	$76,700 - $122,719
Family of 6	Less than $48,519	$48,520 - $52,739	$52,740 - $70,319	$70,320 - $87,899	$87,900 - $140,639
Family of 7	Less than $54,702	$54,703 - $59,459	$59,460 - $79,279	$79280 - $99,099.	$99,100 - $158,559
Family of 8	Less than $60,884	$60,885 - $66,179	$66,180 - $88,239	$88,240 - $110,299	$110,300 - $176,479

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

This chart is only applicable for coverage in 2021 and in the 48 contiguous states and the District of Columbia. For families/households with more than 8 persons, add $4,480 for each additional person. HHS Poverty Guidelines for 2020 (January 31, 2020). Retrieved from https://aspe.hhs.gov/poverty-guidelines.

Check to see if you qualify for one or both types of help.
Call 855-506-1637.

ACA plans vs. short-term plans

In addition to the availability of APTC and CSR, all ACA plans provide coverage for preexisting conditions and the ten essential health benefits (see page 13). Short-term plans — which are plans that come with a fixed, limited term — do not. Short-term plans can seem like a cheaper alternative to ACA coverage but often come with hidden costs and exclusions that can make them more expensive in the long run.

Other types of hidden costs in short-term plans:

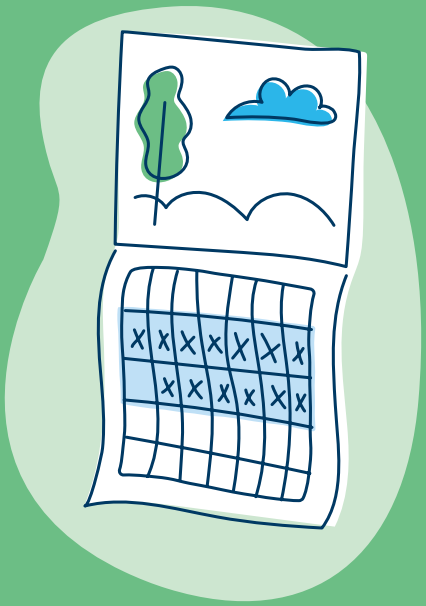
	SHORT-TERM PLANS	ACA PLANS
Capped out-of-pocket spending	X	✓
10 Essential Health Benefits	X	✓
No limits on covered doctor visits	X	✓
No dollar limits on covered benefits	X	✓
No limits on prescription drug coverage	X	✓

Next, enrollment dates.

There are two different ways you can be eligible to 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.

OPEN ENROLLMENT PERIOD
November 1 – December 15, 2020

During this window, you can get or change your ACA coverage. The plan you pick takes effect January 1, 2021.



SPECIAL ENROLLMENT PERIODS
Can happen any time throughout the year

Outside the Open 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. A Special Enrollment Period only lasts 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 prove it. You can go to discoverhighmark.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 2021 — **and find you the plan with the benefits and features that matter most to you.**

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.highmarkbcbswv.com/pdffiles/Highmark_Preventive_Schedule_2020.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.

my Blue Access WV EPO

Your choice for comprehensive in-network access throughout the Mountain State.

With my Blue Access WV EPO plans, you have in-network access to high-quality, cost-effective care in West Virginia, Kentucky, Maryland, Ohio, Pennsylvania, and Virginia. You can even see in-network specialists with no need for referrals. And when you're traveling outside of West Virginia, the BlueCard program expands your in-network access to 96% of hospitals and 95% of doctors nationwide.

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

my Blue Access WV EPO plans are available throughout West Virginia.

my Blue Access WV EPO In-Network Hospitals

BARBOUR
- Broaddus Hospital

BERKELEY
- WVU Medicine – Berkeley Medical Center

BOONE
- Boone Memorial Hospital

BRAXTON
- WVU Medicine – Braxton County Memorial Hospital

BROOKE
- Acuity Specialty Hospital of Ohio Valley – Weirton
- Weirton Medical Center

CABELL
- Cabell Huntington Hospital
- River Park Hospital
- St. Mary's Medical Center

CALHOUN
- Minnie Hamilton Health Center

FAYETTE
- Montgomery General Hospital
- Plateau Medical Center

GRANT
- Grant Memorial Hospital

GREENBRIER
- Greenbrier Valley Medical Center

HAMPSHIRE
- Valley Health – Hampshire Memorial Hospital

HARRISON
- WVU Medicine – United Hospital Center
- WVU Medicine – Highland-Clarksburg Hospital

JACKSON
- WVU Medicine – Jackson General Hospital

JEFFERSON
- WVU Medicine – Jefferson Medical Center

KANAWHA
- Charleston Area Medical Center
- Charleston Surgical Hospital
- Saint Francis Hospital
- Select Specialty Hospital – Charleston
- Thomas Memorial Hospital

LEWIS
- Stonewall Jackson Memorial Hospital

LOGAN
- Logan Regional Medical Center

MARSHALL
- WVU Medicine – Reynolds Memorial Hospital

MASON
- Pleasant Valley Hospital

MERCER
- Princeton Community Hospital

MINERAL
- WVU Medicine – Potomac Valley Hospital

MONONGALIA
- Mon Health Medical Center
- WVU Medicine – Chestnut Ridge Center
- WVU Medicine – Children's Hospital
- WVU Medicine – J.W. Ruby Memorial Hospital

MORGAN
- Valley Health – War Memorial Hospital

NICHOLAS
- WVU Medicine – Summersville Regional Medical Center

OHIO
- Acuity Specialty Hospital of Ohio Valley – Wheeling
- Wheeling Hospital

POCAHONTAS
- Pocahontas Memorial Hospital

PRESTON
- Mon Health Preston Memorial Hospital

PUTNAM
- Charleston Area Medical Center Teays Valley Hospital

RALEIGH
- Beckley ARH Hospital
- Raleigh General Hospital

RANDOLPH
- Davis Medical Center

ROANE
- Roane General Hospital

SUMMERS
- Summers County ARH Hospital

TAYLOR
- Grafton City Hospital

TYLER
- Sistersville General Hospital

UPSHUR
- WVU Medicine – St. Joseph's Hospital

WEBSTER
- Webster County Memorial Hospital

WETZEL
- WVU Medicine – Wetzel County Hospital

WOOD
- WVU Medicine – Camden Clark Medical Center

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

KENTUCKY
- King's Daughters Medical Center
- Pikeville Medical Center
- Tug Valley ARH Regional Medical Center
- University of Kentucky HealthCare Hospitals

MARYLAND
- Meritus Medical Center
- The Johns Hopkins Hospital
- University of Maryland Medical Center
- UPMC Western Maryland
- WVU Medicine - Garrett Regional Medical Center

OHIO
- Cleveland Clinic
- East Liverpool City Hospital
- Holzer Medical Center - Gallipolis
- Holzer Medical Center - Jackson
- Marietta Memorial Hospital
- Mount Carmel New Albany Surgical Hospital
- Selby General Hospital
- Southern Ohio Medical Center
- The Ohio State University Wexner Medical Center
- Trinity Medical Center East
- Trinity Medical Center West

PENNSYLVANIA
- AHN Allegheny General Hospital
- AHN West Penn Hospital
- UPMC Mercy
- UPMC Presbyterian
- UPMC Shadyside
- UPMC Passavant – McCandless

VIRGINIA
- Bon Secours St. Mary's Hospital
- Carilion New River Valley Medical Center
- Carilion Roanoke Memorial Hospital
- Inova Children's Hospital
- Inova Fairfax Medical Campus
- Inova Loudoun Hospital
- LewisGale Medical Center
- Reston Hospital Center
- Sentara Northern Virginia Medical Center
- Sentara RMH Medical Center
- University of Virginia Health – University Hospital
- Valley Health – Winchester Medical Center

*In addition, my Blue Access WV EPO plans provide in-network access to out-of-state providers that participate with local Blue Plans through the BlueCard program. Please refer to the provider directory for additional out-of-state hospitals. You can find the provider directory at **highmarkbcbswv.com** under the **Find a Doctor or Pharmacy** tab.

Now, let's dig into plan details.

You'll find plan summaries in this brochure, but if you want any plan's full benefit list, visit Highmark-SBC2021.com or get a paper copy by calling 1-833-258-0188 (TTY/TDD 711).

	Coverage Level			
	Catastrophic 8550	Bronze HSA 6900	Bronze 3800	Silver HSA 3450
Plan Availability	my Blue Access WV EPO	my Blue Access WV EPO	my Blue Access WV EPO	my Blue Access WV 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
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
Primary Care Visit	First 3 visits free, then $0 after deductible	$0 after deductible	$60 copay	$70 after deductible
Specialist Visit	$0 after deductible	$0 after deductible	50% after deductible	$70 after deductible
Outpatient Mental Health and Substance Abuse Visits	$0 after deductible	$0 after deductible	First 2 visits free, then 50% after deductible	$70 after deductible
Physical & Occupational Therapy/Chiropractic[2]	$0 after deductible	$0 after deductible	$60 copay	$70 after deductible
Lab Services (Diagnostic / X-ray)	$0 after deductible	$0 after deductible	50% after deductible	$90 after deductible
Urgent Care	$0 after deductible	$0 after deductible	$100 copay	$140 after deductible
Emergency Services	$0 after deductible	$0 after deductible	50% after deductible	$750 after deductible
Hospital Inpatient (including Maternity)	$0 after deductible	$0 after deductible	50% after deductible	10% after deductible
Pharmacy Summary[3]	$0/$0/$0/$0 after deductible	$0/$0/$0/$0 after deductible	50%/50%/50%/50% after deductible	$0/$30/$150/50% after deductible
Includes Adult Dental and Vision Option[4]	No	No	Yes	No

	Coverage Level				
	Silver 2900	Silver 2600	Silver HSA 1850	Gold 800	Gold 0
Plan Availability	my Blue Access WV EPO	my Blue Access WV EPO*	my Blue Access WV EPO*	my Blue Access WV EPO	my Blue Access WV EPO
In-Network Deductible	Individual: $2,900 Family: $5,800	Individual: $2,600 Family: $5,200	Individual: $1,850 Family: $3,700 [Non-embedded][1]	Individual: $800 Family: $1,600	Individual: $0 Family: $0
In-Network, Out-of-Pocket Maximum	Individual: $7,800 Family: $15,600	Individual: $8,500 Family: $17,000	Individual: $6,900 Family: $13,800	Individual: $6,000 Family: $12,000	Individual: $7,500 Family: $15,000
Primary Care Visit	$50 copay	$40 copay	30% after deductible	$15 copay	$20 copay
Specialist Visit	$50 copay	$40 copay	30% after deductible	$15 copay	$20 copay
Outpatient Mental Health and Substance Abuse Visits	$50 copay	$40 copay	30% after deductible	$15 copay	$20 copay
Physical & Occupational Therapy/Chiropractic[2]	$50 copay	$40 copay	30% after deductible	$15 copay	$20 copay
Lab Services (Diagnostic / X-ray)	$75 copay	$65 copay	30% after deductible	$40 copay	$50 copay
Urgent Care	$100 copay	$80 copay	30% after deductible	$30 copay	$40 copay
Emergency Services	$750 after deductible	30% after deductible	30% after deductible	$250 copay	$300 copay
Hospital Inpatient (including Maternity)	30% after deductible	30% after deductible	30% after deductible	20% after deductible	40% after deductible
Pharmacy Summary[3]	$0/$30/$150/50%	$0/$30/$150/50%	30%/30%/30%/30% after deductible	$0/$25/$75/50%	$0/$30/$150/50%
Includes Adult Dental and Vision Option[4]	Yes	Yes	No	Yes	No

*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] 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.

	Income Level		
	138-149% FPL		150-199% FPL
	Coverage Level		
	Silver 100	Silver 0	Silver 700
Plan Availability	my Blue Access WV EPO	my Blue Access WV EPO	my Blue Access WV 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/Chiropractic[1]	$5 copay	$1 copay	$25 copay
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% after deductible	10% after deductible
Pharmacy Summary[2]	$0/$5/$15/50%	$0/$5/$15/50%	$0/$10/$50/50%
Includes Adult Dental and Vision Option[3]	Yes	No	Yes

	Income Level		
	150-199% FPL	200-249% FPL	
	Coverage Level		
	Silver 0	Silver 2100	Silver 1050
Plan Availability	my Blue Access WV EPO	my Blue Access WV EPO	my Blue Access WV 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/Chiropractic[1]	$15 copay	$50 copay	$60 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% after deductible	30% after deductible	10% after deductible
Pharmacy Summary[2]	$0/$10/$50/50%	$0/$30/$150/50%	$0/$30/$150/50% after deductible
Includes Adult Dental and Vision Option[3]	No	Yes	No

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

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

[3] 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 **highmarkbcbswv.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 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 West Virginia members.

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

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 you healthy. Refer to the Highmark 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.

TELEMEDICINE
Telemedicine is health care that you get from a doctor in real time via a smart device, computer, or telephone.

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 type of telemedicine that you receive from a PCP or specialist via email or online videoconferencing.

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

HIGHMARK 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, 2021– December 31, 2021). The family deductible can be met by one family member or a combination of members.

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, 2021– December 31, 2021), 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, 2021 – December 31, 2021) 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 34-day (Retail) supply. All plans have a four-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.

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.

Highmark Blue Shield is a Qualified Health Plan insurer in the Health Insurance Marketplace.

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, please go to DiscoverHighmark.com/QualityAssurance; or 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.

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. 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 and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

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.

American Well is an independent company that provides telemedicine services. American Well 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 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 Navigator℠ is a service mark of Highmark Inc.Highmark Blue Cross Blue Shield West Virginia 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 1-877-959-2562.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-877-959-2562.

如果您说中文，可向您提供免费语言协助服务。
請致電 1-877-959-2562.

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-877-959-2562.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다.
1-877-959-2562 로 전화.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tumawag sa 1-877-959-2562.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-877-959-2562.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم 1-877-959-2562 .

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-877-959-2562.

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-877-959-2562.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-877-959-2562.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-877-959-2562.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-877-959-2562.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-877-959-2562.

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。 1-877-959-2562 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان
با تماس با شماره 1-877-959-2562 .

Notes

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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: 1-855-506-1637
- Online: Highmark2021Plans.com
- By contacting your agent or broker

HIGHMARK WEST VIRGINIA