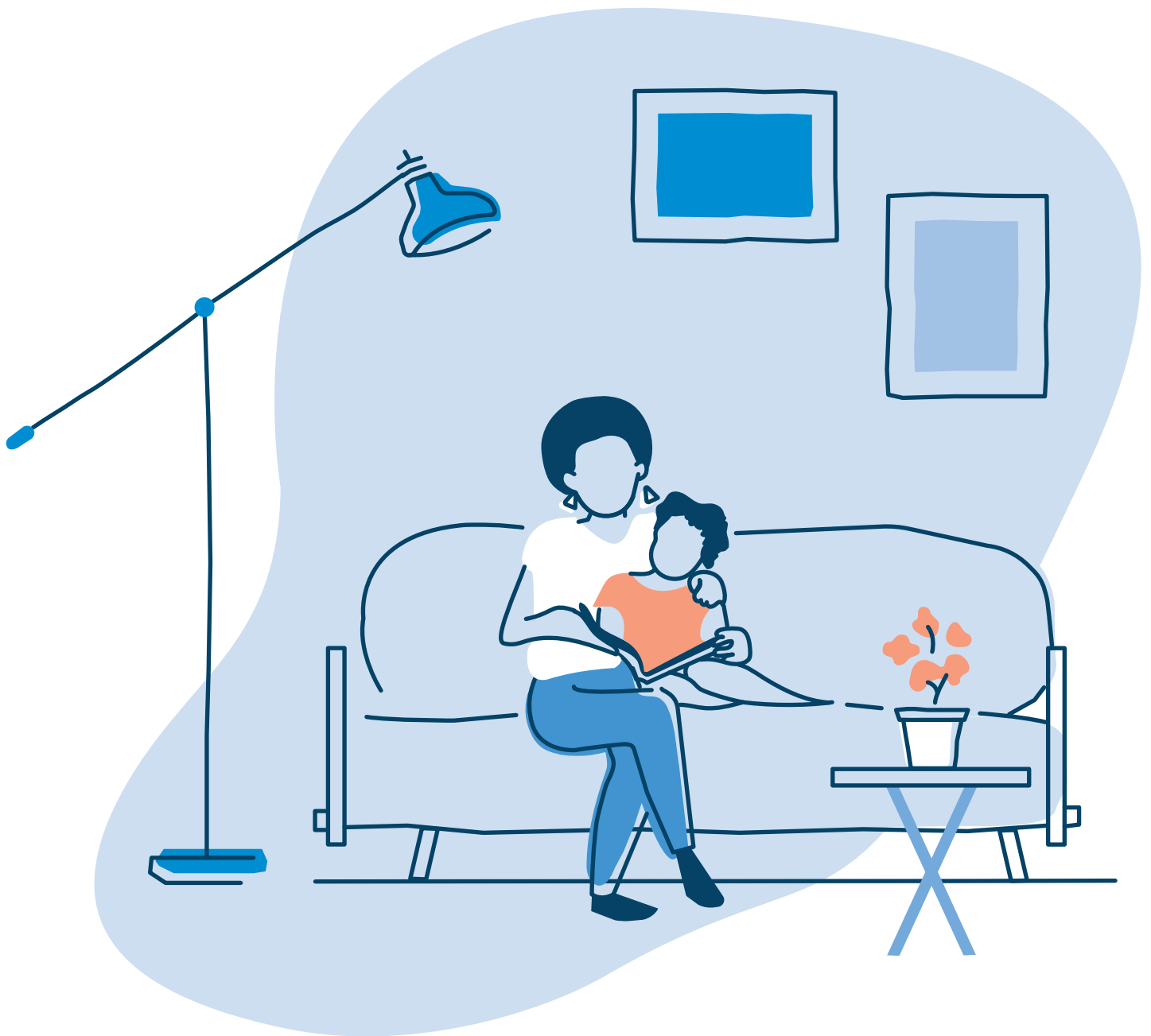


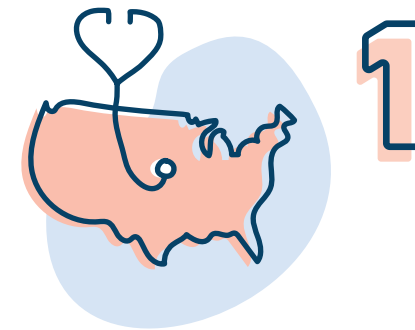
Coverage that lets you worry less and live more.



Health insurance so easy you'll forget it's health insurance.

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Three ways Highmark makes it simple.



1

Local, nationwide, and global coverage.

For care closer to home, we've got plans that give you access to AHN, UPMC, and other local community hospitals and doctors.* From coast to coast, you get access to 96% of hospitals and 95% of doctors through the BlueCard® program. And when you travel, you're covered in 190 countries.



2

Total support, day or night.

Whether it's 24/7 answers from registered nurses, access to video chat services for prescriptions or a diagnosis, or just some help booking your doctor visits, when you need us, we're there.



3

Easy access to top-performing specialists.

Thousands of our network doctors and hospitals have earned Blue Distinction status for their exceptional safety and results. That means great specialty care for you across the board. Easy peasy.

There's the short version.

For more details on what makes the choice even simpler, turn the page.

*Local facilities and providers may vary by selected plan.

How easy is it for
you to find care
and get care?

Almost too easy.



LOCAL ACCESS

Expert care, close to home.

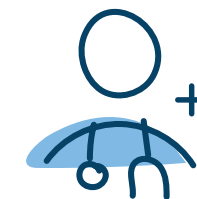
One of our network providers, Allegheny Health Network (AHN), invests big in a patient-first approach to care. Between new construction and hospital expansions, you've got easy access to high-quality, lower-cost health care services.



DR. MATCH

Meet the doctor of your dreams.

Answer a few quick questions at [DrMatchQuiz.com](https://www.drmatchquiz.com) so we know what care style you prefer. Based on your results, we'll show you local doctors who practice the way you like for a more personal connection.



MEET DOCTOR RIGHT

Choose the doctor you like best, in person.

Our meet-and-greets are friendly, fun, and casual. Talk to some doctors. Pick your favorite. Make an appointment. Even get a health screening right then and there. Tons of perks. All rolled into one.



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.



NO REFERRALS

No referrals, no red tape.

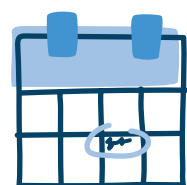
Lose the timewasting of going to an appointment just to get another appointment. See whichever in-network doctors you want to see. Or call 1-888-BLUE-428, and we'll find a specialist for you. No hoops, no hoopla.



SAME-DAY APPOINTMENTS

No more long waits. See a doctor today.

We get it. Sometimes your health falls to the bottom of your to-do list. But when you need care, you really need it. That's why you can get a same-day primary and specialty care visit through AHN.



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.



VIRTUAL VISITS

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. Just call the number on the back of your ID card for details. That's laid-back-in-a-recliner easy.



ENHANCED COMMUNITY CARE MANAGEMENT

Get help managing chronic conditions.

Our nurse managers are great at making complex health situations simpler. They'll help keep you on track with your plan of care and out of the emergency room.



JOHNS HOPKINS MEDICINE COLLABORATION

Expert teamwork for advanced care.

We collaborate with some of the best minds, like Johns Hopkins Medicine, for cancer research. That lets us bring the latest innovative medical breakthroughs right to your neighborhood.



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

Super simple.



THE HIGHMARK APP

A pocket full of health.

See recent claims activity, access your virtual member ID, find in-network care nearby, and set up fingerprint or facial scan for quick, secure sign-in.



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.



ONLINE TOOLS & 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 highmarkbcbs.com.



CARE COST ESTIMATOR

See what care might cost you.

Before making an appointment for a test, scan, or procedure, Care Cost Estimator helps you avoid a surprise on your bill after the fact.



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, and resources like Sharecare[®] 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.

Phew, that's a lot of good stuff. And somehow it just takes a tiny card with your name on it to get it all. Talk about simple.

Let's (en)roll with Highmark.

Health care lingo, translated.

When you're choosing a plan, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones. (If you want the complete glossary, check your benefit booklet after you enroll.)

PREMIUM

The monthly amount you or your employer pay so you have health coverage.

DEDUCTIBLE

The set amount you pay for a health service before your plan starts paying.

COPAY

The set amount you pay for a covered service, for example it could be:
\$15 for a doctor visit or
\$6 for a prescription.

COINSURANCE

The percentage you owe after your deductible. For example, if your plan pays 80%, you pay 20%.

PLAN ALLOWANCE

The set amount your plan will pay for a health service, even if your provider bills for more.

IN-NETWORK PROVIDER

A doctor or hospital that accepts your plan allowance and cost-sharing as full payment. They won't bill you extra, but you could still have to pay your copays.

MAXIMUM OUT-OF-POCKET

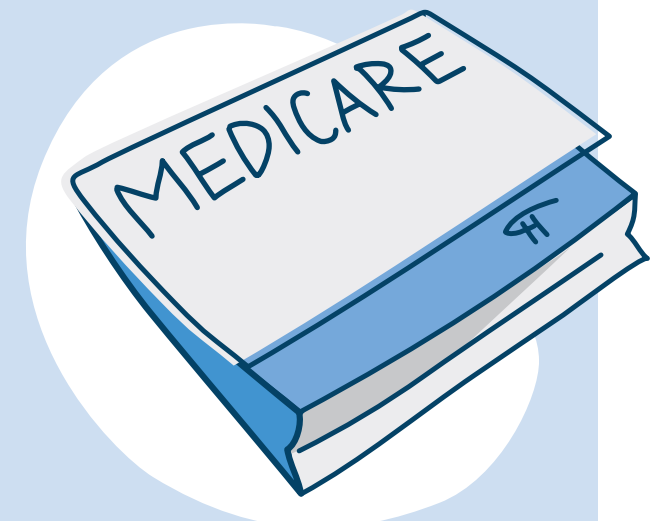
The most you'd pay for covered care. If you hit this amount, your plan pays 100% after that.

FORMULARY

The list of medications covered by your plan, sorted by tier. Lower tiers usually mean lower copays.

Thinking about retirement?

Let us make your transition to Medicare smooth and easy with a **FREE Retirement Readiness Kit**. To get yours, call **1-844-873-7875**, 8am to 8pm, seven days a week.



Highmark Choice Company, Highmark Senior Health Company, and Highmark Senior Solutions Company are Medicare Advantage plans with a Medicare contract. HM Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in Highmark Choice Company, Highmark Senior Health Company, Highmark Senior Solutions Company, and HM Health Insurance Company depends on contract renewal. Highmark Blue Shield, Highmark Choice Company, Highmark Senior Health Company, Highmark Senior Solutions Company, and HM Health Insurance Company are independent licensees of the Blue Cross and Blue Shield Association.

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

* There's a small handful of plans that aren't supported by My Care Navigator, but we're working on it.

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

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myCare NavigatorSM is a service mark of Highmark Inc.

Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable 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 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 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.

Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Blue 365, Blue Distinction, Blue Distinction Centers, Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and 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, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual.

The Claims Administrator/Insurer:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

Qualified sign language interpreters

Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

Qualified interpreters

Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

If you speak English, language assistance services, free of charge, are available to you. Call 1-800-876-7639.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-800-876-7639.

如果您说中文，可向您提供免费语言协助服务。请致电 1-800-876-7639。

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-800-876-7639.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. 1-800-876-7639 로 전화.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyonang tulong sa wika. Tumawag sa 1-800-876-7639.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-800-876-7639.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعونة في اللغة المجانية متاحة لك. اتصل على الرقم 1-800-876-7639.

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-800-876-7639.

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-800-876-7639.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-800-876-7639.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-800-876-7639.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-800-876-7639.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-800-876-7639.

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。1-800-876-7639 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماس با شماره 1-800-876-7639 .

