

Everything you need to know to get started with your health plan

What's covered, where to go, and what you need to thrive.



Because Life.™



Think of this guide as a breakdown of your Highmark health plan.

Hold on to this in case you need it this year.



**Key insurance terms and what they mean for you.
Scan the QR code to see our glossary.**

Health insurance can be confusing. If you have questions about any of the terminology we used, search our insurance glossary for help translating insurance lingo.

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Let's go over the basics.

Sign up for My Highmark.

It's a simpler way to manage your plan and get personalized health program recommendations. With the My Highmark app or website, you can:

- Use your virtual ID card and review your benefit grid by clicking **Access Benefits**.
- Search for a provider and see what health care tools you have access to by selecting **Get Care**.
- Find health programs and advice by going to your **Journey**.
- Get help from Member Service by going to **Support**.

To register, download the My Highmark app or visit **MyHighmark.com**. Existing members can use their current online username and password, but new members will need a member ID or Social Security number. Make sure you have your mobile phone or email handy to authenticate your account and log in.



Scan the code to download the My Highmark app or visit **MyHighmark.com** today.

Go paperless.

As a Highmark member, you'll automatically receive text messages with important plan information, such as how to:

- Find a doctor or pharmacy.
- Understand prior authorizations.
- Navigate your benefits and network coverage.

How you'll know it's us.

Be sure to add us to your contact list and email inbox. That way, you'll know the message is safe. Here's how we'll pop up in your mobile messages and inbox.

Text: 54467

Email: DoNotReply@highmarkbcbs.com

Our health plan pros can help.

If you can't find the answer on My Highmark, or just need a human to help, call Member Service on the back of this book. They can help you:

- Get details on your health plan.
- Access claims, billing, or anything else you can find on My Highmark.

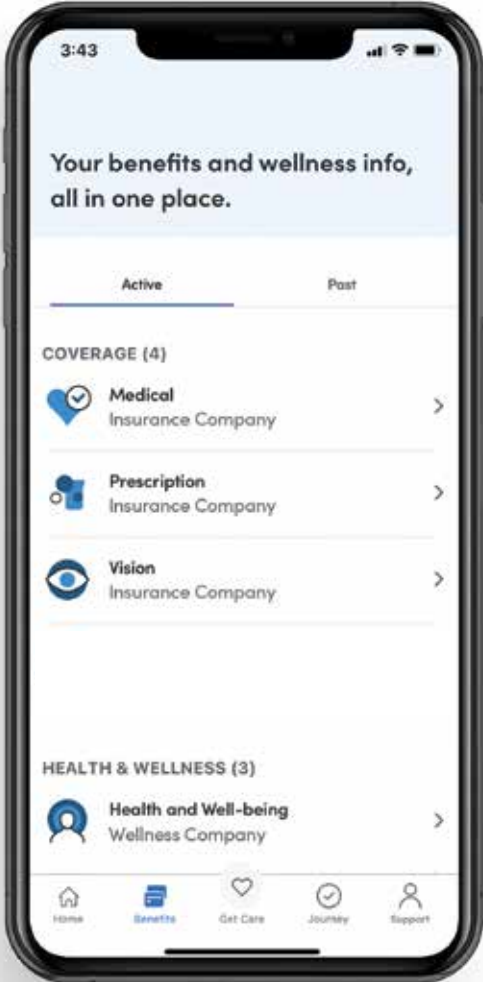
All the details, all laid out.

View your benefits on My Highmark.

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The first step to understanding your health plan is getting to know the benefits that are covered and what you can expect as far as care costs.

You can revisit those details any time you want by selecting **Benefits** on My Highmark. There, you can also see how you are tracking toward your deductible, if you have a copay or coinsurance, the expected costs for your next visit, and how those costs compare if you stay in network.



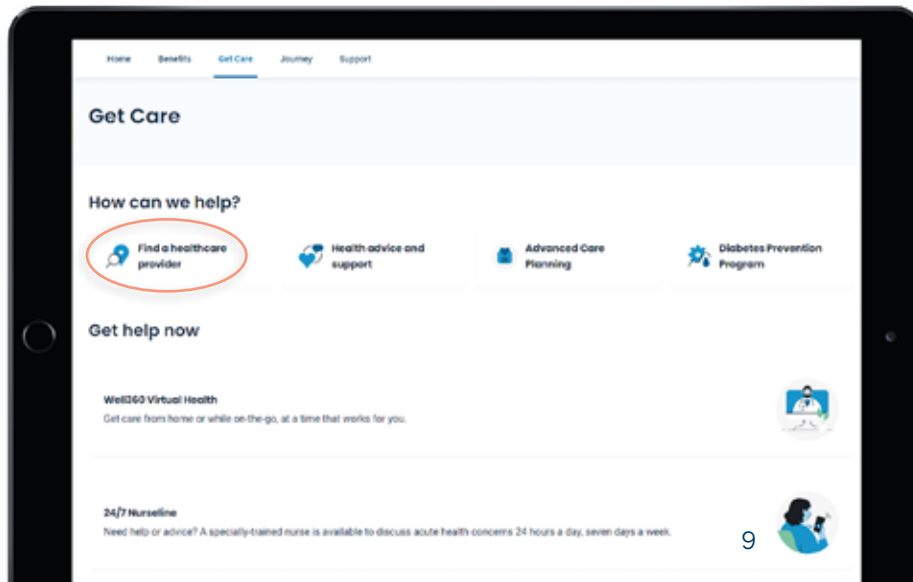
Savings add up when
you stay in network.

*In order to be covered, services must be covered benefits under your policy and meet any authorization requirements outlined by your policy.

Find an in-network provider on My Highmark.

Visiting with an in-network provider means your provider has contracted with your plan, accepting a predetermined amount for services. The portion you pay is generally less when using an in-network provider.[‡] Out-of-network providers are doctors or hospitals that generally charge more than your plan allows for the same services. So if you choose to see an out-of-network provider, you may pay more out-of-pocket.

More good news, all Allegheny Health Network (AHN) providers are in network with your plan. To search for an AHN provider and immediately schedule at the time you want, visit AHN's scheduling page at ahn.org/scheduling. View a list of providers and specialists and establish a visit at a time that works for you.



To find all in-network providers, visit My Highmark > Get Care > Go to provider search.

Stay on top of your health.

A Primary Care Provider and preventive care can go a long way.

Why have a PCP?

A key step to staying healthy is having a primary care provider (PCP) you see regularly. They'll help make sure you are staying on top of your health essentials.



Find your PCP in My Highmark. Click the **Get Care** tab, then click on **Go to provider search**.

A PCP is key to preventive care.

Preventive care includes routine checkups, tests, and screenings that may help identify any health issues early, when it's easier to treat. Preventive care also includes getting support for non-health factors that may have an impact on your well-being, like access to healthy food and transportation to doctor visits. It's important to stay connected with your doctor and take advantage of any preventive care they recommend.

Don't forget, preventive care is covered at no cost to you. We also provide an easy preventive care schedule for you to follow. Just go to My Highmark and select Benefits to stay on track with your health.



To help us understand how non-health factors tie into your preventive care needs: Scan the QR code to complete our brief survey. It will help us better understand your needs and get you connected to the right resources.

Your wellness tool belt is on My Highmark.

Your plan comes with all of these programs.

†Therapy is available for members age 6+, and coaching is available for members age 18+.

**Based on Spring Health's average provider availability, which includes access to in-network providers.

Well360 Virtual Health*

Get care for common illnesses — like ear pain or the flu — without leaving your home with a virtual visit. Your plan covers virtual health visits with participating providers, or through Well360 Virtual Health. Quickly and easily get the care you need with 24/7 virtual urgent care, scheduled therapy and psychiatry appointments. Well360 Virtual Health can be accessed exclusively through **My Highmark > Get Care**.

Mental Well-Being powered by Spring Health

Spring Health gives you and those covered on your health plan[†] ages 6+ access to virtual or in-person (where available)** care on an average of three days or less. After taking a short digital assessment, you'll receive a personalized care plan with recommendations like therapy, self-guided wellness exercises, coaching, and more. Licensed Care Navigators are also available to answer questions about your care or if you need help choosing or changing providers.

Wellness coaches

For advice and guidance on getting fit and staying healthy, call **1-800-650-8442** and chat with a wellness coach. This coach can help you quit smoking, lose weight, lower your stress level, or provide guidance on any other health challenges you may be facing.

24/7 Nurse Line

For advice about symptoms or answers to health-related questions, when you can't reach your regular doctor, consider our 24/7 Nurse Line. A registered nurse is available whenever you need them for one-on-one support. Call **1-888-258-3428** and have your member ID card handy.

Diabetes Management

This virtual care program can help you manage your diabetes by providing you access to a virtual health clinic and a team of care leads that can answer your questions and guide you through your health journey. Personalized plans provide ongoing, coordinated support between visits with your primary care provider. Plus, you may receive a free glucometer and unlimited test supplies at no additional cost to you. Visit **My Highmark > Benefits**.

Complete your wellness requirements by September 30, 2026!

If you and your spouse (if applicable) voluntarily complete the required wellness activities, your In-Network

Deductible will be waived or reduced.

Earn credit by completing a Preventive Exam with the Appropriate Diagnostic Health Screenings:

- The exam must include blood pressure and height/weight.
- A minimum of ONE of the following diagnostic health screenings is needed in conjunction with your physical exam:
 - Lipid Profile
 - Fasting Blood Glucose
 - Routine Cholesterol Screening

*Urinalysis, Prostate Specific Antigen (PSA), Comprehensive Metabolic Panel (CMP) and Complete Blood Count (CBC) are NOT required as part of your preventative exam and are NOT covered as routine services. Please see your health plan benefit for information about covered services.

Be sure to use a Members Savings Site for your lab work to avoid a \$50 copayment.

Contact Highmark Customer Service 1-866-594-1732 for site locations.

If you do not meet the wellness requirements by September 30th, you will be responsible for the In-Network Deductible effective 1-1-2027.

Please contact your Plan Administrator for questions regarding the wellness requirement.

Rewards are provided by your Plan Administrator and not your health plan. 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 <https://www.discoverhighmark.com/western-pennsylvania/plans/shopping-aca-plans.html>.

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

Well360 Virtual Health is offered by your health plan and powered by Amwell. Amwell is an independent company that provides telemedicine services and does not provide Blue Cross and/or Blue Shield products or services. Amwell is solely responsible for their telemedicine services.

Mental Well-Being is offered by your health plan and powered by Spring Health. Spring Health is an independent company that provides mental health care services and does not provide Blue Cross and/or Blue Shield products or services. Spring Health is solely responsible for their mental health care services.

Verily Life Sciences LLC ("Verily") and Onduo are separate companies that collaborate to provide a virtual diabetes care program for your health plan.

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Benefits Group Inc., First Priority Life Insurance Company, or Highmark Coverage Advantage Inc.

Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered.

For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

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>.

ATTENTION: If you speak English, assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY:711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。
请拨打您的身份证背面的号码 (TTY : 711) 。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

אכטונג: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, אוועילעבל פאר אייך. רופט די נומער וואס איז אויף די פארקערטע זייט פון אייער ID קארטל (TTY:711).

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। আপনার আইডি কার্ডের (TTY:711) পিছনে থাকা নম্বরে ফোন করুন।

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

توجه فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ اپنے شناختی کارڈ کی پشت پر درج شدہ نمبر پر کال کریں (TTY: 711)۔

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ΠΡΟΣΟΧΗ: Σε περίπτωση που μιλάτε Ελληνικά, οι διαθέσιμες υπηρεσίες γλωσσικής βοήθειας σας παρέχονται δωρεάν. Καλέστε τον αριθμό στο πίσω μέρος της ταυτότητας σας (TTY:711).



Because Life.™

All the details on
your health plan.

Have questions?

Call Member Service at **1-866-594-1732.**