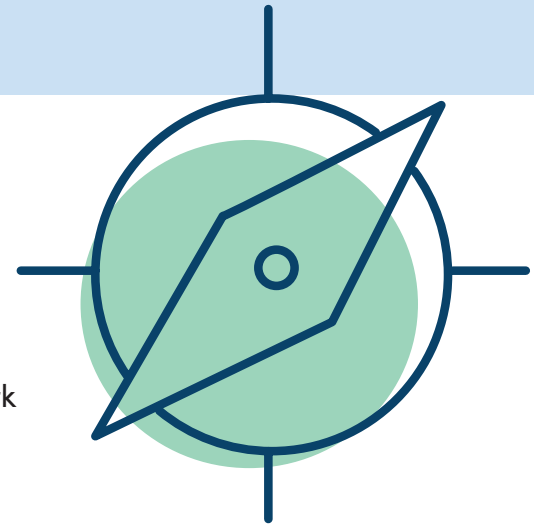
Q1 2022 Small Group product portfolio

PENDING DFS APPROVAL

HIGHMARK WESTERN NEW YORK

The longest-standing local health plan in Western New York

Proud to be a community-based not-for-profit health plan, employer, and corporate citizen



Everything you're looking for in a health plan

- A network of doctors that recognize and accept Highmark Blue Cross Blue Shield of Western New York inside and outside of Western New York
- Convenient access to medical experts whenever it's needed
- Digital tools and resources that inform and make it easy to manage your health plan
- Membership perks that will keep your employees happy and healthy

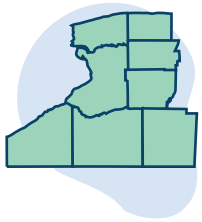
And more

- New and innovative approach to managing health care
- Better health solutions to help control costs, increase customer and clinician engagement, and create better health outcomes
- New tools and technologies that help employees put their health first

Network options

With Highmark Blue Cross Blue Shield of Western New York you can be confident that no matter the situation or location, you and your employees will be covered. In-network providers cost an average of 10–16% less, so we make finding one easy.

Flexibility of a local network with POS, HMO, and Apex



Point of Service (POS)/Health Maintenance Organization (HMO)

- More than 700,000 people are enrolled in our POS plans. They're flexible and the most affordable for those who get health care close to home. With a POS plan, your employees have in-network access to 99% of the doctors in our eight-county service area.
- HMO and POS plans offer the same coverage in the service area, but HMO plans have no out-of-network coverage.

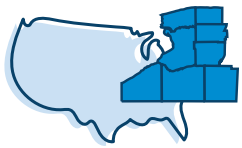
Apex

- Apex is a high-performing network made up of primary care providers (PCPs) and specialty groups who consistently deliver high-quality care at lower costs.
- Members pay in-network cost-shares for visiting PCP and specialty groups that meet quality and efficiency standards. All other providers are considered out of network if visited for nonemergency care. Visit **bcbswny.com/choose-apex** to learn more.
- Available to employers headquartered in Erie and Niagara counties.

Coverage beyond Western New York with PPO and EX

Preferred Provider Organization (PPO)

Our PPO network offers great local coverage and goes the distance with employees who live or travel outside the POS service area.



Expanded network (EX)

- EX network offers great local coverage, plus in-network access to doctors outside our region.
- It works best for those living or working in the eight-county service area, but receiving treatment or services elsewhere. Your employees must choose a participating PCP in our service area who will coordinate care in and outside the region.

Convenient access to medical experts

We have you and your employees covered like no other health plan. Access to doctors and hospitals around the clock can add a tremendous amount of value to the experience you and your employees have with us.

Telemedicine hosted by Doctor On Demand®

Illness and accidents can happen any time. Your employees don't have to wait to see a doctor for common issues like allergies, back pain, bronchitis, pneumonia, cold, flu, and sinus infections. Members can also receive behavioral health treatment for anxiety, depression, and more. Telemedicine visits are covered at a $0 copay for members (subject to deductible on HSA-qualified plans).

Away From Home Care®

Access to the health care your employees and their dependents need while living away from home. Care is provided through participating Blue Cross and/or Blue Shield plans in many states and the District of Columbia. Great for students attending school out-of-state, families residing in different service areas, retirees with dual residencies, and members with long-term work assignments.

Available on Platinum Classic, Platinum POS Plus, Platinum Apex Plus, and Gold Classic plans. Employees should call Customer Service to enroll and check eligibility.

One-on-one support

Personal health navigators

Navigators can help find doctors, research costs, schedule appointments, tackle claim and billing problems, and support employees with other issues.

Wellness coaches

Our team of certified wellness coaches meet with your employees by phone or online to identify and reach goals.

Your employees can also engage through the Sharecare app, an advanced, digital coaching tool that helps track real-time care plan progress.

Care management

This team helps those who need complex care because of an accident, organ transplant, life-limiting illness, and more. They discuss options, coordinate care, and help employees use their benefits effectively.

Digital tools and resources

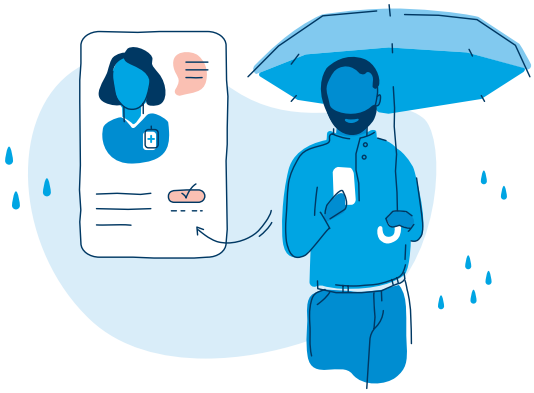
Livongo® helps employees take control of their diabetes

Employees with diabetes who enroll in our Livongo program receive a free diabetic meter, lancets, and unlimited testing strips. They get personalized reports to track progress as well as online education and real-time coaching to better manage their diabetes.

No cost to members or employers

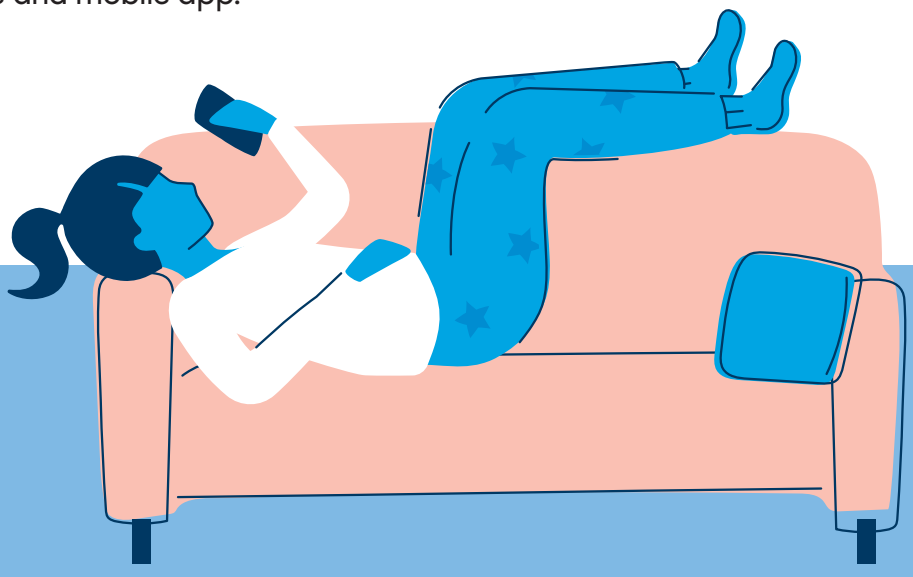
Sharecare

This health and wellness hub allows employees to track their health habits, and monitor sleep, stress, and fitness — all in real time.



Online tools and member website

No more searching for old files or waiting on snail mail. Your employees' digital ID card, *Find a Doctor* tool, deductible progress, claims status, and more are all available on our website and mobile app.



Membership perks

Good health benefits everyone. Healthy employees are more productive and miss fewer days at work — all contributing to a healthier bottom line for your company.

$250 wellness card

To use on services that support good health, such as:

- Fitness center memberships
- Home gym equipment
- Fitbit activity trackers
- Races and fun walks

Blue365

Discounts to help your employees stay healthy, including:

- Workout gear
- Meal services
- Travel
- And more

Visit **blue365deals.com** for more info.

$0 preventive services

Members get 100% coverage for more than 65 checkups and preventive services to help them avoid problems or find and address issues early. They include:

- Annual checkups for adults
- Well-child visits
- Cancer and other screenings
- Routine OB-GYN exams
- Flu shots and other vaccines

$0 preventive Rx

Including enhanced coverage on all Platinum, Gold, and Silver plans with

600+

brand-name and generic drugs at no additional cost to members.

Bronze plans include the Federal ACA Preventive Drug List with over 350 covered drugs at no member cost.

First Quarter 2022

Plan/Market Name	Platinum Classic	Platinum Plus	Gold Classic	Gold 7100	Gold Complete	Gold Aqua
In-Network						
First dollar (single/family)	N/A	N/A	N/A	N/A	N/A	$500/$1,000
Deductible (single/family)	N/A	N/A	$600/$1,200 embedded	$1,400/$2,800 true family	$3,000/$6,000 true family	$1,500/$3,000 embedded
Coinsurance	N/A	N/A	N/A	N/A	0% after deductible	50% after deductible
Out-of-pocket maximum (single/family)	$2,000/$4,000 embedded	$3,500/$7,000 embedded	$4,000/$8,000 embedded	$3,900/$7,800 embedded	$3,000/$6,000 true family	$8,150/$16,300 embedded
Medical Services						
PCP/Specialist	$15/$35	$5/$25	$25/$40 after deductible	$20/$40 after deductible	0% after deductible	50% after first dollar and deductible
Laboratory services	$35	$0	$40 after deductible	$40 after deductible	0% after deductible	50% after first dollar and deductible
Diagnostic X-rays and radiology	$35	$25	$40 after deductible	$40 after deductible	0% after deductible	50% after first dollar and deductible
Telemedicine	$0	$0	$0	$0 after deductible	0% after deductible	$0
Diabetic equipment and supplies†	$15	$5	$25 after deductible	$20 after deductible	0% after deductible	$15
Hospital Services						
Inpatient hospital (per admission)	$500	$500	$1,000 after deductible	$500 after deductible	0% after deductible	50% after first dollar and deductible
Outpatient facility	$100	$150	$100 after deductible	$150 after deductible	0% after deductible	50% after first dollar and deductible
Emergency room visit	$100	$150	$150 after deductible	$200 after deductible	0% after deductible	50% after first dollar and deductible
Urgent care	$55	$40	$60 after deductible	$50 after deductible	0% after deductible	50% after first dollar and deductible
Prescription Drugs						
Generic/Brand/Non-Preferred Brand	$10/$30/$60	$5/$25/50%	$10/$35/$70	$5/$30/50% after deductible	0%/0%/0% after deductible	$15/$50/50%
Enhanced preventive drug list**	Yes	Yes	Yes	Yes	Yes	Yes
Misc.						
HSA qualified	No	No	No	Yes	Yes	No
Creditable coverage	Yes	Yes	Yes	Yes	Yes	Yes
Away From Home Care® eligible	Yes	Yes (POS & Apex)	Yes	No	No	No

Plan/Market Name	Platinum Classic	Platinum Plus	Gold Classic	Gold 7100	Gold Complete	Gold Aqua
Age 26 Single coverage only*						
PPO	N/A	$849.81	N/A	$701.43	N/A	N/A
EX	N/A	$693.97	N/A	$573.17	N/A	N/A
POS	$682.75	$665.91	$609.01	$550.07	$519.97	$511.10
HMO	N/A	N/A	N/A	N/A	N/A	N/A
Apex	N/A	$630.82	N/A	$521.20	N/A	N/A

Highlighted items are changes for 2022

* Refer to page 11 for a complete list of rates

** All plans include Affordable Care Act (ACA) preventive drug coverage

† For plans with a deductible, insulin is subject to cost-sharing but capped at $100 for a 30-day supply

For more information, including Out-of-Network coverage, see the Plan Benefit Summary

First Quarter 2022

Plan/Market Name	Silver Classic	Silver 7100	Silver 8100	Bronze Classic	Bronze 8000	Bronze Apex HMO
In-Network						
First dollar (single/family)	N/A	N/A	N/A	N/A	N/A	N/A
Deductible (single/family)	$1,300/$2,600 embedded	$1,900/$3,800 true family	$2,900/$5,800 true family	$4,700/$9,400 embedded	$6,900/$13,800 embedded	$8,000/$16,000 embedded
Coinsurance	N/A	N/A	40% after deductible	50% after deductible	0% after deductible	50% after deductible
Out-of-pocket maximum (single/family)	$8,500/$17,000 embedded	$6,900/$13,800 embedded	$6,900/$13,800 embedded	$8,550/$17,100 embedded	$6,900/$13,800 embedded	$8,150/$16,300 embedded
Medical Services						
PCP/Specialist	$30/$50 after deductible	$25/$50 after deductible	40% after deductible	First 3 PCP, mental health, or substance use visits covered at PCP copay before deductible; $50/$75 after deductible	0% after deductible	50% after deductible
Laboratory services	$50 after deductible	$50 after deductible	40% after deductible	$75 after deductible	0% after deductible	50% after deductible
Diagnostic X-rays and radiology	$50 after deductible	$50 after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible
Telemedicine	$0	$0 after deductible	0% after deductible	$0	0% after deductible	$0
Diabetic equipment and supplies†	$30 after deductible	$25 after deductible	40% after deductible	$50 after deductible	0% after deductible	50% after deductible
Hospital Services						
Inpatient hospital (per admission)	$1,500 after deductible	$750 after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible
Outpatient facility	$150 after deductible	$150 after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible
Emergency room visit	$300 after deductible	$250 after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible
Urgent care	$70 after deductible	$75 after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible
Prescription Drugs						
Generic/Brand/Non-Preferred Brand	$10/$35/$70	$5/$30/50% after deductible	$5/$30/50% after deductible	$10/$35/$70 after deductible	0%/0%/0% after deductible	$10/50%/50% after deductible
Enhanced preventive drug list**	Yes	Yes	Yes	No	No	No
Misc.						
HSA qualified	No	Yes	Yes	No	Yes	No
Creditable coverage	Yes	Yes	Yes	No	No	No
Away From Home Care® eligible	No	No	No	No	No	No

Plan/Market Name	Silver Classic	Silver 7100	Silver 8100	Bronze Classic	Bronze 8000	Bronze Apex HMO
Age 26 Single coverage only*						
PPO	N/A	$646.07	$575.49	N/A	N/A	N/A
EX	N/A	$528.11	$470.65	N/A	$425.24	N/A
POS	$551.03	$506.86	$451.77	$401.80	N/A	N/A
HMO	N/A	N/A	N/A	N/A	$407.81	N/A
Apex	N/A	$480.31	$428.16	N/A	$385.95	$367.08

Highlighted items are changes for 2022

* Refer to page 11 for a complete list of rates

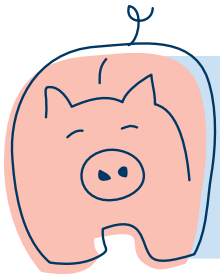
** All plans include Affordable Care Act (ACA) preventive drug coverage

† For plans with a deductible, insulin is subject to cost-sharing but capped at $100 for a 30-day supply

For more information, including Out-of-Network coverage, see the Plan Benefit Summary

Spending accounts

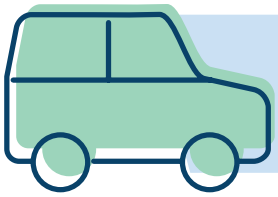
We offer these integrated options for you and your employees:



Health savings account (HSA)

For HSA-qualified plans, employees will automatically be enrolled in an HSA.

Flexible spending account (FSA)



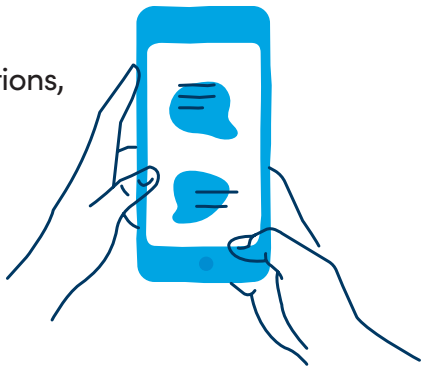
Transit expense administration (TEA)

Worry-free administration:

- Turnkey implementation and support
- Resources make it easy to update employees on key benefit details
- Real-time reporting with rich data insights

A streamlined employee experience:

- View balances, pay expenses, see recent transactions, and more — right on their phones
- Real-time text or email alerts to easily manage their account
- Support when they need it



Dependent age 26 rates — First Quarter 2022

Plan	Subscriber	Subscriber and Child(ren)	Subscriber and Spouse/ Domestic Partner	Family
Platinum Classic	$682.75	$1,160.68	$1,365.50	$1,945.84
Platinum PPO Plus	$849.81	$1,444.68	$1,699.62	$2,421.96
Platinum EX Plus	$693.97	$1,179.75	$1,387.94	$1,977.81
Platinum POS Plus	$665.91	$1,132.05	$1,331.82	$1,897.84
Platinum Apex Plus	$630.82	$1,072.39	$1,261.64	$1,797.84
Gold Classic	$609.01	$1,035.32	$1,218.02	$1,735.68
Gold PPO 7100	$701.43	$1,192.43	$1,402.86	$1,999.08
Gold 7100EX	$573.17	$974.39	$1,146.34	$1,633.53
Gold POS 7100	$550.07	$935.12	$1,100.14	$1,567.70
Gold Apex 7100	$521.20	$886.04	$1,042.40	$1,485.42
Gold Complete	$519.97	$883.95	$1,039.94	$1,481.91
Gold Aqua	$511.10	$868.87	$1,022.20	$1,456.64
Silver Classic	$551.03	$936.75	$1,102.06	$1,570.44
Silver PPO 7100	$646.07	$1,098.32	$1,292.14	$1,841.30
Silver 7100EX	$528.11	$897.79	$1,056.22	$1,505.11
Silver POS 7100	$506.86	$861.66	$1,013.72	$1,444.55
Silver Apex 7100	$480.31	$816.53	$960.62	$1,368.88
Silver PPO 8100	$575.49	$978.33	$1,150.98	$1,640.15
Silver 8100EX	$470.65	$800.11	$941.30	$1,341.35
Silver POS 8100	$451.77	$768.01	$903.54	$1,287.54
Silver Apex 8100	$428.16	$727.87	$856.32	$1,220.26
Bronze Classic	$401.80	$683.06	$803.60	$1,145.13
Bronze 8000EX	$425.24	$722.91	$850.48	$1,211.93
Bronze HMO 8000	$407.81	$693.28	$815.62	$1,162.26
Bronze Apex 8000	$385.95	$656.12	$771.90	$1,099.96
Bronze Apex HMO	$367.08	$624.04	$734.16	$1,046.18

Dependent age 30 rates — First Quarter 2022

Plan	Subscriber	Subscriber and Child(ren)	Subscriber and Spouse/ Domestic Partner	Family
Platinum Classic	$686.01	$1,166.22	$1,372.02	$1,955.13
Platinum PPO Plus	$853.88	$1,451.60	$1,707.76	$2,433.56
Platinum EX Plus	$697.29	$1,185.39	$1,394.58	$1,987.28
Platinum POS Plus	$669.08	$1,137.44	$1,338.16	$1,906.88
Platinum Apex Plus	$633.83	$1,077.51	$1,267.66	$1,806.42
Gold Classic	$611.91	$1,040.25	$1,223.82	$1,743.94
Gold PPO 7100	$704.77	$1,198.11	$1,409.54	$2,008.59
Gold 7100EX	$575.90	$979.03	$1,151.80	$1,641.32
Gold POS 7100	$552.70	$939.59	$1,105.40	$1,575.20
Gold Apex 7100	$523.68	$890.26	$1,047.36	$1,492.49
Gold Complete	$522.44	$888.15	$1,044.88	$1,488.95
Gold Aqua	$513.54	$873.02	$1,027.08	$1,463.59
Silver Classic	$553.66	$941.22	$1,107.32	$1,577.93
Silver PPO 7100	$649.16	$1,103.57	$1,298.32	$1,850.11
Silver 7100EX	$530.62	$902.05	$1,061.24	$1,512.27
Silver POS 7100	$509.28	$865.78	$1,018.56	$1,451.45
Silver Apex 7100	$482.59	$820.40	$965.18	$1,375.38
Silver PPO 8100	$578.24	$983.01	$1,156.48	$1,647.98
Silver 8100EX	$472.90	$803.93	$945.80	$1,347.77
Silver POS 8100	$453.92	$771.66	$907.84	$1,293.67
Silver Apex 8100	$430.20	$731.34	$860.40	$1,226.07
Bronze Classic	$403.72	$686.32	$807.44	$1,150.60
Bronze 8000EX	$427.27	$726.36	$854.54	$1,217.72
Bronze HMO 8000	$409.75	$696.58	$819.50	$1,167.79
Bronze Apex 8000	$387.79	$659.24	$775.58	$1,105.20
Bronze Apex HMO	$368.84	$627.03	$737.68	$1,051.19

Employer groups can choose dependent coverage to end at age 26 or extend to age 30.

Dental coverage

Blue Value dental plans have no participation requirements — add to your medical plan or purchase one separately. Groups can choose one Blue Value dental plan to offer their employees. Pediatric dental is offered at no additional charge with all medical plans.

If a member purchases both a medical and Blue Value dental plan, pediatric coverage is included in both. Cost-shares for pediatric services may vary depending on the member presenting their dental or medical ID card at the time of service. These distinctions are outlined below.

	Blue Value Dental 1 (PPO)	Blue Value Dental 2 (PPO)	Blue Value Dental 3* (PPO)	Blue Pediatric Dental (PPO) Embedded in all Blue Value Dental	Blue Pediatric Dental (PPO) Embedded in medical
Benefits	Adult/family	Adult/family	Adult/family	Children up to age 19 years	Children up to age 19 years
Plan administration	Calendar year	Calendar year	Calendar year	Calendar year	Medical plan year
Out-of-network coverage	Yes	Yes	Yes	No	Yes, present medical ID card
Deductible (embedded)	$50 per member/ $150 family maximum	$50 per member/ $150 family maximum	$50 per member/ $150 family maximum	N/A	Preventive not subject to deductible; basic, major, and orthodontic services subject to medical deductible**
Annual benefit maximum	$1,000 per member per plan year	$1,500 per member per plan year	$2,000 per member per plan year	N/A	N/A
Out-of-pocket maximum	N/A	N/A	N/A	$350 per one child, $700 for two or more children (per plan per year)	Subject to medical out-of-pocket maximum
Orthodontic lifetime maximum (pediatric cosmetic, routine braces)	N/A	N/A	$1,000 per child per lifetime	N/A	N/A
Preventive/diagnostic (exams, cleaning, X-rays)	$0 copay	$0 copay	$0 copay	$25 copay	$25 copay
Basic restorative (fillings, extractions, periodontics, endodontics)	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance	50% coinsurance
Major dental (bridges, crowns, dentures)	Not covered	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance	50% coinsurance
Orthodontics	Not covered	Not covered	50% coinsurance (pediatric cosmetic orthodontics — no cosmetic coverage for adults); subject to lifetime max	50% coinsurance (medically necessary only, cosmetic braces not covered), subject to out-of-pocket max	50% coinsurance (medically necessary only, cosmetic braces not covered), subject to out-of-pocket max
Rates age 26					
Subscriber	$19.32	$25.39	$27.22	Embedded in Blue Value Dental rates	Embedded in medical coverage
Subscriber and child(ren)	$50.53	$60.79	$66.09		
Subscriber and spouse/ domestic partner	$38.64	$50.78	$54.44		
Family	$78.46	$94.77	$102.97		
Rates age 30					
Subscriber	$19.32	$25.39	$27.22	Embedded in Blue Value Dental rates	Embedded in medical coverage
Subscriber and child(ren)	$50.68	$60.99	$66.31		
Subscriber and spouse/ domestic partner	$38.64	$50.78	$54.44		
Family	$78.70	$95.09	$103.32		

Highlighted items are changes for 2022.

Note: Members can receive dental services from a provider who does not participate in the Highmark Blue Cross Blue Shield of Western New York contracted network of providers. Out-of-network services are reimbursed at 100% of the in-network fee schedule (minus the member cost-share) and the nonparticipating provider may balance bill the member for the remainder. For pediatric coverage from a non-participating provider, the medical ID card must be presented.

* Blue Value Dental 3 includes coverage for children up to age 19 for medically necessary orthodontics subject to an out-of-pocket maximum (see Blue Pediatric Benefits) and cosmetic orthodontics (routine braces) subject to a lifetime maximum per child.

** Basic, major, and orthodontic services are subject to the medical deductible on HSA-qualified plans when using the medical ID card. Not subject to deductible on non-HSA-qualified plans.

Vision coverage

Our plan benefits include eye care services for adult and pediatric members (under age 19). Pediatric members are covered for essential health benefits, including routine eye exams, frames, and lenses under their medical plan.

Adult Vision	Affinity Discount Program*
Benefits	**Member cost**
Eye exam	$0 annual cost
Frames	35% off retail price
Standard plastic lenses (single vision, bifocal, trifocal, lenticular)	$35/$55/$65/$110
Lens options (for example, tint, UV, and antireflective coating)	Member cost varies based on lens options
Contact lens materials	
Disposable/conventional	15% discount off retail
Other add-ons and services	
Sunglasses, contact lens solutions, etc.	10–20% off vendor retail price
Laser vision correction (LASIK or PRK)**	Up to 40–50% discount off retail
Frequency	
Examination	Annual
Frames	Unlimited
Lenses	Unlimited
Contact lenses	Unlimited

Pediatric Vision*	
Exam	Covered in full (subject to deductible on HSA-qualified plans)
Frames	Covered in full (subject to deductible on HSA-qualified plans)
Lenses	Covered in full (subject to deductible on HSA-qualified plans)
Lens options	Member out-of-pocket (member out-of-pocket does not apply to deductible/max out-of-pocket)
Contact lenses	Covered in full, medically necessary (subject to deductible on HSA-qualified plans)

Highlighted items are changes for 2022.

* Members must receive services from a Davis Vision provider, and services out-of-network are not covered.

** For more information on the Laser Vision Correction Discount Program available through Davis Vision, call 1-855-502-2020.

Annual benefit limits

Rehabilitation and habilitation, outpatient (PT/OT/ST)
60 combined visits per plan year

Rehabilitation and habilitation, inpatient (PT/OT/ST)
Unlimited

Home health care
40 visits per plan year

Hearing aids
Single purchase every three years

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

Hospice
Unlimited, five visits per plan year for family bereavement

Substance abuse, outpatient
Unlimited, 20 visits per plan year for family counseling

Skilled nursing facility
Unlimited

Questions?
Contact your broker or Highmark Blue Cross Blue Shield of Western New York client manager.

highmarkemployer.com

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-544-2583 (TTY 711).
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-544-2583 (TTY 711)。

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