



AN INDIVIDUAL'S GUIDE TO THE
Right Health Insurance

TURN TO



The right health insurance. Right now.

To find the health insurance that's right for you, begin by asking yourself one simple question:

"What do I need from my health insurance?"

Use this guide to get the coverage that fits your life and your budget. You'll find important information about different levels of coverage, cost savings and the Highmark Blue Cross Blue Shield plans that meet your personal needs.

You can feel confident joining the millions who have chosen Highmark Blue Cross Blue Shield for security, peace of mind, and personal service, now and when you need health insurance. We have over 75 years of experience providing the expert help and information you need to make your health insurance choices. And remember, if you have questions along the way, you can get answers fast by calling Highmark Blue Cross Blue Shield at **1-877-935-2341**.

Let's get started

To help you find the information that matters most to you, here are a few of the key topics this guide covers:

Health Care Reform • A quick review	pg 03
Cost Savings • Tax credits and cost-sharing reductions	pg 04
Plan Descriptions • An overview of Highmark Blue Cross Blue Shield plans	pg 06
Insurance Terms • Help for unfamiliar words	pg 07
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Making sense of Health Care Reform

In 2010, Congress voted the Patient Protection and Affordable Care Act (PPACA or ACA) into law. It requires most Americans to have qualifying health insurance by January 1, 2014. And it prevents insurers from denying anyone coverage based on pre-existing conditions.

This law is intended to get more people health insurance by making it available to individuals and families who might not otherwise be able to afford it — especially those who are not offered health benefits through an employer. To achieve this goal, the Health Insurance Marketplace was established to help people compare plans offered by multiple insurance companies. And the government is offering cost savings to qualified individuals to help with certain health insurance costs.

If individuals choose not to get health insurance, starting in 2014, there may be a penalty. In 2014, the minimum penalty will be \$95 per adult and \$47.50 per child, with the total amount for each family capped at \$285 or 1% of family income, whichever is greater. This fee will be assessed when you file your taxes.

Don't forget — make your choice by December 15, 2013, to have coverage starting January 1, 2014. The extended deadline of March 31, 2014, is the last day you can enroll during the open enrollment period for coverage for the remainder of 2014. However, you may have to pay a penalty for each month without insurance.

Guaranteed benefits, no matter what you choose

Under Health Care Reform, preventive care is now included in all non-grandfathered individual and small group plans at no additional cost. Insurers will cover 100% of many services, including wellness visits, immunizations, and screenings for cancer and other diseases. This means you will not pay any deductible, copays or coinsurance for many preventive services.

Plus, all individual and small group health insurance plans must include some level of coverage for these Essential Health Benefits:

- **Hospitalization**
- **Emergency services**
- **Ambulatory patient services**
(medical care for outpatient services)
- **Prescription drugs**
- **Laboratory services**
- **Maternity and newborn care**
- **Pediatric services**, including oral and vision care
- **Preventive** and wellness services and chronic disease management
- **Mental health and substance use disorder services**, including behavioral health treatment
- **Rehabilitative and habilitative services** and devices



YOU MUST ENROLL BY DECEMBER 15, 2013, FOR COVERAGE THAT BEGINS JANUARY 1, 2014.
(The last day to enroll for coverage during the extended open enrollment period is March 31, 2014.)

Cost savings: Two ways to save

To help individuals and families with the cost of health insurance, the ACA includes cost savings for many people, especially those with qualifying incomes. To see if you are eligible for government tax credits and/or cost-sharing reductions, see the charts on the next page.

1. Premium tax credits

The first way to save is with a new kind of tax credit. With most tax credits, you only get reimbursed once a year when you file your taxes. But this tax credit is different. Instead, the federal government will pay an amount directly to your insurance company every month. This will reduce your health insurance premium right away if you enroll in an individual Metal Level plan (e.g., Platinum, Gold, Silver or Bronze) through the Marketplace.

If one of the examples below describes your situation (and you're not eligible for Medicare or Medicaid), you may be eligible for a tax credit:

People in Household	Expected Household Income [†]
1	\$11,490 – \$45,960
2	\$15,510 – \$62,040
3	\$19,530 – \$78,120
4	\$23,550 – \$94,200
5	\$27,570 – \$110,280
6	\$31,590 – \$126,360

2. Cost-sharing reductions^{††}

The second way to save is limited to people with lower incomes. Known as cost-sharing reductions, these savings help you with your expenses when you enroll in a Silver Level plan through the Marketplace and use your health insurance benefits. You should look into these additional cost savings if your situation matches one of these examples:

People in Household	Expected Household Income [†]
1	\$11,490 – \$28,725
2	\$15,510 – \$38,775
3	\$19,530 – \$48,825
4	\$23,550 – \$58,875
5	\$27,570 – \$68,925
6	\$31,590 – \$78,975

[†]Only applicable for coverage in 2014 and in the 48 contiguous states and the District of Columbia.

^{††}American Indians and Alaska Natives who are members of federally recognized tribes are eligible for cost-sharing reductions at alternative dollar thresholds.

How much could you save?

The amount of savings — for both kinds of cost savings — will depend on many factors, including income and the number of people in your family. For more information, including how much you could save, go to HealthCare.gov.

*American Indians' and Alaska Natives' cost-sharing reductions are available for all individual Metal Level plans through the Marketplace.



TO LEARN MORE ABOUT METAL LEVELS, GO TO PAGE 8.

Getting coverage that's right for you

The first decisions you may need to make when shopping for health insurance are:

- How much coverage you want
- How you would like to pay for your portion of the costs

To help you quickly compare how much coverage is offered, the government has grouped plans into Metal Levels.

Once you know how much coverage you want, you can select your preferred cost-sharing option. Highmark Blue Cross Blue Shield has created multiple options across Metal Levels to be sure you can find the right plan to fit your specific needs.

	MAJOR EVENTS BLUE PPO	HEALTH SAVINGS BLUE PPO	SHARED COST BLUE PPO	COMPREHENSIVE CARE BLUE PPO
QUICK OVERVIEW	Provides protection in case of a medical emergency	Higher deductible keeps monthly premium low	Lower monthly premiums and fixed copays for some services	Comprehensive coverage at a higher monthly premium to ensure predictable health care costs
WHO BENEFITS MOST	People under 30 (or those who meet financial hardship requirements) who want the lowest possible premiums and protection in case of a medical emergency	People who want low monthly premiums with the tax advantages of Health Savings Accounts (HSAs)	People who want low monthly premiums and don't expect to use a lot of medical services, but want fixed, predictable costs when they get care	People who may need frequent medical services and are willing to pay a higher monthly premium in order to pay less when they need care
HOW IT WORKS	<ul style="list-style-type: none"> • Medical coverage for major, unexpected or catastrophic medical events • Preventive exams and 3 doctor visits at no cost prior to meeting the deductible • Individual pays 100% of the cost of services until the deductible is met; after that, the plan pays 100% of the cost of services 	<ul style="list-style-type: none"> • Provides tax advantages when combined with a Health Savings Account (HSA), which can help with covering the deductible • Individuals pay 100% of the cost of services until the deductible is met • Once the deductible is met, individuals pay coinsurance until the out-of-pocket maximum is met; after that, the plan pays 100% of the cost of services 	<ul style="list-style-type: none"> • Fixed, up-front copays for some services, such as doctor visits, prior to meeting the deductible • Individuals pay 100% of the cost of other services received until the deductible is met • Once the deductible is met, individuals pay copays and coinsurance until the out-of-pocket maximum is met; after that, the plan pays 100% of the cost of services 	<ul style="list-style-type: none"> • Cost-sharing after the deductible • Individuals pay 100% of the cost of services received until the deductible is met • Once the deductible is met, individuals pay copays and coinsurance until the out-of-pocket maximum is met; after that, the plan pays 100% of the cost of services
AVAILABLE METAL LEVELS	N/A	Bronze, Silver, Gold	Bronze, Silver, Gold	Silver, Platinum

Community Blue explained

Community Blue is a good choice if you're looking for a plan that:

- Saves you money
- Offers an affordable choice for individuals seeking quality, lower-cost coverage
- Has the right balance between quality and cost

It gives you access to the quality care you need and the cost savings you want. You have lower costs through a high-performing network of top-quality, cost-efficient physicians and hospitals that utilize patient-centered care and trusted facilities known for exceptional service delivery, including:

- More than 7,600 primary care physicians and specialists
- More than 50 community, tertiary and world-renowned hospitals in western Pennsylvania, representing every medical specialty

Community Blue is available with the following products:

- Shared Cost Blue PPO
- Health Savings Blue PPO
- Major Events Blue PPO

Locating a Community Blue network provider

Your doctor is most likely included in the Community Blue network. To locate a Community Blue in-network primary care physician, specialist or hospital, you can log onto HighmarkBCBS.com and click on "Find a Provider."

Health insurance terms made easy

We've provided some of the most common health insurance terms to get you in the know quickly.

> Premium:

The amount you pay each month for your health insurance.

> Copayment (copay):

A fee you may have to pay per visit when you see your doctor or get other services.

> Deductible:

The amount you may be required to pay each year before your insurance company starts paying for covered services.

> Coinsurance:

A cost you may be required to pay after meeting your annual deductible. This cost could be 20–30% of covered health-related service costs, with your insurer paying the remaining 70–80%.

> Cost-sharing:

The costs you pay a portion of when you use your health insurance. This term generally includes deductibles, coinsurance and copays, but it doesn't include premiums.

> Maximum out-of-pocket:

The total amount you could have to pay toward your annual health care expenses, in addition to monthly premiums. If you're healthy, you could pay less. But if you have an unexpected event, this is the highest amount you will pay.

> Primary Care Physician (PCP):

The medical professional who coordinates your health care. This could be a doctor, nurse practitioner or specialist who is most familiar with your health history and needs.

> Formulary:

A list of drugs your insurance plan covers. A formulary may include how much you pay for each drug.

> Metal Levels:

Government categories to describe the amount of coverage a plan offers. Platinum covers the most, followed by Gold, then Silver, and Bronze covers the least.

Catastrophic* and Bronze Levels

These options offer the lowest level of coverage, so your monthly costs are lower, but you pay more out-of-pocket if you get care. Catastrophic and Bronze Level plans include coverage for all Essential Health Benefits.

	CATASTROPHIC PLAN	BRONZE LEVEL		
	Major Events Blue PPO 6350 a Community Blue Plan	Shared Cost Blue PPO 5500 a Community Blue Plan	Shared Cost Blue PPO 5500	Health Savings Blue PPO 3400
Deductible (Individual)	\$6,350	\$5,500	\$5,500	\$3,400
Deductible (Family) ^{1,2}	N/A	\$11,000	\$11,000	\$6,800
Out-of-Pocket Max (Individual) ³	\$6,350	\$6,350	\$6,350	\$6,350
Out-of-Pocket Max (Family)	N/A	\$12,700	\$12,700	\$12,700
Coinsurance (Plan will pay after deductible)	In-Network: 100% Out-of-Network: 100%	In-Network: 60% Out-of-Network: 30%	In-Network: 60% Out-of-Network: 50%	In-Network: 70% Out-of-Network: 50%
Primary Care Visit	3 included before deductible at no additional cost; 100% after deductible	\$50 copay	\$50 copay	70% after deductible
Specialist or Urgent Care Visit	100% after deductible	\$90 copay	\$90 copay	70% after deductible
Emergency Room Visit	100% after deductible	60% after deductible	60% after deductible	70% after deductible
Inpatient Hospital Services	100% after deductible	60% after deductible	60% after deductible	70% after deductible
Prescription Drug Coverage ⁴	100% after deductible	60% after deductible	60% after deductible	70% after deductible
Pediatric Dental Services ⁵	Oral Exam/Cleaning: 100% after deductible; All Other Covered Benefits: 100% after deductible	Oral Exam/Cleaning: 100% coverage; All Other Covered Benefits: 50% coinsurance	Oral Exam/Cleaning: 100% coverage; All Other Covered Benefits: 50% coinsurance	Oral Exam/Cleaning: 100% coverage; All Other Covered Benefits: 70% after deductible

Please see page 13 for Important Benefit Details.

*Catastrophic plans are only available for individuals under 30 years of age or are based on a financial hardship.

Silver Level

These options balance monthly costs and costs when you use your benefits. If you are eligible for a cost-sharing reduction, you should select an individual Silver Level plan through the Marketplace. Silver Level plans include coverage for all Essential Health Benefits.

	SILVER LEVEL						
	Health Savings Blue PPO 2750 a Community Blue Plan*	Shared Cost Blue PPO 2650 a Community Blue Plan*	Shared Cost Blue PPO 2100 a Community Blue Plan**	Comprehensive Care Blue PPO 1500	Health Savings Blue PPO 2500	Shared Cost Blue PPO 3200	Blue Cross Blue Shield Shared Cost 3200, a Multi-State Plan
Deductible (Individual)	\$2,750	\$2,650	\$2,100	\$1,500	\$2,500	\$3,200	\$3,200
Deductible (Family)^{1,2}	\$5,500	\$5,300	\$4,200	\$3,000	\$5,000	\$6,400	\$6,400
Out-of-Pocket Max (Individual)³	\$4,000	\$6,350	\$6,350	\$6,350	\$3,500	\$6,350	\$6,350
Out-of-Pocket Max (Family)	\$8,000	\$12,700	\$12,700	\$12,700	\$7,000	\$12,700	\$12,700
Coinsurance (Plan will pay after deductible)	In-Network: 80% Out-of-Network: 50%	In-Network: 70% Out-of-Network: 40%	In-Network: 70% Out-of-Network: 40%	In-Network: 80% Out-of-Network: 60%	In-Network: 90% Out-of-Network: 70%	In-Network: 80% Out-of-Network: 60%	In-Network: 80% Out-of-Network: 60%
Primary Care Visit	80% after deductible	\$40 copay	\$45 copay	\$35 copay after deductible	90% after deductible	\$30 copay	\$30 copay
Specialist or Urgent Care Visit	80% after deductible	\$60 copay	\$90 copay	\$70 copay after deductible	90% after deductible	\$70 copay	\$70 copay
Emergency Room Visit	80% after deductible	70% after deductible	70% after deductible	80% after deductible	90% after deductible	80% after deductible	80% after deductible
Inpatient Hospital Services	80% after deductible	70% after deductible	70% after \$950 admission copay	80% after deductible	90% after deductible	80% after deductible	80% after deductible
Prescription Drug Coverage	80% after deductible ⁴	Generic: \$8 Brand: \$45 ⁶	Generic: \$8 Brand: \$45 ⁶	Generic: \$8 Brand: \$45 ⁶	90% after deductible ⁴	Generic: \$8 Brand: \$45 ⁶	Generic: \$8 Brand: \$45 ⁶
Pediatric Dental Services⁵	Oral Exam/ Cleaning: 100% coverage; All Other Covered Benefits: 80% after deductible	Oral Exam/ Cleaning: 100% coverage; All Other Covered Benefits: 50% coinsurance	Oral Exam/ Cleaning: 100% coverage; All Other Covered Benefits: 50% coinsurance	Oral Exam/ Cleaning: 100% coverage; All Other Covered Benefits: 50% coinsurance	Oral Exam/ Cleaning: 100% coverage; All Other Covered Benefits: 90% after deductible	Oral Exam/ Cleaning: 100% coverage; All Other Covered Benefits: 50% coinsurance	Oral Exam/ Cleaning: 100% coverage; All Other Covered Benefits: 50% coinsurance

Please see page 13 for Important Benefit Details.

*Covers the following counties: Allegheny, Armstrong, Beaver, Butler, Crawford, Erie, Fayette, Greene, Indiana, Lawrence, McKean, Mercer, Warren, Washington, Westmoreland.

**Covers the following counties: Bedford, Blair, Cambria, Cameron, Centre, Clarion, Clearfield, Elk, Forest, Huntingdon, Jefferson, Potter, Somerset, Venango.

Gold and Platinum Levels

These options offer the most coverage, so your monthly costs are higher than with other options, but you pay less when you get care. Gold and Platinum Level plans include coverage for all Essential Health Benefits.

	GOLD LEVEL						PLATINUM LEVEL
	Shared Cost Blue PPO 1200 a Community Blue Plan*	Shared Cost Blue PPO 1000 a Community Blue Plan**	Health Savings Blue PPO 1300	Shared Cost Blue PPO 1500	Blue Cross Blue Shield Shared Cost 1500, a Multi-State Plan	Care Guide Blue HMO 500	Comprehensive Care Blue PPO 500
Deductible (Individual)	\$1,200	\$1,000	\$1,300	\$1,500	\$1,500	\$500	\$500
Deductible (Family)^{1,2}	\$2,400	\$2,000	\$2,600	\$3,000	\$3,000	\$1,000	\$1,000
Out-of-Pocket Max (Individual)³	\$3,700	\$4,500	\$2,300	\$4,000	\$4,000	\$5,000	\$1,650
Out-of-Pocket Max (Family)	\$7,400	\$9,000	\$4,600	\$8,000	\$8,000	\$10,000	\$3,300
Coinsurance (Plan will pay after deductible)	In-Network: 80% Out-of-Network: 50%	In-Network: 80% Out-of-Network: 50%	In-Network: 90% Out-of-Network: 70%	In-Network: 90% Out-of-Network: 70%	In-Network: 90% Out-of-Network: 70%	In-Network: 80%	In-Network: 90% Out-of-Network: 80%
Primary Care Visit	\$20 copay	\$25 copay	90% after deductible	\$20 copay	\$20 copay	\$15 copay	90% after deductible
Specialist or Urgent Care Visit	\$30 copay	\$50 copay	90% after deductible	\$40 copay	\$40 copay	\$40 copay	90% after deductible
Emergency Room Visit	80% after deductible	\$150 copay	90% after deductible	90% after deductible	90% after deductible	\$100 copay	90% after deductible
Inpatient Hospital Services	80% after deductible	80% after \$500 admission copay	90% after deductible	90% after deductible	90% after deductible	80% after deductible	90% after deductible
Prescription Drug Coverage	Generic: \$8 Brand: \$45 ⁶	Generic: \$8 Brand: \$45 ⁶	90% after deductible ⁴	Generic: \$8 Brand: \$45 ⁶	Generic: \$8 Brand: \$45 ⁶	Generic: \$8 Brand: \$45 ⁶	\$5/\$20/\$45 ⁴
Pediatric Dental Services⁵	Oral Exam/ Cleaning: 100% coverage; All Other Covered Benefits: 50% coinsurance	Oral Exam/ Cleaning: 100% coverage; All Other Covered Benefits: 50% coinsurance	Oral Exam/ Cleaning: 100% coverage; All Other Covered Benefits: 90% after deductible	Oral Exam/ Cleaning: 100% coverage; All Other Covered Benefits: 50% coinsurance	Oral Exam/ Cleaning: 100% coverage; All Other Covered Benefits: 50% coinsurance	Oral Exam/ Cleaning: 100% coverage; All Other Covered Benefits: 50% coinsurance	Oral Exam/ Cleaning: 100% coverage; All Other Covered Benefits: 50% coinsurance

Please see page 13 for Important Benefit Details.

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**Covers the following counties: Bedford, Blair, Cambria, Cameron, Centre, Clarion, Clearfield, Elk, Forest, Huntingdon, Jefferson, Potter, Somerset, Venango.

Examples make it easier

You have unique needs. That's why Highmark Blue Cross Blue Shield offers options.

You know what's best for you and your family. You just need to understand your choices and find the solution that works for your specific health needs and budget. The scenarios below are provided to show you how different individuals and families describe their health insurance needs. Maybe one of them sounds a little like you.



ROGER AND BETTY

Age: Mid 30s

Status: Married parents of three children

“With the health care needs of the whole family to consider, we need a smart solution to keep monthly costs down.”

Plan Recommendation:

We'd suggest a Shared Cost Blue PPO or Health Savings Blue PPO. They both balance a lower monthly premium cost with the amount paid out-of-pocket when you receive covered health care services.



SHERI AND MIKE

Age: Mid 50s

Status: Married; adult children

“We go to the doctor pretty regularly and want to be sure we're well-covered.”

Plan Recommendation:

We'd suggest a Comprehensive Care Blue PPO or Care Guide Blue HMO. They both work well for people who need a lot of medical services and don't mind paying a little more each month to keep their costs down when they get care or receive covered health care services.



KATIE

Age: 31

Status: Single parent of a 5-year-old

“I need reliable costs each month with no surprises when we go to the doctor.”

Plan Recommendation:

We'd suggest a plan that uses copays for predictable costs when you receive covered health services. This includes Comprehensive Care Blue PPO or Shared Cost Blue PPO.



PHIL

Age: 28

Status: Single; no children

“I don't go to the doctor much, so I don't want to pay a lot each month.”

Plan Recommendation:

We'd suggest a Major Events Blue PPO or Health Savings Blue PPO. Both keep monthly costs low with higher deductibles, so you'll only pay if you unexpectedly need care.



FOR MORE WAYS TO SAVE, SEE
COST SAVINGS ON PAGE 4.

The above information is for illustration purposes only. It is intended to provide general information and is not an attempt to give you advice that relates to your specific circumstances.

The help you need

You're off to a great start!

Now is a great time to contact Highmark Blue Cross Blue Shield to ask questions and get answers. Taking the time now to fully understand your options will help you make the best plan choice for 2014.

With over 75 years of experience, Highmark Blue Cross Blue Shield is here to help make your choices clear and easy. It's all about getting what's right for you. That's why millions look to us for their health insurance needs every day.

Don't hesitate to take advantage of the experts at Highmark Blue Cross Blue Shield. We're here to help, whether or not you choose one of our plans for your health insurance needs.



If you are looking for additional plan details, each plan's *Summary of Benefits and Coverage* is available online at Highmark.com/SBC/BCBS. With this information, you'll be able to shop and compare with confidence. If you do not have online access, you can get a paper copy of any *Summary of Benefits* free of charge by calling toll-free 1-877-935-2341.

Remember to make your choice by December 15, 2013, to have coverage starting January 1, 2014.
The extended deadline of March 31, 2014, is the last day to get coverage for the remainder of 2014.

Have you explored the Marketplace?

The Marketplace is the only place where you can apply for and use tax credits and cost-sharing reductions.

Enrolling in a plan with cost savings

If you are eligible for cost savings, you need to enroll in an individual Metal Level plan through the Marketplace at HealthCare.gov. If you have any questions about using the Marketplace, your plan options or how you can make sure you have Highmark Blue Cross Blue Shield coverage, our customer service representatives are ready to help you at 1-877-935-2341.

Enrolling without cost savings

If you are not eligible, as determined by the Health Insurance Marketplace, for cost savings, you can still apply for a Highmark Blue Cross Blue Shield plan directly, with the help of any Highmark Blue Cross Blue Shield customer service representative or your local insurance agent. You can also shop for plans at HealthCare.gov, where you'll be able to compare a variety of Highmark Blue Cross Blue Shield plans designed to fit your needs and budget.

Important Benefit Details

¹Shared Cost and Comprehensive Care Family Deductible: 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, 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. No individual Member may satisfy the entire family Deductible.

²Health Savings Family Deductible: For an Agreement covering more than one (1) family member, the ENTIRE family deductible must be met (within a benefit period) before Highmark will pay for covered services for ANY family member. The family deductible can be satisfied by an individual family member or a combination of one or more family members.

³You are responsible for out-of-pocket costs each Benefit Period up to a 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.

⁴The plan utilizes the HCR Comprehensive Formulary on the Premier 2012 network. Mail order available.

⁵Pediatric Dental benefits utilize United Concordia's Advantage Network. Members must use a United Concordia provider. There is no Out-of-Network coverage for this benefit. Covered Benefits subject to coinsurance include: Fluoride, Sealants, Space Maintainers, Metal and White fillings, crowns, extractions, endodontic care, prosthetics, implants, oral surgery, general anesthesia and Medically Necessary Orthodontics. Orthodontics has a 12-month waiting period.

⁶Prescription drug copays for a 31-day supply (Retail): \$8 generic; \$45 brand; \$95 non-formulary brand and non-formulary generic; specialty drug copays vary. The plan has a four-tier structure and utilizes the HCR Progressive Formulary on the Premier 2012 network. Mail order available.

Multi-State Plans are only available for enrollment through the Health Insurance Marketplace.

Care Guide Blue HMO 500 is only available for enrollment through Keystone Health Plan West.

*Catastrophic plans are only available for individuals under 30 years of age or are based on a financial hardship.

Highmark Blue Cross Blue Shield and Keystone Health Plan West are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Companies. Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association. Highmark is a registered mark of Highmark Health Services. Insurance may be provided by Highmark Blue Cross Blue Shield or Highmark Health Insurance Company. Please note that information regarding the Patient Protection and Affordable Care Act of 2010 ("PPACA" or "Affordable Care Act"), as amended, and/or any other law, does not constitute legal advice and is subject to change based upon the issuance of new PPACA guidance and/or change in laws. State laws may be applicable. Any review of materials, request for information, or application does not obligate you to enroll for coverage. The benefits listed are a summary. Please request the Outline of Coverage for details on benefits, conditions and exclusions. Providing your information is voluntary. We are committed to providing outstanding services for our applicants and members. If you require special assistance, including accommodations for disabilities or limited English proficiency, please call us at 1-800-876-7639 to request these free services (TTY/TDD users may call 711).

Highmark Blue Cross Blue Shield and Highmark Health Insurance Company are Qualified Health Plan issuers in the Health Insurance Marketplace.

We are committed to providing outstanding service

We are committed to providing outstanding services for our applicants and members. If you require special assistance, including accommodations for disabilities or limited English proficiency, please call us at 1-800-876-7639 to request these free services.

Estamos comprometidos a ofrecer servicios excepcionales a nuestros solicitantes y miembros. Si usted necesita ayuda especial, incluyendo acomodaciones para discapacidades o dominio limitado del inglés, por favor llámenos al 1-800-876-7639 para solicitar estos servicios gratuitos.

Wir haben uns verpflichtet, unseren Bewerbern und Mitgliedern außerordentliche Dienstleistungen anzubieten. Falls Sie beispielsweise Unterkünfte für Menschen mit Behinderungen oder aufgrund eingeschränkter Englischkenntnisse besondere Unterstützung benötigen, kontaktieren Sie uns unter der Rufnummer 1-800-876-7639, um unsere kostenlosen Dienstleistungen in Anspruch zu nehmen.

Ci impegniamo a fornire sempre servizi all'avanguardia per i nostri candidati e membri. In caso necessitate di assistenza speciale, compresi alloggi per disabili o supporto per la scarsa padronanza della lingua inglese, contattateci allo 1-800-876-7639 per richiedere gratuitamente tali servizi.

我們致力於為我們的申請人和會員們提供卓越的服務。如果您需要特殊協助，包括殘障或英語能力有限，請致電 1-800-876-7639 來要求這些免費服務。

Nous nous engageons à fournir des services exceptionnels pour nos candidats et membres. Si vous avez besoin d'une assistance particulière, y compris pour handicapés ou compétences limitées en anglais, s'il vous plaît appelez-nous au 1-800-876-7639 pour demander ces services gratuits.

Мы стремимся оказывать первоклассные услуги для наших кандидатов и членов. Если вы нуждаетесь в специальной помощи, включая принятие мер в связи с инвалидностью или ограниченным владением английским языком, пожалуйста, позвоните нам по телефону 1-800-876-7639 и попросите об оказании этих бесплатных услуг.

Chúng tôi quyết tâm cung cấp dịch vụ xuất sắc cho các đương đơn và hội viên của mình. Nếu quý vị cần được trợ giúp đặc biệt, bao gồm các thích nghi cho người bị khuyết tật hoặc có khả năng Anh Ngữ hạn hẹp, xin gọi chúng tôi tại số 1-800-876-7639 để yêu cầu các dịch vụ miễn phí này.

Zależy nam, aby usługi, które świadczymy dla naszych kandydatów i członków charakteryzowały się zawsze najwyższą jakością. Jeżeli potrzebna jest specjalna pomoc, np. w przypadku osób niepełnosprawnych lub osób z ograniczoną znajomością języka angielskiego, oferujemy bezpłatne usługi w tym zakresie – prosimy o telefon pod numer 1-800-876-7639.

저희들은 신청자들과 회원들에게 탁월한 서비스를 제공하고자 노력하고 있습니다. 신체장애인들이나 비영어권 참석자들을 위해 특별한 도움이 필요하시면 전화 1-800-876-7639 로 알려주시기 바랍니다. 이러한 서비스는 무료입니다.

نلتزم بتوفير خدمة متميزة للمتقدمين والأعضاء. إذا كنت تتطلب مساعدة خاصة، شاملاً التجهيزات اللازمة للاحتياجات الخاصة أو إجابة محدودة للإنجليزية، برجاء الاتصال على 1-800-876-7639 لطلب هذه الخدمات المجانية.

हम अपने आवेदकों और सदस्यों के लिए उत्कृष्ट सेवाएं प्रदान करने के प्रति वचनबद्ध हैं। यदि आपको विशेष सहायता चाहिए हो, जिसमें अक्षमता अथवा सीमित अंग्रेजी निपुणता हेतु समायोजन भी शामिल हैं, तो कृपया इन निशुल्क सेवाओं हेतु अनुरोध के लिए हमें 1-800-876-7639 पर कॉल करें।

અમે અમારા અરજીકર્તાઓ અને સભ્યો માટે ઉમદા સેવાઓ પૂરી પાડવા કટિબદ્ધ છીએ. જો તમને વિકલાંગતા કે અંગ્રેજીમાં મર્યાદિત નિપુણતા ધરાવનારાઓ માટે સગવડભરી ગોઠવણો સહિતની વિશેષ સહાયતા જોઈતી હોય, તો આ મફત સેવાઓની વિનંતી કરવા કૃપા કરી અમને 1-800-876-7639 નંબર પર ફોન કરો.

May pananagutan kaming magbigay ng bukod-tanging mga serbisyo para sa aming mga aplikante at mga miyembro. Kung kailangan mo ng espesyal na tulong, kabilang ang mga akomodasyon para sa mga kapansanan o limitadong kahusayan sa wikang Ingles, mangyaring tawagan kami sa 1-800-876-7639 para hilingin ang mga libreng serbisyon ito.

Είμαστε δεσμευμένοι να παρέχουμε εξαιρετικές υπηρεσίες για τους αιτούντες και τα μέλη μας. Εάν χρειάζεστε ειδική βοήθεια, συμπεριλαμβανομένων διευκολύνσεων για ειδικές ανάγκες ή περιορισμένη ευχέρεια στα Αγγλικά, παρακαλούμε επικοινωνήστε μαζί μας στο 1-800-876-7639 να ζητήσετε τις δωρεάν αυτές παροχές.

私たちは入会志願者とメンバーのために卓越したサービスを提供することに全力を注いでいます。あなたが、障害者のための便宜または制限英語能力を含む特別な支援が必要な場合は、これらの無料サービスを受けるために、1-800-876-7639 までお電話ください。

ہم اپنے درخواست دہندگان اور ممبران کے لیے عمدہ خدمات فراہم کرنے کے لیے عہد بستہ ہیں۔ اگر آپ کو خصوصی اعانت کی ضرورت ہے، جس میں معذوریوں یا انگریزی کی محدود لیاقت کے لیے سہولیات شامل ہیں، ان مفت خدمات کی درخواست کرنے کے لیے براہ کرم ہمیں 1-800-876-7639 پر کال کریں۔

Estamos empenhados em fornecer serviços especiais para os nossos candidatos e membros. Caso necessite de assistência especial, incluindo alojamento por motivos de deficiência ou conhecimentos limitados de língua inglesa, ligue para o n.º 1-800-876-7639 para solicitar estes serviços gratuitos.

Ebe fun awon alaabo ara tabi oore ofe lati le so ede geesi to se gbo seti. Ejowo e pe wa 1-800-876-7639 fun eyikeyi ohun ti e ba nfe ki a se fun yin lofe.

Sisi ni nia ya kutoa huduma bora kwa waombaji wetu na wanachama. Kama unahitaji msaada maalum, ikiwa ni pamoja na malazi kwa ulemavu au mdogo Kiingereza duni, tafadhali wito wetu katika idadi ya 1-800-876-7639 kuomba huduma hizi bure.

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