

The plan you want? Or a plan you can afford?  
With Highmark, you get both.



For Benefit Period:  
January 1 to December 31, 2020



# Go ahead. Get picky about your plan.

With lots of great coverage options from Highmark, this book will help you find the plan that fits your health, medications, and finances.

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## Need help finding the right plan for you?

We'll walk you through the whole process at  
[Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE) or call 1-844-666-0793.

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# Let's start with the best news:

**EVERY Highmark plan includes FREE in-network preventive tests and screenings\*.**

That's care like yearly wellness exams, childhood immunizations, mammograms, and flu shots — at no cost to you.

And nearly **90%** of people looking for Affordable Care Act (ACA) plans qualify for financial help.

\*In accordance with the Highmark Delaware Preventive Schedule.

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**Nationwide access to providers through the BlueCard<sup>®</sup> program.**

With your coverage, you get access to **96%** of hospitals and **95%** of doctors from coast to coast. And when you travel, you're covered in **190 countries.\*\***

\*\*According to the Blue Cross and Blue Shield Association.

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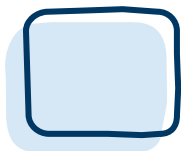
**Now, let's narrow down which plans are right for you.**

**Choose your metal level**

that has what you're looking for in terms of how you want to pay for your insurance coverage and care.

So grab your favorite pen and turn the page.

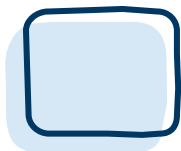
# Choose your metal level



## Platinum

You want more predictability for medical costs, even if it means paying a sizable premium. You want as little out-of-pocket for care as possible.

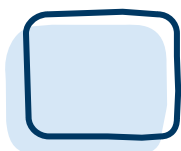
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## Gold

You'd rather pay a larger monthly premium to know that when you need care, your plan is going to take care of the majority of the cost.

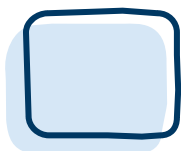
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## Silver

You're fine paying a medium-sized premium because you'll be able to know how much to keep in your rainy-day health fund. If you are seeking cost-sharing reductions (CSRs), you must select a Silver plan.

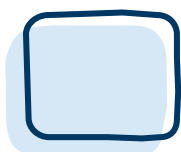
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## Bronze

You want a lower monthly premium, but understand that when you need health care, you'll be responsible for more of the cost.

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## Catastrophic

You're comfortable paying up front for most of the health services you'll need day-to-day and month-to-month. All you really want is to be financially protected from, well, health catastrophes — and the really large bill those tend to come with. To get these plans, you need to be under 30 or have a hardship.

# Your plan type



## EPO

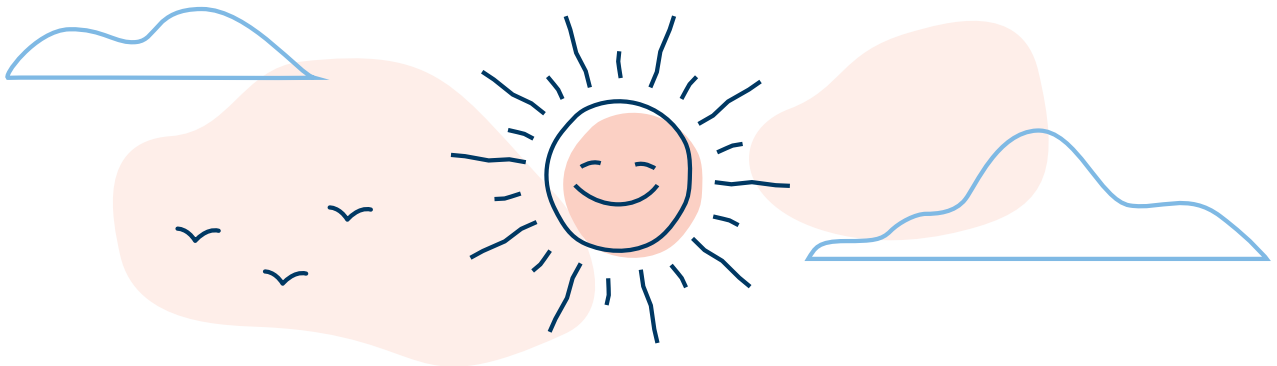
Delaware EPO plans give you in-network access to a network of high-quality providers that includes PCPs, specialists, imaging centers, hospitals, and other facilities, and allows you to select any in-network provider or facility of your choice.

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**Now that you've got your metal level, fill this in:**

I'm looking for a \_\_\_\_\_.  
(platinum, gold, silver, bronze, catastrophic)

And if you're thinking, "What about my doctor?" or "What about my medications?"—don't worry. That's the next and last step — showing you how to be sure that your doctor is in-network and your prescriptions are covered.



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# There are two kinds of financial help for ACA enrollees:

## 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. You can **only** get these savings if you enroll in a Marketplace Silver plan.

# See where you fall on this household income chart.

2020 Household Income	Persons In Family/Household							
	1	2	3	4	5	6	7	8
Cost-Sharing Reductions (CSR)	\$12,490 - \$31,225	\$16,910 - \$42,275	\$21,330 - \$53,325	\$25,750 - \$64,375	\$30,170 - \$75,425	\$34,590 - \$86,475	\$39,010 - \$97,525	\$43,430 - \$108,575
Advanced Premium Tax Credits (APTC)	\$12,490 - \$49,960	\$16,910 - \$67,640	\$21,330 - \$85,320	\$25,750 - \$103,000	\$30,170 - \$120,680	\$34,590 - \$138,360	\$39,010 - \$156,040	\$43,430 - \$173,520
Medicaid Eligible Range (100-138% or less FPL)	\$12,490 - \$17,236	\$16,910 - \$23,336	\$21,330 - \$29,435	\$25,750 - \$35,535	\$30,170 - \$41,635	\$34,590 - \$47,734	\$39,010 - \$53,834	\$43,430 - \$59,933

This chart is only applicable for coverage in 2020 and in the 48 contiguous states and the District of Columbia. For families/households with more than 8 persons, add \$4,420 for each additional person. HHS Poverty Guidelines for 2019 (January 31, 2019). Retrieved from <https://aspe.hhs.gov/poverty-guidelines>.

\*American Indians and Alaska Natives who are members of federally recognized tribes are eligible for cost-sharing reductions at alternative dollar thresholds.

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**Check to see if you qualify for one or both types of help.**  
**Go to [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE).**

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# 2020 Highmark Plan highlights

With Highmark, you get easy access to top-quality in-network providers, 24/7 support from nurses and health coaches, in-network coverage for **ALL** emergency and urgent care, and no referrals needed to see specialists.

On top of all that, each plan comes with additional benefits to meet your health needs.

# Health Savings Embedded Blue EPO, Shared Cost Blue EPO, and Major Events Blue EPO\*:

- Up to 3 free primary care provider visits
- 2 free mental health visits
- 2 free substance use disorder visits
- Free telemedicine through American Well
- \$0 copays for ALL drugs in Tier 1 of the Essential Formulary
- Prescription drug coverage starts day 1, no deductible to meet
- \$0 copays for preventive vaccines at participating pharmacies
- Predictable copays that start day 1, no deductible to meet
- Full access to BlueCard providers
- Health Savings Accounts\*\* (HSA)

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 contain these benefits. The availability of benefits depends on your selected plan.

\*\*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.





## Major Events Blue EPO Catastrophic 8150 – 3 Free PCP Visits

On-Exchange Base Plan ID: 76168DE0400001-01  
Off-Exchange Base Plan ID: 76168DE0400001-00

## All plans have FREE in-network preventive care.

That's care like yearly wellness exams, childhood immunizations, mammograms, and flu shots — at no cost to you.

Benefits displayed below indicate member responsibility for the specified covered service.

### In-network

Use the doctors, specialists, hospitals, and clinics who are part of your plan's network. You'll almost always pay less for care.

<b>DEDUCTIBLE</b> (per 12 months)	\$8,150 Individual	\$16,300 Family
Out of Pocket Maximum	\$8,150 Individual	\$16,300 Family

### Most Used Benefits

Primary Care Visits	0% after deductible (eligible for 3 visits prior to deductible at zero cost)	Telemedicine	0% after deductible
Retail Clinic Visits	0% after deductible	Outpatient Mental Health Visits	0% after deductible
Specialist and Virtual Visits	0% after deductible		

### Other Important Benefits

Advanced Scans & Imaging	0% after deductible	Lab & Pathology - All Other Sites	0% after deductible
Basic Imaging & Testing	0% after deductible	Medical and Surgical Care Expenses	0% after deductible
Emergency Services	0% after deductible	Physical Therapy	0% after deductible
Hospital Inpatient, Maternity	0% after deductible	Spinal Manipulation	0% after deductible
Hospital Outpatient	0% after deductible	Speech & Occupational Therapy	0% after deductible
Lab & Pathology - Member Saving sites	0% after deductible	Urgent Care	0% after deductible

### Out-of-Network

When you use doctors, specialists, hospitals, and clinics outside your plan's network, you'll almost always pay more.

Urgent Care	0% after deductible	Emergency Services	0% after deductible
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This plan includes out-of-network coverage only for urgent care and emergency services. If you receive any other services from an out-of-network provider or facility, this plan doesn't cover them.

### Drug Coverage

Only in-network pharmacies are covered. To find out which pharmacies are in-network, visit [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE).

TIERS	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage Retail (31 days supply)	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Prescription Drug Coverage Mail (90 days supply)	0% after deductible	0% after deductible	0% after deductible	0% after deductible

If this is the plan for you, enroll at [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE) or call 1-844-666-0793.

## Shared Cost Blue EPO Bronze 7900

On-Exchange Base Plan ID: 76168DE0410018-01

Off-Exchange Base Plan ID: 76168DE0410018-00

## All plans have FREE in-network preventive care.

That's care like yearly wellness exams, childhood immunizations, mammograms, and flu shots — at no cost to you.

Benefits displayed below indicate member responsibility for the specified covered service.

### In-network

Use the doctors, specialists, hospitals, and clinics who are part of your plan's network. You'll almost always pay less for care.

DEDUCTIBLE (per 12 months)	\$7,900 Individual	\$15,800 Family
Out of Pocket Maximum	\$7,900 Individual	\$15,800 Family

### Most Used Benefits

Primary Care Visits	0% after deductible	Telemedicine	0% after deductible
Retail Clinic Visits	0% after deductible	Outpatient Mental Health Visits	\$0 first 2 visits then \$0 after deductible
Specialist and Virtual Visits	0% after deductible		

### Other Important Benefits

Advanced Scans & Imaging	0% after deductible	Labs & Pathology — All Others	0% after deductible
Basic Imaging & Testing	0% after deductible	Medical and Surgical Care Expenses	0% after deductible
Emergency Services	0% after deductible	Physical Therapy	0% after deductible
Hospital Inpatient, Maternity	0% after deductible	Spinal Manipulation	0% after deductible
Hospital Outpatient	0% after deductible	Speech & Occupational Therapy	0% after deductible
Lab & Pathology - Member Saving sites	0% after deductible	Urgent Care	0% after deductible

### Out-of-Network

When you use doctors, specialists, hospitals, and clinics outside your plan's network, you'll almost always pay more.

Urgent Care	0% after deductible	Emergency Services	0% after deductible
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This plan includes out-of-network coverage only for urgent care and emergency services. If you receive any other services from an out-of-network provider or facility, this plan doesn't cover them.

### Drug Coverage

Only in-network pharmacies are covered. To find out which pharmacies are in-network, visit [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE).

TIERS	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage Retail (31 days supply)	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Prescription Drug Coverage Mail (90 days supply)	0% after deductible	0% after deductible	0% after deductible	0% after deductible

If this is the plan for you, enroll at [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE) or call 1-844-666-0793.

## Shared Cost Blue EPO Bronze 7800 – 1 Free PCP Visit

On-Exchange Base Plan ID: 76168DE0410022-01  
Off-Exchange Base Plan ID: 76168DE0410022-00

## All plans have FREE in-network preventive care.

That's care like yearly wellness exams, childhood immunizations, mammograms, and flu shots — at no cost to you.

Benefits displayed below indicate member responsibility for the specified covered service.

### In-network

Use the doctors, specialists, hospitals, and clinics who are part of your plan's network. You'll almost always pay less for care.

<b>DEDUCTIBLE</b> (per 12 months)	\$7,800 Individual	\$15,600 Family
Out of Pocket Maximum	\$7,900 Individual	\$15,800 Family

### Most Used Benefits

Primary Care Visits	\$0 for the first visit then 40% after deductible	Telemedicine	0% after deductible
Retail Clinic Visits	40% after deductible	Outpatient Mental Health Visits	\$0 first 2 visits then 40% after deductible
Specialist and Virtual Visits	40% after deductible		

### Other Important Benefits

Advanced Scans & Imaging	40% after deductible	Lab & Pathology - All Other Sites	40% after deductible
Basic Imaging & Testing	40% after deductible	Medical and Surgical Care Expenses	40% after deductible
Emergency Services	40% after deductible	Physical Therapy	25% after deductible
Hospital Inpatient, Maternity	40% after deductible	Spinal Manipulation	25% after deductible
Hospital Outpatient	40% after deductible	Speech & Occupational Therapy	40% after deductible
Lab & Pathology - Member Saving sites	40% after deductible	Urgent Care	\$100 copay

### Out-of-Network

When you use doctors, specialists, hospitals, and clinics outside your plan's network, you'll almost always pay more.

Urgent Care	\$100 copay	Emergency Services	40% after deductible
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This plan includes out-of-network coverage only for urgent care and emergency services. If you receive any other services from an out-of-network provider or facility, this plan doesn't cover them.

### Drug Coverage

Only in-network pharmacies are covered. To find out which pharmacies are in-network, visit [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE).

TIERS	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage Retail (31 days supply)	\$0	\$20	35%	50% no deductible
Prescription Drug Coverage Mail (90 days supply)	no deductible	no deductible	no deductible	\$250 min - \$1,000 max

If this is the plan for you, enroll at [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE) or call 1-844-666-0793.

## Shared Cost Blue EPO Bronze 3900

On-Exchange Base Plan ID: 76168DE0410010-01

Off-Exchange Base Plan ID: 76168DE0410010-00

## All plans have FREE in-network preventive care.

That's care like yearly wellness exams, childhood immunizations, mammograms, and flu shots — at no cost to you.

Benefits displayed below indicate member responsibility for the specified covered service.

### In-network

Use the doctors, specialists, hospitals, and clinics who are part of your plan's network. You'll almost always pay less for care.

<b>DEDUCTIBLE</b> (per 12 months)	\$3,900 Individual	\$7,800 Family
Out of Pocket Maximum	\$7,900 Individual	\$15,800 Family

### Most Used Benefits

Primary Care Visits	\$60 copay	Telemedicine	\$0 copay
Retail Clinic Visits	\$60 copay	Outpatient Mental Health Visits	\$0 first 2 visits then 40% after deductible
Specialist and Virtual Visits	40% after deductible		

### Other Important Benefits

Advanced Scans & Imaging	40% after deductible	Lab & Pathology - All Other Sites	40% after deductible
Basic Imaging & Testing	40% after deductible	Medical and Surgical Care Expenses	40% after deductible
Emergency Services	40% after deductible	Physical Therapy	25% after deductible
Hospital Inpatient, Maternity	40% after deductible	Spinal Manipulation	25% after deductible
Hospital Outpatient	40% after deductible	Speech & Occupational Therapy	40% after deductible
Lab & Pathology - Member Saving sites	40% after deductible	Urgent Care	\$100 copay

### Out-of-Network

When you use doctors, specialists, hospitals, and clinics outside your plan's network, you'll almost always pay more.

Urgent Care	\$100 copay	Emergency Services	40% after deductible
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This plan includes out-of-network coverage only for urgent care and emergency services. If you receive any other services from an out-of-network provider or facility, this plan doesn't cover them.

### Drug Coverage

Only in-network pharmacies are covered. To find out which pharmacies are in-network, visit [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE).

TIERS	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage Retail (31 days supply)	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Prescription Drug Coverage Mail (90 days supply)				

If this is the plan for you, enroll at [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE) or call 1-844-666-0793.

## Health Savings Embedded Blue EPO Silver 3950 HSA

On-Exchange Base Plan ID: 76168DE0420004-01  
Off-Exchange Base Plan ID: 76168DE0420004-00

## All plans have FREE in-network preventive care.

That's care like yearly wellness exams, childhood immunizations, mammograms, and flu shots — at no cost to you.

Benefits displayed below indicate member responsibility for the specified covered service.

### In-network

Use the doctors, specialists, hospitals, and clinics who are part of your plan's network. You'll almost always pay less for care.

<b>DEDUCTIBLE</b> (per 12 months)	\$3,950 Individual	\$7,900 Family
Out of Pocket Maximum	\$6,750 Individual	\$13,500 Family

### Most Used Benefits

Primary Care Visits	\$50 copay after deductible	Telemedicine	0% after deductible
Retail Clinic Visits	\$50 copay after deductible	Outpatient Mental Health Visits	\$50 copay after deductible
Specialist and Virtual Visits	\$100 copay after deductible		

### Other Important Benefits

Advanced Scans & Imaging	10% after deductible	Labs & Pathology — All Others	30% after deductible
Basic Imaging & Testing	\$100 copay after deductible	Medical and Surgical Care Expenses	10% after deductible
Emergency Services	\$750 copay after deductible (copay waived if admitted)	Physical Therapy	\$17 copay after deductible
Hospital Inpatient, Maternity	10% after deductible	Spinal Manipulation	10% after deductible
Hospital Outpatient	10% after deductible	Speech & Occupational Therapy	\$100 copay after deductible
Lab & Pathology - Member Saving sites	\$50 copay after deductible	Urgent Care	\$100 copay after deductible

### Out-of-Network

When you use doctors, specialists, hospitals, and clinics outside your plan's network, you'll almost always pay more.

Urgent Care	\$100 copay after deductible	Emergency Services	\$750 copay after deductible (copay waived if admitted)
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This plan includes out-of-network coverage only for urgent care and emergency services. If you receive any other services from an out-of-network provider or facility, this plan doesn't cover them.

### Drug Coverage

Only in-network pharmacies are covered. To find out which pharmacies are in-network, visit [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE).

TIERS	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage Retail (31 days supply)	\$0 after deductible	\$30 after deductible	\$150 after deductible	50% after deductible \$250 min - \$1,000 max
Prescription Drug Coverage Mail (90 days supply)				

If this is the plan for you, enroll at [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE) or call 1-844-666-0793.

## Shared Cost Blue EPO Silver 2900 – 2 Free PCP Visits

On-Exchange Base Plan ID: 76168DE0410013-01  
Off-Exchange Base Plan ID: 76168DE0410013-00

## All plans have FREE in-network preventive care.

That's care like yearly wellness exams, childhood immunizations, mammograms, and flu shots — at no cost to you.

Benefits displayed below indicate member responsibility for the specified covered service.

### In-network

Use the doctors, specialists, hospitals, and clinics who are part of your plan's network. You'll almost always pay less for care.

<b>DEDUCTIBLE</b> (per 12 months)	\$2,900 Individual	\$5,800 Family
Out of Pocket Maximum	\$7,800 Individual	\$15,600 Family

### Most Used Benefits

Primary Care Visits	\$0 first 2 visits then \$50 copay	Telemedicine	\$0 copay
Retail Clinic Visits	\$50 copay	Outpatient Mental Health Visits	\$0 copay first 2 visits then \$50 copay
Specialist and Virtual Visits	\$100 copay		

### Other Important Benefits

Advanced Scans & Imaging	40% after deductible	Labs & Pathology — All Others	40% after deductible
Basic Imaging & Testing	\$100 copay	Medical and Surgical Care Expenses	40% after deductible
Emergency Services	\$750 copay after deductible (copay waived if admitted)	Physical Therapy	\$17 copay
Hospital Inpatient, Maternity	40% after deductible	Spinal Manipulation	25% after deductible
Hospital Outpatient	\$475 copay after deductible	Speech & Occupational Therapy	\$100 copay
Lab & Pathology - Member Saving sites	\$50 copay	Urgent Care	\$100 copay

### Out-of-Network

When you use doctors, specialists, hospitals, and clinics outside your plan's network, you'll almost always pay more.

Urgent Care	\$100 copay	Emergency Services	\$750 copay after deductible (Copay Waived if Admitted)
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This plan includes out-of-network coverage only for urgent care and emergency services. If you receive any other services from an out-of-network provider or facility, this plan doesn't cover them.

### Drug Coverage

Only in-network pharmacies are covered. To find out which pharmacies are in-network, visit [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE).

TIERS	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage Retail (31 days supply)	\$0 no deductible	\$50 no deductible	35% no deductible	50% no deductible \$250 min - \$1,000 max
Prescription Drug Coverage Mail (90 days supply)				

If this is the plan for you, enroll at [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE) or call 1-844-666-0793.

## Shared Cost Blue EPO Gold 800 - 2 Free PCP Visits

On-Exchange Base Plan ID: 76168DE0410012-01  
Off-Exchange Base Plan ID: 76168DE0410012-00

## All plans have FREE in-network preventive care.

That's care like yearly wellness exams, childhood immunizations, mammograms, and flu shots — at no cost to you.

Benefits displayed below indicate member responsibility for the specified covered service.

### In-network

Use the doctors, specialists, hospitals, and clinics who are part of your plan's network. You'll almost always pay less for care.

<b>DEDUCTIBLE</b> (per 12 months)	\$800 Individual	\$1,600 Family
Out of Pocket Maximum	\$6,000 Individual	\$12,000 Family

### Most Used Benefits

Primary Care Visits	\$0 first 2 visits then \$20 copay	Telemedicine	\$0 copay
Retail Clinic Visits	\$20 copay	Outpatient Mental Health Visits	\$0 copay first 2 visits then \$20 copay
Specialist and Virtual Visits	\$45 copay		

### Other Important Benefits

Advanced Scans & Imaging	20% after deductible	Lab & Pathology - All Other Sites	30% after deductible
Basic Imaging & Testing	\$45 copay	Medical and Surgical Care Expenses	20% after deductible
Emergency Services	\$250 copay (waived if admitted)	Physical Therapy	\$15 copay
Hospital Inpatient, Maternity	20% after deductible	Spinal Manipulation	20% after deductible
Hospital Outpatient	\$150 copay after deductible	Speech & Occupational Therapy	\$45 copay
Lab & Pathology - Member Saving sites	\$20 copay	Urgent Care	\$45 copay

### Out-of-Network

When you use doctors, specialists, hospitals, and clinics outside your plan's network, you'll almost always pay more.

Urgent Care	\$45 copay	Emergency Services	\$250 copay (Waived if Admitted)
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This plan includes out-of-network coverage only for urgent care and emergency services. If you receive any other services from an out-of-network provider or facility, this plan doesn't cover them.

### Drug Coverage

Only in-network pharmacies are covered. To find out which pharmacies are in-network, visit [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE).

TIERS	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage Retail (31 days supply)	\$0 no deductible	\$25 no deductible	\$75 no deductible	50% no deductible
Prescription Drug Coverage Mail (90 days supply)				\$250 min - \$1,000 max

If this is the plan for you, enroll at [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE) or call 1-844-666-0793.



## Shared Cost Blue EPO Gold 0 – 2 Free PCP Visits

On-Exchange Base Plan ID: 76168DE0410023-01  
Off-Exchange Base Plan ID: 76168DE0410023-00

## All plans have FREE in-network preventive care.

That's care like yearly wellness exams, childhood immunizations, mammograms, and flu shots — at no cost to you.

Benefits displayed below indicate member responsibility for the specified covered service.

### In-network

Use the doctors, specialists, hospitals, and clinics who are part of your plan's network. You'll almost always pay less for care.

<b>DEDUCTIBLE</b> (per 12 months)	\$0 Individual	\$0 Family
Out of Pocket Maximum	\$7,500 Individual	\$15,000 Family

### Most Used Benefits

Primary Care Visits	\$0 first 2 visits then 25 copay	Telemedicine	\$0 copay
Retail Clinic Visits	\$25 copay	Outpatient Mental Health Visits	\$0 copay first 2 visits then \$25 copay
Specialist and Virtual Visits	\$50 copay		

### Other Important Benefits

Advanced Scans & Imaging	\$600 copay	Labs & Pathology — All Others	40% after deductible
Basic Imaging & Testing	\$50 copay	Medical and Surgical Care Expenses	40% after deductible
Emergency Services	\$300 copay (waived if admitted)	Physical Therapy	\$17 copay
Hospital Inpatient, Maternity	\$1500 copay per day (three day max)	Spinal Manipulation	25% after deductible
Hospital Outpatient	\$500 copay	Speech & Occupational Therapy	\$50 copay
Lab & Pathology - Member Saving sites	\$25 copay	Urgent Care	\$50 copay

### Out-of-Network

When you use doctors, specialists, hospitals, and clinics outside your plan's network, you'll almost always pay more.

Urgent Care	\$50 copay	Emergency Services	\$300 copay (waived if admitted)
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This plan includes out-of-network coverage only for urgent care and emergency services. If you receive any other services from an out-of-network provider or facility, this plan doesn't cover them.

### Drug Coverage

Only in-network pharmacies are covered. To find out which pharmacies are in-network, visit [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE).

TIERS	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage Retail (31 days supply)	\$0 no deductible	\$30 no deductible	\$150 no deductible	50% - no deductible
Prescription Drug Coverage Mail (90 days supply)				\$250 min - \$1,000 max

If this is the plan for you, enroll at [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE) or call 1-844-666-0793.



## Shared Cost Blue EPO Platinum 200 – 2 Free PCP Visits

On-Exchange Base Plan ID: 76168DE0410021-01  
Off-Exchange Base Plan ID: 76168DE0410021-00

## All plans have FREE in-network preventive care.

That's care like yearly wellness exams, childhood immunizations, mammograms, and flu shots — at no cost to you.

Benefits displayed below indicate member responsibility for the specified covered service.

### In-network

Use the doctors, specialists, hospitals, and clinics who are part of your plan's network. You'll almost always pay less for care.

<b>DEDUCTIBLE</b> (per 12 months)	\$200 Individual	\$400 Family
Out of Pocket Maximum	\$5,000 Individual	\$10,000 Family

### Most Used Benefits

Primary Care Visits	\$0 first 2 visits then \$5 copay	Telemedicine	\$0 copay
Retail Clinic Visits	\$5 copay	Outpatient Mental Health Visits	\$0 copay first 2 visits then \$5 copay
Specialist and Virtual Visits	\$10 copay		

### Other Important Benefits

Advanced Scans & Imaging	10% after deductible	Labs & Pathology — All Others	10% after deductible
Basic Imaging & Testing	\$10 copay	Medical and Surgical Care Expenses	10% after deductible
Emergency Services	\$150 copay (waived if admitted)	Physical Therapy	\$10 copay
Hospital Inpatient, Maternity	10% after deductible	Spinal Manipulation	10% after deductible
Hospital Outpatient	10% after deductible	Speech & Occupational Therapy	\$10 copay
Lab & Pathology - Member Saving sites	\$5 copay	Urgent Care	\$10 copay

### Out-of-Network

When you use doctors, specialists, hospitals, and clinics outside your plan's network, you'll almost always pay more.

Urgent Care	\$10 copay	Emergency Services	\$150 copay (waived if admitted)
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This plan includes out-of-network coverage only for urgent care and emergency services. If you receive any other services from an out-of-network provider or facility, this plan doesn't cover them.

### Drug Coverage

Only in-network pharmacies are covered. To find out which pharmacies are in-network, visit [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE).

TIERS	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage Retail (31 days supply)	\$0	\$10	\$50	50% \$250 min - \$1,000 max
Prescription Drug Coverage Mail (90 days supply)				

If this is the plan for you, enroll at [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE) or call 1-844-666-0793.

**The following Highmark plan options are not available on the Health Insurance Marketplace and may be purchased directly through Highmark without financial help:**

- Health Savings Embedded Blue EPO Bronze 6750 HSA
- Health Savings Blue EPO Silver 1750 HSA

## Health Savings Embedded Blue EPO Bronze 6750 HSA

Off-Exchange Base Plan ID: 76168DE0420006-00

## All plans have FREE in-network preventive care.

That's care like yearly wellness exams, childhood immunizations, mammograms, and flu shots — at no cost to you.

Benefits displayed below indicate member responsibility for the specified covered service.

### In-network

Use the doctors, specialists, hospitals, and clinics who are part of your plan's network. You'll almost always pay less for care.

<b>DEDUCTIBLE</b> (per 12 months)	\$6,750 Individual	\$13,500 Family
Out of Pocket Maximum	\$6,750 Individual	\$13,500 Family

### Most Used Benefits

Primary Care Visits	0% after deductible	Telemedicine	0% after deductible
Retail Clinic Visits	0% after deductible	Outpatient Mental Health Visits	0% after deductible
Specialist and Virtual Visits	0% after deductible		

### Other Important Benefits

Advanced Scans & Imaging	0% after deductible	Lab & Pathology - All Other Sites	0% after deductible
Basic Imaging & Testing	0% after deductible	Medical and Surgical Care Expenses	0% after deductible
Emergency Services	0% after deductible	Physical Therapy	0% after deductible
Hospital Inpatient, Maternity	0% after deductible	Spinal Manipulation	0% after deductible
Hospital Outpatient	0% after deductible	Speech & Occupational Therapy	0% after deductible
Lab & Pathology - Member Saving sites	0% after deductible	Urgent Care	0% after deductible

### Out-of-Network

When you use doctors, specialists, hospitals, and clinics outside your plan's network, you'll almost always pay more.

Urgent Care	0% after deductible	Emergency Services	0% after deductible
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This plan includes out-of-network coverage only for urgent care and emergency services. If you receive any other services from an out-of-network provider or facility, this plan doesn't cover them.

### Drug Coverage

Only in-network pharmacies are covered. To find out which pharmacies are in-network, visit [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE).

TIERS	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage Retail (31 days supply)	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Prescription Drug Coverage Mail (90 days supply)				

If this is the plan for you, enroll at [Shop.Highmark.com](https://Shop.Highmark.com) or call 1-844-666-0793.

## Health Savings Blue EPO

### Silver 1750 HSA

Off-Exchange Base Plan ID: 76168DE0420005-00

## All plans have FREE in-network preventive care.

That's care like yearly wellness exams, childhood immunizations, mammograms, and flu shots — at no cost to you.

Benefits displayed below indicate member responsibility for the specified covered service.

## In-network

Use the doctors, specialists, hospitals, and clinics who are part of your plan's network. You'll almost always pay less for care.

DEDUCTIBLE (per 12 months)	\$1,750 Individual	\$3,500 Family
Out of Pocket Maximum	\$6,750 Individual	\$13,500 Family

## Most Used Benefits

Primary Care Visits	30% after deductible	Telemedicine	0% after deductible
Retail Clinic Visits	30% after deductible	Outpatient Mental Health Visits	30% after deductible
Specialist and Virtual Visits	30% after deductible		

## Other Important Benefits

Advanced Scans & Imaging	30% after deductible	Labs & Pathology — All Others	30% after deductible
Basic Imaging & Testing	30% after deductible	Medical and Surgical Care Expenses	30% after deductible
Emergency Services	30% after deductible	Physical Therapy	25% after deductible
Hospital Inpatient, Maternity	30% after deductible	Spinal Manipulation	25% after deductible
Hospital Outpatient	30% after deductible	Speech & Occupational Therapy	30% after deductible
Lab & Pathology - Member Saving sites	30% after deductible	Urgent Care	30% after deductible

## Out-of-Network

When you use doctors, specialists, hospitals, and clinics outside your plan's network, you'll almost always pay more.

Urgent Care	30% after deductible	Emergency Services	30% after deductible
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This plan includes out-of-network coverage only for urgent care and emergency services. If you receive any other services from an out-of-network provider or facility, this plan doesn't cover them.

## Drug Coverage

Only in-network pharmacies are covered. To find out which pharmacies are in-network, visit [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE).

TIERS	Tier 1	Tier 2	Tier 3	Tier 4
Prescription Drug Coverage Retail (31 days supply)	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Prescription Drug Coverage Mail (90 days supply)				

If this is the plan for you, enroll at [Shop.Highmark.com](https://Shop.Highmark.com) or call 1-844-666-0793.

# So, what's your plan?

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(Copy the plan name, type, and plan ID down here for reference.)

Now that you've got your choice, let's make sure the providers you'd like to see are covered by the plan you picked.

## Go to [HighmarkBCBSDE.com](https://HighmarkBCBSDE.com) and click Find a Doctor.

Use the menu to search for your providers. Once you've confirmed they're in-network, go to the checklist on the next page.

# ACA Enrollment Checklist

To enroll, you need the following info for each person who will be covered on your plan:

- ☐ Date of birth
- ☐ Social Security number  
(or legal immigrant documents)
- ☐ Income documentation  
(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

You know the Highmark plan you want, that it covers the doctors you want to see, your medications, and you've got all your documents. Awesome. That means you're ready to enroll.

If you want to enroll on your own: Visit [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE)  
or if you want help: Call 1-844-666-0793 .

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# 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 and the world. 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. If you owe a copay, you must pay it when you check in for your visit.

## **DEDUCTIBLE**

The set amount you pay for health services or drug costs before your plan starts paying.

## **EMERGENCY SERVICES**

Care at an emergency facility 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, learn, 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. Some of these plans are often combined with a health savings account.

## **IN-NETWORK PROVIDER**

A doctor or hospital that agrees to charge no more than your plan allowance for their services.

## **OUT-OF-NETWORK PROVIDER**

A doctor or hospital that generally charges more than your plan allowance amount for the same services.

## **OUT-OF-POCKET MAXIMUM**

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

## **PLAN ALLOWANCE**

The maximum 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.

## **PREMIUM**

The monthly amount paid so you have coverage.

## **PREVENTIVE CARE SERVICES**

Routine care like screenings and checkups that help keep health issues from happening.

## **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 for daily living 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**

Health care or guidance that you get from a doctor in real time via a smart device or computer.

## **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.

# Enrollment dates for ACA health plans.

There are two different ways you can be eligible to enroll or change your coverage through the ACA. One is a fixed period that happens every year. The other is for special cases that can happen any time.

## OPEN ENROLLMENT PERIOD

**November 1st – December 15th, 2019**

**During this window, you can get or change your ACA coverage. The plan you pick takes effect January 1st, 2020.**

## 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. That can be a new baby, getting married, losing existing coverage, or moving to a new area where you can't keep your current plan.**

**If you want any plan's full benefit list, visit [Highmark-SBC2020.com](https://www.highmark-sbc2020.com) or get a paper copy by calling 1-866-321-2494 (TTY/TDD 711).**

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**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](https://www.discoverhighmark.com) for more information.**

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

myCare Navigator<sup>SM</sup> is a service mark of Highmark Inc.

Insurance or benefit administration provided by or through Highmark Blue Cross Blue Shield Delaware, an independent licensee 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. 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](mailto: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 1-877-959-2563.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-877-959-2563.

如果您说中文，可向您提供免费语言协助服务。  
請致電 1-877-959-2563。

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-877-959-2563.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다.  
1-877-959-2563 로 전화.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyonang tulong sa wika. Tumawag sa 1-877-959-2563.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-877-959-2563.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل على الرقم 1-877-959-2563.

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w.  
Rele nan 1-877-959-2563.

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-877-959-2563.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa.  
Zadzwoń 1-877-959-2563.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-877-959-2563.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-877-959-2563.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-877-959-2563.

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。 1-877-959-2563 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان  
با تماس با شماره 1-877-959-2563 .

## HIGHMARK DISCLOSURES

### Important Benefit Details

**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, 2020– December 31, 2020), 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.

**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, 2020– December 31, 2020). The family deductible can be met by one family member or a combination of members.

You are responsible for out-of-pocket costs each benefit period (January 1, 2020 – December 31, 2020) up to the maximum amount shown. Thereafter, the plan pays 100% of the Provider's Allowable Charge during the remainder of the benefit period. This amount does not include amounts in excess of the provider's allowable charge.

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 National Network. Pediatric dental benefits utilize United Concordia's Advantage Network.

Essential Formulary prescription drug cost covers a 90-day (Mail Order) or 31-day (Retail) supply. This plan has a four-tier 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 care when you are away from home. Consult your plan documents for additional information.

Highmark Blue Cross Blue Shield Delaware is a Qualified Health Plan issuer 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](https://DiscoverHighmark.com/QualityAssurance); or for a paper copy, call 1-855-873-4109 (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.

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 2020.

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

You know the Highmark plan you want, that it covers your current doctors and medications, and you've got all the documentation. Awesome. That means you're ready to enroll.

Enroll online at [Highmark2020Plans.com/DE](https://Highmark2020Plans.com/DE).

(Or call 1-844-666-0793 to enroll over the phone.)

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Highmark, a member of the Blue Cross and 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.

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\*BCBSA is an association of independent Blue Cross and Blue Shield plans.