HIGHMARK BLUE SHIELD
NORTHEASTERN NEW YORK REGION

Support for every step of the health journey.

For small groups with 100 or fewer employees

EFFECTIVE 2026

HIGHMARK®

Because Life.™

Simplifying health care for small businesses

Highmark delivers reliable coverage and dedicated service designed with small businesses in mind. We make it easier to offer benefits that work for you, while your employees gain access to care and resources that support every part of their health. We're focused on improving the experience for everyone.

Expansive coverage starts here.

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Turn the page to see all the great perks that come with a plan from Highmark.

Coverage and access made easy

It's all about simplicity. That's why we go above and beyond to give you and your employees access to a broad, high-quality network of doctors, hospitals, and specialists — along with tools and resources that make managing total health easier every step of the way.

Make sure to check out the Employer Portal. Manage enrollment, billing, spending accounts, contracts, and benefit books anytime at Highmark.com/Employer. You can even order ID cards with just a few clicks.

To find out more, visit HighmarkSmallGroup.com.

PROVIDER AND NETWORK ACCESS

Blues On Call℠

24/7 access to registered nurses and health coaches for medical concerns, anytime.

Highmark's Network

Employees get access to quality doctors and hospitals with competitive rates through our local, regional, and national network.

Blue Distinction

Employees can easily find top-rated doctors — all they need to do is look for the Blue Distinction logo in our Find a Doctor tool.

BlueCard® and Blue Cross Blue Shield Global® Core

Your employees get nationwide access to 1.8 million providers and 97% of hospitals, plus coverage in 190 countries.*

True Performance Network

Our plans include access to over 630,000 providers focused on value-based care — keeping your employees healthier and out of the hospital, and helping you better manage health care costs.

Provider Partnerships

We collaborate with health care providers to manage costs, improve care, and drive industry change.

How to find in-network providers

1. Visit **Highmark.com/BlueShieldNENY**.
2. Scroll down and click **Find A Doctor** under **Find Care**.
3. Choose a location and plan.
4. Enter an alpha prefix **OR** browse a list of plans.
5. Search by provider name, specialty, location, or type.

Use the advanced search to filter by language, gender, area of focus, appointment scheduling, and more.

* According to the Blue Cross Blue Shield Association, an association of Blue Cross Blue Shield plans.

Living Health Solutions

Highmark's Living Health model puts employees at the center of their care — making it easier for members to engage in their health. With an integrated portfolio of services, it's simple for your team to access personalized solutions that fit their unique needs.

To find out more, visit HighmarkSmallGroup.com.

My Highmark

Our easy-to-use app and website provide a cohesive, one-stop destination for all health and wellness needs, including benefit details, claims, and member education.

IMPROVE OVERALL EMPLOYEE HEALTH

Mental Well-Being
powered by Spring Health

This solution provides employees with personalized mental health support, available through My Highmark.

Well360 Virtual Health

Employees can get 24/7 access to board certified doctors for urgent care, behavioral health, primary care, women's health, and dermatology.

Virtual Joint Health Program
Thrive by Sword

This program is available to your employees at no additional cost through your health plan benefits. It connects them virtually with a licensed physical therapist who creates a customized recovery program. Each employee receives a tablet with motion-tracking technology and direct chat access to their therapist for ongoing support.

Noom: Weight Management

Our proven all-in-one solution for weight loss, preventing diabetes, and supporting those living with type 2 diabetes.It helps employees create healthy habits they can sustain, leading to lower health care costs along the way.

Noom: Weight Management offers three integrated solutions that include lessons, smart tools, and one-on-one and peer community support.

- **Noom Weight** — a program designed to drive weight loss.
- **Noom Diabetes Prevention Program** — a program that helps members with prediabetes lose weight and prevent the disease from progressing to type 2 diabetes.
- **Noom Diabetes Lifestyle** — a program to help employees with type 2 diabetes lower their A1C.

IMPROVE OVERALL EMPLOYEE HEALTH

CHF and COPD Management
powered by Vida

This program connects your employees to a dedicated health coach through an easy-to-use mobile app and website. It's designed to support those managing chronic conditions like congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD) with expert guidance tailored to their unique needs.

Kidney Health Management Program

This program offers personalized care coordination for your employees — at no additional cost. Working alongside their doctors, our Care Navigators focus on early detection and proactive management to help your employees take control of their kidney health and overall well-being.

Supporting health and financial well-being

We're committed to supporting your employees' total well-being — including their financial health. From wellness programs to tools that help employees make informed care decisions, we offer resources that promote better health outcomes and more confidence around health care spending.

To find out more, visit HighmarkSmallGroup.com.

EMPLOYEE-CENTERED HEALTH SUPPORT

Health Coaching

Employees can schedule no-cost, confidential phone sessions with a coach who can help them set and achieve their wellness goals.

Integrated Care Team

Multidisciplinary clinical support for employees at higher health risk.

Baby BluePrints® Program

Pregnancy can be both exciting and overwhelming — and your employees don't have to navigate it alone. This program provides support every step of the way, offering educational resources and personalized guidance from a specially trained health coach, all at no additional cost.

Utilization Management

We help guide your employees to the right care at the right time — and at the right cost. By focusing on prior authorization, site of care, and prescription options, we help employees make smarter care choices.

And for those managing complex conditions, our specialty case management team provides expert support to coordinate care, improve outcomes, and deliver more cost-effective solutions.

$250 Gym Card

Employees can use this card on gym memberships. Consider it a little something extra for the journey to good health.

PHARMACY PROGRAMS FOR EXTRA SAVINGS

CivicaScripts

Through our partnership with CivicaScripts, Highmark helps lower the cost of generic medications. This collaboration ensures your employees have access to affordable prescriptions through a reliable supply chain. Included automatically in the pharmacy benefit, the program uses specific drug codes to deliver the most cost-effective generic options available.

Free Market Health

Highmark's Specialty Management Program, powered by the Free Market Health Care Driven marketplace, seamlessly connects members to a curated selection of high-quality specialty pharmacies. Free Market Health's technology platform enables us to make sure our members receive the most clinically appropriate care at the most competitive pricing.

EXCLUSIVE PERKS FOR YOUR EMPLOYEES

Blue365 Discounts

Your employees can get exclusive deals on offers related to health and wellness at blue365deals.com/BSNENY.

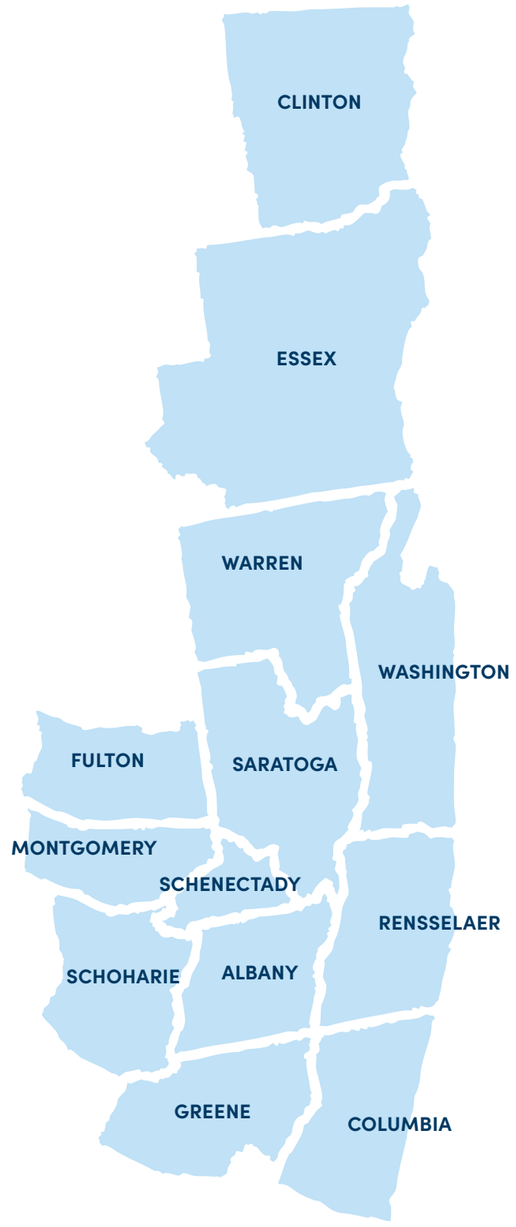
Away From Home Care®

This program makes sure your employees or their family members are covered when they're temporarily living in another area. It's only available on certain plans. Check the benefit grid for more information.

$0 Preventive Prescriptions

All Silver and Bronze HSA-qualified plans offer more than 600 brand-name and generic drugs at $0, not subject to deductible. Non-HSA qualified plans include the Federal ACA Preventive Drug List with over 350 covered drugs at no additional cost.

Plan options and networks



FLEXIBILITY OF A LOCAL NETWORK WITH POS

POINT OF SERVICE (POS)

With a POS plan, your employees have in-network access to 99% of the doctors in our 13-county service area. These plans are flexible and the most affordable for those who get health care close to home.

COVERAGE BEYOND THE CAPITAL REGION WITH PPO, EPO, AND EX NETWORKS

PREFERRED PROVIDER ORGANIZATION (PPO)/ EXCLUSIVE PROVIDER ORGANIZATION (EPO)

- PPO and EPO networks offer the same great local coverage. They go the distance with employees who live or travel outside the POS service area.
- PPO coverage includes all BlueCard® providers both in and out of our service area.
- With an EPO network, your employees must see a Highmark Blue Shield provider in our service area. Nationally, they'll have access to the entire BlueCard PPO network.

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 13-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.

2026 medical coverage

Highlighted items are changes for 2026

	Platinum PPO Plus	Platinum EX Plus	Platinum Radius Plus	Gold EPO High	Gold High EX	Gold Radius High	Gold Blended EPO	Gold Blended EX	Gold Blended Radius	Silver POS Classic	Silver EPO 6300	Silver EX 6300
Deductible (single/family)	N/A	N/A	N/A	N/A	N/A	N/A	$1,250/$2,500	$1,250/$2,500	$1,250/$2,500	$2,000/$4,000	$2,500/$5,000	$2,500/$5,000
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	30% FS	30% FS	30% FS	N/A	N/A	N/A
Out-of-Pocket Maximum (single/family)	$7,000/$14,000	$7,000/$14,000	$7,000/$14,000	$9,100/$18,200	$9,100/$18,200	$9,100/$18,200	$9,100/$18,200	$9,100/$18,200	$9,100/$18,200	$9,100/$18,200	$7,500/$15,000	$7,500/$15,000
Deductible and Out-of-Pocket Maximum Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	True Family/Embedded	True Family/ Embedded
Out-of-Network Deductible (single/family)	$5,000/$10,000	N/C	$5,000/$10,000	N/C	N/C	$5,000/$10,000	N/C	N/C	$5,000/$10,000	$5,000/$10,000	N/C	N/C
Out-of-Network Coinsurance	50% FS	N/C	50% FS	N/C	N/C	50% FS	N/C	N/C	50% FS	50% FS	N/C	N/C
Out-of-Network Out-of-Pocket Maximum (single/family)	$10,000/$20,000	N/C	$10,000/$20,000	N/C	N/C	$10,000/$20,000	N/C	N/C	$10,000/$20,000	$10,000/$20,000	N/C	N/C
PCP/Specialist	$15/$30	$15/$30	$15/$30	$30/$50	$30/$50	$30/$50	$25/$50 not subject to deductible	$25/$50 not subject to deductible	$25/$50 not subject to deductible	$30/$50 after deductible	$40/$60 after deductible	$40/$60 after deductible
DME and Orthotics/ External Prosthetics	50%	50%	50%	50%	50%	50%	30% after deductible	30% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible
Laboratory Services	$30	$30	$30	$50	$50	$50	$50 not subject to deductible	$50 not subject to deductible	$50 not subject to deductible	$50 after deductible	$60 after deductible	$60 after deductible
Diagnostic X-rays and Radiology	$30	$30	$30	$50	$50	$50	$50 not subject to deductible	$50 not subject to deductible	$50 not subject to deductible	$50 after deductible	$60 after deductible	$60 after deductible
Advanced Imaging	$60	$60	$60	$100	$100	$100	$100 not subject to deductible	$100 not subject to deductible	$100 not subject to deductible	$100 after deductible	$120 after deductible	$120 after deductible
Telemedicine	$0	$0	$0	$0	$0	$0	$0 not subject to deductible	$0 not subject to deductible	$0 not subject to deductible	$0 not subject to deductible	$0 after deductible	$0 after deductible
Diabetic Drugs, Equipment, and Supplies†	$15	$15	$15	$30	$30	$30	$25 not subject to deductible	$25 not subject to deductible	$25 not subject to deductible	$30 after deductible	$40 after deductible	$40 after deductible
Inpatient Hospital (per admission)	$500	$500	$500	$1,000	$1,000	$1,000	30% after deductible	30% after deductible	30% after deductible	$1,500 after deductible	$1,000 after deductible	$1,000 after deductible
Outpatient Facility	$100	$100	$100	$250	$250	$250	30% after deductible	30% after deductible	30% after deductible	$350 after deductible	$350 after deductible	$350 after deductible
Emergency Room and Ambulance	$150	$150	$150	$300	$300	$300	$350 not subject to deductible	$350 not subject to deductible	$350 not subject to deductible	$250 after deductible	$250 after deductible	$250 after deductible
Urgent Care	$75	$75	$75	$75	$75	$75	$100 not subject to deductible	$100 not subject to deductible	$100 not subject to deductible	$70 after deductible	$75 after deductible	$75 after deductible
Prescription Drugs: Tier 1, Tier 2, Tier 3	$10/$40/$125	$10/$40/$125	$10/$40/$125	$10/$55/50%	$10/$55/50%	$10/$55/50%	$10/$40/$125	$10/$40/$125	$10/$40/$125	$10/$40/50%	$10/$40/50% after deductible	$10/$40/50% after deductible
Preventive Enhanced Drug List*	No	No	No	No	No	No	No	No	No	No	Yes	Yes
Pediatric Annual Exam (Routine) and Vision Equipment	$0	$0	$0	$0	$0	$0	$0 not subject to deductible	$0 not subject to deductible	$0 not subject to deductible	$0 not subject to deductible	$0 after deductible	$0 after deductible
H.S.A Eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Eligible	Eligible
Creditable Coverage	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Away From Home Care	Not eligible	Not eligible	Eligible	Not eligible	Not eligible	Eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible

* All plans include Affordable Care Act (ACA) preventive drug coverage.
† $0 insulin cost-share on all plans not subject to deductible.

2026 medical coverage, continued

☐ Highlighted items are changes for 2026

	Silver POS 6300	Silver EPO 7000	Silver EX 7000	Silver POS 7000	Silver EPO 8000	Silver EX 8000	Silver POS 8000	Bronze POS Classic	Bronze Value EPO	Bronze Value POS	Bronze Blended POS
Deductible (single/family)	$2,500/$5,000	$3,500/$7,000	$3,500/$7,000	$3,500/$7,000	$5,500/11,000	$5,500/11,000	$5,500/11,000	$6,000/$12,000	$7,500/$15,000	$7,500/$15,000	$9,200/$18,400
Coinsurance	N/A	N/A	N/A	N/A	0% FS	0% FS	0% FS	50% FS	0% FS	0% FS	10% FS
Out-of-Pocket Maximum (single/family)	$7,500/$15,000	$7,500/$15,000	$7,500/$15,000	$7,500/$15,000	$7,500/$15,000	$7,500/$15,000	$7,500/$15,000	$9,100/$18,200	$7,500/$15,000	$7,500/$15,000	$10,600/$21,200
Deductible and Out-of-Pocket Maximum Type	True Family/Embedded	True Family/Embedded	True Family/Embedded	True Family/Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Out-of-Network Deductible (single/family)	$5,000/$10,000	N/C	N/C	$5,000/$10,000	N/C	N/C	$10,000/$20,000	$10,000/$20,000	N/C	$10,000/$20,000	$10,000/$20,000
Out-of-Network Coinsurance	50% FS	N/C	N/C	50% FS	N/C	N/C	30% FS	50% FS	N/C	30% FS	30% FS
Out-of-Network Out-of-Pocket Maximum (single/family)	$10,000/$20,000	N/C	N/C	$10,000/$20,000	N/C	N/C	$20,000/$40,000	$20,000/$40,000	N/C	$20,000/$40,000	$20,000/$40,000
PCP/Specialist	$40/$60 after deductible	$30/$50 after deductible	$30/$50 after deductible	$30/$50 after deductible	$0 after deductible	0% after deductible	$0 after deductible	50% after deductible	$0 after deductible	$0 after deductible	$30 not subject to deductible/ 10% after deductible
DME and Orthotics/ External Prosthetics	50% after deductible	50% after deductible	50% after deductible	50% after deductible	$0 after deductible	$0 after deductible	$0 after deductible	50% after deductible	$0 after deductible	$0 after deductible	10% after deductible
Laboratory Services	$60 after deductible	$50 after deductible	$50 after deductible	$50 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	50% after deductible	$0 after deductible	$0 after deductible	10% after deductible
Diagnostic X-rays and Radiology	$60 after deductible	$50 after deductible	$50 after deductible	$50 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	50% after deductible	$0 after deductible	$0 after deductible	10% after deductible
Advanced Imaging	$120 after deductible	$100 after deductible	$100 after deductible	$100 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	50% after deductible	$0 after deductible	$0 after deductible	10% after deductible
Telemedicine	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	$0 not subject to deductible	$0 after deductible	$0 after deductible	$0 not subject to deductible
Diabetic Drugs, Equipment, and Supplies†	$40 after deductible	$30 after deductible	$30 after deductible	$30 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	50% after deductible	$0 after deductible	$0 after deductible	$30 not subject to deductible
Inpatient Hospital (per admission)	$1,000 after deductible	$1,000 after deductible	$1,000 after deductible	$1,000 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	50% after deductible	$0 after deductible	$0 after deductible	10% after deductible
Outpatient Facility	$350 after deductible	$350 after deductible	$350 after deductible	$350 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	50% after deductible	$0 after deductible	$0 after deductible	10% after deductible
Emergency Room and Ambulance	$250 after deductible	$250 after deductible	$250 after deductible	$250 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	50% after deductible	$0 after deductible	$0 after deductible	10% after deductible
Urgent Care	$75 after deductible	$75 after deductible	$75 after deductible	$75 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	50% after deductible	$0 after deductible	$0 after deductible	10% after deductible
Prescription Drugs: Tier 1, Tier 2, Tier 3	$10/$40/50% after deductible	$10/$40/50% after deductible	$10/$40/50% after deductible	$10/$40/50% after deductible	$10/$40/50% after deductible	$10/$40/50% after deductible	$10/$40/50% after deductible	$10/$40/50% after deductible	$0/$0/$0 after deductible	$0/$0/$0 after deductible	$30/10% after deductible/10% after deductible
Preventive Enhanced Drug List*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Pediatric Annual Exam (Routine) and Vision Equipment	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible	$0 not subject to deductible	$0 after deductible	$0 after deductible	$0 not subject to deductible
H.S.A Eligible	Eligible	Eligible	Eligible	Eligible	Eligible	Eligible	Eligible	Not eligible	Eligible	Eligible	Not eligible
Creditable Coverage	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Away From Home Care	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible

* All plans include Affordable Care Act (ACA) preventive drug coverage.
† $0 insulin cost-share on all plans not subject to deductible.

Dependent age 26 rates

Region 1: Rates effective 2026		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Platinum PPO Plus	Single	$1,471.44	$1,503.89	$1,537.07	$1,570.97
	Subscriber and Child(ren)	$2,501.44	$2,556.62	$2,613.02	$2,670.66
	Subscriber and Spouse	$2,942.87	$3,007.79	$3,074.14	$3,141.95
	Family	$4,193.59	$4,286.10	$4,380.65	$4,477.28
Platinum EX Plus	Single	$1,324.08	$1,353.29	$1,383.14	$1,413.65
	Subscriber and Child(ren)	$2,250.93	$2,300.59	$2,351.34	$2,403.20
	Subscriber and Spouse	$2,648.16	$2,706.57	$2,766.28	$2,827.30
	Family	$3,773.63	$3,856.87	$3,941.95	$4,028.90
Platinum Radius Plus	Single	$1,299.94	$1,328.61	$1,357.92	$1,387.87
	Subscriber and Child(ren)	$2,209.89	$2,258.64	$2,308.46	$2,359.39
	Subscriber and Spouse	$2,599.87	$2,657.22	$2,715.84	$2,775.75
	Family	$3,704.82	$3,786.54	$3,870.07	$3,955.44
Gold EPO High	Single	$1,329.92	$1,359.26	$1,389.24	$1,419.88
	Subscriber and Child(ren)	$2,260.86	$2,310.73	$2,361.71	$2,413.80
	Subscriber and Spouse	$2,659.84	$2,718.51	$2,778.48	$2,839.77
	Family	$3,790.27	$3,873.88	$3,959.33	$4,046.67
Gold High EX	Single	$1,213.95	$1,240.73	$1,268.10	$1,296.07
	Subscriber and Child(ren)	$2,063.72	$2,109.24	$2,155.77	$2,203.32
	Subscriber and Spouse	$2,427.90	$2,481.46	$2,536.20	$2,592.14
	Family	$3,459.76	$3,536.08	$3,614.08	$3,693.80
Gold Radius High	Single	$1,195.70	$1,222.07	$1,249.03	$1,276.58
	Subscriber and Child(ren)	$2,032.68	$2,077.52	$2,123.35	$2,170.19
	Subscriber and Spouse	$2,391.39	$2,444.14	$2,498.06	$2,553.16
	Family	$3,407.73	$3,482.90	$3,559.73	$3,638.26
Gold Blended EPO	Single	$1,213.82	$1,240.60	$1,267.96	$1,295.93
	Subscriber and Child(ren)	$2,063.50	$2,109.01	$2,155.54	$2,203.09
	Subscriber and Spouse	$2,427.64	$2,481.19	$2,535.93	$2,591.87
	Family	$3,459.39	$3,535.70	$3,613.69	$3,693.41
Gold Blended EX	Single	$1,109.03	$1,133.49	$1,158.50	$1,184.05
	Subscriber and Child(ren)	$1,885.35	$1,926.94	$1,969.44	$2,012.89
	Subscriber and Spouse	$2,218.06	$2,266.98	$2,316.99	$2,368.10
	Family	$3,160.73	$3,230.45	$3,301.71	$3,374.54

Dependent age 26 rates

Region 1: Rates effective 2026		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Gold Blended Radius	Single	$1,094.06	$1,118.19	$1,142.86	$1,168.07
	Subscriber and Child(ren)	$1,859.90	$1,900.93	$1,942.86	$1,985.72
	Subscriber and Spouse	$2,188.12	$2,236.39	$2,285.72	$2,336.14
	Family	$3,118.07	$3,186.85	$3,257.15	$3,329.00
Silver POS Classic	Single	$1,005.11	$1,027.28	$1,049.94	$1,073.10
	Subscriber and Child(ren)	$1,708.69	$1,746.38	$1,784.90	$1,824.28
	Subscriber and Spouse	$2,010.22	$2,054.56	$2,099.88	$2,146.21
	Family	$2,864.56	$2,927.75	$2,992.34	$3,058.34
Silver EPO 6300	Single	$1,093.18	$1,117.30	$1,141.95	$1,167.14
	Subscriber and Child(ren)	$1,858.41	$1,899.41	$1,941.31	$1,984.13
	Subscriber and Spouse	$2,186.37	$2,234.60	$2,283.89	$2,334.27
	Family	$3,115.58	$3,184.30	$3,254.55	$3,326.34
Silver 6300 EX	Single	$1,002.75	$1,024.86	$1,047.47	$1,070.58
	Subscriber and Child(ren)	$1,704.67	$1,742.27	$1,780.70	$1,819.98
	Subscriber and Spouse	$2,005.49	$2,049.73	$2,094.94	$2,141.16
	Family	$2,857.82	$2,920.86	$2,985.30	$3,051.15
Silver POS 6300	Single	$988.45	$1,010.26	$1,032.54	$1,055.32
	Subscriber and Child(ren)	$1,680.37	$1,717.44	$1,755.32	$1,794.04
	Subscriber and Spouse	$1,976.90	$2,020.51	$2,065.08	$2,110.64
	Family	$2,817.09	$2,879.23	$2,942.74	$3,007.66
Silver EPO 7000	Single	$1,053.15	$1,076.38	$1,100.12	$1,124.39
	Subscriber and Child(ren)	$1,790.35	$1,829.84	$1,870.21	$1,911.46
	Subscriber and Spouse	$2,106.29	$2,152.76	$2,200.24	$2,248.78
	Family	$3,001.47	$3,067.68	$3,135.35	$3,204.51
Silver 7000 EX	Single	$962.10	$983.32	$1,005.01	$1,027.18
	Subscriber and Child(ren)	$1,635.57	$1,671.65	$1,708.52	$1,746.21
	Subscriber and Spouse	$1,924.20	$1,966.64	$2,010.03	$2,054.37
	Family	$2,741.98	$2,802.47	$2,864.29	$2,927.47
Silver POS 7000	Single	$953.40	$974.43	$995.93	$1,017.90
	Subscriber and Child(ren)	$1,620.78	$1,656.54	$1,693.08	$1,730.42
	Subscriber and Spouse	$1,906.80	$1,948.87	$1,991.85	$2,035.79
	Family	$2,717.19	$2,777.13	$2,838.39	$2,901.01

Dependent age 26 rates

Region 1: Rates effective 2026		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Silver EPO 8000	Single	$1,048.47	$1,071.60	$1,095.23	$1,119.39
	Subscriber and Child(ren)	$1,782.40	$1,821.71	$1,861.90	$1,902.97
	Subscriber and Spouse	$2,096.94	$2,143.19	$2,190.47	$2,238.79
	Family	$2,988.13	$3,054.05	$3,121.42	$3,190.27
Silver 8000 EX	Single	$961.89	$983.11	$1,004.80	$1,026.96
	Subscriber and Child(ren)	$1,635.21	$1,671.29	$1,708.15	$1,745.83
	Subscriber and Spouse	$1,923.78	$1,966.22	$2,009.59	$2,053.92
	Family	$2,741.39	$2,801.86	$2,863.67	$2,926.84
Silver POS 8000	Single	$953.20	$974.23	$995.72	$1,017.68
	Subscriber and Child(ren)	$1,620.44	$1,656.19	$1,692.72	$1,730.06
	Subscriber and Spouse	$1,906.40	$1,948.46	$1,991.44	$2,035.37
	Family	$2,716.63	$2,776.55	$2,837.80	$2,900.40
Bronze POS Classic	Single	$841.73	$860.30	$879.27	$898.67
	Subscriber and Child(ren)	$1,430.94	$1,462.50	$1,494.76	$1,527.74
	Subscriber and Spouse	$1,683.46	$1,720.59	$1,758.54	$1,797.34
	Family	$2,398.92	$2,451.84	$2,505.93	$2,561.20
Bronze Value EPO	Single	$974.95	$996.45	$1,018.43	$1,040.90
	Subscriber and Child(ren)	$1,657.41	$1,693.97	$1,731.33	$1,769.53
	Subscriber and Spouse	$1,949.89	$1,992.90	$2,036.86	$2,081.80
	Family	$2,778.59	$2,839.89	$2,902.53	$2,966.56
Bronze Value POS	Single	$884.94	$904.46	$924.41	$944.81
	Subscriber and Child(ren)	$1,504.40	$1,537.59	$1,571.50	$1,606.17
	Subscriber and Spouse	$1,769.88	$1,808.93	$1,848.83	$1,889.61
	Family	$2,522.08	$2,577.72	$2,634.58	$2,692.70
Bronze Blended POS	Single	$823.57	$841.73	$860.30	$879.28
	Subscriber and Child(ren)	$1,400.06	$1,430.95	$1,462.51	$1,494.78
	Subscriber and Spouse	$1,647.14	$1,683.47	$1,720.60	$1,758.56
	Family	$2,347.17	$2,398.94	$2,451.86	$2,505.95

Dependent age 30 rates

Region 1: Rates effective 2026		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Platinum PPO Plus	Single	$1,478.11	$1,510.72	$1,544.04	$1,578.10
	Subscriber and Child(ren)	$2,512.79	$2,568.22	$2,624.88	$2,682.78
	Subscriber and Spouse	$2,956.23	$3,021.44	$3,088.09	$3,156.21
	Family	$4,212.62	$4,305.55	$4,400.53	$4,497.60
Platinum EX Plus	Single	$1,330.09	$1,359.43	$1,389.42	$1,420.07
	Subscriber and Child(ren)	$2,261.16	$2,311.04	$2,362.02	$2,414.12
	Subscriber and Spouse	$2,660.19	$2,718.87	$2,778.84	$2,840.14
	Family	$3,790.77	$3,874.39	$3,959.85	$4,047.20
Platinum Radius Plus	Single	$1,305.84	$1,334.65	$1,364.09	$1,394.18
	Subscriber and Child(ren)	$2,219.93	$2,268.90	$2,318.95	$2,370.10
	Subscriber and Spouse	$2,611.68	$2,669.29	$2,728.18	$2,788.36
	Family	$3,721.65	$3,803.74	$3,887.65	$3,973.41
Gold EPO High	Single	$1,335.96	$1,365.43	$1,395.55	$1,426.33
	Subscriber and Child(ren)	$2,271.13	$2,321.23	$2,372.43	$2,424.77
	Subscriber and Spouse	$2,671.92	$2,730.86	$2,791.10	$2,852.67
	Family	$3,807.48	$3,891.47	$3,977.32	$4,065.05
Gold High EX	Single	$1,219.47	$1,246.37	$1,273.86	$1,301.96
	Subscriber and Child(ren)	$2,073.10	$2,118.83	$2,165.57	$2,213.34
	Subscriber and Spouse	$2,438.94	$2,492.74	$2,547.72	$2,603.93
	Family	$3,475.49	$3,552.15	$3,630.51	$3,710.59
Gold Radius High	Single	$1,201.13	$1,227.63	$1,254.71	$1,282.39
	Subscriber and Child(ren)	$2,041.92	$2,086.97	$2,133.00	$2,180.05
	Subscriber and Spouse	$2,402.26	$2,455.26	$2,509.42	$2,564.77
	Family	$3,423.23	$3,498.74	$3,575.92	$3,654.80
Gold Blended EPO	Single	$1,219.34	$1,246.24	$1,273.73	$1,301.82
	Subscriber and Child(ren)	$2,072.88	$2,118.60	$2,165.34	$2,213.10
	Subscriber and Spouse	$2,438.68	$2,492.47	$2,547.45	$2,603.65
	Family	$3,475.12	$3,551.77	$3,630.12	$3,710.20
Gold Blended EX	Single	$1,114.07	$1,138.65	$1,163.77	$1,189.44
	Subscriber and Child(ren)	$1,893.92	$1,935.70	$1,978.40	$2,022.04
	Subscriber and Spouse	$2,228.15	$2,277.30	$2,327.53	$2,378.87
	Family	$3,175.11	$3,245.15	$3,316.73	$3,389.90

Dependent age 30 rates

Region 1: Rates effective 2026		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Gold Blended Radius	Single	$1,099.04	$1,123.28	$1,148.06	$1,173.39
	Subscriber and Child(ren)	$1,868.37	$1,909.58	$1,951.70	$1,994.76
	Subscriber and Spouse	$2,198.08	$2,246.56	$2,296.12	$2,346.77
	Family	$3,132.26	$3,201.35	$3,271.97	$3,344.15
Silver POS Classic	Single	$1,009.69	$1,031.96	$1,054.72	$1,077.99
	Subscriber and Child(ren)	$1,716.47	$1,754.33	$1,793.03	$1,832.58
	Subscriber and Spouse	$2,019.37	$2,063.92	$2,109.45	$2,155.98
	Family	$2,877.61	$2,941.09	$3,005.96	$3,072.27
Silver EPO 6300	Single	$1,098.16	$1,122.38	$1,147.14	$1,172.45
	Subscriber and Child(ren)	$1,866.87	$1,908.05	$1,950.14	$1,993.16
	Subscriber and Spouse	$2,196.32	$2,244.77	$2,294.28	$2,344.89
	Family	$3,129.75	$3,198.79	$3,269.35	$3,341.47
Silver 6300 EX	Single	$1,007.31	$1,029.53	$1,052.24	$1,075.45
	Subscriber and Child(ren)	$1,712.43	$1,750.20	$1,788.81	$1,828.27
	Subscriber and Spouse	$2,014.62	$2,059.06	$2,104.49	$2,150.91
	Family	$2,870.84	$2,934.17	$2,998.89	$3,065.04
Silver POS 6300	Single	$992.95	$1,014.86	$1,037.24	$1,060.13
	Subscriber and Child(ren)	$1,688.02	$1,725.26	$1,763.32	$1,802.21
	Subscriber and Spouse	$1,985.91	$2,029.72	$2,074.49	$2,120.25
	Family	$2,829.92	$2,892.35	$2,956.15	$3,021.36
Silver EPO 7000	Single	$1,057.94	$1,081.28	$1,105.13	$1,129.51
	Subscriber and Child(ren)	$1,798.50	$1,838.17	$1,878.72	$1,920.16
	Subscriber and Spouse	$2,115.88	$2,162.55	$2,210.26	$2,259.01
	Family	$3,015.13	$3,081.64	$3,149.62	$3,219.10
Silver 7000 EX	Single	$966.48	$987.80	$1,009.59	$1,031.86
	Subscriber and Child(ren)	$1,643.02	$1,679.26	$1,716.31	$1,754.17
	Subscriber and Spouse	$1,932.97	$1,975.61	$2,019.18	$2,063.73
	Family	$2,754.48	$2,815.24	$2,877.34	$2,940.81
Silver POS 7000	Single	$957.75	$978.87	$1,000.47	$1,022.53
	Subscriber and Child(ren)	$1,628.17	$1,664.08	$1,700.79	$1,738.31
	Subscriber and Spouse	$1,915.49	$1,957.75	$2,000.93	$2,045.07
	Family	$2,729.58	$2,789.79	$2,851.33	$2,914.22

Dependent age 30 rates

Region 1: Rates effective 2026		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Silver EPO 8000	Single	$1,053.24	$1,076.47	$1,100.22	$1,124.49
	Subscriber and Child(ren)	$1,790.51	$1,830.01	$1,870.37	$1,911.63
	Subscriber and Spouse	$2,106.48	$2,152.95	$2,200.44	$2,248.98
	Family	$3,001.74	$3,067.95	$3,135.63	$3,204.80
Silver 8000 EX	Single	$966.27	$987.59	$1,009.37	$1,031.64
	Subscriber and Child(ren)	$1,642.67	$1,678.90	$1,715.94	$1,753.79
	Subscriber and Spouse	$1,932.55	$1,975.18	$2,018.75	$2,063.28
	Family	$2,753.88	$2,814.63	$2,876.72	$2,940.17
Silver POS 8000	Single	$957.55	$978.67	$1,000.26	$1,022.32
	Subscriber and Child(ren)	$1,627.83	$1,663.74	$1,700.44	$1,737.95
	Subscriber and Spouse	$1,915.09	$1,957.34	$2,000.51	$2,044.64
	Family	$2,729.01	$2,789.20	$2,850.73	$2,913.61
Bronze POS Classic	Single	$845.57	$864.22	$883.29	$902.77
	Subscriber and Child(ren)	$1,437.47	$1,469.18	$1,501.58	$1,534.71
	Subscriber and Spouse	$1,691.14	$1,728.44	$1,766.57	$1,805.54
	Family	$2,409.87	$2,463.03	$2,517.36	$2,572.89
Bronze Value EPO	Single	$979.39	$1,000.99	$1,023.07	$1,045.64
	Subscriber and Child(ren)	$1,664.96	$1,701.68	$1,739.22	$1,777.59
	Subscriber and Spouse	$1,958.77	$2,001.98	$2,046.14	$2,091.28
	Family	$2,791.25	$2,852.82	$2,915.75	$2,980.07
Bronze Value POS	Single	$888.98	$908.59	$928.63	$949.11
	Subscriber and Child(ren)	$1,511.26	$1,544.60	$1,578.67	$1,613.50
	Subscriber and Spouse	$1,777.96	$1,817.18	$1,857.26	$1,898.23
	Family	$2,533.59	$2,589.48	$2,646.60	$2,704.98
Bronze Blended POS	Single	$827.33	$845.58	$864.23	$883.29
	Subscriber and Child(ren)	$1,406.46	$1,437.48	$1,469.19	$1,501.60
	Subscriber and Spouse	$1,654.65	$1,691.15	$1,728.46	$1,766.59
	Family	$2,357.88	$2,409.89	$2,463.05	$2,517.39

Dependent age 26 rates

Region 7 (Clinton and Essex counties): Rates effective 2026		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Platinum PPO Plus	Single	$1,618.58	$1,654.28	$1,690.78	$1,728.07
	Subscriber and Child(ren)	$2,751.59	$2,812.28	$2,874.32	$2,937.72
	Subscriber and Spouse	$3,237.16	$3,308.57	$3,381.55	$3,456.14
	Family	$4,612.95	$4,714.71	$4,818.71	$4,925.01
Platinum EX Plus	Single	$1,456.49	$1,488.62	$1,521.45	$1,555.01
	Subscriber and Child(ren)	$2,476.03	$2,530.65	$2,586.47	$2,643.53
	Subscriber and Spouse	$2,912.97	$2,977.23	$3,042.91	$3,110.03
	Family	$4,150.99	$4,242.56	$4,336.14	$4,431.79
Platinum Radius Plus	Single	$1,429.93	$1,461.47	$1,493.71	$1,526.66
	Subscriber and Child(ren)	$2,430.88	$2,484.50	$2,539.31	$2,595.32
	Subscriber and Spouse	$2,859.86	$2,922.95	$2,987.42	$3,053.32
	Family	$4,075.30	$4,165.20	$4,257.08	$4,350.98
Gold EPO High	Single	$1,462.91	$1,495.18	$1,528.16	$1,561.87
	Subscriber and Child(ren)	$2,486.95	$2,541.81	$2,597.88	$2,655.18
	Subscriber and Spouse	$2,925.82	$2,990.36	$3,056.33	$3,123.75
	Family	$4,169.30	$4,261.27	$4,355.27	$4,451.34
Gold High EX	Single	$1,335.35	$1,364.80	$1,394.91	$1,425.68
	Subscriber and Child(ren)	$2,270.09	$2,320.16	$2,371.34	$2,423.65
	Subscriber and Spouse	$2,670.69	$2,729.60	$2,789.82	$2,851.36
	Family	$3,805.74	$3,889.69	$3,975.49	$4,063.18
Gold Radius High	Single	$1,315.27	$1,344.28	$1,373.93	$1,404.24
	Subscriber and Child(ren)	$2,235.95	$2,285.27	$2,335.68	$2,387.21
	Subscriber and Spouse	$2,630.53	$2,688.56	$2,747.86	$2,808.48
	Family	$3,748.51	$3,831.19	$3,915.71	$4,002.08
Gold Blended EPO	Single	$1,335.20	$1,364.66	$1,394.76	$1,425.53
	Subscriber and Child(ren)	$2,269.85	$2,319.92	$2,371.09	$2,423.39
	Subscriber and Spouse	$2,670.41	$2,729.31	$2,789.52	$2,851.05
	Family	$3,805.33	$3,889.27	$3,975.06	$4,062.75
Gold Blended EX	Single	$1,219.93	$1,246.84	$1,274.34	$1,302.46
	Subscriber and Child(ren)	$2,073.88	$2,119.63	$2,166.39	$2,214.17
	Subscriber and Spouse	$2,439.86	$2,493.68	$2,548.69	$2,604.91
	Family	$3,476.80	$3,553.50	$3,631.88	$3,712.00

Dependent age 26 rates

Region 7 (Clinton and Essex counties): Rates effective 2026		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Gold Blended Radius	Single	$1,203.47	$1,230.01	$1,257.15	$1,284.88
	Subscriber and Child(ren)	$2,045.89	$2,091.02	$2,137.15	$2,184.29
	Subscriber and Spouse	$2,406.93	$2,460.03	$2,514.29	$2,569.76
	Family	$3,429.88	$3,505.54	$3,582.87	$3,661.90
Silver POS Classic	Single	$1,105.62	$1,130.01	$1,154.94	$1,180.41
	Subscriber and Child(ren)	$1,879.56	$1,921.02	$1,963.39	$2,006.70
	Subscriber and Spouse	$2,211.24	$2,260.02	$2,309.87	$2,360.83
	Family	$3,151.02	$3,220.53	$3,291.57	$3,364.18
Silver EPO 6300	Single	$1,202.50	$1,229.03	$1,256.14	$1,283.85
	Subscriber and Child(ren)	$2,044.26	$2,089.35	$2,135.44	$2,182.54
	Subscriber and Spouse	$2,405.01	$2,458.06	$2,512.28	$2,567.70
	Family	$3,427.13	$3,502.73	$3,580.00	$3,658.97
Silver 6300 EX	Single	$1,103.02	$1,127.35	$1,152.22	$1,177.64
	Subscriber and Child(ren)	$1,875.13	$1,916.50	$1,958.77	$2,001.98
	Subscriber and Spouse	$2,206.04	$2,254.70	$2,304.44	$2,355.27
	Family	$3,143.61	$3,212.95	$3,283.83	$3,356.26
Silver POS 6300	Single	$1,087.30	$1,111.28	$1,135.80	$1,160.85
	Subscriber and Child(ren)	$1,848.41	$1,889.18	$1,930.85	$1,973.45
	Subscriber and Spouse	$2,174.59	$2,222.56	$2,271.59	$2,321.70
	Family	$3,098.80	$3,167.15	$3,237.02	$3,308.42
Silver EPO 7000	Single	$1,158.46	$1,184.02	$1,210.13	$1,236.83
	Subscriber and Child(ren)	$1,969.38	$2,012.83	$2,057.23	$2,102.61
	Subscriber and Spouse	$2,316.92	$2,368.03	$2,420.27	$2,473.66
	Family	$3,301.61	$3,374.44	$3,448.88	$3,524.96
Silver 7000 EX	Single	$1,058.31	$1,081.65	$1,105.51	$1,129.90
	Subscriber and Child(ren)	$1,799.13	$1,838.81	$1,879.37	$1,920.83
	Subscriber and Spouse	$2,116.62	$2,163.31	$2,211.03	$2,259.80
	Family	$3,016.18	$3,082.72	$3,150.72	$3,220.22
Silver POS 7000	Single	$1,048.74	$1,071.88	$1,095.52	$1,119.69
	Subscriber and Child(ren)	$1,782.86	$1,822.19	$1,862.38	$1,903.47
	Subscriber and Spouse	$2,097.48	$2,143.75	$2,191.04	$2,239.37
	Family	$2,988.91	$3,054.85	$3,122.23	$3,191.11

Dependent age 26 rates

Region 7 (Clinton and Essex counties): Rates effective 2026		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Silver EPO 8000	Single	$1,153.31	$1,178.76	$1,204.76	$1,231.33
	Subscriber and Child(ren)	$1,960.64	$2,003.88	$2,048.09	$2,093.27
	Subscriber and Spouse	$2,306.63	$2,357.51	$2,409.52	$2,462.67
	Family	$3,286.95	$3,359.45	$3,433.56	$3,509.30
Silver 8000 EX	Single	$1,058.08	$1,081.42	$1,105.28	$1,129.66
	Subscriber and Child(ren)	$1,798.74	$1,838.41	$1,878.97	$1,920.42
	Subscriber and Spouse	$2,116.16	$2,162.84	$2,210.55	$2,259.31
	Family	$3,015.53	$3,082.05	$3,150.03	$3,219.52
Silver POS 8000	Single	$1,048.52	$1,071.65	$1,095.29	$1,119.45
	Subscriber and Child(ren)	$1,782.49	$1,821.81	$1,861.99	$1,903.07
	Subscriber and Spouse	$2,097.04	$2,143.30	$2,190.58	$2,238.90
	Family	$2,988.29	$3,054.21	$3,121.58	$3,190.44
Bronze POS Classic	Single	$925.90	$946.32	$967.20	$988.53
	Subscriber and Child(ren)	$1,574.03	$1,608.75	$1,644.24	$1,680.51
	Subscriber and Spouse	$1,851.80	$1,892.65	$1,934.40	$1,977.07
	Family	$2,638.82	$2,697.03	$2,756.52	$2,817.32
Bronze Value EPO	Single	$1,072.44	$1,096.10	$1,120.28	$1,144.99
	Subscriber and Child(ren)	$1,823.15	$1,863.36	$1,904.47	$1,946.48
	Subscriber and Spouse	$2,144.88	$2,192.19	$2,240.55	$2,289.98
	Family	$3,056.45	$3,123.88	$3,192.79	$3,263.21
Bronze Value POS	Single	$973.44	$994.91	$1,016.86	$1,039.29
	Subscriber and Child(ren)	$1,654.84	$1,691.35	$1,728.65	$1,766.79
	Subscriber and Spouse	$1,946.87	$1,989.82	$2,033.71	$2,078.57
	Family	$2,774.29	$2,835.49	$2,898.04	$2,961.97
Bronze Blended POS	Single	$905.92	$925.91	$946.33	$967.21
	Subscriber and Child(ren)	$1,540.07	$1,574.04	$1,608.77	$1,644.25
	Subscriber and Spouse	$1,811.85	$1,851.82	$1,892.67	$1,934.42
	Family	$2,581.88	$2,638.84	$2,697.05	$2,756.54

Dependent age 30 rates

Region 7 (Clinton and Essex counties): Rates effective 2026		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Platinum PPO Plus	Single	$1,625.93	$1,661.79	$1,698.45	$1,735.91
	Subscriber and Child(ren)	$2,764.07	$2,825.05	$2,887.36	$2,951.06
	Subscriber and Spouse	$3,251.85	$3,323.58	$3,396.90	$3,471.83
	Family	$4,633.89	$4,736.11	$4,840.58	$4,947.36
Platinum EX Plus	Single	$1,463.10	$1,495.38	$1,528.36	$1,562.08
	Subscriber and Child(ren)	$2,487.27	$2,542.14	$2,598.22	$2,655.53
	Subscriber and Spouse	$2,926.21	$2,990.75	$3,056.73	$3,124.16
	Family	$4,169.84	$4,261.83	$4,355.84	$4,451.92
Platinum Radius Plus	Single	$1,436.43	$1,468.11	$1,500.50	$1,533.60
	Subscriber and Child(ren)	$2,441.92	$2,495.79	$2,550.84	$2,607.11
	Subscriber and Spouse	$2,872.85	$2,936.22	$3,000.99	$3,067.19
	Family	$4,093.81	$4,184.12	$4,276.42	$4,370.75
Gold EPO High	Single	$1,469.56	$1,501.97	$1,535.10	$1,568.97
	Subscriber and Child(ren)	$2,498.24	$2,553.35	$2,609.68	$2,667.24
	Subscriber and Spouse	$2,939.11	$3,003.94	$3,070.21	$3,137.93
	Family	$4,188.23	$4,280.62	$4,375.05	$4,471.56
Gold High EX	Single	$1,341.42	$1,371.01	$1,401.25	$1,432.16
	Subscriber and Child(ren)	$2,280.41	$2,330.71	$2,382.12	$2,434.67
	Subscriber and Spouse	$2,682.83	$2,742.01	$2,802.50	$2,864.32
	Family	$3,823.03	$3,907.37	$3,993.56	$4,081.65
Gold Radius High	Single	$1,321.25	$1,350.39	$1,380.18	$1,410.62
	Subscriber and Child(ren)	$2,246.12	$2,295.66	$2,346.30	$2,398.06
	Subscriber and Spouse	$2,642.49	$2,700.78	$2,760.36	$2,821.25
	Family	$3,765.55	$3,848.61	$3,933.51	$4,020.28
Gold Blended EPO	Single	$1,341.27	$1,370.86	$1,401.10	$1,432.01
	Subscriber and Child(ren)	$2,280.16	$2,330.46	$2,381.87	$2,434.41
	Subscriber and Spouse	$2,682.55	$2,741.72	$2,802.20	$2,864.01
	Family	$3,822.63	$3,906.95	$3,993.13	$4,081.22
Gold Blended EX	Single	$1,225.48	$1,252.51	$1,280.14	$1,308.38
	Subscriber and Child(ren)	$2,083.32	$2,129.27	$2,176.24	$2,224.25
	Subscriber and Spouse	$2,450.96	$2,505.03	$2,560.28	$2,616.76
	Family	$3,492.62	$3,569.66	$3,648.41	$3,728.89

Dependent age 30 rates

Region 7 (Clinton and Essex counties): Rates effective 2026		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Gold Blended Radius	Single	$1,208.94	$1,235.61	$1,262.87	$1,290.72
	Subscriber and Child(ren)	$2,055.20	$2,100.54	$2,146.87	$2,194.23
	Subscriber and Spouse	$2,417.89	$2,471.22	$2,525.73	$2,581.45
	Family	$3,445.49	$3,521.49	$3,599.17	$3,678.56
Silver POS Classic	Single	$1,110.66	$1,135.16	$1,160.20	$1,185.79
	Subscriber and Child(ren)	$1,888.12	$1,929.77	$1,972.33	$2,015.84
	Subscriber and Spouse	$2,221.31	$2,270.31	$2,320.39	$2,371.58
	Family	$3,165.37	$3,235.19	$3,306.56	$3,379.50
Silver EPO 6300	Single	$1,207.97	$1,234.62	$1,261.86	$1,289.69
	Subscriber and Child(ren)	$2,053.56	$2,098.86	$2,145.15	$2,192.47
	Subscriber and Spouse	$2,415.95	$2,469.24	$2,523.71	$2,579.38
	Family	$3,442.73	$3,518.67	$3,596.29	$3,675.62
Silver 6300 EX	Single	$1,108.04	$1,132.49	$1,157.47	$1,183.00
	Subscriber and Child(ren)	$1,883.67	$1,925.23	$1,967.69	$2,011.10
	Subscriber and Spouse	$2,216.09	$2,264.97	$2,314.93	$2,366.00
	Family	$3,157.92	$3,227.58	$3,298.78	$3,371.55
Silver POS 6300	Single	$1,092.25	$1,116.34	$1,140.97	$1,166.14
	Subscriber and Child(ren)	$1,856.82	$1,897.78	$1,939.65	$1,982.43
	Subscriber and Spouse	$2,184.50	$2,232.69	$2,281.94	$2,332.28
	Family	$3,112.91	$3,181.58	$3,251.76	$3,323.49
Silver EPO 7000	Single	$1,163.73	$1,189.41	$1,215.64	$1,242.46
	Subscriber and Child(ren)	$1,978.35	$2,021.99	$2,066.59	$2,112.18
	Subscriber and Spouse	$2,327.47	$2,378.81	$2,431.28	$2,484.92
	Family	$3,316.64	$3,389.80	$3,464.58	$3,541.01
Silver 7000 EX	Single	$1,063.13	$1,086.58	$1,110.55	$1,135.05
	Subscriber and Child(ren)	$1,807.32	$1,847.19	$1,887.94	$1,929.58
	Subscriber and Spouse	$2,126.26	$2,173.17	$2,221.10	$2,270.10
	Family	$3,029.92	$3,096.76	$3,165.07	$3,234.89
Silver POS 7000	Single	$1,053.52	$1,076.76	$1,100.51	$1,124.79
	Subscriber and Child(ren)	$1,790.98	$1,830.49	$1,870.87	$1,912.14
	Subscriber and Spouse	$2,107.04	$2,153.52	$2,201.02	$2,249.58
	Family	$3,002.53	$3,068.77	$3,136.46	$3,205.65

Dependent age 30 rates

Region 7 (Clinton and Essex counties): Rates effective 2026		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Silver EPO 8000	Single	$1,158.56	$1,184.12	$1,210.24	$1,236.94
	Subscriber and Child(ren)	$1,969.56	$2,013.01	$2,057.41	$2,102.80
	Subscriber and Spouse	$2,317.13	$2,368.24	$2,420.48	$2,473.88
	Family	$3,301.91	$3,374.75	$3,449.19	$3,525.28
Silver 8000 EX	Single	$1,062.90	$1,086.35	$1,110.31	$1,134.80
	Subscriber and Child(ren)	$1,806.93	$1,846.79	$1,887.53	$1,929.17
	Subscriber and Spouse	$2,125.80	$2,172.70	$2,220.62	$2,269.61
	Family	$3,029.27	$3,096.09	$3,164.39	$3,234.19
Silver POS 8000	Single	$1,053.30	$1,076.53	$1,100.28	$1,124.55
	Subscriber and Child(ren)	$1,790.61	$1,830.11	$1,870.48	$1,911.74
	Subscriber and Spouse	$2,106.60	$2,153.07	$2,200.56	$2,249.11
	Family	$3,001.91	$3,068.12	$3,135.80	$3,204.98
Bronze POS Classic	Single	$930.13	$950.64	$971.61	$993.05
	Subscriber and Child(ren)	$1,581.21	$1,616.09	$1,651.74	$1,688.18
	Subscriber and Spouse	$1,860.25	$1,901.29	$1,943.23	$1,986.09
	Family	$2,650.86	$2,709.33	$2,769.10	$2,830.18
Bronze Value EPO	Single	$1,077.33	$1,101.09	$1,125.38	$1,150.20
	Subscriber and Child(ren)	$1,831.45	$1,871.85	$1,913.14	$1,955.35
	Subscriber and Spouse	$2,154.65	$2,202.18	$2,250.76	$2,300.41
	Family	$3,070.38	$3,138.11	$3,207.33	$3,278.08
Bronze Value POS	Single	$977.88	$999.45	$1,021.49	$1,044.03
	Subscriber and Child(ren)	$1,662.39	$1,699.06	$1,736.54	$1,774.85
	Subscriber and Spouse	$1,955.75	$1,998.89	$2,042.99	$2,088.05
	Family	$2,786.95	$2,848.42	$2,911.26	$2,975.48
Bronze Blended POS	Single	$910.06	$930.13	$950.65	$971.62
	Subscriber and Child(ren)	$1,547.10	$1,581.23	$1,616.11	$1,651.76
	Subscriber and Spouse	$1,820.12	$1,860.27	$1,901.31	$1,943.25
	Family	$2,593.67	$2,650.88	$2,709.36	$2,769.13

Oral health programs that go beyond.

Dental care may reduce your employees' risk of health issues like heart disease and stroke. And when your employees are healthier, they're often more engaged and productive at work.

We offer these programs at no additional cost with your Blue Edge Dental plan:

Smile for Health® — Wellness

This benefit provides additional coverage for your members with gum disease who also have certain chronic conditions, including:

- Diabetes.
- Head or neck radiation.
- Heart disease.
- Lupus.
- Oral cancer.
- Organ transplant.
- Rheumatoid arthritis.
- Stroke.

They'll get these benefits at no additional cost:

- One additional gum disease treatment per year.
- Deep cleaning treatment for gum disease.
- Up to four surgeries to treat gum disease.*

Pregnancy benefit

A healthy mouth during pregnancy helps babies stay healthier too. This benefit provides moms-to-be with extra services for better health.

Benefits included at no additional cost during pregnancy:

- One additional routine cleaning.
- Any necessary, nonsurgical treatment for gum disease
- One additional deep cleaning following a gum disease treatment
- Up to four surgeries to treat gum disease.*

Dental coverage includes three cleanings per year.

Dental experts say more frequent checkups lead to healthier teeth and gums and can lead to better overall health.

* Four procedures related to gingival flap or osseous surgeries.

Dental coverage

Dental plans can be added to your medical plan or purchased separately. Groups can choose one dental plan to offer their employees. Pediatric dental is included with all medical plans at no additional charge.

	Pediatric Dental Embedded in Medical		
Medical Product	HSA Qualified Medical Products	HSA Qualified Bronze Value Plans	Non-HSA Qualified Medical Products
Annual Deductible	Follows In-Network Medical Deductible	Follows In-Network Medical Deductible	Not Subject to Medical Deductible
Annual Out-of-Pocket Maximum	Follows In-Network Medical Out-of-Pocket Maximum	Follows In-Network Medical Out-of-Pocket Maximum	Follows In-Network Medical Out-of-Pocket Maximum
Network	Elite Prime	Elite Prime	Elite Prime
DESCRIPTION OF SERVICE	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS
Oral Evaluations (Exams)	$25 copay	$25 copay	$25 copay
Consultations	$25 copay	$25 copay	$25 copay
Radiographs (Bitewings, Full Mouth, Occlusal, and Periapical Films)	$25 copay	$25 copay	$25 copay
Prophylaxis (Cleanings)	$25 copay	$25 copay	$25 copay
Fluoride Treatments	$25 copay	$25 copay	$25 copay
Palliative Treatment (Emergency)	$25 copay	$25 copay	$25 copay
Sealants	$25 copay	$25 copay	$25 copay
Space Maintainers	$25 copay	$25 copay	$25 copay
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures, and Dentures	50% after deductible	0% after deductible	50%
Resin-Based Composite–Anterior (White Fillings)	50% after deductible	0% after deductible	50%
Resin-Based Composite–Posterior (White Filling)	50% after deductible	0% after deductible	50%
Amalgam Restorations	50% after deductible	0% after deductible	50%
Simple Extractions	50% after deductible	0% after deductible	50%
Surgical Extractions	50% after deductible	0% after deductible	50%
Complex Oral Surgery	50% after deductible	0% after deductible	50%
Endodontics (Root canals, etc.)	50% after deductible	0% after deductible	50%
General Anesthesia and/or IV Sedation	50% after deductible	0% after deductible	50%
Nonsurgical Periodontics	50% after deductible	0% after deductible	50%
Periodontal Maintenance	50% after deductible	0% after deductible	50%
Surgical Periodontics	50% after deductible	0% after deductible	50%
Adjustments and Repairs of Prosthetics	50% after deductible	0% after deductible	50%
Crowns, Inlays, Onlays	50% after deductible	0% after deductible	50%
Prosthetics (Fixed Partial Dentures, Dentures)	50% after deductible	0% after deductible	50%
Implant Services	Not covered	Not covered	Not covered
Medically Necessary Orthodontics	50% after deductible	0% after deductible	50%
Cosmetic Orthodontics	Not covered	Not covered	Not covered

For Blue Edge Dental plans: Participating dentists accept the Allowed Amount as payment in full. Non-participating dentists may bill you for the difference between their charge and the Allowed Amount paid by the certificate. All services listed may be subject to exclusions and limitations. Blue Edge Dental does not include New York State Essential Health Pediatric Dental benefits. These plans are not considered qualified dental plans. Benefit waiting periods do not apply to these plans.

	Blue Edge Dental F-2W	Blue Edge Dental F-3W	Blue Edge Dental F-3Wo
Annual Deductible (Individual/Family)	$50/$150	$50/$150	$50/$150
Annual Benefit Maximum Per Person	$1,000	$1,500	$2,000
Network	Elite Prime	Elite Prime	Elite Prime
DESCRIPTION OF SERVICE	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS
Oral Evaluations (Exams)	Covered in full	Covered in full	Covered in full
Consultations	Covered in full	Covered in full	Covered in full
Radiographs (Bitewings, Full Mouth, Occlusal, and Periapical Films)	Covered in full	Covered in full	Covered in full
Prophylaxis (Cleanings — 3 per calendar year)	Covered in full	Covered in full	Covered in full
Fluoride Treatments	Covered in full	Covered in full	Covered in full
Palliative Treatment (Emergency)	Covered in full	Covered in full	Covered in full
Sealants	Covered in full	Covered in full	Covered in full
Space Maintainers	Covered in full	Covered in full	Covered in full
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures, and Dentures	20% after deductible	20% after deductible	20% after deductible
Resin-Based Composite–Anterior (White Fillings)	20% after deductible	20% after deductible	20% after deductible
Resin-Based Composite–Posterior (White Filling)	20% after deductible	20% after deductible	20% after deductible
Amalgam Restorations	20% after deductible	20% after deductible	20% after deductible
Simple Extractions	20% after deductible	20% after deductible	20% after deductible
Surgical Extractions	20% after deductible	20% after deductible	20% after deductible
Complex Oral Surgery	20% after deductible	20% after deductible	20% after deductible
Endodontics (Root canals, etc.)	20% after deductible	20% after deductible	20% after deductible
General Anesthesia and/or IV Sedation	20% after deductible	20% after deductible	20% after deductible
Nonsurgical Periodontics	20% after deductible	20% after deductible	20% after deductible
Periodontal Maintenance	20% after deductible	20% after deductible	20% after deductible
Surgical Periodontics	20% after deductible	20% after deductible	20% after deductible
Adjustments and Repairs of Prosthetics	20% after deductible	20% after deductible	20% after deductible
Crowns, Inlays, Onlays	Not covered	50% after deductible	50% after deductible
Prosthetics (Fixed Partial Dentures, Dentures)	Not covered	50% after deductible	50% after deductible
Implant Services	Not covered	Not covered	Not covered
Medically Necessary Orthodontics	Not covered	Not covered	Covered; see cosmetic orthodontics
Cosmetic Orthodontics	Not covered	Not covered	50% up to a $1,000 Lifetime Maximum; all ages
Age 26 Rates	**Blue Edge Dental F-2W**	**Blue Edge Dental F-3W**	**Blue Edge Dental F-3Wo**
Subscriber	$21.63	$27.83	$30.35
Subscriber and Child(ren)	$49.35	$64.80	$77.62
Subscriber and Spouse	$40.19	$52.58	$57.63
Family	$73.46	$96.95	$116.07
Age 30 Rates	**Blue Edge Dental F-2W**	**Blue Edge Dental F-3W**	**Blue Edge Dental F-3Wo**
Subscriber	$21.63	$27.83	$30.35
Subscriber and Child(ren)	$49.50	$65.00	$77.84
Subscriber and Spouse	$40.19	$52.58	$57.63
Family	$73.69	$97.25	$116.42

FINAL DENTAL RATES PENDING

Vision coverage

Vision plans can be added to your medical plan or purchased separately. Groups can choose one vision plan to offer their employees. Pediatric vision is included with all medical plans at no additional charge.

Pediatric Vision Embedded in Medical		
NETWORK BENEFIT	**FREQUENCY — ONCE EVERY**	**MEMBERS UNDER 19 YEARS OF AGE**
Eye examination including dilation (when professionally indicated)	12 Months	$0*
Spectacle lenses**	Unlimited	$0*
Frame	Unlimited	$0*
Contact lens evaluation, fitting, and follow-up care (in lieu of eyeglasses)	Unlimited	$0*

Blue Edge Vision Plans			
	FASHION BASIC	**DESIGNER BASIC**	**PREMIER**
Frequencies			
Eye Exam	12 months	12 months	12 months
Spectacle Lenses**	12 months	12 months	12 months
Frame	12 months	12 months	12 months
Contact Lenses (in lieu of eyeglasses)	12 months	12 months	12 months
Copayments			
Eye Exam	$15	$10	Included
Spectacle Lenses**	$15	$10	Included
Contact Lens Evaluation, Fitting & Follow-Up Care	N/A	N/A	N/A
Eyeglass Benefit – Frame			
Non-collection Frame Allowance (Retail)	Up to $100	Up to $120	Up to $150
Enhanced Visionworks Store Allowance	Up to $150	Up to $170	Up to $200
Davis Vision Frame Collection** (In Lieu of Allowance) - Fashion Level - Designer Level - Premier Level	 Included $15 Copay $40 Copay	 Included Included $25 Copay	 Included Included Included

* Subject to deductible on HSAQ plans.

** Spectacle lens options may not be available at all locations.

*** Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

Blue Edge Vision Plans			
	FASHION BASIC	**DESIGNER BASIC**	**PREMIER**
Eyeglass Benefit – Spectacle Lenses		**Member Pays**	
Tinting of Plastic Lenses	$15	$0	$0
Scratch-Resistant Coating	Included	Included	Included
Polycarbonate Lenses***	$0 or $35	$0 or $30	$0 or $30
Ultraviolet Coating	$15	$12	$12
Standard Anti-Reflective (AR) Coating	$40	$35	$35
Premium AR Coating	$55	$48	$48
Ultra AR Coating	$69	$60	$60
Ultimate AR Coating	$85	$85	$85
Standard Progressive Lenses	$65	$50	$50
Premium Progressive Lenses	$105	$90	$90
Ultra Progressive Lenses	$140	$140	$140
Ultimate Progressive Lenses	$175	$175	$175
High-Index Lenses 1.67 | 1.74	$60 | $120	$55 | $120	$55 | $120
Polarized Lenses	$75	$75	$75
Plastic Photosensitive Lenses	$70	$65	$65
Blue Light Filtering	$15	$15	$15
Contact Lens Benefit (In Lieu of Eyeglasses)			
Non-Collection Contact Lenses: Materials Allowance	Up to $100	Up to $120	Up to $150
Collection Contacts Lenses** (In Lieu of Allowance): Materials - Disposable - Planned Replacement - Evaluation, Fitting & Follow-up Care	 4 boxes 2 boxes Included	 4 boxes 2 boxes Included	 8 boxes 4 boxes Included
Out-of-Network Reimbursement Schedule: up to			
Eye Exam	$40	$40	$40
Frame	$30	$40	$50
Single Vision Lenses	$40	$40	$40
Bifocal/Progressive Lenses	$60	$60	$60
Trifocal Lenses	$80	$80	$80
Lenticular Lenses	$100	$100	$100
Elective Contact Lenses	$85	$95	$105
Medically Necessary Contact Lenses	$225	$225	$225
Age 26 Rates	**FASHION BASIC**	**DESIGNER BASIC**	**PREMIER**
Single	$8.32	$9.81	$11.30
Subscriber and Child(ren)	$15.81	$18.66	$21.47
Subscriber and Spouse	$16.65	$19.63	$22.60
Family	$24.96	$29.46	$33.90
Age 30 Rates	**FASHION BASIC**	**DESIGNER BASIC**	**PREMIER**
Single	$8.32	$9.81	$11.30
Subscriber and Child(ren)	$15.89	$18.75	$21.57
Subscriber and Spouse	$16.65	$19.63	$22.60
Family	$25.09	$29.60	$34.07

* Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

** Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

Available spending accounts

- Health savings account (HSA)
- Flexible spending account (FSA)
- Transit expense administration (TEA)

Worry-free administration

- Turnkey implementation and support
- Resources to 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

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 and 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 Shield client manager.

Out-of-pocket maximum calculation includes deductible, copayment, and coinsurance.

- Primary care cost-sharing amounts also apply to outpatient: mental health, behavioral health, substance abuse, chiropractic, physical therapy, speech therapy, and occupational therapy office visits.
- Integrated Rx plans include all medical and prescription claims accumulating toward one overall deductible.
- Embedded plans: In this approach, an individual family member can be eligible for payment of benefits upon meeting the individual deductible amount (even if the rest of the family has not met the family deductible amount). Additionally, an individual family member's out-of-pocket (OOP) maximum will be the same as that of a member purchasing individual coverage for the specified health plan.
- A health savings account (HSA) is available to employees. Employer contributions in amounts that exceed annual federally mandated maximum(s) may result in actuarial value changes that may impact compliance as a qualified health plan.
- Non-embedded plans: In this approach, the entire family deductible must be met before any family member is eligible for payment of benefits. Additionally, the entire family out-of-pocket (maximum) must be met before the plan begins paying 100%. One family member may satisfy the entire family deductible and/or OOP.

SENSIBLERX COMPLETE

This add-on for your pharmacy plan lowers pharmacy plan costs while still providing the best possible care. SensibleRx Complete is a program that helps members to reduce pharmacy costs by motivating them to choose generic medications over brand name through cost.* Members who request brand-name medications when generic equivalents are available will pay the brand cost-sharing plus the cost difference between the brand and generic medication.

*A penalty exception request can be made to Highmark by the member or provider. Medical necessity documentation needs to be sent showing that the member has experienced an adverse event or serious allergic reaction (e.g., anaphylaxis) to the generic equivalent of the brand name product that would not be expected to occur with the brand product.

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

Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

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

Thrive is available at no additional cost to all members (age 13 and over) as part of your health plan benefits. Individuals ages 13-17 will need to obtain consent from their parent or guardian.

Always seek the advice of your physician or other qualified health provider with any questions or concerns regarding a medical condition and before you begin a wellness program.

Thrive is a Sword Health program. Sword Health is an independent company that provides wellness services for your health plan.

Sword Health Professionals provides its services through a group of independently owned professional practices consisting of Sword Health Care Providers, P.A., Sword Health Care Providers of NJ, P.C., and Sword Health Care Physical Therapy Providers of CA, P.C.

Davis Vision is an independent company contracted to provide administrative services for this vision product.

United Concordia provides the provider network for Blue Edge Dental and is a separate company that administers dental benefits.

Smile for Health – Wellness is a registered mark of United Concordia, Inc.

Away from Home Care is a registered mark of the Blue Cross Blue Shield Association.

Blue Cross Blue Shield Global® Core is a registered mark of the Blue Cross Blue Shield Association.

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

Blue365 is a registered mark of the Blue Cross Blue Shield Association.

Blue Distinction® Specialty Care is a registered mark of the Blue Cross Blue Shield Association. Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable health care. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. Total Care ("Total Care") providers have met national criteria based on provider commitment to deliver value-based care to a population of Blue members. Total Care+ providers also met a goal of delivering quality care at a lower total cost relative to other providers in their area. Program details are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction, Total Care, or other provider finder information or care received from Blue Distinction, Total Care, or other providers.

TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing-aid benefit.

Vida is a separate company that provides cardiometabolic condition management services for certain eligible members of your health plan. There is no cost for most health plan members. If you have a qualified high-deductible plan, you may have to pay out of pocket for some services with this solution until you meet your deductible.

Noom is an independent company that provides behavior change and lifestyle modification services to address weight management, prevention of type 2 diabetes and support for type 2 diabetes.

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

Baby BluePrints is a registered mark of the Blue Cross Blue Shield Association.

Free Market Health, an independent health care technology company, provides end-to-end specialty drug process optimization for Highmark members.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.
If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with:
Civil Rights Coordinator
P.O. Box 22492
Pittsburgh, PA 15222
Phone: 1-866-286-8295 (TTY: 711), Fax: 412-544-2475
Email: CivilRightsCoordinator@highmarkhealth.org
You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at 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
Phone: 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at hhs.gov/ocr/office/file/index.html

Complaint forms are available at hhs.gov/ocr/office/file/index.html

Pennsylvania, Delaware, West Virginia, and New York: 1-844-521-1424 (TTY: 711)

ATTENTION: If you speak English, free language translation and interpretation services are available to you. Appropriate auxiliary aids and services (such as large print, audio, and Braille) to provide information in accessible formats are also available free of charge.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de traducción e interpretación de idiomas. También hay disponibles ayudas y servicios auxiliares adecuados (como letra grande, audio y Braille) para proporcionar información en formatos accesibles sin cargo.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Übersetzungs- und Dolmetscherdienste zur Verfügung. Außerdem sind kostenlos entsprechende Hilfsmittel und Dienstleistungen (wie Großdruck, Audio und Blindenschrift) zur Bereitstellung von Informationen in barrierefreien Formaten erhältlich.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis tradiksyon ak entèpretasyon aladispozisyon w gratis nan lang ou pale a. Èd ak sèvis siplemantè apwopriye (tèlke gwo lèt, odyo, Braille) pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou.

ВНИМАНИЕ: Если Вы говорите на русском языке, Вам доступны бесплатные услуги перевода на другой язык. Также предоставляется дополнительная бесплатная помощь и услуги отображения информации в доступных форматах (например, крупным шрифтом, шрифтом Брайля или в виде аудиозаписи).

ATTENZIONE: se parla italiano, sono disponibili servizi gratuiti di traduzione e interpretariato. Sono inoltre disponibili gratuitamente adeguati supporti e servizi ausiliari (ad esempio caratteri grandi, audio e Braille) per fornire informazioni in formati accessibili.

ATTENTION : si vous parlez français, des services de traduction et d'interprétation gratuits sont à votre disposition. Vous pouvez aussi bénéficier gratuitement de l'accès à des outils et services auxiliaires appropriés (affichage en gros caractères, audio et le braille) dans des formats accessibles.

ÀKÍYÈSÍ: Tí o bá nsọ èdè Yorùbá, àwọn iṣẹ ìtumọ ati ògbufọ èdè wà ní àrọwọtó lọ́fẹ̀ẹ́ fún ọ. Awọn iṣẹ ìtójú ati ìrànlọ́wọ́ tó yẹ (bíi titẹ̀wé nla, gbigbọ ohùn, ati ìwé afọ́jú) lati pèsè iwifúnni ni awọn ọna ìráàyè si wà pẹlu lọ́fẹ̀ẹ́.

גנוטכא :גנוצעזרעביא ךארפש ועמוקאב ריא טנעק ,שידיא טדער ריא בויא .לאצפא וופ יירפ סעסיוורעס גנושטעמלאד וזא וזא ועלטימספליה עגירעהעג .עיצאמראפניא ועלעטשוצ וצ (ליערב וזא אידזא ,קורד עסוירג יווויזא) סעסיוורעס .לאצפא וופ יירפ ועמוקאב וצ אד רויא ועגעז ועמאראפ עכילגנעגוצ וא

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المترجم اللغوي المجانية. تتوفر أيضًا المساعدات والخدمات المساندة الأخرى المتاحة بتنسيقات يمكن الوصول إليها من دون أي تكلفة.

注意：如果您说中文，我们将为您提供免费的语言翻译和口译服务。此外，我们还免费提供相应的辅助工具和服务（如大字体、音频和盲文），以便您获取无障碍格式的信息。

ધ્યાન આપશો: જો તમે ગુજરાતી બોલતા હોવ, તો તમારા માટે નિઃશુલ્ક ભાષા અનુવાદ અને ઇન્ટરપ્રરિટેશન સેવાઓ ઉપલબ્ધ છે. સુલભ ફોરમેટમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સાધનસામગ્રી અને સેવાઓ (જેમ કે મોટી પ્રરિન્ટ, ઓડિયો અને બ્રેઇલ) પણ નિઃશુલ્ક ઉપલબ્ધ છે.

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ biên dịch và phiên dịch ngôn ngữ miễn phí dành cho quý vị. Chúng tôi cũng cung cấp miễn phí các dịch vụ và hỗ trợ bổ sung thích hợp (như chữ in lớn, tệp âm thanh và chữ nổi) để cung cấp thông tin ở các định dạng dễ tiếp cận.

ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंलाई निःशुल्क भाषा अनुवाद र दोभासे सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक प्रविधि र सेवाहरू (जस्तै ठूलो प्रिन्ट, अडियो र ब्रेल) पनि निःशुल्क उपलब्ध छन्।

कृपया ध्यान दें: यदि आप हिंदी भाषा बोलते हैं, तो आपके लिए मुफ्त भाषा अनुवाद और व्याख्या संबंधी सेवाएं उपलब्ध हैं। एक सेस करने योग्य फॉर्मेट में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक सामग्री और सेवाएं (जैसे बड़े प्रिंट, ऑडियो और ब्रेल) भी निःशुल्क उपलब्ध हैं।

주의: 한국어를 사용하는 경우 무료 언어 번역 및 통역 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공받을 수 있는 적절한 보조 수단 및 서비스(예: 큰 활자, 오디오, 점자)도 무료로 이용할 수 있습니다. 도움이

Notes:

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