



Medical Plan Offerings– Highmark 2026*

*Carrier availability is based on client headquartered location, as well as client selection

Information shown in this document does not include all plan details or changes. Refer to the Carrier Certificate on TriNet ([login.TriNet.com](https://login.trinet.com)).

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Plan Offerings

Plan Highlights	Highmark HDHP 2000 PA C	Highmark HDHP 2000 PA NE	Highmark HDHP 2000 PA SE	Highmark HDHP 2000 PA W	Highmark HDHP 4000 PA C	Highmark HDHP 4000 PA NE
Network Name	Blue Shield/Blue Sharing	Blue Cross Blue Shields/Blue Healthy Savings	Blue Shield/Blue Healthy Savings	Blue Cross Blue Shield/Blue Healthy Savings	Blue Shield/Blue Healthy Savings	Blue Cross Blue Shield/Blue Healthy Savings
Deductible						
Single (In-Network/OON)	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$4,000 / \$8,000	\$4,000 / \$8,000
Family (In-Network/OON)	\$4,000 / \$12,000	\$4,000 / \$12,000	\$4,000 / \$12,000	\$4,000 / \$12,000	\$8,000 / \$16,000	\$8,000 / \$16,000
Out-of-Pocket Max						
Single (In-Network/OON)	\$4,000 / \$12,000	\$4,000 / \$12,000	\$4,000 / \$12,000	\$4,000 / \$12,000	\$6,850 / \$14,000	\$6,850 / \$14,000
Family (In-Network/OON)	\$8,000 / \$24,000	\$8,000 / \$24,000	\$8,000 / \$24,000	\$8,000 / \$24,000	\$13,700 / \$28,000	\$13,700 / \$28,000
Coinsurance (In-Network/OON)	10% / 50%	10% / 50%	10% / 50%	10% / 50%	10% / 50%	10% / 50%
Primary / Specialist	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible
Lab & X-Ray	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Urgent Care Visit	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Emergency Room Visit	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Hospital Outpatient (Facility / Surgery)	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible
Hospital Inpatient	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Rx Deductible (Non-Generic)	Integrated w/Med	Integrated w/Med	Integrated w/Med	Integrated w/Med	Integrated w/Med	Integrated w/Med
Prescriptions (Tier 1 / 2 / 3)	10% after deductible / 10% after deductible / 10% after deductible	10% after deductible / 10% after deductible / 10% after deductible	10% after deductible / 10% after deductible / 10% after deductible	10% after deductible / 10% after deductible / 10% after deductible	10% after deductible / 10% after deductible / 10% after deductible	10% after deductible / 10% after deductible / 10% after deductible

Plan Offerings

Plan Highlights	Highmark HDHP 4000 PA SE	Highmark HDHP 4000 PA W	Highmark HDHP 6350 PA C	Highmark HDHP 6350 PA NE	Highmark HDHP 6350 PA SE	Highmark HDHP 6350 PA W
Network Name	Blue Shield/Blue Healthy Savings	Blue Cross Blue Shield/Blue Healthy Savings	Blue Shield/Blue Healthy Savings	Blue Cross Blue Shield/Blue Healthy Savings	Blue Shield/Blue Healthy Savings	Blue Cross Blue Shield/Blue Healthy Savings
Deductible						
Single (In-Network/OON)	\$4,000 / \$8,000	\$4,000 / \$8,000	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700
Family (In-Network/OON)	\$8,000 / \$16,000	\$8,000 / \$16,000	\$12,700 / \$25,400	\$12,700 / \$25,400	\$12,700 / \$25,400	\$12,700 / \$25,400
Out-of-Pocket Max						
Single (In-Network/OON)	\$6,850 / \$14,000	\$6,850 / \$14,000	\$6,350 / \$21,000	\$6,350 / \$21,000	\$6,350 / \$21,000	\$6,350 / \$21,000
Family (In-Network/OON)	\$13,700 / \$28,000	\$13,700 / \$28,000	\$12,700 / \$42,000	\$12,700 / \$42,000	\$12,700 / \$42,000	\$12,700 / \$42,000
Coinsurance (In-Network/OON)	10% / 50%	10% / 50%	0% / 50%	0% / 50%	0% / 50%	0% / 50%
Primary / Specialist	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible	0% after deductible / 0% after deductible	0% after deductible / 0% after deductible	0% after ded / 0% after ded	0% after ded / 0% after ded
Lab & X-Ray	10% after deductible	10% after deductible	0% after deductible	0% after deductible	0% after ded	0% after ded
Urgent Care Visit	10% after deductible	10% after deductible	0% after deductible	0% after deductible	0% after ded	0% after ded
Emergency Room Visit	10% after deductible	10% after deductible	0% after deductible	0% after deductible	0% after ded	0% after ded
Hospital Outpatient (Facility / Surgery)	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible	0% after deductible / 0% after deductible	0% after deductible / 0% after deductible	0% after ded / 0% after ded	0% after ded / 0% after ded
Hospital Inpatient	10% after deductible	10% after deductible	0% after deductible	0% after deductible	0% after ded	0% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	Integrated w/Med	Integrated w/Med	Integrated w/Med	Integrated w/Med	Integrated w/Med
Prescriptions (Tier 1 / 2 / 3)	10% after deductible / 10% after deductible / 10% after deductible	10% after deductible / 10% after deductible / 10% after deductible	0% after deductible / 0% after deductible / 0% after deductible	0% after deductible / 0% after deductible / 0% after deductible	0% after deductible / 0% after deductible / 0% after deductible	0% after deductible / 0% after deductible / 0% after deductible

Plan Offerings

Plan Highlights	Highmark PB HDHP 2000 PA W	Highmark PB HDHP 4000 PA W	Highmark PB HDHP 6350 PA W	Highmark PB PPO 1000 PA W	Highmark PB PPO 2000 PA W	Highmark PB PPO 300 PA W
Network Name	Blue Cross Blue Shield/Blue Healthy Savings	Blue Cross Blue Shield/Blue Healthy Savings	Blue Cross Blue Shields/Blue Healthy Savings	Blue Cross Blue Shield/Blue Sharing	Blue Cross Blue Shields/Blue Sharing	Blue Cross Blue Shields/Blue Premium
Deductible						
Single (In-Network/OON)	\$2,000 / \$6,000	\$4,000 / \$8,000	\$6,350 / \$12,700	\$1,000 / \$2,000	\$2,000 / \$6,000	\$300 / \$1,200
Family (In-Network/OON)	\$4,000 / \$12,000	\$8,000 / \$16,000	\$12,700 / \$25,400	\$2,000 / \$4,000	\$4,000 / \$12,000	\$600 / \$2,400
Out-of-Pocket Max						
Single (In-Network/OON)	\$4,000 / \$12,000	\$6,850 / \$14,000	\$6,350 / \$21,000	\$4,500 / \$9,000	\$6,850 / \$14,000	\$3,000 / \$6,000
Family (In-Network/OON)	\$8,000 / \$24,000	\$13,700 / \$28,000	\$12,700 / \$42,000	\$9,000 / \$18,000	\$13,700 / \$28,000	\$6,000 / \$12,000
Coinsurance (In-Network/OON)	10% / 50%	10% / 50%	0% / 50%	20% / 50%	20% / 50%	10% / 50%
Primary / Specialist	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible	0% after deductible / 0% after deductible	\$25 / \$50	\$30 / \$60	\$20 / \$40
Lab & X-Ray	10% after deductible	10% after deductible	0% after deductible	20% after deductible	20% after ded	10% after deductible
Urgent Care Visit	10% after deductible	10% after deductible	0% after deductible	\$75	\$75	\$85
Emergency Room Visit	10% after deductible	10% after deductible	0% after deductible	\$350	\$350	\$350
Hospital Outpatient (Facility / Surgery)	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible	0% after deductible / 0% after deductible	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible	10% after deductible / 10% after deductible
Hospital Inpatient	10% after deductible	10% after deductible	0% after deductible	20% after deductible	20% after deductible	10% after deductible
Rx Deductible (Non-Generic)	Integrated w/Med	Integrated w/Med	Integrated w/Med	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	10% after deductible / 10% after deductible / 10% after deductible	10% after deductible / 10% after deductible / 10% after deductible	0% after deductible / 0% after deductible / 0% after deductible	\$10 / \$40 / \$65	\$10 / \$40 / \$65	\$10 / \$40 / \$65

Plan Offerings

Plan Highlights	Highmark PB PPO 3000 PA W	Highmark PB PPO 5000 PA W	Highmark PPO 1000 PA C	Highmark PPO 1000 PA NE	Highmark PPO 1000 PA SE	Highmark PPO 1000 PA W
Network Name	Blue Cross Blue Shields/Blue Sharing	Blue Cross Blue Shields/Blue Sharing	Blue Shield/Blue Sharing	Blue Cross Blue Shields/Blue Sharing	Blue Shield/Blue Sharing	Blue Cross Blue Shields/Blue Sharing
Deductible						
Single (In-Network/OON)	\$3,000 / \$6,000	\$5,000 / \$10,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000
Family (In-Network/OON)	\$6,000 / \$12,000	\$10,000 / \$20,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Out-of-Pocket Max						
Single (In-Network/OON)	\$5,500 / \$10,000	\$7,150 / \$20,000	\$4,500 / \$9,000	\$4,500 / \$9,000	\$4,500 / \$9,000	\$4,500 / \$9,000
Family (In-Network/OON)	\$11,000 / \$20,000	\$14,300 / \$40,000	\$9,000 / \$18,000	\$9,000 / \$18,000	\$9000 / \$18,000	\$9,000 / \$18,000
Coinsurance (In-Network/OON)	0% / 50%	20% / 50%	20% / 50%	20% / 50%	20% / 50%	20% / 50%
Primary / Specialist	\$30 / \$60	\$40 / \$80	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50
Lab & X-Ray	0% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Urgent Care Visit	\$75	\$85	\$75	\$75	\$75	\$75
Emergency Room Visit	\$350	\$350	\$350	\$350	\$350	\$350
Hospital Outpatient (Facility / Surgery)	0% after deductible / 0% after deductible	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible
Hospital Inpatient	0% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	\$10 / \$40 / \$65	\$10 / \$40 / \$65	\$10 / \$40 / \$65	\$10 / \$40 / \$65	\$10 / \$40 / \$65	\$10 / \$40 / \$65

Plan Offerings

Plan Highlights	Highmark PPO 2000 PA C	Highmark PPO 2000 PA NE	Highmark PPO 2000 PA SE	Highmark PPO 2000 PA W	Highmark PPO 300 PA C	Highmark PPO 300 PA NE
Network Name	Blue Shield/Blue Sharing	Blue Cross Blue Shields/Blue Sharing	Blue Shield/Blue Sharing	Blue Cross Blue Shields/Blue Sharing	Blue Shield/Blue Premium	Blue Cross Blue Shields/Blue Premium
Deductible						
Single (In-Network/OON)	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$300 / \$1,200	\$300 / \$1,200
Family (In-Network/OON)	\$4,000 / \$12,000	\$4,000 / \$12,000	\$4,000 / \$12,000	\$4,000 / \$12,000	\$600 / \$2,400	\$600 / \$2,400
Out-of-Pocket Max						
Single (In-Network/OON)	\$6,850 / \$14,000	\$6,850 / \$14,000	\$6,850 / \$14,000	\$6,850 / \$14,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Family (In-Network/OON)	\$13,700 / \$28,000	\$13,700 / \$28,000	\$13,700 / \$28,000	\$13,700 / \$28,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Coinsurance (In-Network/OON)	20% / 50%	20% / 50%	20% / 50%	20% / 50%	10% / 50%	10% / 50%
Primary / Specialist	\$30 / \$60	\$30 / \$60	\$30 / \$60	\$30 / \$60	\$20 / \$40	\$20 / \$40
Lab & X-Ray	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible
Urgent Care Visit	\$75	\$75	\$75	\$75	\$85	\$85
Emergency Room Visit	\$350	\$350	\$350	\$350	\$350	\$350
Hospital Outpatient (Facility / Surgery)	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible
Hospital Inpatient	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	\$10 / \$40 / \$65	\$10 / \$40 / \$65	\$10 / \$40 / \$65	\$10 / \$40 / \$65	\$10 / \$40 / \$65	\$10 / \$40 / \$65

Plan Offerings

Plan Highlights	Highmark PPO 300 PA SE	Highmark PPO 300 PA W	Highmark PPO 3000 PA C	Highmark PPO 3000 PA NE	Highmark PPO 3000 PA SE	Highmark PPO 3000 PA W
Network Name	Blue Shield/Blue Premium	Blue Cross Blue Shields/Blue Premium	Blue Shield/Blue Sharing	Blue Cross Blue Shields/Blue Sharing	Blue Shield/Blue Sharing	Blue Cross Blue Shields/Blue Sharing
Deductible						
Single (In-Network/OON)	\$300 / \$1,200	\$300 / \$1,200	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Family (In-Network/OON)	\$600 / \$2,400	\$600 / \$2,400	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Out-of-Pocket Max						
Single (In-Network/OON)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$5,500 / \$10,000	\$5,500 / \$10,000	\$5,500 / \$10,000	\$5,500 / \$10,000
Family (In-Network/OON)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$11,000 / \$20,000	\$11,000 / \$20,000	\$11,000 / \$20,000	\$11,000 / \$20,000
Coinsurance (In-Network/OON)	10% / 50%	10% / 50%	0% / 50%	0% / 50%	0% / 50%	0% / 50%
Primary / Specialist	\$20 / \$40	\$20 / \$40	\$30 / \$60	\$30 / \$60	\$30 / \$60	\$30 / \$60
Lab & X-Ray	10% after deductible	10% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Urgent Care Visit	\$85	\$85	\$75	\$75	\$75	\$75
Emergency Room Visit	\$350	\$350	\$350	\$350	\$350	\$350
Hospital Outpatient (Facility / Surgery)	10% after deductible / 10% after deductible	10% after deductible / 10% after deductible	0% after deductible / 0% after deductible	0% after deductible / 0% after deductible	0% after deductible / 0% after deductible	0% after deductible / 0% after deductible
Hospital Inpatient	10% after deductible	10% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	\$10 / \$40 / \$65	\$10 / \$40 / \$65	\$10 / \$40 / \$65	\$10 / \$40 / \$65	\$10 / \$40 / \$65	\$10 / \$40 / \$65

Plan Offerings

Plan Highlights	Highmark PPO 5000 PA C	Highmark PPO 5000 PA NE	Highmark PPO 5000 PA SE	Highmark PPO 5000 PA W
Network Name	Blue Shield/Blue Sharing	Blue Cross Blue Shields/Blue Sharing	Blue Shield/Blue Sharing	Blue Cross Blue Shields/Blue Sharing
Deductible				
Single (In-Network/OON)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Family (In-Network/OON)	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Out-of-Pocket Max				
Single (In-Network/OON)	\$7,150 / \$20,000	\$7,150 / \$20,000	\$7,150 / \$20,000	\$7,150 / \$20,000
Family (In-Network/OON)	\$14,300 / \$40,000	\$14,300 / \$40,000	\$14,300 / \$40,000	\$14,300 / \$40,000
Coinsurance (In-Network/OON)	20% / 50%	20% / 50%	20% / 50%	20% / 50%
Primary / Specialist	\$40 / \$80	\$40 / \$80	\$40 / \$80	\$40 / \$80
Lab & X-Ray	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Urgent Care Visit	\$85	\$85	\$85	\$85
Emergency Room Visit	\$350	\$350	\$350	\$350
Hospital Outpatient (Facility / Surgery)	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible
Hospital Inpatient	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	\$10 / \$40 / \$65	\$10 / \$40 / \$65	\$10 / \$40 / \$65	\$10 / \$40 / \$65