



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 ded / 10% after ded					
Lab & X-Ray	10% after ded					
Urgent Care Visit	10% after ded					
Emergency Room Visit	10% after ded					
Hospital Outpatient (Facility / Surgery)	10% after ded / 10% after ded					
Hospital Inpatient	10% after ded					
Rx Deductible (Non-Generic)	Integrated with Med					
Prescriptions (Tier 1 / 2 / 3)	10% after ded / 10% after ded / 10% after ded	10% after ded / 10% after ded / 10% after ded	10% after ded / 10% after ded / 10% after ded	10% after ded / 10% after ded / 10% after ded	10% after ded / 10% after ded / 10% after ded	10% after ded / 10% after ded / 10% after ded

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 ded / 10% after ded	10% after ded / 10% after ded	0% after ded / 0% after ded	0% after ded / 0% after ded	0% after ded / 0% after ded	0% after ded / 0% after ded
Lab & X-Ray	10% after ded	10% after ded	0% after ded	0% after ded	0% after ded	0% after ded
Urgent Care Visit	10% after ded	10% after ded	0% after ded	0% after ded	0% after ded	0% after ded
Emergency Room Visit	10% after ded	10% after ded	0% after ded	0% after ded	0% after ded	0% after ded
Hospital Outpatient (Facility / Surgery)	10% after ded / 10% after ded	10% after ded / 10% after ded	0% after ded / 0% after ded	0% after ded / 0% after ded	0% after ded / 0% after ded	0% after ded / 0% after ded
Hospital Inpatient	10% after ded	10% after ded	0% after ded	0% after ded	0% after ded	0% after ded
Rx Deductible (Non-Generic)	Integrated with Med	Integrated with Med	Integrated with Med	Integrated with Med	Integrated with Med	Integrated with Med
Prescriptions (Tier 1 / 2 / 3)	10% after ded / 10% after ded / 10% after ded	10% after ded / 10% after ded / 10% after ded	0% after ded / 0% after ded / 0% after ded	0% after ded / 0% after ded / 0% after ded	0% after ded / 0% after ded / 0% after ded	0% after ded / 0% after ded / 0% after ded

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 ded / 10% after ded	10% after ded / 10% after ded	0% after ded / 0% after ded	\$25 / \$50	\$30 / \$60	\$20 / \$40
Lab & X-Ray	10% after ded	10% after ded	0% after ded	20% after ded	20% after ded	10% after ded
Urgent Care Visit	10% after ded	10% after ded	0% after ded	\$75	\$75	\$85
Emergency Room Visit	10% after ded	10% after ded	0% after ded	\$350	\$350	\$350
Hospital Outpatient (Facility / Surgery)	10% after ded / 10% after ded	10% after ded / 10% after ded	0% after ded / 0% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	10% after ded / 10% after ded
Hospital Inpatient	10% after ded	10% after ded	0% after ded	20% after ded	20% after ded	10% after ded
Rx Deductible (Non-Generic)	Integrated with Med	Integrated with Med	Integrated with Med	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	10% after ded / 10% after ded / 10% after ded	10% after ded / 10% after ded / 10% after ded	0% after ded / 0% after ded / 0% after ded	\$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	\$9,000 / \$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 ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Urgent Care Visit	\$75	\$85	\$75	\$75	\$75	\$75
Emergency Room Visit	\$350	\$350	\$350	\$350	\$350	\$350
Hospital Outpatient (Facility / Surgery)	0% after ded / 0% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded
Hospital Inpatient	0% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
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 ded	20% after ded	20% after ded	20% after ded	10% after ded	10% after ded
Urgent Care Visit	\$75	\$75	\$75	\$75	\$85	\$85
Emergency Room Visit	\$350	\$350	\$350	\$350	\$350	\$350
Hospital Outpatient (Facility / Surgery)	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	10% after ded / 10% after ded	10% after ded / 10% after ded
Hospital Inpatient	20% after ded	20% after ded	20% after ded	20% after ded	10% after ded	10% after ded
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 ded	10% after ded	0% after ded	0% after ded	0% after ded	0% after ded
Urgent Care Visit	\$85	\$85	\$75	\$75	\$75	\$75
Emergency Room Visit	\$350	\$350	\$350	\$350	\$350	\$350
Hospital Outpatient (Facility / Surgery)	10% after ded / 10% after ded	10% after ded / 10% after ded	0% after ded / 0% after ded	0% after ded / 0% after ded	0% after ded / 0% after ded	0% after ded / 0% after ded
Hospital Inpatient	10% after ded	10% after ded	0% after ded	0% after ded	0% after ded	0% after ded
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 ded	20% after ded	20% after ded	20% after ded
Urgent Care Visit	\$85	\$85	\$85	\$85
Emergency Room Visit	\$350	\$350	\$350	\$350
Hospital Outpatient (Facility / Surgery)	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded
Hospital Inpatient	20% after ded	20% after ded	20% after ded	20% after ded
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