

Steelworkers Health and Welfare Fund Benefit Design Capabilities

PPO Plan Options

Benefit	Coverage Range
Coinsurance	<p>In-Network</p> <ul style="list-style-type: none"> • 70%-100%, in 5% increments <p>Out of Network</p> <ul style="list-style-type: none"> • 50%-100%, in 5% increments · OON coinsurance cannot be richer than INN coinsurance • There must be a 10% difference between INN (Standard) & OON payment levels or the plan is not considered a PPO.
Deductible	<p>In-Network</p> <ul style="list-style-type: none"> • Individual \$0-\$9,450 (2024) / \$9,200 (2025), in \$50 increments. • Family deductible aggregate accumulation not to exceed \$18,900 (2024) / \$18,400 (2025) The family deductible (2x or 3x the individual deductible) is satisfied once the combined covered expenses of all family members exceed the family deductible amount <p>Out of Network</p> <ul style="list-style-type: none"> • Individual \$0 - \$20,000, in \$50 increments. • Family deductible aggregate accumulation – \$0 - \$60,000, in \$50 increments.
Out-of-Pocket Limit	<p>In-Network</p> <ul style="list-style-type: none"> • Individual None* / \$0-\$9,450 (2024) / \$9,200 (2025), in \$50 increments • Family OOP Aggregate Accumulation – The family OOP of (2x or 3x the individual OOP) capped at \$18,900 (2024) / \$18,400 (2025), is satisfied once the combined coinsurance expense of all family members exceeds the family OOP amount. <p>Out of Network</p> <ul style="list-style-type: none"> • Individual \$100-\$20,000, in \$50 increments. • Family \$400-\$60,000, in \$50 increments · Family OOP Aggregate Accumulation – The family OOP of (2x or 3x

	the individual OOP) is satisfied once the combined coinsurance expense.
Individual INN & OON combined \$0-\$9,450 (2024) / \$9,200 (2025) / Family INN & OON combined \$0-\$18,900 (2024) / \$18,400 (2025)	
Physician Office Visit Copayments	<p>In-Network Only:</p> <p>\$5 Minimum \$75 Maximum</p>
Specialist Office Visit Copayments	<p>In-Network Only:</p> <p>\$5 Minimum \$95 Maximum</p>
Emergency Room Copayments	<p>In- and Out-of-Network (Copayment waived if admitted):</p> <p>Recommended</p> <ul style="list-style-type: none"> • \$150-\$300 ER copay (waived if admitted), in \$5 increments then 100%, not subject to deductible • Copay is greater than Urgent Care Center Visit copay. <p>Approved Variation</p> <ul style="list-style-type: none"> • INN: \$5-\$145 copay, in \$5 increments • INN: Selected plan level coinsurance/deductible • INN: INN copay can be waived if held for observation • INN: INN copay can be waived if held for observation for greater than [24-48] hours • INN: Copay can be applied (and not waived) if admitted
Spinal Manipulation Copayments	<p>In-Network Only:</p> <ul style="list-style-type: none"> • \$5-\$95 copay, in \$5 increments, then 100%, not subject to deductible • Copay should match SPC OV copay

Benefit	Coverage Range
Spinal Manipulation Visit Limits	<p>Recommended</p> <ul style="list-style-type: none"> • 10-40 visit limit INN & OON, combined or separate <p>Approved Variations</p> <ul style="list-style-type: none"> • 41-60 or unlimited visits INN & OON – separate. • 41-unlimited visits combined INN & OON. • No INN copay. • Exclude OON services.
Physical/Speech/Occupational Therapy Copayments	<p>In-Network Only:</p> <p>Recommended</p> <ul style="list-style-type: none"> • \$5-\$95 copay, in \$5 increments, then 100%, not subject to deductible. • Copay should match SPC OV copay.
Physical/Speech/Occupational Therapy Visit Limits	<p>In- and Out-of-Network Combined</p> <p>Recommended</p> <ul style="list-style-type: none"> • 10-40 visit limit INN & OON combined or separate. <p>Approved Variations</p> <ul style="list-style-type: none"> • Apply INN plan level coinsurance/deductible. • 41-60 or unlimited visits INN & OON – separate. • 41-unlimited visits combined INN & OON. • No INN copay · Exclude OON services.

PPO Prescription Drug Options

Standard Drug Options

Benefit	In-Network Coverage Range
	Retail – 34-day supply Mail Order – 90-day supply Mandatory Generic ^①
Option A	Retail \$ 0 - \$ 65, \$1 increments, For Brand \$ 0 - \$ 95, \$1 increments, For Generic Mail Order 2, 2.5 or 3X Mail Order
Option B	Retail \$ 0 - \$ 65, \$1 increments, For Brand \$ 0 - \$ 95, \$1 increments, For Generic Mail Order 2, 2.5 or 3X Mail Order
Option C	Retail \$ 0 - \$ 65, \$1 increments, For Brand \$ 0 - \$ 95, \$1 increments, For Generic Mail Order 2, 2.5 or 3X Mail Order
Option D	Available Options <ul style="list-style-type: none">• Generic Formulary \$0-\$65 retail; \$195 max mail order• Brand Formulary \$0-\$95 retail; \$255 max mail order^②• Generic & Brand Non-Formulary \$0-\$150 retail; \$255 max mail order
Option E	Available Options <ul style="list-style-type: none">• Generic Formulary \$0-\$65 retail; \$195 max mail order• Brand Formulary \$0-\$95 retail; \$255 max mail order^②• Generic & Brand Non-Formulary \$0-\$150 retail; \$255 max mail order

Option E	<p>Available Options</p> <ul style="list-style-type: none"> • Generic Formulary \$0-\$65 retail; \$195 max mail order • Brand Formulary \$0-\$95 retail; \$255 max mail order^② • Generic & Brand Non-Formulary \$0-\$150 retail; \$255 max mail order
	<p>① The member is responsible for the payment differential when a generic drug is authorized by the physician and the patient elects to purchase a brand drug. The member payment is the price difference between the brand drug and generic drug in addition to the brand drug copayment or coinsurance amounts, which may apply.</p> <p>② The formulary is an extensive list of Food & Drug Administration (FDA) approved prescription drugs selected for their quality, safety and effectiveness. It includes products in every major therapeutic category. The formulary was developed by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. Your program includes coverage for both formulary and non-formulary drugs at the specific copayment or coinsurance amounts listed above.</p>

Custom Drug Options

Custom drug options are available for groups over 100 lives. Custom drug options are verified and priced by Highmark BCBS on a case-by-case basis.

Qualified High Deductible Health Plan Offerings

In-Network Deductible

Embedded Deductible

- Individual \$3,300-\$8,300 (2025) & \$3,200-\$8,050 (2024), in \$50 increments
- Family \$3,300-\$16,600 (2025) & \$3,200-\$16,100 (2024), in \$50 increments
- Family should be 2x or 3x individual; however, it is not required.

Non-Embedded Deductible

- Individual \$1,650-\$8,300 (2025) & \$1,600-\$8,050 (2024), in \$50 increments
- Family \$3,300-\$16,600 (2025) & \$3,200-\$16,100 (2024), in \$50 increments
- Family should be 2x or 3x individual; however, it is not required.

Mixed (Non-Embedded Deductible/Embedded TMOOP)

- Individual \$1,650-\$8,300 (2025) & \$1,600-\$8,050 (2024), in \$50 increments
- Family \$3,300-\$16,600 (2025) & \$3,200-\$16,100 (2024), in \$50 increments
- Family should be 2x or 3x individual; however, it is not required.

Out-of-Network Deductible

Note: the approach for OON services (embedded, non- embedded or mixed) must follow the approach for In-network services

Co-insurance Offerings

In-Network

- 70%-100%, in 5% increments

Out-of-Network

- 50%-100%, in 5% increments
- OON coinsurance cannot be richer than INN coinsurance.
- There must be a 10% difference between INN (Standard) & OON payment levels, or the plan is not considered a PPO HDHP

The plans are qualified high deductible plan as defined by the Internal Revenue Service and are subject to change annually. Plans are designed for use with a Health Savings Account (HSA). Highmark BCBS can administer Health Savings Accounts for groups participating in the Fund.

If you enroll as an individual, the deductible and out-of-pocket maximums for the “Employee Only Plan” apply. If you enroll as a family, the deductible and out-of-pocket maximums for the “Family Plan” apply and can be satisfied by one or more of your family members.

Note: All plan options listed above are subject to change in accordance with the benefit offerings that Highmark BCBS has filed and approved with the Pennsylvania Insurance Commission and any applicable state and federal mandates.