



MarshallHealth

Medical Insurance Overview

Highmark of West Virginia

Plan Year 2024 (July 1st, 2023 – June 30th, 2024)

	Enhanced MH & CHH Facilities	Standard National In-Network	Non-Network National Out-of-Network
Deductible <i>Enhanced and Standard Networks cross apply. Non-Network does not cross apply.</i>	\$300/\$600	\$1,000/\$2,000	\$1,500/\$3,000
Office Visit Copay – Primary Care	\$0	\$30	60%
Office Visit Copay – Specialist	\$20	\$50	60%
Urgent Care Visit	\$0	\$75	60%
Inpatient Care – <i>deductible may apply</i>	90%	80%	60%
X-Ray, Lab	100%	80%	60%
PT, OT & other therapies	80%	80%	60%
Emergency	\$150 copay, 80% after; copay waived if admitted	\$150 copay, 80% after; copay waived if admitted	\$150 copay, 80% after; copay waived if admitted
Prescription Deductible Generic Formulary Non-Formulary Specialty Medication <i>Note: Marshall Pharmacy is the Enhanced Network for Prescriptions 3 Marshall Pharmacy Locations 1.) MUMC 2.) Byrd Building 3.) ProAct</i>	\$0 \$0 \$20 25% 35% up to \$200 Maximum	\$50/\$100 \$5 \$20 25% 35% up to \$200 Maximum	No benefits No benefits No benefits No benefits
Out-of-Pocket Maximum <i>All deductibles, copays, & co-insurance apply toward this maximum</i>	\$4,500/\$9,000	\$4,500/\$9,000	N/A

Open Enrollment occurs every year in May