



Medical Insurance Overview
 Highmark of West Virginia
 Plan Year 2025 (July 1st, 2024 – June 30th, 2025)

	Enhanced MHN Facilities/Provider Groups <i>(see below for additional info)</i>	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	\$25	\$50	60%
Urgent Care Visit	\$25	\$75	60%
Inpatient Care	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*	\$0 \$0 \$25 25% 35% up to \$200 Maximum	\$50/\$100 \$5 10% 25% 35% up to \$200 Maximum	No benefits No benefits No benefits No benefits
<i>Note: Marshall Pharmacy is the Enhanced Network for Prescriptions 3 Marshall Pharmacy Locations 1.) MUMC 2.) Byrd Building 3.) ProAct</i>	<i>*Note: Exclusive Specialty Drug location</i> <ul style="list-style-type: none"> Marshall Pharmacy (Main) – all specialty drugs must be filled here. Exception: any specialty drugs unable to be filled at Marshall Pharmacy may be filled at any other approved Highmark network specialty pharmacy 		
Out-of-Pocket Maximum <i>All deductibles, copays, & co-insurance apply toward this maximum</i>	\$5,000/\$10,000	\$5,000/\$10,000	N/A

Open Enrollment occurs every year in May. All changes made during Open Enrollment are effective July 1

Enhanced Network Facilities and Provider Groups	
Marshall Health Network Facilities	Provider Groups
Cabell Huntington Hospital St. Mary's Hospital Rivers Health	Marshall Health Pleasant Valley Physicians OccuMed St. Mary's Hospitalists St. Mary's Medical Mgt HIMG CHH Family/Physicians Groups