

	Highmark BCBS / CVS Caremark		Highmark BCBS / CVS Caremark		Highmark BCBS / CVS Caremark	
	Platinum		Gold		Silver	
	PPO		PPO		PPO QHDHP	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Deductible Reset Month)	January		January		January	
Individual	\$500	\$1,000	\$1,500	\$3,000	\$2,500	\$5,000
Family	\$1,000	\$2,000	\$3,000	\$6,000	\$5,000	\$15,000
Coinsurance	0%	50%	20%	50%	20%	50%
Coinsurance Out-of-Pocket Maximum						
Individual	None	\$5,000	\$2,500	\$5,000	\$5,000	\$10,000
Family	None	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000
Out-of-Pocket Maximum						
Individual	\$7,000	N/A	\$7,000	N/A	\$7,000	N/A
Family	\$14,000	N/A	\$14,000	N/A	\$14,000	N/A
Preventive Care	Covered in Full	50% After Ded.	Covered in Full	50% After Ded.	Covered in Full	50% After Ded.
Primary Care Visit	\$25 Copay	50% After Ded.	\$30 Copay	50% After Ded.	20% After Ded.	50% After Ded.
Specialist Visit	\$50 Copay	50% After Ded.	\$60 Copay	50% After Ded.	20% After Ded.	50% After Ded.
Telemedicine	\$5 Copay	50% After Ded.	\$5 Copay	50% After Ded.	20% After Ded.	50% After Ded.
Diagnostic Test (Lab & X-Ray)	0% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.
Imaging (CT, PET, MRI)	0% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.
Inpatient Facilities/Hospitalization	0% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.
Outpatient Surgery Facilities	0% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.
Emergency Room	\$150 Copay		\$250 Copay		20% After Ded.	
Urgent Care	\$75 Copay	50% After Ded.	\$75 Copay	50% After Ded.	20% After Ded.	50% After Ded.
Prescription Drugs						
Deductible	None		None		Integrated with Med.	
Tier 1/Preferred Generic	\$15	Not Covered	\$15	Not Covered	20% After Ded.	Not Covered
Tier 2/Non-Preferred Generic	\$15		\$15		20% After Ded.	
Tier 3/Preferred Brand	\$30		\$30		20% After Ded.	
Tier 4/Non-Preferred Brand	\$60		\$60		20% After Ded.	
Tier 5/Specialty	30% to \$150		30% to \$150		20% After Ded.	
Mail-Order	x2		x2		20% After Ded.	