### PLATINUM
- **Highmark Platinum Standard**
  - Deductible: $0
  - Out of Pocket Maximum: $2,000/$4,000

### GOLD
- **Highmark Gold Standard**
  - Deductible: $600/$1,200
  - Out of Pocket Maximum: $6,500/$13,000

### SILVER
- **Highmark Silver Standard**
  - Deductible: $1,200/$2,400
  - Out of Pocket Maximum: $4,750/$9,500

### BRONZE
- **Highmark Bronze Standard**
  - Deductible: $3,000/$6,000
  - Out of Pocket Maximum: $8,500/$17,000

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Platinum POS Plus</th>
<th>Gold POS 200</th>
<th>Silver POS 7000</th>
<th>Bronze Standard</th>
<th>HSA</th>
<th>POS 8000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$600/$1,200</td>
<td>$1,200/$2,400</td>
<td>$3,000/$6,000</td>
<td></td>
<td>$6,100/$12,200</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>$2,000/$4,000 embedded</td>
<td>$6,500/$13,000 embedded</td>
<td>$4,750/$9,500 embedded</td>
<td>$9,100/$18,200 embedded</td>
<td>$7,000/$14,000 embedded</td>
<td>$6,900/$13,800 embedded</td>
</tr>
</tbody>
</table>

| Deductible | $10,000/$20,000 | $10,000/$20,000 | $10,000/$20,000 | $10,000/$20,000 |     | $10,000/$20,000 |
| Out of Pocket Maximum | $20,000/$40,000 embedded | $20,000/$40,000 embedded | $20,000/$40,000 embedded | $20,000/$40,000 embedded |     | $20,000/$40,000 embedded |

### Medical Services
- **PCP/Specialist**
  - Deductible: $15/$35
  - Out of Pocket Maximum: $10/$30

- **Laboratory Services**
  - Deductible: $35
  - Out of Pocket Maximum: $40

### Prescription Drugs
- **Tier1/Tier2/Tier3**
  - Deductible: $10/$30/$60
  - Out of Pocket Maximum: $5/$30/$50

### Inpatient/Outpatient Services
- **Inpatient Hospital (per admission)**
  - Deductible: $500
  - Out of Pocket Maximum: $500

- **Emergency Room/Ambulance**
  - Deductible: $100
  - Out of Pocket Maximum: $300

- **Urgent Care**
  - Deductible: $55
  - Out of Pocket Maximum: $40

- **Telemedicine Doctor on Demand**
  - Deductible: $0
  - Out of Pocket Maximum: $0

- **Vision Pediatric Annual Exam (Routine)**
  - Deductible: $15
  - Out of Pocket Maximum: $15

- **Vision Adult Discount Program**
  - Deductible: Blue365 Vision Discount
  - Out of Pocket Maximum: Blue365 Vision Discount

### Health & Wellness Benefit
- **HSA Eligible Plan**
  - Deductible: $250 Wellness Card (1 per contract)
  - Out of Pocket Maximum: $250 Wellness Card (1 per contract)

### Other Benefits
- **Rehabilitation (PT/OT/ST)**
  - Deductible: $1,942.50
  - Out of Pocket Maximum: $2,768.07

- **Home health care**
  - Deductible: $880.47
  - Out of Pocket Maximum: $971.25

- **Hospital**
  - Deductible: $3,500
  - Out of Pocket Maximum: $4,750

- **Therapy, subacute (PT/OT/ST)**
  - Deductible: $1,492.50
  - Out of Pocket Maximum: $2,509.33

- **Substance abuse, outpatient**
  - Deductible: $1,760.94
  - Out of Pocket Maximum: $2,509.33

- **Rehab, inpatient (PT/OT/ST)**
  - Deductible: $1,492.50
  - Out of Pocket Maximum: $2,509.33

- **Skilled nursing facility**
  - Deductible: $1,760.94
  - Out of Pocket Maximum: $2,509.33

- **Inpatient/Outpatient Services**
  - Deductible: $500
  - Out of Pocket Maximum: $500

- **Emergency Room/Ambulance**
  - Deductible: $100
  - Out of Pocket Maximum: $300

- **Urgent Care**
  - Deductible: $55
  - Out of Pocket Maximum: $40

- **Telemedicine Doctor on Demand**
  - Deductible: $0
  - Out of Pocket Maximum: $0

- **Vision Pediatric Annual Exam (Routine)**
  - Deductible: $15
  - Out of Pocket Maximum: $15

- **Vision Adult Discount Program**
  - Deductible: Blue365 Vision Discount
  - Out of Pocket Maximum: Blue365 Vision Discount

- **Health & Wellness Benefit**
  - Deductible: $250 Wellness Card (1 per contract)
  - Out of Pocket Maximum: $250 Wellness Card (1 per contract)

- **HSA Eligible Plan**
  - Deductible: $250 Wellness Card (1 per contract)
  - Out of Pocket Maximum: $250 Wellness Card (1 per contract)

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