

Highmark Individual Market: January 1, 2023 - December 31, 2023



**Amherst Chamber of Commerce
Medical Rates for Individuals
January 1, 2023 - December 31, 2023***



	PLATINUM		GOLD		SILVER		BRONZE	
	Highmark Platinum Standard	Highmark Platinum POS Plus	Highmark Gold Standard	Highmark Gold POS 200	Highmark Silver Standard	Highmark Silver POS 7000	Highmark Bronze Standard HSAQ	Highmark Bronze POS 8000
In-Network								
Deductible	\$0	\$0	\$600/\$1,200 embedded	\$1200/\$2400 embedded	\$1,750/\$3,500 embedded	\$3,000/\$6,000 true family	\$6,100/\$12,200 embedded	\$8,500/\$17,000 embedded
Out of Pocket Maximum	\$2,000/\$4,000 embedded	\$6,500/\$13,000 embedded	\$4,750/\$9,500 embedded	\$9,100/\$18,200 embedded	\$9,100/\$18,200 embedded	\$7,000/\$14,000 embedded	\$6,900/\$13,800 embedded	\$9,100/\$18,200 embedded
Out-Of-Network								
Deductible	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded
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	\$20,000/\$40,000 embedded	\$20,000/\$40,000 embedded	\$20,000/\$40,000 embedded
Medical Services								
PCP/Specialist	\$15/\$35	\$10/\$30	\$25/\$40 after deductible	\$20/\$40 after deductible	\$30/\$65 after deductible 1 \$0 pre-deductible visit	\$30/\$50 after deductible	50% after deductible	50% after deductible
Laboratory Services	\$35	\$30	\$40 after deductible	\$40 after deductible	\$65 after deductible	\$50 after deductible	50% after deductible	50% after deductible
Prescription Drugs								
Tier1/Tier2/Tier3*	\$10/\$30/\$60	\$5/\$30/50%	\$10/\$35/\$70 not subject to deductible	\$5/\$40/50% not subject to deductible	\$15/\$40/\$75 not subject to deductible	\$5/\$50/50% after deductible	\$10/\$35/\$70 after deductible	\$15/50%/50% after deductible
Inpatient/Outpatient Services								
Inpatient Hospital (per admission)	\$500	\$500	\$1,000 after deductible	\$750 after deductible	\$1,500 after deductible	\$1,000 after deductible	50% after deductible	50% after deductible
Emergency Room/Ambulance	\$100	\$300	\$150 after deductible	\$300 after deductible	\$500 after deductible	\$300 after deductible	50% after deductible	50% after deductible
Urgent Care	\$55	\$40	\$60 after deductible	\$50 after deductible	\$70 after deductible	\$75 after deductible	50% after deductible	50% after deductible
Telemedicine Doctor on Demand	\$0 after deductible	\$0	\$0 after deductible	\$0	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0
Vision Pediatric Annual Exam (Routine)	\$15	\$0	\$25 after deductible	\$0	\$30 after deductible	\$0 after deductible	50% after deductible	\$0
Vision Adult Discount Program ^	Blue365 Vision Discount	Blue365 Vision Discount	Blue365 Vision Discount	Blue365 Vision Discount	Blue365 Vision Discount	Blue365 Vision Discount	Blue365 Vision Discount	Blue365 Vision Discount
Health & Wellness Benefit	\$250 Wellness Card (1 per contract)	\$250 Wellness Card (1 per contract)	\$250 Wellness Card (1 per contract)	\$250 Wellness Card (1 per contract)	\$250 Wellness Card (1 per contract)	\$250 Wellness Card (1 per contract)	\$250 Wellness Card (1 per contract)	\$250 Wellness Card (1 per contract)
HSA-Eligible	No	No	No	No	No	✓ HSA Eligible Plan	✓ HSA Eligible Plan	No
	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Single	\$971.25	\$880.47	\$796.06	\$721.65	\$618.36	\$560.53	\$454.89	\$412.37
Employee/Child(ren)	\$1,651.13	\$1,496.80	\$1,353.30	\$1,226.81	\$1,051.21	\$952.90	\$773.31	\$701.03
Two Person	\$1,942.50	\$1,760.94	\$1,592.12	\$1,443.30	\$1,236.72	\$1,121.06	\$909.78	\$824.74
Family	\$2,768.07	\$2,509.33	\$2,268.77	\$2,056.71	\$1,762.33	\$1,597.51	\$1,296.44	\$1,175.25

* Select preventive drugs are at \$0 cost share.

^ Vision benefits administered by Davis Vision.

For a complete Summary of Benefits and Coverage (SBC), please visit www.amherst.org

***Highmark Individual Market plans are Invoiced directly to the subscriber from Highmark.**

All checks should be payable to: Highmark BCBS of WNY

Habilitation (PT/OT/ST) 60 combined visits per condition, per plan year	Home health care 40 visits per plan year	Hospice 210 days per plan year, 5 visits per plan year for family	Hearing aids Single purchase every 3 years
Rehab. outpatient (PT/OT/ST) 60 combined visits per condition, per plan year	Rehab. inpatient (PT/OT/ST) 60 combined visits, per plan year	Substance abuse, outpatient Unlimited, 20 visits per plan year for family counseling	Skilled nursing facility Unlimited, 200 days per yr-Standard

Updated: 11/17/2022

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