



Highmark Individual Market: January 1, 2024 - December 31, 2024

Amherst Chamber of Commerce
Medical Rates for Individuals

January 1, 2024 - December 31, 2024¹

	PLATINUM		GOLD			SILVER			BRONZE	
	Highmark Platinum Standard	Highmark Platinum POS Plus	Highmark Gold Standard	Highmark Gold POS 200 HSAQ	Highmark Gold Destination 65	Highmark Silver Standard	Highmark Silver POS 7000 HSAQ	Highmark Silver Destination 65	Highmark Bronze Standard HSAQ	Highmark Bronze POS 8000
In-Network										
Deductible	\$0	\$0	\$600/\$1,200 Embedded	\$1,700/\$3400 Embedded	\$0	\$2,100/\$4,200 Embedded	\$3,000/\$6,000	\$2,500/\$5,000	\$6,100/\$12,200 Embedded	\$8,500/\$17,000 Embedded
Out of Pocket Maximum	\$2,000/\$4,000 Embedded	\$6,500/\$13,000 Embedded	\$5,900/\$11,800 Embedded	\$5,700/\$11,400 Embedded	\$9,450/\$18,900 Embedded	\$9,450/\$18,900 Embedded	\$7,000/\$14,000 Embedded	\$9,450/\$18,900 Embedded	\$7,150/\$14,300 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	\$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	\$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	\$0/\$30	\$30/\$65 after deductible +1 Pre-Deductible office visit	\$30/\$50 after deductible	\$0/\$35 after deductible	50% after deductible	50% after deductible
Laboratory Services	\$35	\$30	\$40 after deductible	\$40 after deductible	\$30	\$50 after deductible	\$50 after deductible	\$0 after deductible	50% after deductible	50% after deductible
Prescription Drugs										
Tier1/Tier2/Tier3*	\$10/\$30/\$60	\$5/\$30/\$50	\$10/\$35/\$70	\$5/\$40/\$50 after deductible	\$5/\$50/\$50	\$15/\$40/\$75	\$5/\$50/\$50 after deductible	\$15/\$50/\$50	\$10/\$35/\$70 after deductible	\$15/\$50/\$50 after deductible
Inpatient/Outpatient Service										
Inpatient Hospital (per admission)	\$500	\$500	\$1,000 after deductible	\$750 after deductible	\$750	\$1,500 after deductible	\$1,000 after deductible	\$750 after deductible	50% after deductible	50% after deductible
Emergency Room/Ambulance	\$100	\$300	\$150 after deductible	\$300 after deductible	\$300	\$500 after deductible	\$300 after deductible	\$300 after deductible	50% after deductible	50% after deductible
Urgent Care	\$55	\$40	\$60 after deductible	\$50 after deductible	\$60	\$70 after deductible	\$75 after deductible	\$60 after deductible	50% after deductible	50% after deductible
Telemedicine Doctor on Demand	\$0	\$0	\$0 after deductible	\$0	\$0	\$0 after deductible	\$0 after deductible	\$0	0% after deductible	\$0
Vision Pediatric Annual Exam (Routine)	\$15	\$0	\$25 after deductible	\$0	\$0	\$30 after deductible	\$0 after deductible	\$0	50% after deductible	\$0
Adult Dental and Vision Buy-Up?	No	Yes	No	No	No	No	No	No	No	Yes
Health & Wellness Benefit	\$250 Wellness Card (1 Per Contact)	\$250 Wellness Card (1 Per Contact)	\$250 Wellness Card (1 Per Contact)	\$250 Wellness Card (1 Per Contact)	\$250 Wellness Card (1 Per Contact)	\$250 Wellness Card (1 Per Contact)	\$250 Wellness Card (1 Per Contact)	\$250 Wellness Card (1 Per Contact)	\$250 Wellness Card (1 Per Contact)	\$250 Wellness Card (1 Per Contact)
HSA-Eligible	No	No	No	Yes	No	No	Yes	No	Yes	No
	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Single	\$1,137.84	\$1,012.84	\$932.60	\$830.14	\$993.79	\$720.15	\$641.04	\$767.41	\$532.91	\$474.37
Employee/Child(ren)	\$1,934.33	\$1,721.83	\$1,585.42	\$1,411.24	\$1,689.44	\$1,224.26	\$1,089.77	\$1,304.60	\$905.95	\$806.43
Two Person	\$2,275.68	\$2,025.68	\$1,865.20	\$1,660.28	\$1,987.58	\$1,440.30	\$1,282.08	\$1,534.82	\$1,065.82	\$948.74
Family	\$3,242.84	\$2,886.59	\$2,657.91	\$2,365.90	\$2,832.30	\$2,052.43	\$1,826.96	\$2,187.12	\$1,518.79	\$1,351.95

* Select preventative drugs are at \$0 cost share.
 For a complete Summary of Benefits and Coverage (SBC), please visit www.amherst.org
1. Highmark Individual Market plans are invoiced directly to the subscriber from Highmark.
All checks should be payable to: Highmark BCBS

Habilitation (PT/OT/ST) 60 combined visits per condition, per plan yr	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 yr	Rehab, inpatient (PT/OT/ST) 60 combined visits, per plan yr	Substance abuse, outpatient Unlimited, 20 visits per plan year for family counseling	Skilled Nursing facility Unlimited, 200 days per yr-Standard