



Insurance - Payroll - HR Solutions

2023 2nd Quarter Highmark of WNY Benefit Comparison for Small Groups

In Network:	BCBS of WNY Platinum Classic	BCBS of WNY Platinum POS Plus	BCBS of WNY Platinum EX Plus
Annual Deductible	\$0	\$0	\$0
Coinsurance	0%	0%	0%
Annual Out of Pocket Max	\$3,000 Single/ \$6,000 Family (EM)	\$5,000 Single/ \$10,000 Family (EM)	\$5,000 Single/ \$10,000 Family (EM)
PCP Office Visit	\$15 Copay	\$5 Copay	\$5 Copay
Specialist Visit	\$35 Copay	\$25 Copay	\$25 Copay
Telemedicine (Am-Well)	Covered In Full	Covered In Full	Covered In Full
Radiology	\$35 Copay	\$25 Copay	\$25 Copay
Laboratory	\$35 Copay	\$15 Copay	\$15 Copay
Hospital Inpatient	\$500 Copay	\$500 Copay	\$500 Copay
Outpatient Surgery	\$100 Copay	\$250 Copay	\$150 Copay
Outpatient OT/PT/ST	\$15 Copay	\$5 Copay	\$5 Copay
Emergency Room Care	\$100 Copay	\$250 Copay	\$250 Copay
Ambulance	\$100 Copay	\$250 Copay	\$250 Copay
Urgent Care	\$55 Copay	\$100 Copay	\$100 Copay
Maternity Care	Pre/Postnatal Care: \$15 Copay Inpatient Maternity: \$500 Copay	Pre/Postnatal Care: \$5 Copay Inpatient Maternity: \$500 Copay	Pre/Postnatal Care: \$5 Copay Delivery: \$500 Copay
Outpatient Mental Health	\$15 Copay	Covered in full	Covered in full
Chiropractor	\$15 Copay	\$5 Copay	\$5 Copay
Diabetic Supplies	\$15 Copay	\$5 Copay	\$5 Copay
Prescription Coverage	Copay per 30 Day Supply Tier 1 \$10 Tier 2 \$30 Tier 3 \$60	Copay per 30 Day Supply Tier 1 \$5 Tier 2 \$25 Tier 3 50%	Copay per 30 Day Supply Tier 1 \$5 Tier 2 \$25 Tier 3 50%
Out-of-Network: Deductible Coinsurance Annual Out of Pocket Max	\$5,000 Single/ \$10,000 Family (EM) 50% after deductible \$10,000 Single / \$20,000 Family (EM)	\$5,000 Single / \$10,000 Family (EM) 50% after deductible \$10,000 Single / \$20,000 Family (EM)	\$5,000 Single / \$10,000 Family (EM) 50% after deductible \$10,000 Single / \$20,000 Family (EM)
Extra Benefits	\$250 Wellness Card	\$250 Wellness Card	\$250 Wellness Card
Monthly Rates	Option 1	Option 2	Option 3
Single	\$754.93	\$741.20	\$772.80
Subscriber and Spouse	\$1,509.86	\$1,482.40	\$1,545.60
Subscriber and Child(ren)	\$1,283.38	\$1,260.04	\$1,313.76
Family	\$2,151.55	\$2,112.42	\$2,202.48

This comparison is intended to be a brief summary of benefits only.
It is not a contract. In the event of a dispute, subscriber contract will control.

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