



## 2024 Quarter 1: Small Group Rates Highmark BCBS of WNY-Platinum Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Highmark BCBS Platinum Classic	Highmark BCBS Platinum POS Plus	Highmark BCBS Platinum EX Plus
<b>Plan Type</b>	<b>Copay</b>	<b>Copay</b>	<b>Copay</b>
<b>Individual Deductible</b>	n/a	n/a	n/a
<b>Family Deductible</b>	n/a	n/a	n/a
<b>Individual OoP Max</b>	\$3,000	\$5,000	\$5,000
<b>Family OoP Max</b>	\$6,000	\$10,000	\$10,000
<b>Accumulator Type</b>	Embedded	Embedded	Embedded
<b>PCP Office Visit</b>	\$15	<b>\$10</b>	<b>\$10</b>
<b>Specialist Visit</b>	\$35	<b>\$30</b>	<b>\$30</b>
<b>Telemedicine (Well360)</b>	\$0	\$0	\$0
<b>Hospital Inpatient</b>	\$500	\$500	\$500
<b>Outpatient Surgery</b>	<b>\$250</b>	\$250	\$250
<b>Emergency Room Care</b>	\$100	\$250	\$250
<b>Urgent Care Center</b>	\$55	\$100	\$100
<b>Outpatient Mental Health</b>	\$15	\$0	\$0
<b>Diabetic Supplies (per 30 days)</b>	\$15	\$10	\$10
<b>Prescription Coverage</b>	Tier 1/\$10 Tier 2/\$30 Tier 3/\$60	<b>Tier 1/\$5</b> <b>Tier 2/\$30</b> <b>Tier 3/50%</b>	<b>Tier 1/\$5</b> <b>Tier 2/\$30</b> <b>Tier 3/50%</b>
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$841.61</b>	<b>\$827.93</b>	<b>\$863.87</b>
<b>Subscriber and Spouse</b>	<b>\$1,683.22</b>	<b>\$1,655.86</b>	<b>\$1,727.75</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,430.73</b>	<b>\$1,407.48</b>	<b>\$1,468.59</b>
<b>Family</b>	<b>\$2,398.58</b>	<b>\$2,359.60</b>	<b>\$2,462.04</b>



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# 2024 Quarter 1: Small Group Rates Highmark BCBS of WNY- Gold Plans

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\*Services subject to deductible

**Discontinued**

Plan Name	Highmark BCBS Gold Classic	Highmark BCBS Gold POS 7100	Highmark BCBS Gold 7100EX	Highmark BCBS Gold Complete	Highmark BCBS Gold Aqua
<b>Plan Type</b>	Hybrid	Qualified HDHP	Qualified HDHP	Qualified HDHP	HDHP
<b>Individual Deductible</b>	<b>\$600</b>	<b>\$1,600</b>	<b>\$1,600</b>	\$3,500	\$2,500
<b>Family Deductible</b>	<b>\$1,200</b>	<b>\$3,200</b>	<b>\$3,200</b>	\$7,000	\$5,000
<b>Individual OoP Max</b>	<b>\$5,500</b>	\$6,250	\$6,250	\$3,500	\$6,500
<b>Family OoP Max</b>	<b>\$11,000</b>	\$12,500	\$12,500	\$7,000	\$13,000
<b>Accumulator Type</b>	Embedded	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Embedded
<b>PCP Office Visit</b>	\$25*	\$20*	\$20*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Specialist Visit</b>	\$40*	\$40*	\$40*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Telemedicine (Well360)</b>	\$0	\$0*	\$0*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Hospital Inpatient</b>	\$1,000*	\$500*	\$500*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Outpatient Surgery</b>	<b>\$250*</b>	<b>\$250*</b>	<b>\$250*</b>	0%*	1st dollar and deductible then 50% Coinsurance
<b>Emergency Room Care</b>	\$150*	\$200*	\$200*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Urgent Care Center</b>	\$60*	\$50*	\$50*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Outpatient Mental Health</b>	\$25*	\$20*	\$20*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Diabetic Supplies (per 30 days)</b>	\$25*	\$20*	\$20*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Prescription Coverage</b>	Tier 1/ <b>\$10</b> Tier 2/ <b>\$35</b> Tier 3/ <b>\$80</b>	Tier 1/\$5* Tier 2/\$30* Tier 3/50%*	Tier 1/\$5* Tier 2/\$30* Tier 3/50%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$15 Tier 2/\$50 Tier 3/50%
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	\$500/\$1,000 First Dollar Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>					
<b>Single</b>	<b>\$743.81</b>	<b>\$694.51</b>	<b>\$724.83</b>	<b>\$673.36</b>	<b>Discontinued</b>
<b>Subscriber and Spouse</b>	<b>\$1,487.61</b>	<b>\$1,389.03</b>	<b>\$1,449.65</b>	<b>\$1,346.73</b>	<b>Discontinued</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,264.48</b>	<b>\$1,180.67</b>	<b>\$1,232.20</b>	<b>\$1,144.72</b>	<b>Discontinued</b>
<b>Family</b>	<b>\$2,119.85</b>	<b>\$1,979.36</b>	<b>\$2,065.75</b>	<b>\$1,919.09</b>	<b>Discontinued</b>

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Bene-Care, Inc  
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## 2024 Quarter 1: Small Group Rates Highmark BCBS of WNY-Silver Plans

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Plan Name	Highmark BCBS Silver Classic	Highmark BCBS Silver POS 6100 (NEW)	Highmark BCBS Silver 6100EX (NEW)	Highmark BCBS Silver POS 7100
<b>Plan Type</b>	Hybrid	Qualified HDHP	Qualified HDHP	Qualified HDHP
<b>Individual Deductible</b>	<b>\$2,000</b>	<b>\$2,000</b>	<b>\$2,000</b>	<b>\$2,750</b>
<b>Family Deductible</b>	<b>\$4,000</b>	<b>\$4,000</b>	<b>\$4,000</b>	<b>\$5,500</b>
<b>Individual OoP Max</b>	<b>\$9,450</b>	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family OoP Max</b>	<b>\$18,900</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>
<b>Accumulator Type</b>	Embedded	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)
<b>PCP Office Visit</b>	\$30*	\$35*	\$35*	\$30*
<b>Specialist Visit</b>	\$65*	\$65*	\$65*	\$50*
<b>Telemedicine (Well360)</b>	\$0	\$0*	\$0*	\$0*
<b>Hospital Inpatient</b>	\$1,500*	\$1,000*	\$1,000*	<b>\$1,500*</b>
<b>Outpatient Surgery</b>	<b>\$250*</b>	\$250*	\$250*	\$250*
<b>Emergency Room Care</b>	\$500*	\$250*	\$250*	<b>\$500*</b>
<b>Urgent Care Center</b>	\$70*	\$75*	\$75*	\$75*
<b>Outpatient Mental Health</b>	\$30*	\$35*	\$35*	\$30*
<b>Diabetic Supplies (per 30 days)</b>	\$30*	\$35*	\$35*	\$30*
<b>Prescription Coverage</b>	Tier 1/ <b>\$15</b> Tier 2/ <b>\$40</b> Tier 3/ <b>\$100</b>	Tier 1/\$15* Tier 2/\$50* Tier 3/\$100*	Tier 1/\$15* Tier 2/\$50* Tier 3/\$100*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$638.14</b>	<b>\$640.58</b>	<b>\$668.61</b>	<b>\$610.21</b>
<b>Subscriber and Spouse</b>	<b>\$1,276.27</b>	<b>\$1,281.16</b>	<b>\$1,337.23</b>	<b>\$1,220.42</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,084.83</b>	<b>\$1,088.98</b>	<b>\$1,136.64</b>	<b>\$1,037.36</b>
<b>Family</b>	<b>\$1,818.69</b>	<b>\$1,825.65</b>	<b>\$1,905.55</b>	<b>\$1,739.10</b>



## 2024 Quarter 1: Small Group Rates Highmark BCBS of WNY-Silver Plans

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Plan Name	Highmark BCBS Silver 7100EX	Highmark BCBS Silver POS 8100	Highmark BCBS Silver 8100EX
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	<b>\$2,750</b>	\$3,500	\$3,500
<b>Family Deductible</b>	<b>\$5,500</b>	\$7,000	\$7,000
<b>Individual OoP Max</b>	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family OoP Max</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>
<b>Accumulator Type</b>	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)
<b>PCP Office Visit</b>	\$30*	40%*	40%*
<b>Specialist Visit</b>	\$50*	40%*	40%*
<b>Telemedicine (Well360)</b>	\$0*	Covered in Full*	Covered in Full*
<b>Hospital Inpatient</b>	<b>\$1,500*</b>	40%*	40%*
<b>Outpatient Surgery</b>	\$250*	40%*	40%*
<b>Emergency Room Care</b>	<b>\$500*</b>	40%*	40%*
<b>Urgent Care Center</b>	\$75*	40%*	40%*
<b>Outpatient Mental Health</b>	\$30*	40%*	40%*
<b>Diabetic Supplies (per 30 days)</b>	\$30*	40%*	40%*
<b>Prescription Coverage</b>	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$636.96</b>	<b>\$567.06</b>	<b>\$591.99</b>
<b>Subscriber and Spouse</b>	<b>\$1,273.93</b>	<b>\$1,134.12</b>	<b>\$1,183.98</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,082.84</b>	<b>\$964.00</b>	<b>\$1,006.38</b>
<b>Family</b>	<b>\$1,815.35</b>	<b>\$1,616.12</b>	<b>\$1,687.17</b>



## 2024 Quarter 1: Small Group Rates Highmark BCBS of WNY-Bronze Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Highmark BCBS Bronze Classic	Highmark BCBS Bronze POS 8000	Highmark BCBS Bronze 8000EX
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	\$5,000	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family Deductible</b>	\$10,000	<b>\$15,000</b>	<b>\$15,000</b>
<b>Individual OoP Max</b>	\$9,100	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family OoP Max</b>	\$18,200	<b>\$15,000</b>	<b>\$15,000</b>
<b>Accumulator Type</b>	Embedded	Embedded	Embedded
<b>PCP Office Visit</b>	\$50*	0%*	0%*
<b>Specialist Visit</b>	\$75*	0%*	0%*
<b>Telemedicine (Well360)</b>	\$0	0%*	0%*
<b>Hospital Inpatient</b>	50%*	0%*	0%*
<b>Outpatient Surgery</b>	50%*	0%*	0%*
<b>Emergency Room Care</b>	50%*	0%*	0%*
<b>Urgent Care Center</b>	50%*	0%*	0%*
<b>Outpatient Mental Health</b>	50%*	0%*	0%*
<b>Diabetic Supplies (per 30 days)</b>	50%*	0%*	0%*
<b>Prescription Coverage</b>	Tier 1/\$10* Tier 2/\$35* Tier 3/\$70*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$519.38</b>	<b>\$521.14</b>	<b>\$541.29</b>
<b>Subscriber and Spouse</b>	<b>\$1,038.77</b>	<b>\$1,042.27</b>	<b>\$1,082.58</b>
<b>Subscriber and Child(ren)</b>	<b>\$882.95</b>	<b>\$885.93</b>	<b>\$920.19</b>
<b>Family</b>	<b>\$1,480.24</b>	<b>\$1,485.24</b>	<b>\$1,542.67</b>

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## 2024 Quarter 1: Small Group Rates Highmark BCBS of WNY-PPO Plans

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Plan Name	Highmark BCBS Silver PPO 7100	Highmark BCBS Silver PPO 8100
<b>Plan Type</b>	<b>Quailified HDHP</b>	<b>Quailified HDHP</b>
<b>Individual Deductible</b>	<b>\$2,750</b>	\$3,500
<b>Family Deductible</b>	<b>\$5,500</b>	\$7,000
<b>Individual OoP Max</b>	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family OoP Max</b>	<b>\$15,000</b>	<b>\$15,000</b>
<b>Accumulator Type</b>	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)
<b>PCP Office Visit</b>	\$30*	40%*
<b>Specialist Visit</b>	\$50*	40%*
<b>Telemedicine (Well360)</b>	\$0*	Covered in Full*
<b>Hospital Inpatient</b>	<b>\$1,500*</b>	40%*
<b>Outpatient Surgery</b>	\$250*	40%*
<b>Emergency Room Care</b>	<b>\$500*</b>	40%*
<b>Urgent Care Center</b>	\$75*	40%*
<b>Outpatient Mental Health</b>	\$30*	40%*
<b>Diabetic Supplies (per 30 days)</b>	\$30*	40%*
<b>Prescription Coverage</b>	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>		
<b>Single</b>	<b>\$780.56</b>	<b>\$729.55</b>
<b>Subscriber and Spouse</b>	<b>\$1,561.12</b>	<b>\$1,459.09</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,326.95</b>	<b>\$1,240.23</b>
<b>Family</b>	<b>\$2,224.59</b>	<b>\$2,079.21</b>

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# 2024 Quarter 1: Small Group Rates Highmark BCBS of WNY-Apex Plans

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Plan Name	Highmark BCBS Platinum Apex Plus	Highmark BCBS Gold Apex 7100	Highmark BCBS Silver Apex 6100 (NEW)	Highmark BCBS Silver Apex 7100	Highmark BCBS Silver Apex 8100	Highmark BCBS Bronze Apex 8000	Highmark BCBS Bronze Apex
<b>Plan Type</b>	<b>Copay</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	n/a	<b>\$1,600</b>	<b>\$2,000</b>	<b>\$2,750</b>	\$3,500	<b>\$7,500</b>	\$8,500
<b>Family Deductible</b>	n/a	<b>\$3,200</b>	<b>\$4,000</b>	<b>\$5,500</b>	\$7,000	<b>\$15,000</b>	\$17,000
<b>Individual OoP Max</b>	\$5,000	\$6,250	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>	\$9,100
<b>Family OoP Max</b>	\$10,000	\$12,500	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>	\$18,200
<b>Accumulator Type</b>	Embedded	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Embedded	Embedded
<b>PCP Office Visit</b>	<b>\$10</b>	\$20*	\$35*	\$30*	40%*	0%*	50%*
<b>Specialist Visit</b>	<b>\$30</b>	\$40*	\$65*	\$50*	40%*	0%*	50%*
<b>Telemedicine (Well360)</b>	\$0	\$0*	\$0*	\$0*	Covered in Full*	0%*	50%*
<b>Hospital Inpatient</b>	\$500	\$500*	\$1,000*	<b>\$1,500*</b>	40%*	0%*	50%*
<b>Outpatient Surgery</b>	\$250	<b>\$250*</b>	\$250*	\$250*	40%*	0%*	50%*
<b>Emergency Room Care</b>	\$250	\$200*	\$250*	<b>\$500*</b>	40%*	0%*	50%*
<b>Urgent Care Center</b>	\$100	\$50*	\$75*	\$75*	40%*	0%*	50%*
<b>Outpatient Mental Health</b>	\$0	\$20*	\$35*	\$30*	40%*	0%*	50%*
<b>Diabetic Supplies (per 30 days)</b>	\$10	\$20*	\$35*	\$30*	40%*	0%*	50%*
<b>Prescription Coverage</b>	Tier 1/\$5 Tier 2/\$30 Tier 3/50%	Tier 1/\$5* Tier 2/\$30* Tier 3/50%*	Tier 1/\$15* Tier 2/\$50* Tier 3/\$100*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$10* Tier 2/50%* Tier 3/50%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>							
<b>Single</b>	<b>\$782.17</b>	<b>\$655.93</b>	<b>\$598.68</b>	<b>\$576.16</b>	<b>\$535.33</b>	<b>\$486.77</b>	<b>\$481.91</b>
<b>Subscriber and Spouse</b>	<b>\$1,564.34</b>	<b>\$1,311.86</b>	<b>\$1,197.35</b>	<b>\$1,152.32</b>	<b>\$1,070.65</b>	<b>\$973.54</b>	<b>\$963.82</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,329.69</b>	<b>\$1,115.08</b>	<b>\$1,017.75</b>	<b>\$979.47</b>	<b>\$910.06</b>	<b>\$827.51</b>	<b>\$819.24</b>
<b>Family</b>	<b>\$2,229.19</b>	<b>\$1,869.40</b>	<b>\$1,706.22</b>	<b>\$1,642.05</b>	<b>\$1,525.68</b>	<b>\$1,387.30</b>	<b>\$1,373.44</b>

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## 2024 Quarter 2: Small Group Rates Highmark BCBS of WNY-Platinum Plans

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Plan Name	Highmark BCBS Platinum Classic	Highmark BCBS Platinum POS Plus	Highmark BCBS Platinum EX Plus
<b>Plan Type</b>	<b>Copay</b>	<b>Copay</b>	<b>Copay</b>
<b>Individual Deductible</b>	n/a	n/a	n/a
<b>Family Deductible</b>	n/a	n/a	n/a
<b>Individual OoP Max</b>	\$3,000	\$5,000	\$5,000
<b>Family OoP Max</b>	\$6,000	\$10,000	\$10,000
<b>Accumulator Type</b>	Embedded	Embedded	Embedded
<b>PCP Office Visit</b>	\$15	<b>\$10</b>	<b>\$10</b>
<b>Specialist Visit</b>	\$35	<b>\$30</b>	<b>\$30</b>
<b>Telemedicine (Well360)</b>	\$0	\$0	\$0
<b>Hospital Inpatient</b>	\$500	\$500	\$500
<b>Outpatient Surgery</b>	<b>\$250</b>	\$250	\$250
<b>Emergency Room Care</b>	\$100	\$250	\$250
<b>Urgent Care Center</b>	\$55	\$100	\$100
<b>Outpatient Mental Health</b>	\$15	\$0	\$0
<b>Diabetic Supplies (per 30 days)</b>	\$15	\$10	\$10
<b>Prescription Coverage</b>	Tier 1/\$10 Tier 2/\$30 Tier 3/\$60	<b>Tier 1/\$5</b> <b>Tier 2/\$30</b> <b>Tier 3/50%</b>	<b>Tier 1/\$5</b> <b>Tier 2/\$30</b> <b>Tier 3/50%</b>
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$859.74</b>	<b>\$845.77</b>	<b>\$882.49</b>
<b>Subscriber and Spouse</b>	<b>\$1,719.48</b>	<b>\$1,691.53</b>	<b>\$1,764.97</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,461.56</b>	<b>\$1,437.80</b>	<b>\$1,500.23</b>
<b>Family</b>	<b>\$2,450.26</b>	<b>\$2,410.43</b>	<b>\$2,515.08</b>

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## 2024 Quarter 2: Small Group Rates Highmark BCBS of WNY- Gold Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

**Discontinued**

Plan Name	Highmark BCBS Gold Classic	Highmark BCBS Gold POS 7100	Highmark BCBS Gold 7100EX	Highmark BCBS Gold Complete	Highmark BCBS Gold Aqua
<b>Plan Type</b>	Hybrid	Qualified HDHP	Qualified HDHP	Qualified HDHP	HDHP
<b>Individual Deductible</b>	<b>\$600</b>	<b>\$1,600</b>	<b>\$1,600</b>	\$3,500	\$2,500
<b>Family Deductible</b>	<b>\$1,200</b>	<b>\$3,200</b>	<b>\$3,200</b>	\$7,000	\$5,000
<b>Individual OoP Max</b>	<b>\$5,500</b>	\$6,250	\$6,250	\$3,500	\$6,500
<b>Family OoP Max</b>	<b>\$11,000</b>	\$12,500	\$12,500	\$7,000	\$13,000
<b>Accumulator Type</b>	Embedded	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Embedded
<b>PCP Office Visit</b>	\$25*	\$20*	\$20*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Specialist Visit</b>	\$40*	\$40*	\$40*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Telemedicine (Well360)</b>	\$0	\$0*	\$0*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Hospital Inpatient</b>	\$1,000*	\$500*	\$500*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Outpatient Surgery</b>	<b>\$250*</b>	<b>\$250*</b>	<b>\$250*</b>	0%*	1st dollar and deductible then 50% Coinsurance
<b>Emergency Room Care</b>	\$150*	\$200*	\$200*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Urgent Care Center</b>	\$60*	\$50*	\$50*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Outpatient Mental Health</b>	\$25*	\$20*	\$20*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Diabetic Supplies (per 30 days)</b>	\$25*	\$20*	\$20*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Prescription Coverage</b>	Tier 1/ <b>\$10</b> Tier 2/ <b>\$35</b> Tier 3/ <b>\$80</b>	Tier 1/\$5* Tier 2/\$30* Tier 3/50%*	Tier 1/\$5* Tier 2/\$30* Tier 3/50%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$15 Tier 2/\$50 Tier 3/50%
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	\$500/\$1,000 First Dollar Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>					
<b>Single</b>	<b>\$759.83</b>	<b>\$709.48</b>	<b>\$740.44</b>	<b>\$687.87</b>	<b>Discontinued</b>
<b>Subscriber and Spouse</b>	<b>\$1,519.66</b>	<b>\$1,418.95</b>	<b>\$1,480.88</b>	<b>\$1,375.74</b>	<b>Discontinued</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,291.71</b>	<b>\$1,206.11</b>	<b>\$1,258.75</b>	<b>\$1,169.38</b>	<b>Discontinued</b>
<b>Family</b>	<b>\$2,165.52</b>	<b>\$2,022.01</b>	<b>\$2,110.26</b>	<b>\$1,960.43</b>	<b>Discontinued</b>

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## 2024 Quarter 2: Small Group Rates Highmark BCBS of WNY-Silver Plans

**BOLD** print represent a cost share change

Plan Name	Highmark BCBS Silver Classic	Highmark BCBS Silver POS 6100 (NEW)	Highmark BCBS Silver 6100EX (NEW)	Highmark BCBS Silver POS 7100
<b>Plan Type</b>	Hybrid	Qualified HDHP	Qualified HDHP	Qualified HDHP
<b>Individual Deductible</b>	<b>\$2,000</b>	<b>\$2,000</b>	<b>\$2,000</b>	<b>\$2,750</b>
<b>Family Deductible</b>	<b>\$4,000</b>	<b>\$4,000</b>	<b>\$4,000</b>	<b>\$5,500</b>
<b>Individual OoP Max</b>	<b>\$9,450</b>	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family OoP Max</b>	<b>\$18,900</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>
<b>Accumulator Type</b>	Embedded	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)
<b>PCP Office Visit</b>	\$30*	\$35*	\$35*	\$30*
<b>Specialist Visit</b>	\$65*	\$65*	\$65*	\$50*
<b>Telemedicine (Well360)</b>	\$0	\$0*	\$0*	\$0*
<b>Hospital Inpatient</b>	\$1,500*	\$1,000*	\$1,000*	<b>\$1,500*</b>
<b>Outpatient Surgery</b>	<b>\$250*</b>	\$250*	\$250*	\$250*
<b>Emergency Room Care</b>	\$500*	\$250*	\$250*	<b>\$500*</b>
<b>Urgent Care Center</b>	\$70*	\$75*	\$75*	\$75*
<b>Outpatient Mental Health</b>	\$30*	\$35*	\$35*	\$30*
<b>Diabetic Supplies (per 30 days)</b>	\$30*	\$35*	\$35*	\$30*
<b>Prescription Coverage</b>	Tier 1/ <b>\$15</b> Tier 2/ <b>\$40</b> Tier 3/ <b>\$100</b>	Tier 1/\$15* Tier 2/\$50* Tier 3/\$100*	Tier 1/\$15* Tier 2/\$50* Tier 3/\$100*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$651.88</b>	<b>\$654.38</b>	<b>\$683.02</b>	<b>\$623.36</b>
<b>Subscriber and Spouse</b>	<b>\$1,303.77</b>	<b>\$1,308.76</b>	<b>\$1,366.04</b>	<b>\$1,246.72</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,108.20</b>	<b>\$1,112.45</b>	<b>\$1,161.13</b>	<b>\$1,059.71</b>
<b>Family</b>	<b>\$1,857.87</b>	<b>\$1,864.98</b>	<b>\$1,946.60</b>	<b>\$1,776.57</b>



## 2024 Quarter 2: Small Group Rates Highmark BCBS of WNY-Silver Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Highmark BCBS Silver 7100EX	Highmark BCBS Silver POS 8100	Highmark BCBS Silver 8100EX
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	<b>\$2,750</b>	\$3,500	\$3,500
<b>Family Deductible</b>	<b>\$5,500</b>	\$7,000	\$7,000
<b>Individual OoP Max</b>	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family OoP Max</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>
<b>Accumulator Type</b>	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)
<b>PCP Office Visit</b>	\$30*	40%*	40%*
<b>Specialist Visit</b>	\$50*	40%*	40%*
<b>Telemedicine (Well360)</b>	\$0*	Covered in Full*	Covered in Full*
<b>Hospital Inpatient</b>	<b>\$1,500*</b>	40%*	40%*
<b>Outpatient Surgery</b>	\$250*	40%*	40%*
<b>Emergency Room Care</b>	<b>\$500*</b>	40%*	40%*
<b>Urgent Care Center</b>	\$75*	40%*	40%*
<b>Outpatient Mental Health</b>	\$30*	40%*	40%*
<b>Diabetic Supplies (per 30 days)</b>	\$30*	40%*	40%*
<b>Prescription Coverage</b>	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$650.69</b>	<b>\$579.28</b>	<b>\$604.74</b>
<b>Subscriber and Spouse</b>	<b>\$1,301.37</b>	<b>\$1,158.55</b>	<b>\$1,209.49</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,106.17</b>	<b>\$984.77</b>	<b>\$1,028.06</b>
<b>Family</b>	<b>\$1,854.45</b>	<b>\$1,650.94</b>	<b>\$1,723.52</b>



## 2024 Quarter 2: Small Group Rates Highmark BCBS of WNY-Bronze Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Highmark BCBS Bronze Classic	Highmark BCBS Bronze POS 8000	Highmark BCBS Bronze 8000EX
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	\$5,000	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family Deductible</b>	\$10,000	<b>\$15,000</b>	<b>\$15,000</b>
<b>Individual OoP Max</b>	\$9,100	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family OoP Max</b>	\$18,200	<b>\$15,000</b>	<b>\$15,000</b>
<b>Accumulator Type</b>	Embedded	Embedded	Embedded
<b>PCP Office Visit</b>	\$50*	0%*	0%*
<b>Specialist Visit</b>	\$75*	0%*	0%*
<b>Telemedicine (Well360)</b>	\$0	0%*	0%*
<b>Hospital Inpatient</b>	50%*	0%*	0%*
<b>Outpatient Surgery</b>	50%*	0%*	0%*
<b>Emergency Room Care</b>	50%*	0%*	0%*
<b>Urgent Care Center</b>	50%*	0%*	0%*
<b>Outpatient Mental Health</b>	50%*	0%*	0%*
<b>Diabetic Supplies (per 30 days)</b>	50%*	0%*	0%*
<b>Prescription Coverage</b>	Tier 1/\$10* Tier 2/\$35* Tier 3/\$70*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$530.57</b>	<b>\$532.36</b>	<b>\$552.95</b>
<b>Subscriber and Spouse</b>	<b>\$1,061.15</b>	<b>\$1,064.73</b>	<b>\$1,105.90</b>
<b>Subscriber and Child(ren)</b>	<b>\$901.97</b>	<b>\$905.02</b>	<b>\$940.02</b>
<b>Family</b>	<b>\$1,512.13</b>	<b>\$1,517.24</b>	<b>\$1,575.91</b>

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## 2024 Quarter 2: Small Group Rates Highmark BCBS of WNY-PPO Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Highmark BCBS Silver PPO 7100	Highmark BCBS Silver PPO 8100
<b>Plan Type</b>	<b>Quailified HDHP</b>	<b>Quailified HDHP</b>
<b>Individual Deductible</b>	<b>\$2,750</b>	\$3,500
<b>Family Deductible</b>	<b>\$5,500</b>	\$7,000
<b>Individual OoP Max</b>	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family OoP Max</b>	<b>\$15,000</b>	<b>\$15,000</b>
<b>Accumulator Type</b>	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)
<b>PCP Office Visit</b>	\$30*	40%*
<b>Specialist Visit</b>	\$50*	40%*
<b>Telemedicine (Well360)</b>	\$0*	Covered in Full*
<b>Hospital Inpatient</b>	<b>\$1,500*</b>	40%*
<b>Outpatient Surgery</b>	\$250*	40%*
<b>Emergency Room Care</b>	<b>\$500*</b>	40%*
<b>Urgent Care Center</b>	\$75*	40%*
<b>Outpatient Mental Health</b>	\$30*	40%*
<b>Diabetic Supplies (per 30 days)</b>	\$30*	40%*
<b>Prescription Coverage</b>	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>		
<b>Single</b>	<b>\$797.38</b>	<b>\$745.26</b>
<b>Subscriber and Spouse</b>	<b>\$1,594.75</b>	<b>\$1,490.53</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,355.54</b>	<b>\$1,266.95</b>
<b>Family</b>	<b>\$2,272.52</b>	<b>\$2,124.00</b>

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## 2024 Quarter 2: Small Group Rates Highmark BCBS of WNY-Apex Plans

BOLD print represent a cost share change

\*Services subject to deductible

Plan Name	Highmark BCBS Platinum Apex Plus	Highmark BCBS Gold Apex 7100	Highmark BCBS Silver Apex 6100 (NEW)	Highmark BCBS Silver Apex 7100	Highmark BCBS Silver Apex 8100	Highmark BCBS Bronze Apex 8000	Highmark BCBS Bronze Apex
<b>Plan Type</b>	<b>Copay</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	n/a	<b>\$1,600</b>	<b>\$2,000</b>	<b>\$2,750</b>	\$3,500	<b>\$7,500</b>	\$8,500
<b>Family Deductible</b>	n/a	<b>\$3,200</b>	<b>\$4,000</b>	<b>\$5,500</b>	\$7,000	<b>\$15,000</b>	\$17,000
<b>Individual OoP Max</b>	\$5,000	\$6,250	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>	\$9,100
<b>Family OoP Max</b>	\$10,000	\$12,500	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>	\$18,200
<b>Accumulator Type</b>	Embedded	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Embedded	Embedded
<b>PCP Office Visit</b>	<b>\$10</b>	\$20*	\$35*	\$30*	40%*	0%*	50%*
<b>Specialist Visit</b>	<b>\$30</b>	\$40*	\$65*	\$50*	40%*	0%*	50%*
<b>Telemedicine (Well360)</b>	\$0	\$0*	\$0*	\$0*	Covered in Full*	0%*	50%*
<b>Hospital Inpatient</b>	\$500	\$500*	\$1,000*	<b>\$1,500*</b>	40%*	0%*	50%*
<b>Outpatient Surgery</b>	\$250	<b>\$250*</b>	\$250*	\$250*	40%*	0%*	50%*
<b>Emergency Room Care</b>	\$250	\$200*	\$250*	<b>\$500*</b>	40%*	0%*	50%*
<b>Urgent Care Center</b>	\$100	\$50*	\$75*	\$75*	40%*	0%*	50%*
<b>Outpatient Mental Health</b>	\$0	\$20*	\$35*	\$30*	40%*	0%*	50%*
<b>Diabetic Supplies (per 30 days)</b>	\$10	\$20*	\$35*	\$30*	40%*	0%*	50%*
<b>Prescription Coverage</b>	Tier 1/\$5 Tier 2/\$30 Tier 3/50%	Tier 1/\$5* Tier 2/\$30* Tier 3/50%*	Tier 1/\$15* Tier 2/\$50* Tier 3/\$100*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$10* Tier 2/50%* Tier 3/50%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>							
<b>Single</b>	<b>\$799.02</b>	<b>\$670.06</b>	<b>\$611.57</b>	<b>\$588.57</b>	<b>\$546.86</b>	<b>\$497.26</b>	<b>\$492.29</b>
<b>Subscriber and Spouse</b>	<b>\$1,598.04</b>	<b>\$1,340.12</b>	<b>\$1,223.15</b>	<b>\$1,177.14</b>	<b>\$1,093.72</b>	<b>\$994.52</b>	<b>\$984.58</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,358.34</b>	<b>\$1,139.10</b>	<b>\$1,039.67</b>	<b>\$1,000.57</b>	<b>\$929.66</b>	<b>\$845.34</b>	<b>\$836.89</b>
<b>Family</b>	<b>\$2,277.21</b>	<b>\$1,909.67</b>	<b>\$1,742.98</b>	<b>\$1,677.43</b>	<b>\$1,558.55</b>	<b>\$1,417.19</b>	<b>\$1,403.03</b>

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## 2024 Quarter 3: Small Group Rates Highmark BCBS of WNY-Platinum Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

\*Services subject to deductible

Plan Name	Highmark BCBS Platinum Classic	Highmark BCBS Platinum POS Plus	Highmark BCBS Platinum EX Plus
<b>Plan Type</b>	<b>Copay</b>	<b>Copay</b>	<b>Copay</b>
<b>Individual Deductible</b>	n/a	n/a	n/a
<b>Family Deductible</b>	n/a	n/a	n/a
<b>Individual OoP Max</b>	\$3,000	\$5,000	\$5,000
<b>Family OoP Max</b>	\$6,000	\$10,000	\$10,000
<b>Accumulator Type</b>	Embedded	Embedded	Embedded
<b>PCP Office Visit</b>	\$15	<b>\$10</b>	<b>\$10</b>
<b>Specialist Visit</b>	\$35	<b>\$30</b>	<b>\$30</b>
<b>Telemedicine (Well360)</b>	\$0	\$0	\$0
<b>Hospital Inpatient</b>	\$500	\$500	\$500
<b>Outpatient Surgery</b>	<b>\$250</b>	\$250	\$250
<b>Emergency Room Care</b>	\$100	\$250	\$250
<b>Urgent Care Center</b>	\$55	\$100	\$100
<b>Outpatient Mental Health</b>	\$15	\$0	\$0
<b>Diabetic Supplies (per 30 days)</b>	\$15	\$10	\$10
<b>Prescription Coverage</b>	Tier 1/\$10 Tier 2/\$30 Tier 3/\$60	<b>Tier 1/\$5</b> <b>Tier 2/\$30</b> <b>Tier 3/50%</b>	<b>Tier 1/\$5</b> <b>Tier 2/\$30</b> <b>Tier 3/50%</b>
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$878.26</b>	<b>\$863.99</b>	<b>\$901.50</b>
<b>Subscriber and Spouse</b>	<b>\$1,756.52</b>	<b>\$1,727.97</b>	<b>\$1,803.00</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,493.05</b>	<b>\$1,468.78</b>	<b>\$1,532.55</b>
<b>Family</b>	<b>\$2,503.05</b>	<b>\$2,462.36</b>	<b>\$2,569.27</b>

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## 2024 Quarter 3: Small Group Rates Highmark BCBS of WNY- Gold Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

**Discontinued**

Plan Name	Highmark BCBS Gold Classic	Highmark BCBS Gold POS 7100	Highmark BCBS Gold 7100EX	Highmark BCBS Gold Complete	Highmark BCBS Gold Aqua
<b>Plan Type</b>	Hybrid	Qualified HDHP	Qualified HDHP	Qualified HDHP	HDHP
<b>Individual Deductible</b>	<b>\$600</b>	<b>\$1,600</b>	<b>\$1,600</b>	\$3,500	\$2,500
<b>Family Deductible</b>	<b>\$1,200</b>	<b>\$3,200</b>	<b>\$3,200</b>	\$7,000	\$5,000
<b>Individual OoP Max</b>	<b>\$5,500</b>	\$6,250	\$6,250	\$3,500	\$6,500
<b>Family OoP Max</b>	<b>\$11,000</b>	\$12,500	\$12,500	\$7,000	\$13,000
<b>Accumulator Type</b>	Embedded	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Embedded
<b>PCP Office Visit</b>	\$25*	\$20*	\$20*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Specialist Visit</b>	\$40*	\$40*	\$40*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Telemedicine (Well360)</b>	\$0	\$0*	\$0*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Hospital Inpatient</b>	\$1,000*	\$500*	\$500*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Outpatient Surgery</b>	<b>\$250*</b>	<b>\$250*</b>	<b>\$250*</b>	0%*	1st dollar and deductible then 50% Coinsurance
<b>Emergency Room Care</b>	\$150*	\$200*	\$200*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Urgent Care Center</b>	\$60*	\$50*	\$50*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Outpatient Mental Health</b>	\$25*	\$20*	\$20*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Diabetic Supplies (per 30 days)</b>	\$25*	\$20*	\$20*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Prescription Coverage</b>	Tier 1/ <b>\$10</b> Tier 2/ <b>\$35</b> Tier 3/ <b>\$80</b>	Tier 1/\$5* Tier 2/\$30* Tier 3/50%*	Tier 1/\$5* Tier 2/\$30* Tier 3/50%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$15 Tier 2/\$50 Tier 3/50%
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	\$500/\$1,000 First Dollar Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>					
<b>Single</b>	<b>\$776.20</b>	<b>\$724.76</b>	<b>\$756.39</b>	<b>\$702.69</b>	<b>Discontinued</b>
<b>Subscriber and Spouse</b>	<b>\$1,552.40</b>	<b>\$1,449.52</b>	<b>\$1,512.78</b>	<b>\$1,405.38</b>	<b>Discontinued</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,319.54</b>	<b>\$1,232.09</b>	<b>\$1,285.87</b>	<b>\$1,194.57</b>	<b>Discontinued</b>
<b>Family</b>	<b>\$2,212.17</b>	<b>\$2,065.57</b>	<b>\$2,155.72</b>	<b>\$2,002.67</b>	<b>Discontinued</b>

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## 2024 Quarter 3: Small Group Rates Highmark BCBS of WNY-Silver Plans

**BOLD** print represent a cost share change

Plan Name	Highmark BCBS Silver Classic	Highmark BCBS Silver POS 6100 (NEW)	Highmark BCBS Silver 6100EX (NEW)	Highmark BCBS Silver POS 7100
<b>Plan Type</b>	Hybrid	Qualified HDHP	Qualified HDHP	Qualified HDHP
<b>Individual Deductible</b>	<b>\$2,000</b>	<b>\$2,000</b>	<b>\$2,000</b>	<b>\$2,750</b>
<b>Family Deductible</b>	<b>\$4,000</b>	<b>\$4,000</b>	<b>\$4,000</b>	<b>\$5,500</b>
<b>Individual OoP Max</b>	<b>\$9,450</b>	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family OoP Max</b>	<b>\$18,900</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>
<b>Accumulator Type</b>	Embedded	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)
<b>PCP Office Visit</b>	\$30*	\$35*	\$35*	\$30*
<b>Specialist Visit</b>	\$65*	\$65*	\$65*	\$50*
<b>Telemedicine (Well360)</b>	\$0	\$0*	\$0*	\$0*
<b>Hospital Inpatient</b>	\$1,500*	\$1,000*	\$1,000*	<b>\$1,500*</b>
<b>Outpatient Surgery</b>	<b>\$250*</b>	\$250*	\$250*	\$250*
<b>Emergency Room Care</b>	\$500*	\$250*	\$250*	<b>\$500*</b>
<b>Urgent Care Center</b>	\$70*	\$75*	\$75*	\$75*
<b>Outpatient Mental Health</b>	\$30*	\$35*	\$35*	\$30*
<b>Diabetic Supplies (per 30 days)</b>	\$30*	\$35*	\$35*	\$30*
<b>Prescription Coverage</b>	Tier 1/ <b>\$15</b> Tier 2/ <b>\$40</b> Tier 3/ <b>\$100</b>	Tier 1/\$15* Tier 2/\$50* Tier 3/\$100*	Tier 1/\$15* Tier 2/\$50* Tier 3/\$100*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$665.93</b>	<b>\$668.48</b>	<b>\$697.73</b>	<b>\$636.79</b>
<b>Subscriber and Spouse</b>	<b>\$1,331.86</b>	<b>\$1,336.96</b>	<b>\$1,395.46</b>	<b>\$1,273.58</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,132.08</b>	<b>\$1,136.41</b>	<b>\$1,186.15</b>	<b>\$1,082.54</b>
<b>Family</b>	<b>\$1,897.89</b>	<b>\$1,905.16</b>	<b>\$1,988.54</b>	<b>\$1,814.84</b>

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## 2024 Quarter 3: Small Group Rates Highmark BCBS of WNY-Silver Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Highmark BCBS Silver 7100EX	Highmark BCBS Silver POS 8100	Highmark BCBS Silver 8100EX
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	<b>\$2,750</b>	\$3,500	\$3,500
<b>Family Deductible</b>	<b>\$5,500</b>	\$7,000	\$7,000
<b>Individual OoP Max</b>	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family OoP Max</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>
<b>Accumulator Type</b>	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)
<b>PCP Office Visit</b>	\$30*	40%*	40%*
<b>Specialist Visit</b>	\$50*	40%*	40%*
<b>Telemedicine (Well360)</b>	\$0*	Covered in Full*	Covered in Full*
<b>Hospital Inpatient</b>	<b>\$1,500*</b>	40%*	40%*
<b>Outpatient Surgery</b>	\$250*	40%*	40%*
<b>Emergency Room Care</b>	<b>\$500*</b>	40%*	40%*
<b>Urgent Care Center</b>	\$75*	40%*	40%*
<b>Outpatient Mental Health</b>	\$30*	40%*	40%*
<b>Diabetic Supplies (per 30 days)</b>	\$30*	40%*	40%*
<b>Prescription Coverage</b>	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$664.70</b>	<b>\$591.76</b>	<b>\$617.77</b>
<b>Subscriber and Spouse</b>	<b>\$1,329.41</b>	<b>\$1,183.51</b>	<b>\$1,235.54</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,130.00</b>	<b>\$1,005.99</b>	<b>\$1,050.21</b>
<b>Family</b>	<b>\$1,894.41</b>	<b>\$1,686.51</b>	<b>\$1,760.65</b>



## 2024 Quarter 3: Small Group Rates Highmark BCBS of WNY-Bronze Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Highmark BCBS Bronze Classic	Highmark BCBS Bronze POS 8000	Highmark BCBS Bronze 8000EX
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	\$5,000	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family Deductible</b>	\$10,000	<b>\$15,000</b>	<b>\$15,000</b>
<b>Individual OoP Max</b>	\$9,100	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family OoP Max</b>	\$18,200	<b>\$15,000</b>	<b>\$15,000</b>
<b>Accumulator Type</b>	Embedded	Embedded	Embedded
<b>PCP Office Visit</b>	\$50*	0%*	0%*
<b>Specialist Visit</b>	\$75*	0%*	0%*
<b>Telemedicine (Well360)</b>	\$0	0%*	0%*
<b>Hospital Inpatient</b>	50%*	0%*	0%*
<b>Outpatient Surgery</b>	50%*	0%*	0%*
<b>Emergency Room Care</b>	50%*	0%*	0%*
<b>Urgent Care Center</b>	50%*	0%*	0%*
<b>Outpatient Mental Health</b>	50%*	0%*	0%*
<b>Diabetic Supplies (per 30 days)</b>	50%*	0%*	0%*
<b>Prescription Coverage</b>	Tier 1/\$10* Tier 2/\$35* Tier 3/\$70*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$542.00</b>	<b>\$543.83</b>	<b>\$564.86</b>
<b>Subscriber and Spouse</b>	<b>\$1,084.01</b>	<b>\$1,087.66</b>	<b>\$1,129.73</b>
<b>Subscriber and Child(ren)</b>	<b>\$921.41</b>	<b>\$924.51</b>	<b>\$960.27</b>
<b>Family</b>	<b>\$1,544.71</b>	<b>\$1,549.92</b>	<b>\$1,609.86</b>

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## 2024 Quarter 3: Small Group Rates Highmark BCBS of WNY-PPO Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Highmark BCBS Silver PPO 7100	Highmark BCBS Silver PPO 8100
Plan Type	Quailified HDHP	Quailified HDHP
Individual Deductible	<b>\$2,750</b>	\$3,500
Family Deductible	<b>\$5,500</b>	\$7,000
Individual OoP Max	<b>\$7,500</b>	<b>\$7,500</b>
Family OoP Max	<b>\$15,000</b>	<b>\$15,000</b>
Accumulator Type	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)
PCP Office Visit	\$30*	40%*
Specialist Visit	\$50*	40%*
Telemedicine (Well360)	\$0*	Covered in Full*
Hospital Inpatient	<b>\$1,500*</b>	40%*
Outpatient Surgery	\$250*	40%*
Emergency Room Care	<b>\$500*</b>	40%*
Urgent Care Center	\$75*	40%*
Outpatient Mental Health	\$30*	40%*
Diabetic Supplies (per 30 days)	\$30*	40%*
Prescription Coverage	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*
Wellness	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>		
Single	<b>\$814.55</b>	<b>\$761.32</b>
Subscriber and Spouse	<b>\$1,629.11</b>	<b>\$1,522.64</b>
Subscriber and Child(ren)	<b>\$1,384.74</b>	<b>\$1,294.24</b>
Family	<b>\$2,321.48</b>	<b>\$2,169.76</b>

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# 2024 Quarter 3: Small Group Rates Highmark BCBS of WNY-Apex Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Highmark BCBS Platinum Apex Plus	Highmark BCBS Gold Apex 7100	Highmark BCBS Silver Apex 6100 (NEW)	Highmark BCBS Silver Apex 7100	Highmark BCBS Silver Apex 8100	Highmark BCBS Bronze Apex 8000	Highmark BCBS Bronze Apex
<b>Plan Type</b>	<b>Copay</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	n/a	<b>\$1,600</b>	<b>\$2,000</b>	<b>\$2,750</b>	\$3,500	<b>\$7,500</b>	\$8,500
<b>Family Deductible</b>	n/a	<b>\$3,200</b>	<b>\$4,000</b>	<b>\$5,500</b>	\$7,000	<b>\$15,000</b>	\$17,000
<b>Individual OoP Max</b>	\$5,000	\$6,250	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>	\$9,100
<b>Family OoP Max</b>	\$10,000	\$12,500	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>	\$18,200
<b>Accumulator Type</b>	Embedded	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Embedded	Embedded
<b>PCP Office Visit</b>	<b>\$10</b>	\$20*	\$35*	\$30*	40%*	0%*	50%*
<b>Specialist Visit</b>	<b>\$30</b>	\$40*	\$65*	\$50*	40%*	0%*	50%*
<b>Telemedicine (Well360)</b>	\$0	\$0*	\$0*	\$0*	Covered in Full*	0%*	50%*
<b>Hospital Inpatient</b>	\$500	\$500*	\$1,000*	<b>\$1,500*</b>	40%*	0%*	50%*
<b>Outpatient Surgery</b>	\$250	<b>\$250*</b>	\$250*	\$250*	40%*	0%*	50%*
<b>Emergency Room Care</b>	\$250	\$200*	\$250*	<b>\$500*</b>	40%*	0%*	50%*
<b>Urgent Care Center</b>	\$100	\$50*	\$75*	\$75*	40%*	0%*	50%*
<b>Outpatient Mental Health</b>	\$0	\$20*	\$35*	\$30*	40%*	0%*	50%*
<b>Diabetic Supplies (per 30 days)</b>	\$10	\$20*	\$35*	\$30*	40%*	0%*	50%*
<b>Prescription Coverage</b>	Tier 1/\$5 Tier 2/\$30 Tier 3/50%	Tier 1/\$5* Tier 2/\$30* Tier 3/50%*	Tier 1/\$15* Tier 2/\$50* Tier 3/\$100*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$10* Tier 2/50%* Tier 3/50%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>							
<b>Single</b>	<b>\$816.24</b>	<b>\$684.50</b>	<b>\$624.75</b>	<b>\$601.25</b>	<b>\$558.64</b>	<b>\$507.97</b>	<b>\$502.90</b>
<b>Subscriber and Spouse</b>	<b>\$1,632.47</b>	<b>\$1,368.99</b>	<b>\$1,249.50</b>	<b>\$1,202.50</b>	<b>\$1,117.28</b>	<b>\$1,015.94</b>	<b>\$1,005.79</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,387.60</b>	<b>\$1,163.64</b>	<b>\$1,062.07</b>	<b>\$1,022.13</b>	<b>\$949.69</b>	<b>\$863.55</b>	<b>\$854.92</b>
<b>Family</b>	<b>\$2,326.27</b>	<b>\$1,950.81</b>	<b>\$1,780.53</b>	<b>\$1,713.57</b>	<b>\$1,592.13</b>	<b>\$1,447.72</b>	<b>\$1,433.26</b>

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## 2024 Quarter 4: Small Group Rates Highmark BCBS of WNY-Platinum Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

\*Services subject to deductible

Plan Name	Highmark BCBS Platinum Classic	Highmark BCBS Platinum POS Plus	Highmark BCBS Platinum EX Plus
<b>Plan Type</b>	<b>Copay</b>	<b>Copay</b>	<b>Copay</b>
<b>Individual Deductible</b>	n/a	n/a	n/a
<b>Family Deductible</b>	n/a	n/a	n/a
<b>Individual OoP Max</b>	\$3,000	\$5,000	\$5,000
<b>Family OoP Max</b>	\$6,000	\$10,000	\$10,000
<b>Accumulator Type</b>	Embedded	Embedded	Embedded
<b>PCP Office Visit</b>	\$15	<b>\$10</b>	<b>\$10</b>
<b>Specialist Visit</b>	\$35	<b>\$30</b>	<b>\$30</b>
<b>Telemedicine (Well360)</b>	\$0	\$0	\$0
<b>Hospital Inpatient</b>	\$500	\$500	\$500
<b>Outpatient Surgery</b>	<b>\$250</b>	\$250	\$250
<b>Emergency Room Care</b>	\$100	\$250	\$250
<b>Urgent Care Center</b>	\$55	\$100	\$100
<b>Outpatient Mental Health</b>	\$15	\$0	\$0
<b>Diabetic Supplies (per 30 days)</b>	\$15	\$10	\$10
<b>Prescription Coverage</b>	Tier 1/\$10 Tier 2/\$30 Tier 3/\$60	<b>Tier 1/\$5</b> <b>Tier 2/\$30</b> <b>Tier 3/50%</b>	<b>Tier 1/\$5</b> <b>Tier 2/\$30</b> <b>Tier 3/50%</b>
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$897.18</b>	<b>\$882.60</b>	<b>\$920.92</b>
<b>Subscriber and Spouse</b>	<b>\$1,794.37</b>	<b>\$1,765.20</b>	<b>\$1,841.84</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,525.21</b>	<b>\$1,500.42</b>	<b>\$1,565.56</b>
<b>Family</b>	<b>\$2,556.97</b>	<b>\$2,515.41</b>	<b>\$2,624.62</b>

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# 2024 Quarter 4: Small Group Rates Highmark BCBS of WNY- Gold Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

**Discontinued**

Plan Name	Highmark BCBS Gold Classic	Highmark BCBS Gold POS 7100	Highmark BCBS Gold 7100EX	Highmark BCBS Gold Complete	Highmark BCBS Gold Aqua
<b>Plan Type</b>	Hybrid	Qualified HDHP	Qualified HDHP	Qualified HDHP	HDHP
<b>Individual Deductible</b>	<b>\$600</b>	<b>\$1,600</b>	<b>\$1,600</b>	\$3,500	\$2,500
<b>Family Deductible</b>	<b>\$1,200</b>	<b>\$3,200</b>	<b>\$3,200</b>	\$7,000	\$5,000
<b>Individual OoP Max</b>	<b>\$5,500</b>	\$6,250	\$6,250	\$3,500	\$6,500
<b>Family OoP Max</b>	<b>\$11,000</b>	\$12,500	\$12,500	\$7,000	\$13,000
<b>Accumulator Type</b>	Embedded	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Embedded
<b>PCP Office Visit</b>	\$25*	\$20*	\$20*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Specialist Visit</b>	\$40*	\$40*	\$40*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Telemedicine (Well360)</b>	\$0	\$0*	\$0*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Hospital Inpatient</b>	\$1,000*	\$500*	\$500*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Outpatient Surgery</b>	<b>\$250*</b>	<b>\$250*</b>	<b>\$250*</b>	0%*	1st dollar and deductible then 50% Coinsurance
<b>Emergency Room Care</b>	\$150*	\$200*	\$200*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Urgent Care Center</b>	\$60*	\$50*	\$50*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Outpatient Mental Health</b>	\$25*	\$20*	\$20*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Diabetic Supplies (per 30 days)</b>	\$25*	\$20*	\$20*	0%*	1st dollar and deductible then 50% Coinsurance
<b>Prescription Coverage</b>	Tier 1/\$10 Tier 2/\$35 Tier 3/\$80	Tier 1/\$5* Tier 2/\$30* Tier 3/50%*	Tier 1/\$5* Tier 2/\$30* Tier 3/50%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$15 Tier 2/\$50 Tier 3/50%
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	\$500/\$1,000 First Dollar Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>					
<b>Single</b>	<b>\$792.92</b>	<b>\$740.37</b>	<b>\$772.69</b>	<b>\$717.83</b>	<b>Discontinued</b>
<b>Subscriber and Spouse</b>	<b>\$1,585.85</b>	<b>\$1,480.75</b>	<b>\$1,545.38</b>	<b>\$1,435.66</b>	<b>Discontinued</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,347.97</b>	<b>\$1,258.64</b>	<b>\$1,313.57</b>	<b>\$1,220.31</b>	<b>Discontinued</b>
<b>Family</b>	<b>\$2,259.83</b>	<b>\$2,110.07</b>	<b>\$2,202.16</b>	<b>\$2,045.81</b>	<b>Discontinued</b>

## 2024 Quarter 4: Small Group Rates Highmark BCBS of WNY-Silver Plans

**BOLD** print represent a cost share change

Plan Name	Highmark BCBS Silver Classic	Highmark BCBS Silver POS 6100 (NEW)	Highmark BCBS Silver 6100EX (NEW)	Highmark BCBS Silver POS 7100
<b>Plan Type</b>	<b>Hybrid</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	<b>\$2,000</b>	<b>\$2,000</b>	<b>\$2,000</b>	<b>\$2,750</b>
<b>Family Deductible</b>	<b>\$4,000</b>	<b>\$4,000</b>	<b>\$4,000</b>	<b>\$5,500</b>
<b>Individual OoP Max</b>	<b>\$9,450</b>	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family OoP Max</b>	<b>\$18,900</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>
<b>Accumulator Type</b>	Embedded	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)
<b>PCP Office Visit</b>	\$30*	\$35*	\$35*	\$30*
<b>Specialist Visit</b>	\$65*	\$65*	\$65*	\$50*
<b>Telemedicine (Well360)</b>	\$0	\$0*	\$0*	\$0*
<b>Hospital Inpatient</b>	\$1,500*	\$1,000*	\$1,000*	<b>\$1,500*</b>
<b>Outpatient Surgery</b>	<b>\$250*</b>	\$250*	\$250*	\$250*
<b>Emergency Room Care</b>	\$500*	\$250*	\$250*	<b>\$500*</b>
<b>Urgent Care Center</b>	\$70*	\$75*	\$75*	\$75*
<b>Outpatient Mental Health</b>	\$30*	\$35*	\$35*	\$30*
<b>Diabetic Supplies (per 30 days)</b>	\$30*	\$35*	\$35*	\$30*
<b>Prescription Coverage</b>	<b>Tier 1/\$15</b> <b>Tier 2/\$40</b> <b>Tier 3/\$100</b>	Tier 1/\$15* Tier 2/\$50* Tier 3/\$100*	Tier 1/\$15* Tier 2/\$50* Tier 3/\$100*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>				
<b>Single</b>	<b>\$680.27</b>	<b>\$682.88</b>	<b>\$712.76</b>	<b>\$650.51</b>
<b>Subscriber and Spouse</b>	<b>\$1,360.55</b>	<b>\$1,365.76</b>	<b>\$1,425.53</b>	<b>\$1,301.01</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,156.47</b>	<b>\$1,160.89</b>	<b>\$1,211.70</b>	<b>\$1,105.86</b>
<b>Family</b>	<b>\$1,938.78</b>	<b>\$1,946.21</b>	<b>\$2,031.38</b>	<b>\$1,853.94</b>





## 2024 Quarter 4: Small Group Rates Highmark BCBS of WNY-Silver Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Highmark BCBS Silver 7100EX	Highmark BCBS Silver POS 8100	Highmark BCBS Silver 8100EX
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	<b>\$2,750</b>	\$3,500	\$3,500
<b>Family Deductible</b>	<b>\$5,500</b>	\$7,000	\$7,000
<b>Individual OoP Max</b>	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family OoP Max</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>
<b>Accumulator Type</b>	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)
<b>PCP Office Visit</b>	\$30*	40%*	40%*
<b>Specialist Visit</b>	\$50*	40%*	40%*
<b>Telemedicine (Well360)</b>	\$0*	Covered in Full*	Covered in Full*
<b>Hospital Inpatient</b>	<b>\$1,500*</b>	40%*	40%*
<b>Outpatient Surgery</b>	\$250*	40%*	40%*
<b>Emergency Room Care</b>	<b>\$500*</b>	40%*	40%*
<b>Urgent Care Center</b>	\$75*	40%*	40%*
<b>Outpatient Mental Health</b>	\$30*	40%*	40%*
<b>Diabetic Supplies (per 30 days)</b>	\$30*	40%*	40%*
<b>Prescription Coverage</b>	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$679.02</b>	<b>\$604.51</b>	<b>\$631.08</b>
<b>Subscriber and Spouse</b>	<b>\$1,358.05</b>	<b>\$1,209.01</b>	<b>\$1,262.16</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,154.34</b>	<b>\$1,027.66</b>	<b>\$1,072.84</b>
<b>Family</b>	<b>\$1,935.22</b>	<b>\$1,722.84</b>	<b>\$1,798.58</b>



## 2024 Quarter 4: Small Group Rates Highmark BCBS of WNY-Bronze Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Highmark BCBS Bronze Classic	Highmark BCBS Bronze POS 8000	Highmark BCBS Bronze 8000EX
<b>Plan Type</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	\$5,000	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family Deductible</b>	\$10,000	<b>\$15,000</b>	<b>\$15,000</b>
<b>Individual OoP Max</b>	\$9,100	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family OoP Max</b>	\$18,200	<b>\$15,000</b>	<b>\$15,000</b>
<b>Accumulator Type</b>	Embedded	Embedded	Embedded
<b>PCP Office Visit</b>	\$50*	0%*	0%*
<b>Specialist Visit</b>	\$75*	0%*	0%*
<b>Telemedicine (Well360)</b>	\$0	0%*	0%*
<b>Hospital Inpatient</b>	50%*	0%*	0%*
<b>Outpatient Surgery</b>	50%*	0%*	0%*
<b>Emergency Room Care</b>	50%*	0%*	0%*
<b>Urgent Care Center</b>	50%*	0%*	0%*
<b>Outpatient Mental Health</b>	50%*	0%*	0%*
<b>Diabetic Supplies (per 30 days)</b>	50%*	0%*	0%*
<b>Prescription Coverage</b>	Tier 1/\$10* Tier 2/\$35* Tier 3/\$70*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>			
<b>Single</b>	<b>\$553.68</b>	<b>\$555.55</b>	<b>\$577.03</b>
<b>Subscriber and Spouse</b>	<b>\$1,107.36</b>	<b>\$1,111.10</b>	<b>\$1,154.06</b>
<b>Subscriber and Child(ren)</b>	<b>\$941.26</b>	<b>\$944.43</b>	<b>\$980.95</b>
<b>Family</b>	<b>\$1,577.99</b>	<b>\$1,583.31</b>	<b>\$1,644.54</b>

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Insurance  
Payroll  
HR Solutions

## 2024 Quarter 4: Small Group Rates Highmark BCBS of WNY-PPO Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Highmark BCBS Silver PPO 7100	Highmark BCBS Silver PPO 8100
<b>Plan Type</b>	<b>Quailified HDHP</b>	<b>Quailified HDHP</b>
<b>Individual Deductible</b>	<b>\$2,750</b>	\$3,500
<b>Family Deductible</b>	<b>\$5,500</b>	\$7,000
<b>Individual OoP Max</b>	<b>\$7,500</b>	<b>\$7,500</b>
<b>Family OoP Max</b>	<b>\$15,000</b>	<b>\$15,000</b>
<b>Accumulator Type</b>	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)
<b>PCP Office Visit</b>	\$30*	40%*
<b>Specialist Visit</b>	\$50*	40%*
<b>Telemedicine (Well360)</b>	\$0*	Covered in Full*
<b>Hospital Inpatient</b>	<b>\$1,500*</b>	40%*
<b>Outpatient Surgery</b>	\$250*	40%*
<b>Emergency Room Care</b>	<b>\$500*</b>	40%*
<b>Urgent Care Center</b>	\$75*	40%*
<b>Outpatient Mental Health</b>	\$30*	40%*
<b>Diabetic Supplies (per 30 days)</b>	\$30*	40%*
<b>Prescription Coverage</b>	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>		
<b>Single</b>	<b>\$832.10</b>	<b>\$777.72</b>
<b>Subscriber and Spouse</b>	<b>\$1,664.20</b>	<b>\$1,555.44</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,414.57</b>	<b>\$1,322.13</b>
<b>Family</b>	<b>\$2,371.49</b>	<b>\$2,216.51</b>

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Insurance  
Payroll  
HR Solutions

# 2024 Quarter 4: Small Group Rates Highmark BCBS of WNY-Apex Plans

**BOLD** print represent a cost share change

\*Services subject to deductible

Plan Name	Highmark BCBS Platinum Apex Plus	Highmark BCBS Gold Apex 7100	Highmark BCBS Silver Apex 6100 (NEW)	Highmark BCBS Silver Apex 7100	Highmark BCBS Silver Apex 8100	Highmark BCBS Bronze Apex 8000	Highmark BCBS Bronze Apex
<b>Plan Type</b>	<b>Copay</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>	<b>Qualified HDHP</b>
<b>Individual Deductible</b>	n/a	<b>\$1,600</b>	<b>\$2,000</b>	<b>\$2,750</b>	\$3,500	<b>\$7,500</b>	\$8,500
<b>Family Deductible</b>	n/a	<b>\$3,200</b>	<b>\$4,000</b>	<b>\$5,500</b>	\$7,000	<b>\$15,000</b>	\$17,000
<b>Individual OoP Max</b>	\$5,000	\$6,250	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$7,500</b>	\$9,100
<b>Family OoP Max</b>	\$10,000	\$12,500	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>	\$18,200
<b>Accumulator Type</b>	Embedded	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Aggregate(Ded)/Embedded(OoP)	Embedded	Embedded
<b>PCP Office Visit</b>	<b>\$10</b>	\$20*	\$35*	\$30*	40%*	0%*	50%*
<b>Specialist Visit</b>	<b>\$30</b>	\$40*	\$65*	\$50*	40%*	0%*	50%*
<b>Telemedicine (Well360)</b>	\$0	\$0*	\$0*	\$0*	Covered in Full*	0%*	50%*
<b>Hospital Inpatient</b>	\$500	\$500*	\$1,000*	<b>\$1,500*</b>	40%*	0%*	50%*
<b>Outpatient Surgery</b>	\$250	<b>\$250*</b>	\$250*	\$250*	40%*	0%*	50%*
<b>Emergency Room Care</b>	\$250	\$200*	\$250*	<b>\$500*</b>	40%*	0%*	50%*
<b>Urgent Care Center</b>	\$100	\$50*	\$75*	\$75*	40%*	0%*	50%*
<b>Outpatient Mental Health</b>	\$0	\$20*	\$35*	\$30*	40%*	0%*	50%*
<b>Diabetic Supplies (per 30 days)</b>	\$10	\$20*	\$35*	\$30*	40%*	0%*	50%*
<b>Prescription Coverage</b>	Tier 1/\$5 Tier 2/\$30 Tier 3/50%	Tier 1/\$5* Tier 2/\$30* Tier 3/50%*	Tier 1/\$15* Tier 2/\$50* Tier 3/\$100*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/\$10* Tier 2/\$40* Tier 3/50%*	Tier 1/0%* Tier 2/0%* Tier 3/0%*	Tier 1/\$10* Tier 2/50%* Tier 3/50%*
<b>Wellness</b>	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365	Wellness Card for Gym & Blue365
<b>Monthly Premium Information</b>							
<b>Single</b>	<b>\$833.82</b>	<b>\$699.24</b>	<b>\$638.21</b>	<b>\$614.21</b>	<b>\$570.68</b>	<b>\$518.92</b>	<b>\$513.73</b>
<b>Subscriber and Spouse</b>	<b>\$1,667.64</b>	<b>\$1,398.48</b>	<b>\$1,276.42</b>	<b>\$1,228.41</b>	<b>\$1,141.35</b>	<b>\$1,037.83</b>	<b>\$1,027.46</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,417.50</b>	<b>\$1,188.71</b>	<b>\$1,084.95</b>	<b>\$1,044.15</b>	<b>\$970.15</b>	<b>\$882.16</b>	<b>\$873.34</b>
<b>Family</b>	<b>\$2,376.39</b>	<b>\$1,992.84</b>	<b>\$1,818.89</b>	<b>\$1,750.48</b>	<b>\$1,626.43</b>	<b>\$1,478.91</b>	<b>\$1,464.13</b>

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Bene-Care, Inc  
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