	Coverage Level			
	Standard Bronze[1]	Bronze 0 HSA[1]	Standard Silver	Silver
Individual	$900.13	$888.34 + Adult Dental & Vision $915.95	$1,254.62	$1,238.17 + Adult Dental & Vision $1,276.72
Individual and Children	$1,530.22	$1,510.18 + Adult Dental & Vision $1,557.12	$2,132.85	$2,104.89 + Adult Dental & Vision $2,170.42
Individual and Spouse/ Domestic Partner	$1,800.26	$1,776.68 + Adult Dental & Vision $1,831.90	$2,509.24	$2,476.34 + Adult Dental & Vision $2,553.44
Family	$2,565.37	$2,531.77 + Adult Dental & Vision $2,610.46	$3,575.67	$3,528.78 + Adult Dental & Vision $3,638.65
Plan Availability	my Blue Access EX Standard Bronze[1]	my Blue Access EX Bronze 0 HSA[1]	my Blue Access EX Standard Silver	my Blue Access EX Silver 0
In-Network Deductible	Individual: $5,025 Family: $10,050	Individual: $0 Family: $0	Individual: $3,750 Family: $7,500	Individual: $0 Family: $0
In-Network, Out-of-Pocket Maximum	Individual: $12,000 Family: $24,000	Individual: $11,700 Family: $23,400	Individual: $12,000 Family: $24,000	Individual: $10,800 Family: $21,600
Primary Care Visit	$50 copay after deductible	$80 copay	$30 copay after deductible	$50 copay
Specialist Visit	$75 copay after deductible	$80 copay	$65 copay after deductible	$50 copay
Outpatient Mental Health and Substance Abuse Visits	$50 copay after deductible	$80 copay	$30 copay after deductible	$50 copay
Physical and Occupational Therapy[2]	$50 copay after deductible	$80 copay	$30 copay after deductible	$50 copay
Chiropractic Care	$75 copay after deductible	$80 copay	$65 copay after deductible	$50 copay
Diagnostic Test - Lab Services	$50 copay after deductible	$80 copay	$50 copay after deductible	$50 copay
Diagnostic Test - X-rays	$75 copay after deductible	50%	$75 copay after deductible	50%
Urgent Care[3]	$75 copay after deductible	$100 copay	$70 copay after deductible	$100 copay
Emergency Services	$500 copay after deductible (Emergency Department)	$2,750 copay	$500 copay after deductible (Emergency Department)	$1,500 copay
Hospital Inpatient - including facility and professional	$1,500 copay after deductible	$2,750 copay	$1,500 copay after deductible	$2,500 copay
Pharmacy Summary[4]	$10 after deductible/ $35 after deductible/ $70 after deductible	$25/50%/50%	$15/$40/$75	$15/50%/50%
Integrated Adult Dental and Vision Option[5]	No	Yes	No	Yes

	Coverage Level			
	Standard Gold	Gold	Standard Platinum	Platinum
Individual	$1,575.23	$1,554.60 + Adult Dental & Vision $1,602.92	$1,921.90	$1,896.73 + Adult Dental & Vision $1,955.68
Individual and Children	$2,677.89	$2,642.82 + Adult Dental & Vision $2,724.96	$3,267.23	$3,224.44 + Adult Dental & Vision $3,324.66
Individual and Spouse/ Domestic Partner	$3,150.46	$3,109.20 + Adult Dental & Vision $3,205.84	$3,843.80	$3,793.46 + Adult Dental & Vision $3,911.36
Family	$4,489.41	$4,430.61 + Adult Dental & Vision $4,568.32	$5,477.42	$5,405.68 + Adult Dental & Vision $5,573.69
Plan Availability	my Blue Access EX Standard Gold	my Blue Access EX Gold 0	my Blue Access EX Standard Platinum	my Blue Access EX Platinum 0
In-Network Deductible	Individual: $1,200 Family: $2,400	Individual: $0 Family: $0	Individual: $0 Family: $0	Individual: $0 Family: $0
In-Network, Out-of-Pocket Maximum	Individual: $12,000 Family: $24,000	Individual: $8,600 Family: $17,200	Individual: $4,000 Family: $8,000	Individual: $5,700 Family: $11,400
Primary Care Visit	$25 copay after deductible	$30 copay	$15 copay	$0 copay
Specialist Visit	$40 copay after deductible	$30 copay	$35 copay	$0 copay
Outpatient Mental Health and Substance Abuse Visits	$25 copay after deductible	$30 copay	$15 copay	$0 copay
Physical and Occupational Therapy[2]	$30 copay after deductible	$30 copay	$25 copay	$0 copay
Chiropractic Care	$40 copay after deductible	$30 copay	$35 copay	$0 copay
Diagnostic Test - Lab Services	$40 copay after deductible	$20 copay	$35 copay	$0 copay
Diagnostic Test - X-rays	$40 copay after deductible	50%	$35 copay	10%
Urgent Care[3]	$60 copay after deductible	$60 copay	$55 copay	$0 copay
Emergency Services	$150 copay after deductible	$400 copay	$100 copay	$250 copay
Hospital Inpatient - including facility and professional	$1,000 copay after deductible	$725 copay	$500 copay	$325 copay
Pharmacy Summary[4]	$10/$35/$70	$5/$50/50%	$10/$30/$60	$5/$30/50%
Integrated Adult Dental and Vision Option[5]	No	Yes	No	Yes

[1] This plan is eligible for a health savings account (HSA).

[2] Limit of 30 combined physical and occupational therapy visits per benefit period. Limit does not apply to therapy services for the treatment of mental health or substance abuse.

[3] The copayment, if any, does not apply to urgent care services prescribed for the treatment of mental health or substance abuse.

[4] Visit highmarkacaformulary.com to view our Formulary and see if your drug is covered, and at which tier.

[5] See pages 36 – 44 for dental and vision benefit details.