

Platinum Level Health Plan Options

Carrier:	Highmark	UPMC
Plan Name:	Comprehensive Care 500	Value Plus Platinum
Plan Type:	PPO	HMO
Plan Level:	Platinum	Platinum
UPMC Hospital Access:	Yes	Yes
Deductible:	\$500 / \$ 1,000	\$250 / \$500
Coinsurance:	90% / 10%	\$0 after Deductible
Annual Out of Pocket Maximum:	\$1,650 / \$3,300	\$750 / \$1500
Copays (PCP/SP):	You pay 10% after ded	\$15 / \$35
ER:	You pay 10% after ded	\$175
Rx:	\$5 / \$20 / \$45	\$15 / \$35 / \$50

Subsidy Examples

Ages Covered	Household Income	Monthly Subsidy	Highmark after Subsidy	UPMC after Subsidy
25	\$22,000	\$25.25	\$252.20	\$282.73
50	\$31,000	\$14.75	\$490.57	\$533.10
33, 5	\$35,000	\$34.00	\$462.55	\$528.27
53, 22	\$40,000	\$128	\$695.69	\$804.51
28, 28	\$42,000	\$0.00	\$589.04	\$666.88
62, 62	\$42,000	\$461.50	\$1,095.38	\$1,301.06
35, 35, 8, 4	\$55,000	\$151.50	\$854.80	\$946.37
57, 55, 22, 20, 17	\$90,000	\$210.25	\$1,669.33	\$1,917.66

Gold Level Health Plan Options

Carrier:	Highmark	UPMC
Plan Name:	PPO 1200 Community Blue	Value Plus Gold
Plan Type:	PPO	HMO
Plan Level:	Gold	Gold
UPMC Hospital Access:	No	Yes
Deductible:	\$1,200 / \$2,400	\$1,000 / \$2,000
Coinsurance:	80% / 20%	\$0 after Deductible
Annual Out of Pocket Maximum:	\$3,700 / \$7,400	\$,3500 / \$7,000
Copays (PCP/SP):	\$20 / \$30	\$15 / \$35
ER:	You pay 20% after ded	\$175
Rx:	\$8 / \$45	\$15 / \$35 / \$50

Subsidy Examples

Ages Covered	Household Income	Monthly Subsidy	Highmark after Subsidy	UPMC after Subsidy
25	\$22,000	\$25.25	\$139.88	\$242.29
50	\$31,000	\$14.75	\$286.00	\$461.17
33, 5	\$35,000	\$34.00	\$261.59	\$454.45
53, 22	\$40,000	\$128	\$362.24	\$682.09
28, 28	\$42,000	\$0.00	\$350.58	\$579.32
62, 62	\$42,000	\$461.50	\$465.12	\$1,069.66
35, 35, 8, 4	\$55,000	\$151.50	\$447.42	\$802.21
57, 55, 22, 20, 17	\$90,000	\$210.25	\$908.43	\$1,638.29

Silver Level Health Plan Options

Carrier:	Highmark	UPMC
Plan Name:	Shared Cost PPO 3200	Premium Silver
Plan Type:	PPO	PPO
Plan Level:	Silver	Silver
UPMC Hospital Access:	Yes	Yes
Deductible:	\$3,200 / \$ 6,400	\$3000 / \$6000
Coinsurance:	80% / 20%	90% / 10%
Annual Out of Pocket Maximum:	\$6,350 / \$12,700	\$6,350 / \$12,700
Copays (PCP/SP):	\$30 / \$ 70	\$10 / \$40
ER:	You pay 20% after ded	\$175
Rx:	\$8 / \$45	\$8 / \$45 / \$90

Subsidy Examples

Ages Covered	Household Income	Monthly Subsidy	Highmark after Subsidy	UPMC after Subsidy
25	\$22,000	\$25.25	\$163.75	\$255.83
50	\$31,000	\$14.75	\$329.48	\$485.25
33, 5	\$35,000	\$34.00	\$304.32	\$479.16
53, 22	\$40,000	\$128	\$433.10	\$723.06
28, 28	\$42,000	\$0.00	\$401.26	\$608.62
62, 62	\$42,000	\$461.50	\$599.04	\$1,157.10
35, 35, 8, 4	\$55,000	\$151.50	\$534.00	\$850.45
57, 55, 22, 20, 17	\$90,000	\$210.25	\$1,070.11	\$1,731.78

Bronze Level Health Plan Options

Carrier:	Highmark	UPMC
Plan Name:	Shared Cost PPO 5500	Premium Bronze
Plan Type:	PPO	PPO
Plan Level:	Bronze	Bronze
UPMC Hospital Access:	Yes	Yes
Deductible:	\$5,500 / \$ 11,000	\$5,000 / \$10,000
Coinsurance:	60% / 40%	90% / 10%
Annual Out of Pocket Maximum:	\$6,350 / \$12,700	\$6,350 / \$12,700
Copays (PCP/SP):	\$50 / \$ 90	You pay 10% after ded
ER:	You pay 40% after ded	You pay 10% after ded
Rx:	You pay 40% after ded	\$8 / \$38 / \$76

Subsidy Examples

Ages Covered	Household Income	Monthly Subsidy	Highmark after Subsidy	UPMC after Subsidy
25	\$22,000	\$25.25	\$136.88	\$208.37
50	\$31,000	\$14.75	\$280.54	\$400.83
33, 5	\$35,000	\$34.00	\$256.22	\$392.52
53, 22	\$40,000	\$128	\$353.33	\$579.37
28, 28	\$42,000	\$0.00	\$344.22	\$505.86
62, 62	\$42,000	\$461.50	\$448.28	\$885.52
35, 35, 8, 4	\$55,000	\$151.50	\$436.54	\$681.30
57, 55, 22, 20, 17	\$90,000	\$210.25	\$888.10	\$1,403.91