

Benefit Comparison Effective 10/1/2023
Cement Masons' Local 526 Welfare Fund Monthly Rates
for Highmark and Nonstop Health Total Premium

	Highmark W/ UPMC	Highmark Only
	PPO Blue \$9,100	Performance Blue \$9,100
Deductible (Single/Family)	\$9,100/\$18,200	\$9,100/\$18,200
Coinsurance	100%	100%
Out-of-Pocket Maximum Single/2+	Not Applicable	Not Applicable
Total Out of Pocket Max	\$9,100/\$18,200	\$9,100/\$18,200
Office Visit Copay	\$20	\$20
Specialist Copay	\$20	\$20
eVisit	\$20	\$20
Urgent Care	\$20	\$20
Preventive Care	100%	100%
Rx Drug (Generic/Preferred Brand /Non-Preferred Brand)	\$15/\$25/\$40	\$15/\$25/\$40
Mail Order (90 day supply)	\$30/\$50/\$80	\$30/\$50/\$80
Hospital -In Patient	100% after deductible	100% after deductible
Hospital - Out Patient	100% after deductible	100% after deductible
X-Ray/Lab Work	100% after deductible	100% after deductible
Emergency Room	100% after \$100 Copay (Waived if admitted)	100% after \$100 Copay (Waived if admitted)
Out-of Network Deductible (S/F) Coinsurance	\$18,200/\$36,400 70% after deductible	\$18,200/\$36,400 70% after deductible
Rates	Monthly Cost	Monthly Cost
Employee	\$ 710.00	\$ 630.00
Employee/Child(ren)	\$ 1,590.00	\$ 1,395.00
Employee/Spouse	\$ 1,740.00	\$ 1,525.00
Family	\$ 2,140.00	\$ 1,875.00

Blue Edge Dental-084067-90

Employee \$26.10
 Emp+1 \$66.17
 Family \$84.08

Blue Edge Vision-084067-91

Employee \$6.56
 Employee & children \$9.95
 Employee & spouse \$9.95
 Family \$17.49