



Independent Health

**Amherst Chamber of Commerce
Medical Rates for Individuals
January 1, 2019 - December 31, 2019**

Plans are designed based on 4 metal levels that match the percentage of costs covered.
Generally, as the metal level goes down, the monthly premium goes down while out-of-pocket cost share goes up.

| | | | |
|---|---|---|---|
| PLATINUM 90% costs covered by your premium (10% out-of-pocket costs) | GOLD 80% costs covered by your premium (20% out-of-pocket costs) | Silver 70% costs covered by your premium (30% out-of-pocket costs) | Bronze 60% costs covered by your premium (40% out-of-pocket costs) |
|---|---|---|---|



IHA Individual Market: January 1, 2019 - December 31, 2019

| | PLATINUM | | | | GOLD | | | | SILVER | | | | BRONZE | | | | CATASTROPHIC | | | | | |
|--|--|-------------|--|-------------|--|------------|--|------------|---|------------|--|------------|--|------------|---|------------|--|------------|--|------------|--|------------|
| | Standard Platinum | | Flexfit Platinum | | Standard Gold | | iDirect Gold Copay | | Choice Plus Gold ⁵ | | Standard Silver | | iDirect Silver Copay HSAQ | | Choice Plus Silver Copay HSAQ ⁴ | | Standard Bronze | | iDirect Bronze HSAQ | | Standard Catastrophic ¹ | |
| In-Network | | | | | | | | | A: Catholic Medical Partners B: IH's Full Provider Network | | | | | | | | | | Must be under age 30 | | | |
| Deductible ² | \$0 | | \$0 | | \$600/\$1,200 | | \$1,000/\$2,000 | | A: \$1,000/\$2,000 B: \$2,000/\$4,000 | | \$1,700/\$3,400 | | \$1,950/\$3,900 | | A: \$1,900/\$3,800 B: \$3,425/\$6,850 | | \$4,000/\$8,000 | | \$5,000/\$10,000 | | \$7,900/\$15,800 | |
| Coinsurance | N/A | | N/A | | N/A | | N/A | | A: \$0 B: 50% | | N/A | | N/A | | A: \$0 B: 50% | | 50% | | 50% | | N/A | |
| Out of Pocket Maximum ² | \$2,000/\$4,000 | | \$6,750/\$13,500 | | \$4,000/\$8,000 | | \$7,350/\$14,700 | | A: \$7,350/\$14,700 B: \$7,350/\$14,700 | | \$7,500/\$15,000 | | \$6,550/\$13,100 | | A: \$6,550/\$13,100 B: \$6,550/\$13,100 | | \$7,600/\$15,200 | | \$6,700/\$13,400 | | \$7,900/\$15,800 | |
| Out-of-Network⁵ | | | | | | | | | | | | | | | | | | | | | | |
| Deductible ² | \$5,000/\$10,000 | | \$5,000/\$10,000 | | \$5,000/\$10,000 | | \$5,000/\$10,000 | | \$5,000/\$10,000 | | \$5,000/\$10,000 | | \$5,000/\$10,000 | | \$5,000/\$10,000 | | \$5,000/\$10,000 | | \$5,000/\$10,000 | | N/A | |
| Coinsurance | 50% after deductible | | 50% after deductible | | 50% after deductible | | 50% after deductible | | 50% after deductible | | 50% after deductible | | 50% after deductible | | 50% after deductible | | 50% after deductible | | 50% after deductible | | 100% | |
| Out of Pocket Maximum ² | Unlimited | | Unlimited | | Unlimited | | Unlimited | | Unlimited | | Unlimited | | Unlimited | | Unlimited | | Unlimited | | Unlimited | | N/A | |
| Medical Services | | | | | | | | | | | | | | | | | | | | | | |
| Primary Care Office Visit | \$15 | | \$15 | | \$25 after deductible | | \$15 | | A: \$15 B: 50% after deductible | | \$30 after deductible | | \$35 after deductible | | A: \$35 after deductible B: 50% after deductible | | 50% after deductible | | 50% after deductible | | \$0 after deductible 3 visits | |
| Specialist Office Visit | \$35 | | \$30 | | \$40 after deductible | | \$45 | | A: \$45 B: 50% after deductible | | \$50 after deductible | | \$60 after deductible | | A: \$60 after deductible B: 50% after deductible | | 50% after deductible | | 50% after deductible | | \$0 after deductible | |
| Telemedicine (participating Teladoc® providers only) | \$0 | | \$0 | | \$0 | | \$0 | | A: \$0 B: N/A | | \$0 | | \$0 after deductible | | A: \$0 after deductible B: N/A | | \$0 | | \$0 after deductible | | \$0 | |
| Inpatient Hospital Services (per admission) | \$500 copay/admission | | \$500 copay/admission | | \$1,000 copay/admission after deductible | | \$1,000 copay/admission after deductible | | A: \$1,000 copay/admission after deductible B: 50% coinsurance after ded | | \$1,500 copay/admission after deductible | | \$1,000 copay/admission after deductible | | A: \$1,000 copay/admission after deductible B: 50% coinsurance after ded | | 50% after deductible | | 50% after deductible | | \$0 after deductible | |
| Outpatient Surgery Physician Services | \$100 | | \$0 | | \$100 after deductible | | \$45 after deductible | | A: \$45 after deductible B: 50% coinsurance after ded | | \$100 after deductible | | \$0 after deductible | | A: \$0 after deductible B: 50% coinsurance after ded | | 50% after deductible | | 50% after deductible | | \$0 after deductible | |
| Outpatient Facility Fee | \$100 | | \$50 | | \$100 after deductible | | \$150 after deductible | | A: \$150 after deductible B: 50% coinsurance | | \$100 after deductible | | \$200 after deductible | | A: \$100 after deductible B: 50% coinsurance after ded | | 50% after deductible | | 50% after deductible | | \$0 after deductible | |
| Emergency Room Services | \$100 | | \$150 | | \$150 after deductible | | \$200 | | A: \$200 B: \$200 | | \$250 after deductible | | \$250 after deductible | | A: \$200 after deductible B: \$200 after deductible | | 50% after deductible | | 50% after deductible | | \$0 after deductible | |
| Urgent Care | \$55 | | \$75 | | \$60 after deductible | | \$75 | | A: \$75 B: 50% after deductible | | \$70 after deductible | | \$75 after deductible | | A: \$75 after deductible B: 50% after deductible | | 50% after deductible | | 50% after deductible | | \$0 after deductible | |
| Pharmacy ³ | \$10/\$30/\$60 | | \$10/\$50/50% | | \$10/\$35/\$70 | | \$10/\$30/50% | | \$10/\$30/50% | | \$10/\$35/\$70 | | \$10/\$50/50% after deductible | | \$10/\$50/50% after deductible | | \$10/\$35/\$70 after deductible | | 50% on all tiers after deductible | | 50% on all tiers after deductible | |
| Health & Wellness Benefit | \$250 Wellness Card or Nutrition Benefit | | \$250 Wellness Card or Nutrition Benefit | | \$250 Wellness Card or Nutrition Benefit | | \$250 Wellness Card or Nutrition Benefit | | \$250 Wellness Card or Nutrition Benefit | | \$250 Wellness Card or Nutrition Benefit | | \$250 Wellness Card or Nutrition Benefit | | \$250 Wellness Card or Nutrition Benefit | | \$250 Wellness Card or Nutrition Benefit | | \$250 Wellness Card or Nutrition Benefit | | \$250 Wellness Card or Nutrition Benefit | |
| HSA-Qualified | No | | No | | No | | No | | No | | No | | HSA-Qualified | | HSA-Qualified | | No | | HSA-Qualified | | No | |
| Monthly/Quarterly Rates | Monthly | Quarterly | Monthly | Quarterly | Monthly | Quarterly | Monthly | Quarterly | Monthly | Quarterly | Monthly | Quarterly | Monthly | Quarterly | Monthly | Quarterly | Monthly | Quarterly | Monthly | Quarterly | Monthly | Quarterly |
| Individual | \$ 880.87 | \$ 2,592.61 | \$ 838.66 | \$ 2,465.98 | \$731.91 | \$2,145.73 | \$702.89 | \$2,058.67 | \$655.25 | \$1,915.75 | \$594.08 | \$1,732.24 | \$551.66 | \$1,604.98 | \$522.33 | \$1,516.99 | \$429.03 | \$1,237.09 | \$423.69 | \$1,221.07 | \$275.88 | \$777.64 |
| Individual/Child(ren) | \$ 1,479.98 | \$ 4,389.94 | \$ 1,408.22 | \$ 4,174.66 | \$1,226.75 | \$3,630.25 | \$1,177.41 | \$3,482.23 | \$1,096.43 | \$3,239.29 | \$992.44 | \$2,927.32 | \$920.32 | \$2,710.96 | \$870.46 | \$2,561.38 | \$711.85 | \$2,085.55 | \$702.77 | \$2,058.31 | \$451.50 | \$1,304.50 |
| Individual/Spouse | \$ 1,736.74 | \$ 5,160.22 | \$ 1,652.32 | \$ 4,906.96 | \$1,438.82 | \$4,266.46 | \$1,380.78 | \$4,092.34 | \$1,285.50 | \$3,806.50 | \$1,163.16 | \$3,439.48 | \$1,078.32 | \$3,184.96 | \$1,019.66 | \$3,008.98 | \$833.06 | \$2,449.18 | \$822.38 | \$2,417.14 | \$526.76 | \$1,530.28 |
| Child Only Rate | \$ 377.62 | \$ 1,082.86 | N/A | N/A | \$316.25 | \$898.75 | N/A | N/A | N/A | N/A | \$259.46 | \$728.38 | N/A | N/A | N/A | N/A | \$191.46 | \$524.38 | N/A | N/A | N/A | N/A |
| Family | \$ 2,464.23 | \$ 7,342.69 | \$ 2,343.93 | \$ 6,981.79 | \$2,039.69 | \$6,069.07 | \$1,956.99 | \$5,820.97 | \$1,821.21 | \$5,413.63 | \$1,646.88 | \$4,890.64 | \$1,525.98 | \$4,527.94 | \$1,442.39 | \$4,277.17 | \$1,176.49 | \$3,479.47 | \$1,161.27 | \$3,433.81 | \$740.01 | \$2,170.03 |

¹ Subscriber must be under the age of 30 at the beginning of the plan year or meet federal eligibility requirements.

⁴ Offered in Erie & Niagara Counties only.

² For Individual & Child(ren), Individual & Spouse, & Family Plans, the deductible and out-of-pocket maximum is two times the individual plan deductible.

⁵ All plans include Out-of-Network Coverage. Please refer to Summary of Benefits & Coverage (SBC) for further details.

³ All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.

⁶ No Application Fee Required

Updated: 11/1/2018