

**Amherst Chamber of Commerce
Medical Rates for Individuals
January 1, 2020 - December 31, 2020**



BCBS Individual Market: January 1, 2020 - December 31, 2020

	PLATINUM				GOLD				SILVER				BRONZE			
	BlueCross BlueShield Platinum Standard		BlueCross BlueShield Platinum Ind align or focus ⁴⁺		BlueCross BlueShield Gold Standard		BlueCross BlueShield Gold Ind align or focus ⁴⁺		BlueCross BlueShield Silver Standard		BlueCross BlueShield Silver Ind align or focus ⁴⁺		BlueCross BlueShield Bronze Standard		BlueCross BlueShield Bronze Ind align or focus ⁴⁺	
In-Network			Optimum Choice	Flexible Choice			Optimum Choice	Flexible Choice			Optimum Choice	Flexible Choice			Optimum Choice	Flexible Choice
Deductible	\$0		\$0	\$5,000/\$10,000 embedded	\$600/\$1,200 embedded		\$800/\$1,600 embedded	\$5,000/\$10,000 embedded	\$1,300/\$2,600 embedded		\$2,500/\$5,000 true family	\$5,000/\$10,000 true family	\$4,425/\$8,850 embedded		\$8,000/\$16,000 embedded	\$8,150/\$16,300 embedded
Out of Pocket Maximum	\$2,000/\$4,000 embedded		\$8,150/\$16,300 embedded		\$4,000/\$8,000 embedded		\$8,150/\$16,300 embedded		\$7,900/\$15,800 embedded		\$6,000/\$12,000 embedded		\$8,150/\$16,300 embedded		\$8,150/\$16,300 embedded	
Out-Of-Network																
Deductible	\$5,000/\$10,000 embedded		\$5,000/\$10,000 embedded		\$5,000/\$10,000 embedded		\$5,000/\$10,000 embedded		\$5,000/\$10,000 embedded		\$5,000/\$10,000 true family		\$5,000/\$10,000 embedded		\$8,150/\$16,300 embedded	
Out of Pocket Maximum	\$10,000/\$20,000 embedded		\$10,000/\$20,000 embedded		\$10,000/\$20,000 embedded		\$10,000/\$20,000 embedded		\$10,000/\$20,000 embedded		\$10,000/\$20,000 embedded		\$10,000/\$20,000 embedded		\$10,000/\$20,000 embedded	
Medical Services													3 PCP visits covered in full			
PCP/Specialist	\$15/\$35		\$10/\$20	50% after deductible	\$25/\$40 after deductible		\$20/\$40 after deductible	50% after deductible	\$30/\$50 after deductible		\$30/\$50 after deductible	50% after deductible	50% after deductible		50% after deductible	
Laboratory Services	\$35		\$20		\$40 after deductible	\$40 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
Prescription Drugs			+ \$0 Preventive Rx Plan				+ \$0 Preventive Rx Plan				+ \$0 Preventive Rx Plan					
Tier1/Tier2/Tier3	\$10/\$30/\$60		\$5/\$20/50%		\$10/\$35/\$70 not subject to deductible		\$5/\$40/50% not subject to deductible		\$10/\$35/\$70 not subject to deductible		\$5/\$50/50% * after deductible		\$10/\$35/\$70 after deductible		\$15/50%/50% after deductible	
Inpatient/Outpatient Services																
Inpatient Hospital (per admission)	\$500		\$500	50% after deductible	\$1,000 after deductible		\$750 after deductible	50% after deductible	\$1,500 after deductible		\$1,000 after deductible	50% after deductible	50% after deductible		50% after deductible	
Outpatient Facility Fee	\$100		\$100		\$100 after deductible	\$150 after deductible	\$150 after deductible		\$200 after deductible	50% after deductible	50% after deductible		50% after deductible	50% after deductible	50% after deductible	50% after deductible
Emergency Room/Ambulance	\$100		\$300		\$150 after deductible		\$300 after deductible		\$250/\$150 after deductible		\$300 after deductible		50% after deductible		50% after deductible	
Urgent Care	\$55		\$40		\$60 after deductible		\$50 after deductible		\$70 after deductible		\$75 after deductible		50% after deductible		50% after deductible	
Additional Services	Telemedicine hosted by Doctor On Demand®: \$0 copay after deductible on HSA-qualified plans and \$0 copay not subject to deductible on non-HSA-qualified plans															
Diabetic Services: Drugs/supplies	\$15		\$10	50% after deductible	\$25 after deductible		\$20 after deductible	50% after deductible	\$30 after deductible		\$30 after deductible	50% after deductible	50% after deductible		50% after deductible	
Vision Pediatric Annual Exam (Routine)	\$15		\$0		\$25 after deductible		\$0		\$30 after deductible		\$0		50% after deductible		\$0	
Vision Adult Discount Program ^	Standard		Enhanced		Standard		Enhanced		Standard		Enhanced		Standard		Enhanced	
Health & Wellness Benefit	\$250 Wellness Card + \$25 for health survey		\$250 Wellness Card + \$25 for health survey		\$250 Wellness Card + \$25 for health survey		\$250 Wellness Card + \$25 for health survey		\$250 Wellness Card + \$25 for health survey		\$250 Wellness Card + \$25 for health survey		\$250 Wellness Card + \$25 for health survey		\$250 Wellness Card + \$25 for health survey	
HSA-Eligible	No		No		No		No		No		✓ HSA Eligible Plan		No		No	
	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly
Single	\$ 908.54	\$ 2,675.62	\$814.26	\$2,392.78	\$749.17	\$2,197.51	\$675.68	\$1,977.04	\$588.65	\$1,715.95	\$517.00	\$1,501.00	\$438.81	\$1,266.43	\$408.17	\$1,174.51
Employee/Child(ren)	\$ 1,527.02	\$ 4,531.06	\$1,366.75	\$4,050.25	\$1,256.09	\$3,718.27	\$1,131.16	\$3,343.48	\$983.20	\$2,899.60	\$861.40	\$2,534.20	\$728.47	\$2,135.41	\$676.39	\$1,979.17
Two Person	\$ 1,792.08	\$ 5,326.24	\$1,603.53	\$4,760.59	\$1,473.33	\$4,369.99	\$1,326.37	\$3,929.11	\$1,152.30	\$3,406.90	\$1,009.00	\$2,977.00	\$852.61	\$2,507.83	\$791.35	\$2,324.05
Family	\$ 2,543.10	\$ 7,579.30	\$2,274.40	\$6,773.20	\$2,088.87	\$6,216.61	\$1,879.44	\$5,588.32	\$1,631.40	\$4,844.20	\$1,427.20	\$4,231.60	\$1,204.36	\$3,563.08	\$1,117.04	\$3,301.12

¹ Align features Kaleida Health facilities; available to residents of Erie & Niagara counties only. Habilitation (PT/OT/ST) 60 combined visits per condition, per plan year Home health care 40 visits per plan year Hospice 210 days per plan year, 5 visits per plan year for family bereavement Hearing aids Single purchase every 3 years

⁺ Focus features Catholic Health facilities; available to residents of Erie & Niagara counties only. Rehab, outpatient (PT/OT/ST) 60 combined visits per condition, per plan year Rehab, inpatient (PT/OT/ST) 60 combined visits, per plan year Substance abuse, outpatient Unlimited, 20 visits per plan year for family counseling Skilled nursing facility Unlimited, 200 days per yr-Standard plans

^{*} Select preventive drugs are \$0 cost-share, not subject to deductible on Silver Ind align & focus plans.

[^] Vision benefits administered by EyeMed®

Updated: 10/30/2019