



Amherst Chamber of Commerce Medical Rates for Small Group

January 1, 2020 - December 31, 2020*



	PLATINUM						GOLD				SILVER						BRONZE							
	BlueCross BlueShield Platinum Plus PPO		BlueCross BlueShield Platinum Plus POS		Independent Health FlexFit Platinum		Independent Health IDirect Gold Copay		Independent Health IDirect Gold Copay HSAQ		BlueCross BlueShield Silver POS 8100		BlueCross BlueShield Silver 7100 align Tiered		Independent Health IDirect Silver Copay		Independent Health IDirect Silver Copay HSAQ		Independent Health IDirect Silver Coinsurance HSAQ		Independent Health IDirect Bronze Blended HSAQ		Independent Health IDirect Bronze MV	
In-Network													(Kaleida Facilities Only)											
Deductible	\$0		\$0		\$0		\$1,250/\$2,500 true family		\$1,400/\$2,800 true family		\$2,900/\$5,800 true family		\$1,900/\$3,800 true family		\$2,250/\$4,500 true family		\$2,250/\$4,500 true family		\$3,000/\$6,000 true family		\$4,000/\$8,000 embedded		\$8,150/\$16,300 embedded	
Coinsurance	0%		0%		0%		0%		0%		40% after deductible		0%		0%		0%		20% after deductible		30% after deductible		0% after deductible	
Out of Pocket Maximum	\$3,500/\$7,000 embedded		\$3,500/\$7,000 embedded		\$5,250/\$10,500 embedded		\$6,750/\$13,500 embedded		\$6,750/\$13,500 embedded		\$6,900/\$13,800 embedded		\$6,900/\$13,800 embedded		\$7,550/\$15,100 embedded		\$6,750/\$13,500 embedded		\$6,750/\$13,500 embedded		\$6,750/\$13,500 embedded		\$8,150/\$16,300 embedded	
Out-Of-Network																								
Deductible	\$5,000/\$10,000 embedded ¹		\$5,000/\$10,000 embedded		\$5,000/\$10,000 true family		\$5,000/\$10,000 true family		\$5,000/\$10,000 true family		\$5,000/\$10,000 true family		\$5,000/\$10,000 true family		\$5,000/\$10,000 true family		\$5,000/\$10,000 true family		\$5,000/\$10,000 true family		\$5,000/\$10,000 embedded		\$10,000/\$20,000 embedded	
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		50% after deductible		50% after deductible	
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		\$10,000/\$20,000 embedded		\$10,000/\$20,000 embedded		\$10,000/\$20,000 embedded		\$20,000/\$40,000 embedded	
Medical Services																								
PCP	\$5		\$5		\$10		\$20 copay		\$20 after deductible		40% after deductible		\$25 after deductible		\$35 after deductible		\$35 after deductible		20% after deductible		\$40 after deductible		\$0 after deductible	
Specialist	\$25		\$25		\$40		\$50 after deductible		\$50 after deductible		40% after deductible		\$50 after deductible		\$60 after deductible		\$60 after deductible		20% after deductible		\$60 after deductible		\$0 after deductible	
Diagnostic X Ray	\$25		\$25		\$40		\$50 after deductible		\$50 after deductible		40% after deductible		\$50 after deductible		\$60 after deductible		\$60 after deductible		20% after deductible		\$60 after deductible		\$0 after deductible	
Laboratory Testing	\$0		\$0		\$10		\$20 after deductible		\$20 after deductible		40% after deductible		\$50 after deductible		\$35 after deductible		\$35 after deductible		20% after deductible		\$40 after deductible		\$0 after deductible	
Chiropractic Services	\$5		\$5		\$40		\$50 copay after deductible		\$50 after deductible		40% after deductible		\$25 after deductible		\$60 after deductible		\$60 after deductible		20% after deductible		\$60 after deductible		\$0 after deductible	
Maternity Services: Prenatal/Postnatal	\$5		\$5		\$0		\$0 after deductible		\$0 after deductible		40% after deductible		\$25 after deductible		\$0		\$0		\$0		\$0		\$0	
Inpatient Maternity	\$500		\$500		\$500		\$1,000 after deductible		\$1,000 after deductible		40% after deductible		\$750 after deductible		\$1,000 after deductible		\$1,000 after deductible		20% after deductible		30% after deductible		\$0 after deductible	
Hospital Services																								
Inpatient Hospital (per admission)	\$500		\$500		\$500		\$1,000 after deductible		\$1,000 after deductible		40% after deductible		\$750 after deductible		\$1,000 after deductible		\$1,000 after deductible		20% after deductible		30% after deductible		\$0 after deductible	
Outpatient Surgery: Hospital/Ambulatory	\$150		\$150		\$75/\$50		\$75/\$50 after deductible		\$75/\$50 after deductible		40% after deductible		\$150 after deductible		\$200/\$175 after deductible		\$200/\$175 after deductible		20%/20% after deductible		30%/30% after deductible		\$0/\$0 after deductible	
Emergency Room	\$150		\$150		\$150		\$150 copay		\$150 after deductible		40% after deductible		\$250 after deductible		\$250 after deductible		\$250 after deductible		20% after deductible		30% after deductible		\$0 after deductible	
Telemedicine	\$0		\$0		\$0		\$0		\$0 after deductible		0% after deductible		\$0 after deductible		\$0		\$0 after deductible		\$0 after deductible		\$0 after deductible		\$0 after deductible	
Urgent Care	\$40		\$40		\$75		\$75 copay		\$75 after deductible		40% after deductible		\$75 after deductible		\$75		\$75 after deductible		20% after deductible		\$75 after deductible		\$0 after deductible	
Prescription Drugs																								
Retail (30 Day Supply)	\$5/\$25/50%		\$5/\$25/50%		\$5/\$30/50% ²		\$10/\$40/50%		\$10/\$40/50% after deductible		\$5/\$30/50% after deductible		\$5/\$30/50% after deductible		\$15/\$50/50%		\$15/\$50/50% after deductible		20%/20%/50% after deductible		20%/30%/50% after deductible		\$0 after deductible	
Additional Services											+ \$0 Preventive Rx		+ \$0 Preventive Rx											
Vision Exam (Routine)	\$0		\$0		\$40		\$40		\$40		\$0		\$0		\$40		\$40		\$40		\$40		\$40	
Health & Wellness Benefit	\$250 Wellness Card		\$250 Wellness Card		\$250 Health Extras SM or Nutrition Benefit		\$250 Health Extras SM or Nutrition Benefit		\$250 Health Extras SM or Nutrition Benefit		\$250 Wellness Card		\$250 Wellness Card		\$250 Health Extras SM or Nutrition Benefit		\$250 Health Extras SM or Nutrition Benefit		\$250 Health Extras SM or Nutrition Benefit		\$250 Health Extras SM or Nutrition Benefit		\$250 Health Extras SM or Nutrition Benefit	
HSA-Eligible	No		No		No		No		Yes		Yes: HSA Qualified		Yes: HSA Qualified		No		Yes		Yes		Yes		No	
Rates	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly
Single	\$815.41	\$2,396.23	\$645.38	\$1,886.14	\$661.99	\$1,935.97	\$577.80	\$1,683.40	\$550.37	\$1,601.11	\$464.43	\$1,343.29	\$449.88	\$1,299.64	\$505.43	\$1,466.29	\$494.43	\$1,433.29	\$471.74	\$1,365.22	\$445.98	\$1,287.94	\$413.12	\$1,189.36
Employee/Child(ren)	\$1,368.70	\$4,056.10	\$1,079.65	\$3,188.95	\$1,107.88	\$3,273.64	\$964.76	\$2,844.28	\$918.13	\$2,704.39	\$772.03	\$2,266.09	\$747.30	\$2,191.90	\$841.73	\$2,475.19	\$823.03	\$2,419.09	\$784.46	\$2,303.38	\$740.67	\$2,172.01	\$684.80	\$2,004.40
Two Person	\$1,605.82	\$4,767.46	\$1,265.76	\$3,747.28	\$1,298.98	\$3,846.94	\$1,130.60	\$3,341.80	\$1,075.74	\$3,177.22	\$903.86	\$2,661.58	\$874.76	\$2,574.28	\$985.86	\$2,907.58	\$963.86	\$2,841.58	\$918.48	\$2,705.44	\$866.96	\$2,550.88	\$801.24	\$2,353.72
Family	\$2,277.67	\$6,783.01	\$1,793.08	\$5,329.24	\$1,840.42	\$5,471.26	\$1,600.48	\$4,751.44	\$1,522.30	\$4,516.90	\$1,277.38	\$3,782.14	\$1,235.91	\$3,657.73	\$1,394.23	\$4,132.69	\$1,362.88	\$4,038.64	\$1,298.21	\$3,844.63	\$1,224.79	\$3,624.37	\$1,131.14	\$3,343.42

Additional plans are available to groups with 2 or more employees

Embedded Deductible: Once any family member has met the individual deductible, subsequent medical costs are covered for that person, even if the family deductible has not been satisfied.

True Family Deductible: Any individual within a family can accumulate the entire family deductible.

^ See Benefit Summary for more info

¹ Independent Health: Out-of-Network coverage only applies to non-participating providers outside the 8 counties of WNY.

² Independent Health: All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.

No Application Fee Required. Please call the Amherst Chamber of Commerce at 632-6905 for more information

Updated: 10/30/2019