



Amherst Chamber of Commerce  
 Medical Rates for Individuals  
 January 1, 2021 - December 31, 2021\*



IHA Individual Market: January 1, 2021 - December 31, 2021

**NEW**

	PLATINUM				GOLD				SILVER				BRONZE				CATASTROPHIC						
	Standard Platinum		Flexfit Platinum		Standard Gold		IDirect Gold Copay		Max Gold		Standard Silver		IDirect Silver Copay HSAQ		Choice Plus Silver Copay HSAQ <sup>2</sup>		Standard Bronze HSAQ		IDirect Bronze Coinsurance HSAQ		Standard Catastrophic <sup>1</sup>		
<b>In-Network</b>																							<b>Must be under age 30</b>
<b>Deductible<sup>2</sup></b>	\$0		\$0		\$600/\$1,200 embedded		\$1,250/\$2,500 true family		\$1,500/\$3,000 true family		\$1,300/\$2,600 embedded		\$2,250/\$4,500		A: \$2,250/\$4,500 emb B: \$3,750/\$7,500 emb		\$6,100/\$12,200 embedded		\$5,600/\$11,200 embedded		\$8,550/\$17,100 embedded		
<b>Coinsurance</b>	0%		0%		0%		0%		0%		0%		N/A		A: \$0 B: 50% after deductible		50% after deductible		50% after deductible		0%		
<b>Out of Pocket Maximum</b>	\$2,000/\$4,000 embedded		\$5,250/\$10,500 embedded		\$4,000/\$8,000 embedded		\$6,750/\$13,500 embedded		\$6,750/\$13,500 embedded		\$8,500/\$17,000 embedded		\$6,950/\$13,900 embedded		A: \$6,950/\$13,900 emb B: \$6,950/\$13,900 emb		\$6,900/\$13,800 embedded		\$6,950/\$13,900 embedded		\$8,550/\$17,100 embedded		
<b>Out-of-Network</b>																							
<b>Deductible<sup>2</sup></b>	\$5,000/\$10,000 embedded		\$5,000/\$10,000 true family		\$5,000/\$10,000 embedded		\$5,000/\$10,000 true family		\$5,000/\$10,000 true family		\$5,000/\$10,000 embedded		\$5,000/\$10,000 true family		\$5,000/\$10,000 embedded		\$5,000/\$10,000 embedded		\$7,500/\$15,000 embedded		**		
<b>Coinsurance</b>	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		
<b>Out of Pocket Maximum</b>	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		N/A		
<b>Medical Services</b>																							
<b>Primary Care Office Visit</b>	\$15		\$10		\$25 after deductible		\$20		\$20		\$30 after deductible		\$35 after deductible		A: \$35 after deductible B: 50% after deductible		50% after deductible		50% after deductible		Deductible then \$0 after 3 visits for Prim Care		
<b>Specialist Office Visit</b>	\$35		\$40		\$40 after deductible		\$50 after deductible		\$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		
<b>Telemedicine (partic. Teladoc® providers only)</b>	\$15		\$10		\$25 after deductible		\$20		\$20		\$30 after deductible		\$35 after deductible		\$35 after deductible		\$0		50% after deductible		\$0 after deductible		
<b>Urgent Care</b>	\$55		\$75		\$60 after deductible		\$75		\$75		\$70 after deductible		\$75 after deductible		A: \$75 after deductible B: 50% after deductible		50% after deductible		50% after deductible		\$0 after deductible		
<b>Emergency Room Services</b>	\$100		\$150		\$150 after deductible		\$150		\$150 after deductible		\$300 after deductible		\$250 after deductible		A: \$250 after deductible B: \$250 after deductible		50% after deductible		50% after deductible		\$0 after deductible		
<b>Outpatient Procedures Ambulatory</b>	\$100		\$50		\$100 after deductible		\$50 after deductible		\$50 after deductible		\$150 after deductible		\$75 after deductible		A: \$75 after deductible B: 50% coinsurance after ded		50% after deductible		50% after deductible		\$0 after deductible		
<b>Outpatient Procedures Hospital</b>	\$100		\$75		\$100 after deductible		\$75 after deductible		\$75 after deductible		\$150 after deductible		\$100 after deductible		A: \$100 after deductible B: 50% coinsurance after ded		50% after deductible		50% after deductible		\$0 after deductible		
<b>Inpatient Hospital Services (per admission)</b>	\$500		\$500		\$1,000 after deductible		\$1,000 after deductible		\$1,000 after deductible		\$1,500 after deductible		\$1,000 after deductible		A: \$1,000 after deductible B: 50% coinsurance after ded		50% after deductible		50% after deductible		\$0 after deductible		
<b>Pharmacy<sup>3</sup></b>	\$10/\$30/\$60		\$5/\$30/50%		\$10/\$35/\$70		\$10/\$40/50%		\$10/\$40 after deductible/ 50% after deductible		\$10/\$35/\$70		Deductible then \$15/\$50/50%		Deductible then \$15/\$50/50%		Deductible then \$10/\$35/\$70		50% on all tiers after deductible		\$0 on all tiers after deductible		
<b>Health &amp; Wellness Benefit</b>	\$250 Health Extras <sup>SM</sup> or Nutrition Benefit		\$250 Health Extras <sup>SM</sup> or Nutrition Benefit		\$250 Health Extras <sup>SM</sup> or Nutrition Benefit		\$250 Health Extras <sup>SM</sup> or Nutrition Benefit		\$250 Health Extras <sup>SM</sup> or Nutrition Benefit		\$250 Health Extras <sup>SM</sup> or Nutrition Benefit		\$250 Health Extras <sup>SM</sup> or Nutrition Benefit		\$250 Health Extras <sup>SM</sup> or Nutrition Benefit		\$250 Health Extras <sup>SM</sup> or Nutrition Benefit		\$250 Health Extras <sup>SM</sup> or Nutrition Benefit		\$250 Health Extras <sup>SM</sup> or Nutrition Benefit		
<b>HSA-Qualified</b>	No		No		No		No		No		No		HSA-Qualified		HSA-Qualified		HSA-Qualified		HSA-Qualified		No		
<b>Monthly/Quarterly Rates</b>	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	
<b>Individual</b>	\$ 813.68	\$ 2,391.04	\$ 755.97	\$ 2,217.91	\$675.93	\$1,977.79	\$648.27	\$1,894.81	\$637.62	\$1,862.86	\$565.19	\$1,645.57	\$523.27	\$1,519.81	\$497.45	\$1,442.35	\$434.63	\$1,253.89	\$410.52	\$1,181.56	\$281.66	\$794.98	
<b>Individual/Child(ren)</b>	\$ 1,365.76	\$ 4,047.28	\$ 1,267.65	\$ 3,752.95	\$1,131.58	\$3,344.74	\$1,084.56	\$3,203.68	\$1,066.45	\$3,149.35	\$943.32	\$2,779.96	\$872.06	\$2,566.18	\$828.17	\$2,434.51	\$721.37	\$2,114.11	\$680.38	\$1,991.14	\$461.32	\$1,333.96	
<b>Individual/Spouse</b>	\$ 1,602.36	\$ 4,757.08	\$ 1,486.94	\$ 4,410.82	\$1,326.86	\$3,930.58	\$1,271.54	\$3,764.62	\$1,250.24	\$3,700.72	\$1,105.38	\$3,266.14	\$1,021.54	\$3,014.62	\$969.90	\$2,859.70	\$844.26	\$2,482.78	\$796.04	\$2,338.12	\$538.32	\$1,564.96	
<b>Family</b>	\$ 2,272.74	\$ 6,768.22	\$ 2,108.26	\$ 6,274.78	\$1,880.15	\$5,590.45	\$1,801.32	\$5,353.96	\$1,770.97	\$5,262.91	\$1,564.54	\$4,643.62	\$1,445.07	\$4,285.21	\$1,371.48	\$4,064.44	\$1,192.45	\$3,527.35	\$1,123.73	\$3,321.19	\$756.48	\$2,219.44	

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

<sup>2</sup> Offered in Erie & Niagara counties only

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

\*No Application Fee required/\$25 administration fee per monthly or quarterly billing is included

Please refer to Individual Plans - Summary of Benefits & Coverage (SBC) at [www.amherst.org/policy-options](http://www.amherst.org/policy-options) for further details.

\*\*Non-participating provider services are not covered except as required for Emergency & Urgent Care

\*\*\*Non-participating provider services are NOT covered & you would pay full cost

Updated: 10/29/2020