**Amherst Chamber of Commerce Medical Rates for Small Group**

**January 1, 2021 - December 31, 2021**

<table>
<thead>
<tr>
<th>Network</th>
<th>Gold</th>
<th>Silver</th>
<th>POS 105</th>
<th>POS 200</th>
<th>Gold 7200 AP</th>
<th>Gold POS 800</th>
<th>Gold 7200 AP</th>
<th>POS 200</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$1,250/$2,500</td>
<td>$1,400/$2,800</td>
<td>$1,900/$3,800</td>
<td>$2,250/$4,500</td>
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<tr>
<td>Co-insurance</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
<td>0%</td>
<td>0%</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
<td>0%</td>
<td>0%</td>
<td>20% after deductible</td>
<td>30% after deductible</td>
<td>0%</td>
<td>0%</td>
<td>20% after deductible</td>
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<tr>
<td>Out of Pocket Maximum</td>
<td>$3,500/$7,000</td>
<td>$3,500/$7,000</td>
<td>$2,250/$10,500</td>
<td>$6,750/$13,500</td>
<td>$6,750/$13,500</td>
<td>$6,900/$13,800</td>
<td>$6,900/$13,800</td>
<td>$7,950/$15,100</td>
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</tbody>
</table>

**Medical Services**

- **PCP**: $5
- **Specialist**: $25
- **Diagnostic X-Ray**: $25
- **Laboratory Testing**: $25
- **Chiropractic**: $5
- **Pharmacy**: $5
- **Inpatient Hospital**: $500
- **Outpatient Hospital**: $500
- **Emergency Room**: $150
- **Physician Office**: $5
- **Optometrist**: $10
- **Urgent Care**: $40

**Additional Services**

- **Vision Exam (Routine)**: $0
- **Health & Wellness**
  - WellnessCard: $250
  - $250 Health Extra or Nutritional Benefit: $350
  - $250 Health Extra or Nutritional Benefit: $350
  - WellnessCard: $250

**Additional Deductibles**

- **In-Network**
  - Single: $807.54
  - Employee/Child(ren): $1,355.32
  - Two Person: $1,590.08
  - Family: $2,895.24

**Embedded Deductibles**

- Must reside in 8 WNY counties
- Independent Health: Out-of-Network coverage only applies to non-participating providers outside the 8 counties of WNY.
- Nutrition Benefit
- 20% after deductible
- 20% after deductible
- 20% after deductible
- 20% after deductible

**Independent Health**

- POS 105: $10,000/$20,000
- POS 200: $25,000/$50,000

**Embedded**

- abdominal, $5/30/50%
- Family
- 20% after deductible
- 20% after deductible
- 20% after deductible
- 20% after deductible

For a complete Summary of Benefits, please visit [www.amherstchamber.org](http://www.amherstchamber.org) policy options.