



BlueCross BlueShield
of Western New York

Amherst Chamber of Commerce Medical Rates for Small Group

January 1, 2021 - December 31, 2021*



				GOLD				NEW				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 7100 APEX	BlueCross BlueShield Silver POS 8100	Independent Health iDirect Silver Copay	Independent Health iDirect Silver Copay HSAQ	Independent Health Passport Plan Local Silver HSAQ	Independent Health iDirect Bronze Blended HSAQ	Independent Health thRed Bronze												
In-Network						Apex Dr Network/ Erie & Niagara County				Must reside in 8 WNY counties IHC + First Health Nationally		thRed Dr Network/ Erie County Only												
Deductible	\$0	\$0	\$0	\$1,250/\$2,500 true family	\$1,400/\$2,800 true family	\$1,900/\$3,800 true family	\$2,900/\$5,800 true family	\$2,250/\$4,500 true family	\$2,250/\$4,500 true family	\$3,000/\$6,000 true family	\$6,000/\$12,000 embedded	\$8,550/\$17,100 embedded												
Coinsurance	0%	0%	0%	0%	0%	0%	40% after deductible	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	\$6,950/\$13,900 embedded	\$6,950/\$13,900 embedded	\$6,950/\$13,900 embedded	\$8,550/\$17,100 embedded												
Out-Of-Network^{1-IHA}																								
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	\$7,500/\$15,000 embedded	\$10,000/\$20,000 embedded												
Coinsurance	50% after deductible	50% after deductible	20% 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	\$15,000/\$30,000 embedded	\$10,000/\$20,000 embedded												
Medical Services																								
PCP	\$5	\$5	\$10	\$20	\$20 after deductible	\$25 after deductible	40% 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	\$50 after deductible	40% 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	\$50 after deductible	40% 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	\$50 after deductible	40% after deductible	\$35 after deductible	\$35 after deductible	20% after deductible	\$40 after deductible	\$0 after deductible												
Chiropractic Services	\$5	\$5	\$40	\$50 after deductible	\$50 after deductible	\$25 after deductible	40% 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	\$0	\$25 after deductible	40% after deductible	\$0	\$0	\$0	\$0	\$0												
Inpatient Maternity	\$500	\$500	\$500	\$1,000 after deductible	\$1,000 after deductible	\$750 after deductible	40% 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	\$750 after deductible	40% after deductible	\$1,000 after deductible	\$1,000 after deductible	20% after deductible	30% after deductible	\$0 after deductible												
Outpatient Surgery: Hospital/Ambulatory	\$150/\$5	\$150/\$5	\$75/\$50	\$75/\$50 after deductible	\$75/\$50 after deductible	\$150 after deductible	40% 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	\$150 after deductible	\$250 after deductible	40% after deductible	\$250 after deductible	\$250 after deductible	20% after deductible	30% after deductible	\$0 after deductible												
Telemedicine	\$0	\$0	\$10	\$20	\$20 after deductible	\$0 after deductible	0% after deductible	\$35 after deductible	\$35 after deductible	20% after deductible	\$40 after deductible	\$0 after deductible												
Urgent Care	\$40	\$40	\$75	\$75	\$75 after deductible	\$75 after deductible	40% 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%	\$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	Health Extras SM up to \$550 + rewards												
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	\$807.54	\$2,372.62	\$638.05	\$1,864.15	\$640.10	\$1,870.30	\$563.06	\$1,639.18	\$538.68	\$1,566.04	\$462.99	\$1,338.97	\$450.21	\$1,300.63	\$493.13	\$1,429.39	\$484.05	\$1,402.15	\$467.76	\$1,353.28	\$416.19	\$1,198.57	\$361.80	\$1,035.40
Employee/Child(ren)	\$1,355.32	\$4,015.96	\$1,067.19	\$3,151.57	\$1,070.67	\$3,162.01	\$939.70	\$2,769.10	\$898.26	\$2,644.78	\$769.58	\$2,258.74	\$747.86	\$2,193.58	\$820.82	\$2,412.46	\$805.39	\$2,366.17	\$777.69	\$2,283.07	\$690.02	\$2,020.06	\$597.56	\$1,742.68
Two Person	\$1,590.08	\$4,720.24	\$1,251.10	\$3,703.30	\$1,255.20	\$3,715.60	\$1,101.12	\$3,253.36	\$1,052.36	\$3,107.08	\$900.98	\$2,652.94	\$875.42	\$2,576.26	\$961.26	\$2,833.78	\$943.10	\$2,779.30	\$910.52	\$2,681.56	\$807.38	\$2,372.14	\$698.60	\$2,045.80
Family	\$2,255.24	\$6,715.72	\$1,772.19	\$5,266.57	\$1,778.04	\$5,284.12	\$1,558.47	\$4,625.41	\$1,488.99	\$4,416.97	\$1,273.27	\$3,769.81	\$1,236.85	\$3,660.55	\$1,359.17	\$4,027.51	\$1,333.29	\$3,949.87	\$1,286.87	\$3,810.61	\$1,139.89	\$3,369.67	\$984.88	\$2,904.64

>Additional plans are available to groups with 2 or more employees; please call (716)632.6905 or email healthinsurance@amherst.org<

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.

For a complete Summary of Benefits, please visit www.amherst.org/policy-options

* See Benefit Summary for more info

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

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

Updated: 10/28/2020