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

Independent Health

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

	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[2]	Standard Bronze	IDirect Bronze Coinsurance HSAQ	Standard Catastrophic[1]
In-Network								A: Catholic Medical Partners B: IH's Full Provider			Must be under age 30
Deductible[2]	$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	$4,425/$8,850 embedded	$5,150/$10,300 embedded	$8,150/$16,300 embedded
Coinsurance	0%	0%	0%	0%	0%	0%	N/A	A: $0 B: 50% after deductible	50% after deductible	50% after deductible	0%
Out of Pocket Maximum	$2,000/$4,000 embedded	$5,250/$10,500 embedded	$4,000/$8,000 embedded	$6,750/$13,500 embedded	$6,700/$13,500 embedded	$7,900/$15,800 embedded	$6,750/$13,500 embedded	A: $6,750/$13,500 emb B: $6,750/$13,500 emb	$8,150/$16,300 embedded	$6,750/$13,500 embedded	$8,150/$16,300 embedded
Out-of-Network[5]											
Deductible[2]	$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	*
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	**
Out of Pocket Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	N/A
Medical Services											
Primary Care Office Visit	$15	$10	$25 after deductible	$20	$20	$30 after deductible	$35 after deductible	A: $35 after deductible B: 50% after deductible	Deductible then 50% after 3 visits for Prim Care Allowance	50% after deductible	Deductible then $0 after 3 visits for Prim Care Allowance
Specialist Office Visit	$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
Telemedicine (partic. Teladoc® providers only)	$0	$0	$0	$0	$0	$0	$0 after deductible	$0 after deductible	$0	$0 after deductible	$0
Urgent Care	$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
Emergency Room Services	$100	$150	$150 after deductible	$150	150	$250 after deductible	$250 after deductible	A: $250 after deductible B: $250 after deductible	50% after deductible	50% after deductible	$0 after deductible
Outpatient Procedures Ambulatory	$100	$50	$100 after deductible	$50 after deductible	$50 after deductible	$150 after deductible	$50 after deductible	A: $50 after deductible B: 50% coinsurance after ded	50% after deductible	50% after deductible	$0 after deductible
Outpatient Procedures Hospital	$100	$75	$100 after deductible	$75 after deductible	$75 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
Inpatient Hospital Services (per admission)	$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
Pharmacy[4]	$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
Health & Wellness Benefit	$250 Health Extras℠ or Nutrition Benefit	$250 Health Extras℠ or Nutrition Benefit	$250 Health Extras℠ or Nutrition Benefit	$250 Health Extras℠ or Nutrition Benefit	$250 Health Extras℠ or Nutrition Benefit	$250 Health Extras℠ or Nutrition Benefit	$250 Health Extras℠ or Nutrition Benefit	$250 Health Extras℠ or Nutrition Benefit	$250 Health Extras℠ or Nutrition Benefit	$250 Health Extras℠ or Nutrition Benefit	$250 Health Extras℠ or Nutrition Benefit
HSA-Qualified	No	No	No	No	No	No	HSA-Qualified	HSA-Qualified	No	HSA-Qualified	No

Monthly/Quarterly Rates	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly
Individual	$ 863.73	$ 2,541.19	$ 797.77	$ 2,343.31	$717.24	$2,101.72	$669.87	$1,959.61	$662.81	$1,938.43	$599.46	$1,748.38	$552.37	$1,607.11	$528.57	$1,535.71	$467.35	$1,352.05	$432.56	$1,247.68	$304.58	$863.74
Individual/Child(ren)	$ 1,450.84	$ 4,302.52	$ 1,338.71	$ 3,966.13	$1,201.81	$3,555.43	$1,121.28	$3,313.84	$1,109.28	$3,277.84	$1,001.58	$2,954.74	$921.53	$2,714.59	$881.07	$2,593.21	$777.00	$2,281.00	$717.85	$2,103.55	$500.29	$1,450.87
Individual/Spouse	$ 1,692.46	$ 5,027.38	$ 1,570.54	$ 4,661.62	$1,409.48	$4,178.44	$1,314.74	$3,894.22	$1,300.62	$3,851.86	$1,173.92	$3,471.76	$1,079.74	$3,189.22	$1,032.14	$3,046.42	$909.70	$2,679.10	$840.12	$2,470.36	$584.16	$1,702.48
Family	$ 2,415.38	$ 7,196.14	$ 2,227.39	$ 6,632.17	$1,997.88	$5,943.64	$1,862.88	$5,538.64	$1,842.76	$5,478.28	$1,662.21	$4,936.63	$1,528.00	$4,534.00	$1,460.17	$4,330.51	$1,285.70	$3,807.10	$1,186.55	$3,509.65	$821.80	$2,415.40

[1] Subscriber must be under the age of 30 at the beginning of the plan year or meet federal eligibility requirements.

[2] Offered in Erie & Niagara counties only

[4] All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.

[5] All plans include Out-of-Network Coverage. Please refer to Summary of Benefits & Coverage (SBC) 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: 10/30/2019

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