



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



IHA Individual Market: 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 <sup>2</sup>		Standard Bronze		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		\$4,425/\$8,850 embedded		\$5,150/\$10,300 embedded		\$8,150/\$16,300 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		\$6,700/\$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			
<b>Out-of-Network<sup>5</sup></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		Deductible then 50% after 3 visits for Prim Care Allowance		50% after deductible		Deductible then \$0 after 3 visits for Prim Care Allowance			
<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>	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0 after deductible		\$0		\$0 after deductible		\$0			
<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		\$250 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		\$50 after deductible		A: \$50 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		\$75 after deductible		A: \$75 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>4</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		No		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>	\$ 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		
<b>Individual/Child(ren)</b>	\$ 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		
<b>Individual/Spouse</b>	\$ 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		
<b>Family</b>	\$ 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		

<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>4</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

<sup>5</sup> All plans include Out-of-Network Coverage. Please refer to Summary of Benefits & Coverage (SBC) for further details.

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

\*\*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: 1/22/2020