# Medical Rates for Individuals

**January 1, 2020 - December 31, 2020**

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<tbody>
<tr>
<td><strong>In-Network</strong></td>
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<tr>
<td>Deductible</td>
<td>$0</td>
<td>$0</td>
<td>$600/$1,200</td>
<td>$1,250/$2,500</td>
<td>$1,500/$3,000</td>
<td>$1,500/$3,000</td>
<td>$1,500/$3,000</td>
<td>$2,250/$4,500</td>
<td>$2,250/$4,500</td>
<td>$4,250/$8,500</td>
</tr>
<tr>
<td>Co-pay</td>
<td>0%</td>
<td>0%</td>
<td>true family</td>
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<td>0%</td>
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<td>$0</td>
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<tr>
<td>Out of Pocket Maximum</td>
<td>$2,000/$4,000</td>
<td>$5,000/$10,000</td>
<td>$4,000/$8,000</td>
<td>$6,750/$13,500</td>
<td>$6,750/$13,500</td>
<td>$1,500/$3,000</td>
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<td>$6,750/$13,500</td>
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<td><strong>Out-of-Network 2</strong></td>
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<tr>
<td>Deductible</td>
<td>$5,000/$10,000</td>
<td>$5,000/$10,000</td>
<td>$5,000/$10,000</td>
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<tr>
<td>Co-pay</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
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<tr>
<td>Out of Pocket Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
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<td>Unlimited</td>
<td>Unlimited</td>
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<td>Unlimited</td>
<td>N/A</td>
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</table>

**Medical Services**

- **Primary Care Office Visit**
  - $15
  - $10
  - $25 after deductible
  - $20
  - $30 after deductible
  - $35 after deductible

- **Specialists Office Visit**
  - $30
  - $40
  - $40 after deductible
  - $30
  - $50 after deductible
  - $60 after deductible

- **Interventional (particip. Teladoc® providers only)**
  - $0
  - $0
  - $0 after deductible
  - $0
  - $0 after deductible
  - $0

- **Urgent Care**
  - $55
  - $75
  - $75 after deductible
  - $75
  - $75 after deductible
  - $75

- **Emergency Room Services**
  - $150
  - $150 after deductible
  - $150
  - $150
  - $250 after deductible
  - $250

- **Outpatient Procedures Ambulatory**
  - $100
  - $50
  - $50 after deductible
  - $50
  - $50 after deductible
  - $50

- **Outpatient Procedures Hospital**
  - $100
  - $75
  - $75 after deductible
  - $75
  - $75 after deductible
  - $75

- **Inpatient Hospital Services (per admission)**
  - $500
  - $500 after deductible
  - $1,000 after deductible
  - $1,000
  - $1,000 after deductible
  - $1,500 after deductible

- **Pharmacy**
  - $50/$100/$150
  - $50 after deductible
  - $50 after deductible
  - $50 after deductible
  - $50 after deductible
  - $50 after deductible

- **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

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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
3. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
4. No Application Fee required/$25 administration fee per month or quarterly billing is included
5. All plans include Out-of-Network Coverage. Please refer to Summary of Benefits & Coverage (SBC) for further details.
6. Non-participating provider services are not covered except as required for Emergency & Urgent Care

**Updated:** 1/22/2020