



Amherst Chamber of Commerce
 Medical Rates for Individuals
 January 1, 2021 - December 31, 2021*



IHA Individual Market: January 1, 2021 - December 31, 2021

NEW

	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 HSAQ		IDirect Bronze Coinsurance HSAQ		Standard Catastrophic ¹		
In-Network																							Must be under age 30
Deductible²	\$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		\$6,100/\$12,200 embedded		\$5,600/\$11,200 embedded		\$8,550/\$17,100 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		\$6,750/\$13,500 embedded		\$8,500/\$17,000 embedded		\$6,950/\$13,900 embedded		A: \$6,950/\$13,900 emb B: \$6,950/\$13,900 emb		\$6,900/\$13,800 embedded		\$6,950/\$13,900 embedded		\$8,550/\$17,100 embedded		
Out-of-Network																							
Deductible²	\$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		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		50% after deductible		50% after deductible		Deductible then \$0 after 3 visits for Prim Care		
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)	\$15		\$10		\$25 after deductible		\$20		\$20		\$30 after deductible		\$35 after deductible		\$35 after deductible		\$0		50% after deductible		\$0 after deductible		
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 after deductible		\$300 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		\$75 after deductible		A: \$75 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		\$100 after deductible		A: \$100 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		
Pharmacy³	\$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 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		\$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		\$250 Health Extras SM or Nutrition Benefit		\$250 Health Extras SM or Nutrition Benefit		\$250 Health Extras SM or Nutrition Benefit		
HSA-Qualified	No		No		No		No		No		No		HSA-Qualified		HSA-Qualified		HSA-Qualified		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	\$ 813.68	\$ 2,391.04	\$ 755.97	\$ 2,217.91	\$675.93	\$1,977.79	\$648.27	\$1,894.81	\$637.62	\$1,862.86	\$565.19	\$1,645.57	\$523.27	\$1,519.81	\$497.45	\$1,442.35	\$434.63	\$1,253.89	\$410.52	\$1,181.56	\$281.66	\$794.98	
Individual/Child(ren)	\$ 1,365.76	\$ 4,047.28	\$ 1,267.65	\$ 3,752.95	\$1,131.58	\$3,344.74	\$1,084.56	\$3,203.68	\$1,066.45	\$3,149.35	\$943.32	\$2,779.96	\$872.06	\$2,566.18	\$828.17	\$2,434.51	\$721.37	\$2,114.11	\$680.38	\$1,991.14	\$461.32	\$1,333.96	
Individual/Spouse	\$ 1,602.36	\$ 4,757.08	\$ 1,486.94	\$ 4,410.82	\$1,326.86	\$3,930.58	\$1,271.54	\$3,764.62	\$1,250.24	\$3,700.72	\$1,105.38	\$3,266.14	\$1,021.54	\$3,014.62	\$969.90	\$2,859.70	\$844.26	\$2,482.78	\$796.04	\$2,338.12	\$538.32	\$1,564.96	
Family	\$ 2,272.74	\$ 6,768.22	\$ 2,108.26	\$ 6,274.78	\$1,880.15	\$5,590.45	\$1,801.32	\$5,353.96	\$1,770.97	\$5,262.91	\$1,564.54	\$4,643.62	\$1,445.07	\$4,285.21	\$1,371.48	\$4,064.44	\$1,192.45	\$3,527.35	\$1,123.73	\$3,321.19	\$756.48	\$2,219.44	

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.

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

Please refer to Individual Plans - Summary of Benefits & Coverage (SBC) at www.amherst.org/policy-options 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: 10/29/2020