



**Amherst Chamber of Commerce  
Medical Rates for Individuals  
January 1, 2022 - December 31, 2022\***



**IHA Individual Market: January 1, 2022 - December 31, 2022**

	PLATINUM				GOLD				SILVER				BRONZE				CATASTROPHIC									
	Standard Platinum		Flexfit Platinum		Standard Gold		IDirect Gold Copay		Activate Gold		Silver Standard		IDirect Silver Copay HSAQ		Choice Plus Silver HSAQ <sup>2</sup>		thRed Silver		Standard Bronze HSAQ		IDirect Bronze Coinsurance HSAQ		Standard Catastrophic <sup>1</sup>			
<b>In-Network</b>									1st Dollar Coverage: \$750/\$1,500				A: Catholic Medical Partners B: IH's Full Provider Network		must live or work in Erie County						Must be under age 30					
<b>Deductible</b>	\$0		\$0		\$600/\$1,200 embedded		\$1,250/\$2,500 true family		\$1,500/\$3,000 embedded		\$1,300/\$2,600 embedded		\$2,250/\$4,500 true family		A: \$2,250/\$4,500 true B: \$3,750/\$7,500 true		\$3,500/\$7,000 true family		\$6,100/\$12,200 embedded		\$5,600/\$11,200 embedded		\$8,700/\$17,400 embedded			
<b>Coinsurance</b>	0%		0%		0%		0%		25% after 1st dollar & deductible		0%		0%		A: 0% B: 50% after deductible		0%		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		\$7,950/\$15,900 embedded		\$8,500/\$17,000 embedded		\$6,950/\$13,900 embedded		A: \$6,950/\$13,900 emb B: \$6,950/\$13,900 emb		\$8,000/\$16,000 embedded		\$6,900/\$13,800 embedded		\$6,950/\$13,900 embedded		\$8,700/\$17,400 embedded			
<b>Out-of-Network</b>																										
<b>Deductible</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 embedded		\$5,000/\$10,000 embedded		\$5,000/\$10,000 true family		\$5,000/\$10,000 true family		\$5,000/\$10,000 true family		\$7,500/\$15,000 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		50% after deductible		***	
<b>Out of Pocket Maximum</b>	Unlimited		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 after 1st dollar & deductible		\$30 after deductible		\$35 after deductible		A: \$35 after deductible B: 50% after deductible		\$0		50% after deductible		50% after deductible		Deductible then \$0 after 3 visits for Prim Care			
<b>Specialist Office Visit</b>	\$35		\$40		\$40 after deductible		\$50 after deductible		\$50 after 1st dollar & deductible		\$50 after deductible		\$60 after deductible		A: \$60 after deductible B: 50% after deductible		\$60 after deductible		50% after deductible		50% after deductible		\$0 after deductible			
<b>Telemedicine (partic. TeleDoc providers only)</b>	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0			
<b>Urgent Care</b>	\$55		\$75		\$60 after deductible		\$75		\$75 after 1st dollar & deductible		\$70 after deductible		\$75 after deductible		A: \$75 after deductible B: 50% after deductible		\$100 after deductible		50% after deductible		50% after deductible		\$0 after deductible			
<b>Emergency Room Services</b>	\$100		\$150		\$150 after deductible		\$150		25% after 1st dollar & deductible		\$300 after deductible		\$250 after deductible		A: \$250 after deductible B: \$250 after deductible		\$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		25% after 1st dollar & deductible		\$150 after deductible		\$75 after deductible		A: \$75 after deductible B: 50% coinsurance after ded		\$175 after deductible		50% after deductible		50% after deductible		\$0 after deductible			
<b>Outpatient Procedures Hospital</b>	\$100		\$75		\$100 after deductible		\$75 after deductible		25% after 1st dollar & deductible		\$150 after deductible		\$100 after deductible		A: \$100 after deductible B: 50% coinsurance after		\$200 after deductible		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		25% after 1st dollar & deductible		\$1,500 after deductible		\$1,000 after deductible		A: \$1,000 after deductible B: 50% after deductible		\$1,500 after deductible		50% after deductible		50% after deductible		\$0 after deductible			
<b>Pharmacy<sup>3</sup></b>	\$10/\$30/\$60		\$5/\$30/50%		\$10/\$35/\$70		\$10/\$40/50%		\$10/25%/50% after 1st dollar & deductible		\$10/\$35/\$70		Deductible then \$15/\$50/50%		Deductible then \$15/\$50/50%		\$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		\$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		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	Monthly	Quarterly		
<b>Individual</b>	\$ 785.51	\$ 2,306.53	\$ 718.31	\$ 2,104.93	\$652.68	\$1,908.04	\$620.89	\$1,812.67	\$597.22	\$1,741.66	\$545.89	\$1,587.67	\$497.29	\$1,441.87	\$475.63	\$1,376.89	\$456.77	\$1,320.31	\$426.09	\$1,228.27	\$390.65	\$1,121.95	\$274.89	\$774.67		
<b>Individual/Child(ren)</b>	\$ 1,317.87	\$ 3,903.61	\$ 1,203.63	\$ 3,560.89	\$1,092.06	\$3,226.18	\$1,038.01	\$3,064.03	\$997.77	\$2,943.31	\$910.51	\$2,681.53	\$827.89	\$2,433.67	\$791.07	\$2,323.21	\$759.01	\$2,227.03	\$706.85	\$2,070.55	\$646.61	\$1,889.83	\$449.81	\$1,299.43		
<b>Individual/Spouse</b>	\$ 1,546.02	\$ 4,588.06	\$ 1,411.62	\$ 4,184.86	\$1,280.36	\$3,791.08	\$1,216.78	\$3,600.34	\$1,169.44	\$3,458.32	\$1,066.78	\$3,150.34	\$969.58	\$2,858.74	\$926.26	\$2,728.78	\$888.54	\$2,615.62	\$827.18	\$2,431.54	\$756.30	\$2,218.90	\$524.78	\$1,524.34		
<b>Family</b>	\$ 2,192.45	\$ 6,527.35	\$ 2,000.93	\$ 5,952.79	\$1,813.89	\$5,391.67	\$1,723.29	\$5,119.87	\$1,655.83	\$4,917.49	\$1,509.54	\$4,478.62	\$1,371.03	\$4,063.09	\$1,309.30	\$3,877.90	\$1,255.54	\$3,716.62	\$1,168.11	\$3,454.33	\$1,067.10	\$3,151.30	\$737.19	\$2,161.57		

<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>3</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

Please refer to Individual Plans - Summary of Benefits & Coverage (SBC) at [www.amherst.org](http://www.amherst.org) 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: 10/27/2021

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