



# Amherst Chamber of Commerce Small Group Insurance Rates



## January 1, 2023 - December 31, 2023\*

	PLATINUM		NEW Plan GOLD		NEW PPO SILVER		BRONZE																	
	Highmark Platinum Plus POS	Independent Health FlexFit Platinum	Independent Health Activate Gold	Independent Health iDirect Gold Copay HSAQ	Highmark Silver PPO 7100	Highmark Silver 7100 APEX	Highmark Silver POS 8100	Independent Health iDirect Silver Copay	Independent Health iDirect Silver Copay HSAQ	Independent Health iDirect Silver Copay HSAQ	Independent Health iDirect Bronze Blended HSAQ	Independent Health thRed Bronze												
<b>In-Network</b>			First Dollar Coverage \$750/\$1500			Apex Dr Network/ Erie & Niagara County						thRed Dr Network/ Erie County Only												
Deductible	\$0	\$0	\$1,500/\$3,000 embedded	\$1,500/\$3,000 true family	\$2,500/\$5,000 true family	\$2,500/\$5,000 true family	\$3,500/\$7,000 true family	\$2,000/\$4,000 true family	\$2,000/\$4,000 true family	\$3,000/\$6,000 true family	\$6,000/\$12,000 embedded	\$9,100/\$18,200 embedded												
Coinsurance	0%	0%	25% after first dollar and deductible	0%	0%	0%	40% after deductible	0%	0%	20% after deductible	30% after deductible	0%												
Out-of-Pocket Maximum	\$5,000/\$10,000 embedded	\$5,250/\$10,500 embedded	\$7,950/\$15,900 embedded	\$4,500/\$9,000 embedded	\$7,000/\$14,000 embedded	\$7,000/\$14,000 embedded	\$7,000/\$14,000 embedded	\$7,550/\$15,100 embedded	\$6,950/\$13,900 embedded	\$6,950/\$13,900 embedded	\$6,950/\$13,900 embedded	\$9,100/\$18,200 embedded												
<b>Out-Of-Network</b>																								
Deductible	\$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 true family	\$5,000/\$10,000 true family	\$5,000/\$10,000 true family	\$5,000/\$10,000 true family	\$5,000/\$10,000 true family	\$7,500/\$15,000 embedded	\$10,000/\$20,000 embedded												
Coinsurance	50% after deductible	20% 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	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$15,000/\$30,000 embedded	\$20,000/\$40,000 embedded												
<b>Medical Services</b>																								
PCP	\$5	\$10	\$20 after first dollar and deductible	\$20 after deductible	\$30 after deductible	\$30 after deductible	40% after deductible	\$35 after deductible	\$35 after deductible	20% after deductible	\$40 after deductible	\$0 after deductible												
Specialist	\$25	\$40	\$50 after first dollar and deductible	\$50 after deductible	\$50 after deductible	\$50 after deductible	40% after deductible	\$60 after deductible	\$60 after deductible	20% after deductible	\$60 after deductible	\$0 after deductible												
Diagnostic X Ray	\$25	\$40	\$50 after first dollar and deductible	\$50 after deductible	\$50 after deductible	\$50 after deductible	40% after deductible	\$60 after deductible	\$60 after deductible	20% after deductible	\$60 after deductible	\$0 after deductible												
Laboratory Testing	\$15	\$10	\$20 after first dollar and deductible	\$20 after deductible	\$50 after deductible	\$50 after deductible	40% after deductible	\$35 after deductible	\$35 after deductible	20% after deductible	\$40 after deductible	\$0 after deductible												
Chiropractic Services	\$5	\$40	\$50 after first dollar and deductible	\$50 after deductible	\$25 after deductible	\$25 after deductible	40% after deductible	\$60 after deductible	\$60 after deductible	20% after deductible	\$60 after deductible	\$0 after deductible												
Maternity Services: Prenatal/Postnatal	\$5	\$0	\$0	\$0	\$25 after deductible	\$25 after deductible	40% after deductible	\$0	\$0	\$0	\$0	\$0												
Inpatient Maternity	\$500	\$500	25% after first dollar and deductible	\$750 after deductible	\$750 after deductible	\$750 after deductible	40% after deductible	\$1,000 after deductible	\$1,000 after deductible	20% after deductible	30% after deductible	\$0 after deductible												
<b>Hospital Services</b>																								
Inpatient Hospital (per admission)	\$500	\$500	25% after first dollar and deductible	\$750 after deductible	\$1000 after deductible	\$1000 after deductible	40% after deductible	\$1,000 after deductible	\$1,000 after deductible	20% after deductible	30% after deductible	\$0 after deductible												
Outpatient Surgery: Hospital/Ambulatory	\$250	\$75/\$100	25%/25% after first dollar and deductible	\$125/\$100 after deductible	\$250 after deductible	\$250 after deductible	40% after deductible	\$200/\$175 after deductible	\$200/\$175 after deductible	20%/20% after deductible	30%/30% after deductible	\$0/\$0 after deductible												
Emergency Room	\$250	\$150	25% after first dollar and deductible	\$150 after deductible	\$250 after deductible	\$250 after deductible	40% after deductible	\$250 after deductible	\$250 after deductible	20% after deductible	30% after deductible	\$0 after deductible												
Telemedicine	\$0	\$0	\$0	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0												
Urgent Care	\$100	\$75	\$75 after first dollar and deductible	\$75 after deductible	\$75 after deductible	\$75 after deductible	40% after deductible	\$75	\$75 after deductible	20% after deductible	\$75 after deductible	\$0 after deductible												
<b>Prescription Drugs</b>																								
Retail (30 Day Supply)	\$5/\$25/50%	\$5/\$30/50%	\$10/25%/50% after first dollar & deductible	\$10/\$40/50% after deductible	\$10/\$40/50% after deductible	\$10/\$40/50% after deductible	\$10/\$40/50% after deductible	\$15/\$50/50%	\$15/\$50/50% after deductible	20%/20%/50% after deductible	\$20/30%/50% after deductible	\$0 after deductible												
<b>Additional Services</b>	+ \$0 Preventive Rx	+ \$0 Preventive Rx	+ \$0 Preventive Rx	+ \$0 Preventive Rx	+ \$0 Preventive Rx	+ \$0 Preventive Rx	+ \$0 Preventive Rx	+ \$0 Preventive Rx	+ \$0 Preventive Rx	+ \$0 Preventive Rx	+ \$0 Preventive Rx	+ \$0 Preventive Rx												
Vision Exam (Routine)	\$0	\$40	\$20	\$40	\$0	\$0	\$0	\$40	\$40	\$40	\$40	\$40												
Health & Wellness Benefit	\$250 Wellness Card	\$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 Wellness Card	\$250 Wellness Card	\$250 Wellness Card	\$250 Health Extras <sup>SM</sup> or Nutrition Benefit	Health Extras <sup>SM</sup> and \$50 in rewards															
HSA-Eligible	No	No	No	Yes	Yes: HSA Qualified	Yes: HSA Qualified	Yes: HSA Qualified	No	Yes	Yes	Yes	No												
<b>Rates</b>	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly												
Single	\$756.72	\$2,220.16	\$708.70	\$2,076.10	\$589.16	\$1,717.48	\$604.09	\$1,762.27	\$724.28	\$2,122.84	\$541.21	\$1,573.63	\$532.48	\$1,547.44	\$558.24	\$1,624.72	\$550.39	\$1,601.17	\$517.17	\$1,501.51	\$478.26	\$1,384.78	\$411.92	\$1,185.76
Employee/Child(ren)	\$1,268.92	\$3,756.76	\$1,187.29	\$3,511.87	\$984.07	\$2,902.21	\$1,009.45	\$2,978.35	\$1,213.77	\$3,591.31	\$902.55	\$2,657.65	\$887.71	\$2,613.13	\$931.51	\$2,744.53	\$918.16	\$2,704.48	\$861.69	\$2,535.07	\$795.54	\$2,336.62	\$682.76	\$1,998.28
Two Person	\$1,488.44	\$4,415.32	\$1,392.40	\$4,127.20	\$1,153.32	\$3,409.96	\$1,183.18	\$3,499.54	\$1,423.55	\$4,220.65	\$1,057.41	\$3,122.23	\$1,039.95	\$3,069.85	\$1,091.48	\$3,224.44	\$1,075.78	\$3,177.34	\$1,009.34	\$2,978.02	\$931.52	\$2,744.56	\$798.84	\$2,346.52
Family	\$2,110.40	\$6,281.20	\$1,973.55	\$5,870.65	\$1,632.86	\$4,848.58	\$1,675.41	\$4,976.23	\$2,017.94	\$6,003.82	\$1,496.19	\$4,438.57	\$1,471.30	\$4,363.90	\$1,544.73	\$4,584.19	\$1,522.36	\$4,517.08	\$1,427.68	\$4,233.04	\$1,316.79	\$3,900.37	\$1,127.72	\$3,333.16

>Additional plans are available to groups with 2 or more employees; please call (716) 632.6905 or email benefits@amherst.org<

\* See Benefit Summary for more info

Updated: 10/27/2022

Embedded Deductible: Once any family member has met the individual deductible, subsequent medical costs are covered for that person, even if the family deductible has not been satisfied.

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

True Family Deductible: Any individual within a family can accumulate the entire family deductible.

For a complete Summary of Benefits, please visit [www.amherst.org](http://www.amherst.org) & click on "Insurance &EAP"

Some information is provided, in part, by parties other than the insurance carrier. The insurer's contract will prevail.