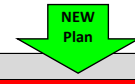




Amherst Chamber of Commerce Small Group Insurance Rates

January 1, 2024 - December 31, 2024*



	PLATINUM					GOLD					SILVER					BRONZE										
	Highmark Platinum Plus POS	Independent Health FlexFit Platinum	Independent Health IDirect Gold Copay Option 3	Independent Health IDirect Gold Copay HSAQ	Independent Health Activate Gold	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 PPO Passport Plan Local Silver HSAQ	Independent Health IDirect Silver Coinsurance HSAQ	Independent Health IDirect Bronze Blended HSAQ													
In-Network					First Dollar Coverage \$750/\$1500		Apex Dr Network/ Erie & Niagara County																			
Deductible	\$0	\$0	\$600/\$1,200 true family	\$1,600/\$3,200 true family	\$1,500/\$3,000 embedded	\$2,750/\$5,500 true family	\$2,750/\$5,500 true family	\$3,500/\$7,000 true family	\$2,000/\$4,000 true family	\$2,000/\$4,000 true family	\$3,000/\$6,000 embedded	\$3,000/\$6,000 true family	\$6,000/\$12,000 embedded													
Coinsurance	N/A	N/A	N/A	N/A	25% after first dollar and deductible	N/A	N/A	40% after deductible	N/A	N/A	20% after deductible	20% after deductible	30% after deductible													
Out-of-Pocket Maximum	\$5,000/\$10,000 embedded	\$5,250/\$10,500 embedded	\$5,900/\$11,800 embedded	\$4,500/\$9,000 embedded	\$7,950/\$15,900 embedded	\$7,500/\$15,000 embedded	\$7,500/\$15,000 embedded	\$7,500/\$15,000 embedded	\$8,000/\$16,000 embedded	\$7,500/\$15,000 embedded	\$7,500/\$15,000 embedded	\$7,500/\$15,000 embedded	\$7,500/\$15,000 embedded													
Out-Of-Network																										
Deductible	\$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	\$5,000/\$10,000 true family	\$5,000/\$10,000 true family	\$5,000/\$10,000 embedded	\$5,000/\$10,000 true family	\$7,500/\$15,000 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	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	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$15,000/\$30,000 embedded													
Medical Services																										
PCP	\$10	\$10	\$25 after deductible	\$20 after deductible	\$20 after first dollar and deductible	\$30 after deductible	\$30 after deductible	40% after deductible	\$35 after deductible	\$35 after deductible	20% after deductible	20% after deductible	\$40 after deductible													
Specialist	\$30	\$40	\$40 after deductible	\$50 after deductible	\$50 after first dollar and deductible	\$50 after deductible	\$50 after deductible	40% after deductible	\$60 after deductible	\$60 after deductible	20% after deductible	20% after deductible	\$60 after deductible													
Diagnostic X Ray	\$30	\$40	\$25/40 after deductible	\$50 after deductible	\$50 after first dollar and deductible	\$50 after deductible	\$50 after deductible	40% after deductible	\$60 after deductible	\$60 after deductible	20% after deductible	20% after deductible	\$60 after deductible													
Laboratory Testing	\$15	\$10	\$40 after deductible	\$20 after deductible	\$20 after first dollar and deductible	\$50 after deductible	\$50 after deductible	40% after deductible	\$35 after deductible	\$35 after deductible	20% after deductible	20% after deductible	\$40 after deductible													
Chiropractic Services	\$10	\$40	\$40 after deductible	\$50 after deductible	\$50 after first dollar and deductible	\$30 after deductible	\$30 after deductible	40% after deductible	\$60 after deductible	\$60 after deductible	20% after deductible	20% after deductible	\$60 after deductible													
Maternity Services: Prenatal/Postnatal	\$10	\$0	\$0	\$0	\$0	\$30 after deductible	\$30 after deductible	40% after deductible	\$0	\$0	\$0	\$0	\$0													
Inpatient Maternity	\$500	\$500	\$1000 after deductible	\$750 after deductible	25% after first dollar and deductible	\$1500 after deductible	\$1500 after deductible	40% after deductible	\$1,000 after deductible	\$1,000 after deductible	20% after deductible	20% after deductible	30% after deductible													
Hospital Services																										
Inpatient Hospital (per admission)	\$500	\$500	\$1,000 after deductible	\$750 after deductible	25% after first dollar and deductible	\$1500 after deductible	\$1500 after deductible	40% after deductible	\$1,000 after deductible	\$1,000 after deductible	20% after deductible	20% after deductible	30% after deductible													
Outpatient Surgery: Hospital/Ambulatory	\$250	\$100/\$75	\$100/\$75 after deductible	\$125/\$100 after deductible	25%/25% after first dollar and deductible	\$250 after deductible	\$250 after deductible	40% after deductible	\$200/\$175 after deductible	\$200/\$175 after deductible	20%/20% after deductible	20%/20% after deductible	30%/30% after deductible													
Emergency Room	\$250	\$150	\$150 after deductible	\$150 after deductible	25% after first dollar and deductible	\$500 after deductible	\$500 after deductible	40% after deductible	\$250 after deductible	\$250 after deductible	20% after deductible	20% after deductible	30% after deductible													
Telemedicine	\$0	\$0	\$0	\$0 after deductible	\$0	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible													
Urgent Care	\$100	\$75	\$75 after deductible	\$75 after deductible	\$75 after first dollar and deductible	\$75 after deductible	\$75 after deductible	40% after deductible	\$75	\$75 after deductible	20% after deductible	20% after deductible	\$75 after deductible													
Prescription Drugs																										
Retail (30 Day Supply)	\$5/\$30/50%	\$5/\$30/50%	\$10/\$35/50%	\$10/\$40/50% after deductible	\$10/25%/50% after first dollar and deductible	\$10/\$40/50% after deductible	\$10/\$40/50% after deductible	\$10/\$40/50% after deductible	\$15/\$50/50%	\$15/\$50/50% after deductible	\$15/20%/50% after deductible	\$15/20%/50% after deductible	\$20/30%/50% after deductible													
Additional Services	+ \$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	+ \$0 Preventive Rx													
Health & Wellness Benefit	\$250 Wellness Card	\$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 Wellness Card	\$250 Wellness Card	\$250 Wellness Card	\$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-Eligible	No	No	No	Yes	No	Yes: HSA Qualified	Yes: HSA Qualified	Yes: HSA Qualified	No	Yes	Yes	Yes	Yes													
Rates	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly				
Single	\$852.93	\$2,508.79	\$807.37	\$2,372.11	\$712.39	\$2,087.17	\$671.67	\$1,965.01	\$661.94	\$1,935.82	\$805.56	\$2,366.68	\$601.16	\$1,753.48	\$592.06	\$1,726.18	\$617.69	\$1,803.07	\$606.88	\$1,770.64	\$590.46	\$1,721.38	\$564.18	\$1,642.54	\$518.66	\$1,505.98
Employee/Child(ren)	\$1,432.48	\$4,247.44	\$1,355.03	\$4,015.09	\$1,193.56	\$3,530.68	\$1,124.34	\$3,323.02	\$1,107.80	\$3,273.40	\$1,351.95	\$4,005.85	\$1,004.47	\$2,963.41	\$989.00	\$2,917.00	\$1,032.57	\$3,047.71	\$1,014.20	\$2,992.60	\$986.28	\$2,908.84	\$941.61	\$2,774.83	\$864.22	\$2,542.66
Two Person	\$1,680.86	\$4,992.58	\$1,589.74	\$4,719.22	\$1,399.78	\$4,149.34	\$1,318.34	\$3,905.02	\$1,298.88	\$3,846.64	\$1,586.12	\$4,708.36	\$1,177.32	\$3,481.96	\$1,159.12	\$3,427.36	\$1,210.38	\$3,581.14	\$1,188.76	\$3,516.28	\$1,155.92	\$3,417.76	\$1,103.36	\$3,260.08	\$1,012.32	\$2,986.96
Family	\$2,384.60	\$7,103.80	\$2,254.75	\$6,714.25	\$1,984.06	\$5,902.18	\$1,868.01	\$5,554.03	\$1,840.28	\$5,470.84	\$2,249.59	\$6,698.77	\$1,667.05	\$4,951.15	\$1,641.12	\$4,873.36	\$1,714.17	\$5,092.51	\$1,683.36	\$5,000.08	\$1,636.56	\$4,859.68	\$1,561.66	\$4,634.98	\$1,431.93	\$4,245.79

>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: 10/26/2023

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 cannot accumulate the entire family deductible.

For a complete Summary of Benefits, please visit 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.