



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 Copairance HSAQ	Independent Health iDirect Bronze Blended HSAQ	Independent Health iDirect Bronze Blended HSAQ	Independent Health iDirect Bronze Blended HSAQ	Independent Health iDirect Bronze Blended HSAQ										
In-Network			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	\$6,000/\$12,000 embedded	\$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	30% 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	\$6,950/\$13,900 embedded	\$6,950/\$13,900 embedded	\$9,100/\$18,200 embedded										
Out-Of-Network																								
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	\$7,500/\$15,000 embedded	\$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	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	\$10,000/\$20,000 embedded	\$20,000/\$40,000 embedded										
Medical Services																								
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	\$40 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	\$60 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	\$60 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	\$40 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	\$60 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	\$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	\$300 after deductible	\$300 after deductible	\$300 after deductible	\$0 after deductible										
Hospital Services																								
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	\$300 after deductible	\$300 after deductible	\$300 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	\$300/\$300 after deductible	\$300/\$300 after deductible	\$300/\$300 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	\$300 after deductible	\$300 after deductible	\$300 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 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	\$75 after deductible	\$75 after deductible	\$0 after deductible										
Prescription Drugs																								
Retail (30 Day Supply)	\$5/\$25/50%	\$5/\$30/50%	\$10/25%/50% after first dollar and 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	\$20/30%/50% after deductible	\$20/30%/50% after deductible	\$0 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	+ \$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 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	\$250 Health Extras SM or Nutrition Benefit	Health Extras SM and \$50 in rewards										
HSA-Eligible	No	No	No	Yes	Yes: HSA Qualified	Yes: HSA Qualified	Yes: HSA Qualified	No	Yes	Yes	Yes	Yes	Yes	No										
Rates	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	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

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.

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 & click on "Insurance &EAP"

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

* See Benefit Summary for more info

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

Updated: 8/9/2023