

Independent Health Individual Market: January 1, 2024 - December 31, 2024



**Amherst Chamber of Commerce
Medical Rates for Individuals
January 1, 2024 - December 31, 2024***



	PLATINUM				GOLD				SILVER				BRONZE				CATASTROPHIC					
	Standard Platinum		Flexfit Platinum		Standard Gold		IDirect Gold Copay		Activate Gold		Silver Standard		IDirect Silver Copay HSAQ		Max Silver		Standard Bronze		IDirect Bronze Coinsurance HSAQ		Standard Catastrophic ¹	
In-Network									1st Dollar Coverage: \$750/\$1,500												Must be under age 30	
Deductible	\$0		\$0		\$600/\$1,200 embedded		\$1,250/\$2,500 true family		\$1,500/\$3,000 embedded		\$2,100/\$4,200 embedded		\$2,000/\$4,000 true family		\$2,800/\$5,600 true family		\$4,600/\$9,200 embedded		\$5,600/\$11,200 embedded		\$9,450/\$18,900 Embedded	
Coinsurance	0%		0%		0%		0%		25% after 1st dollar & deductible		0%		0%		0%		0%		50% after deductible		0%	
Out of Pocket Maximum	\$2,000/\$4,000 embedded		\$5,250/\$10,500 embedded		\$5,900/\$11,800 embedded		\$6,750/\$13,500 embedded		\$7,950/\$15,900 embedded		\$9,450/\$18,900 embedded		\$7,500/\$15,000 embedded		\$8,000/\$16,000 embedded		\$9,450/\$18,900 embedded		\$7,500/\$15,000 embedded		\$9,450/\$18,900 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 embedded		\$5,000/\$10,000 embedded		\$5,000/\$10,000 true family		\$5,000/\$10,000 true family		\$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 after 1st dollar & deductible		\$30 after deductible 1 \$30 pre-deductible visit		\$35 after deductible		\$35		*\$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 1st dollar & deductible		\$65 after deductible		\$60 after deductible		Deductible then \$60		*\$75 after deductible*		50% after deductible		\$0 after deductible	
Telemedicine (partic. Teladoc® providers only)	\$0		\$0		\$0		\$0		\$0		\$0		\$0 after deductible		\$0		\$0		\$0 after deductible		\$0 after deductible	
Urgent Care	\$55		\$75		\$60 after deductible		\$75		\$75 after 1st dollar & deductible		\$70 after deductible		\$75 after deductible		\$75		\$75 after deductible		50% after deductible		\$0 after deductible	
Emergency Room Services	\$100		\$150		\$150 after deductible		\$150 after deductible		25% after 1st dollar & deductible		\$500 after deductible		\$250 after deductible		Deductible then \$250		\$500 after deductible		50% after deductible		\$0 after deductible	
Outpatient Procedures Ambulatory	\$100		\$50		\$100 after deductible		\$100 after deductible		25% after 1st dollar & deductible		\$150 after deductible		\$175 after deductible		Deductible then \$175		\$150 after deductible		50% after deductible		\$0 after deductible	
Outpatient Procedures Hospital	\$100		\$75		\$100 after deductible		\$125 after deductible		25% after 1st dollar & deductible		\$150 after deductible		\$200 after deductible		Deductible then \$200		\$150 after deductible		50% after deductible		\$0 after deductible	
Inpatient Hospital Services (per admission)	\$500		\$500		\$1,000 after deductible		\$1,000 after deductible		25% after 1st dollar & deductible		\$1,500 after deductible		\$1,000 after deductible		Deductible then \$1000		\$1,500 after deductible		50% after deductible		\$0 after deductible	
Pharmacy³	\$10/\$30/\$60		\$5/\$30/50%		\$10/\$35/\$70		\$10/\$40/50%		\$10/25%/50% after 1st dollar & deductible		\$15/\$40/\$75		Deductible then \$15/\$50/50%		\$15/deductible then \$50/Deductible then 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		No		NO		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	\$1,014.59	\$2,993.77	\$966.57	\$2,849.71	\$841.75	\$2,475.25	\$827.80	\$2,433.40	\$803.65	\$2,360.95	\$702.80	\$2,058.40	\$674.76	\$1,974.28	\$669.90	\$1,959.70	\$546.90	\$1,590.70	\$521.57	\$1,514.71	\$366.17	\$1,048.51
Individual/Child(ren)	\$1,707.30	\$5,071.90	\$1,625.67	\$4,827.01	\$1,413.48	\$4,190.44	\$1,389.76	\$4,119.28	\$1,348.71	\$3,996.13	\$1,177.26	\$3,481.78	\$1,129.59	\$3,338.77	\$1,121.33	\$3,313.99	\$912.23	\$2,686.69	\$869.17	\$2,557.51	\$604.99	\$1,764.97
Individual/Spouse	\$2,004.18	\$5,962.54	\$1,908.14	\$5,674.42	\$1,658.50	\$4,925.50	\$1,630.60	\$4,841.80	\$1,582.30	\$4,696.90	\$1,380.60	\$4,091.80	\$1,324.52	\$3,923.56	\$1,314.80	\$3,894.40	\$1,068.80	\$3,156.40	\$1,018.14	\$3,004.42	\$707.34	\$2,072.02
Family	\$2,845.33	\$8,485.99	\$2,708.47	\$8,075.41	\$2,352.74	\$7,008.22	\$2,312.98	\$6,888.94	\$2,244.15	\$6,682.45	\$1,956.73	\$5,820.19	\$1,876.82	\$5,580.46	\$1,862.97	\$5,538.91	\$1,512.42	\$4,487.26	\$1,440.22	\$4,270.66	\$997.33	\$2,941.99

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 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: 11/1/2023

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