Independent Health Individual Market: January 1, 2026 - December 31, 2026

Independent Health

Amherst Chamber of Commerce
Medical Rates for Individuals
January 1, 2026 - December 31, 2026*

Important Note
Out of Network Coverage is no longer available for Independent Health Individual Market
Emergency Care is still covered

	PLATINUM				GOLD						SILVER						BRONZE					
	Standard Platinum		Flexfit Platinum		Standard Gold		IDirect Gold Copay		IDirect Gold Copay HSAQ		Silver Standard		IDirect Silver Copay HSAQ		Max Silver		Standard Bronze		IDirect Bronze Coinsurance HSAQ		IDirect Bronze MV	
In-Network									HealthEquity				HealthEquity						HealthEquity			
Deductible	$0		$0		**$775/$1,550 embedded**		**$2,000/$4,000 true family**		**$2,500/$5,000 true family**		**$2,450/$4,900 embedded**		**$5,500/$11,000 true family**		**$5,000/$10,000 true family**		**$4,125/$8,250 embedded**		**$6,000/$12,000 embedded**		**$10,600/$21,200 embedded**	
Coinsurance	0%		0%		0%		0%		0%		0%		0%		0%		0%		50% after deductible		0%	
Out of Pocket Maximum	$2,000/$4,000 embedded		**$6,000/$12,000 embedded**		**$10,150/$20,300 embedded**		**$9,000/$18,000 embedded**		**$6,500/$13,000 embedded**		**$10,150/$20,300 embedded**		**$8,300/$16,600 embedded**		**$10,150/$20,300 embedded**		**$10,150/$20,300 embedded**		**$8,450/$16,900 embedded**		**$10,600/$21,200 embedded**	
Medical Services																	***1st (3) visits NOT subject to deductible***					
Primary Care Office Visit	$15		$10		$25 after deductible		**$30**		$20 after deducitble		$30 after deductible 1 $30 pre-deductible visit		$35 after deductible		$35		*$50 after deductible*		50% after deductible		**$0 after deductible**	
Specialist Office Visit	$35		**$45**		$40 after deductible		$50 after deductible		$50 after deductible		$65 after deductible 1 $65 pre-deductible visit		**$65 after deductible**		$60 after deductible		*$75 after deductible*		50% after deductible		**$0 after deductible**	
Telemedicine[1]	$0		$0		$0		$0		$0 after deductible		$0		$0 after deductible		$0		$0		$0 after deductible		**$0**	
Urgent Care	$55		**$100**		$60 after deductible		$75		$75 after deductible		$70 after deductible		$75 after deductible		$75		$75 after deductible		50% after deductible		**$0 after deductible**	
Emergency Room Services	$100		**$350**		$150 after deductible		$300 after deductible		$200 after deductible		$500 after deductible		$300 after deductible		$300 after deductible		$500 after deductible		50% after deductible		**$0 after deductible**	
Outpatient Procedures Ambulatory	$100		**$350**		$100 after deductible		**$325 after deductible**		**$325 after deducitble**		$150 after deductible		**$350 after deductible**		**$350 after deductible**		$150 after deductible		50% after deductible		**$0 after deductible**	
Outpatient Procedures Hospital	$100		**$400**		$100 after deductible		**$375 after deductible**		**$375 after deductible**		$150 after deductible		**$400 after deductible**		**$400 after deductible**		$150 after deductible		50% after deductible		**$0 after deductible**	
Inpatient Hospital Services (per admission)	$500		**$1,000**		$1,000 after deductible		$1,000 after deductible		$1,000 after deductible		$1,500 after deductible		**$1,500 after deductible**		**$1,500 after deductible**		$1,500 after deductible		50% after deductible		**$0 after deductible**	
Pharmacy[2]	$10/$30/$60		**$10/$50**/50%		$10/$35/$70		$10/$40/50%		$10/$40/50% after deductible		$15/$40/$75		Deductible then $15/$50/50%		$15 / $50 after deductible / 50% after deductible		Deductible then $10/$35/$70		50% on all tiers after deductible		**$0 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 ExtrasSM 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		HSA-Qualified		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	**$1,656.88**	**$4,920.64**	**$1,447.97**	**$4,293.91**	**$1,347.28**	**$3,991.84**	**$1,177.99**	**$3,483.97**	**$1,150.72**	**$3,402.16**	**$1,058.23**	**$3,124.69**	**$925.86**	**$2,727.58**	**$957.27**	**$2,821.81**	**$810.56**	**$2,381.68**	**$703.99**	**$2,061.97**	**$675.25**	**$1,975.75**
Individual/Child(ren)	**$2,799.20**	**$8,347.60**	**$2,444.05**	**$7,282.15**	**$2,272.88**	**$6,768.64**	**$1,985.08**	**$5,905.24**	**$1,938.72**	**$5,766.16**	**$1,781.49**	**$5,294.47**	**$1,556.46**	**$4,619.38**	**$1,609.86**	**$4,779.58**	**$1,360.45**	**$4,031.35**	**$1,179.28**	**$3,487.84**	**$1,130.43**	**$3,341.29**
Individual/Spouse	**$3,288.76**	**$9,816.28**	**$2,870.94**	**$8,562.82**	**$2,669.56**	**$7,958.68**	**$2,330.98**	**$6,942.94**	**$2,276.44**	**$6,779.32**	**$2,091.46**	**$6,224.38**	**$1,826.72**	**$5,430.16**	**$1,889.54**	**$5,618.62**	**$1,596.12**	**$4,738.36**	**$1,382.98**	**$4,098.94**	**$1,325.50**	**$3,926.50**
Family	**$4,675.86**	**$13,977.58**	**$4,080.46**	**$12,191.38**	**$3,793.50**	**$11,330.50**	**$3,311.02**	**$9,883.06**	**$3,233.30**	**$9,649.90**	**$2,969.71**	**$8,859.13**	**$2,592.45**	**$7,727.35**	**$2,681.97**	**$7,995.91**	**$2,263.85**	**$6,741.55**	**$1,960.12**	**$5,830.36**	**$1,878.21**	**$5,584.63**

[1]For General Medical & Behavioral telemedicine services, use participating Teledoc providers only; for Dermatological telemedicine, refer to plan summary.
[2] All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
Embedded: On a family policy, once a member meets the single deductible/out of pocket max, the deductible/out of pocket max is satisfied for the member.
True Family: On a family policy, the entire family deductible/out of pocket max must be met before IH provides reimbursement.

Please refer to Individual Plans - Summary of Benefits & Coverage (SBC) at www.amherst.org for further details.
***For all Non-Participating providers, services are not covered except as required for Emergency & Urgent Care**
***No Application Fee required/$25 administration fee per monthly or quarterly billing is included**

Updated 10/15/2025

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