



Amherst Chamber of Commerce Small Group Insurance Rates
January 1, 2027 - December 31, 2027*



	PLATINUM				GOLD						SILVER								BRONZE							
	Independent Health FlexFit Platinum		Highmark Platinum POS Plus		Independent Health Flexfit Gold		Independent Health IDirect Gold Copay Option 3		Independent Health IDirect Gold Copay HSAQ		Highmark Silver PPO 7200		Highmark Silver 7200 APEX		Highmark Silver POS 8200		Independent Health IDirect Silver Copay HSAQ		Independent Health IDirect Silver Copay		Independent Health IDirect Silver Coinsurance HSAQ		Independent Health IDirect Bronze Coinsurance HSAQ		Independent Health IDirect Bronze MV	
In- Network													Apex Dr Network/ Erie & Niagara County													
Deductible	\$0		\$0		\$0		\$1,050/\$2,100 true family		\$1,750/\$3,500 true family		\$3,200/\$6,400 true family		\$3,200/\$6,400 true family		\$5,500/\$11,000 true family		\$3,000/\$6,000 true family		\$4,000/\$8,000 true family		\$3,600/\$7,200 true family		\$6,250/\$12,500 embedded		\$11,750/\$23,500 embedded	
Coinsurance	N/A		N/A		N/A		N/A		N/A		N/A		N/A		30% after deductible		N/A		N/A		25% after deductible		50% after deductible		0%	
Out-of-Pocket Maximum	\$6,000/\$12,000 embedded		\$5,000/\$10,000 embedded		\$8,500/\$17,000 embedded		\$8,500/\$17,000 embedded		\$6,000/\$12,000 embedded		\$8,000/\$16,000 embedded		\$8,000/\$16,000 embedded		\$8,100/\$16,200 embedded		\$8,500/\$17,000 embedded		\$12,000/\$24,000 embedded		\$8,000/\$16,000 embedded		\$8,000/\$16,000 embedded		\$11,750/\$23,500 embedded	
Out-Of-Network																										
Deductible	\$5,000/\$10,000 true family		\$10,000/\$20,000 embedded		\$7,500/\$15,000 embedded		\$7,500/\$15,000 true family		\$7,500/\$15,000 true family		\$10,000/\$20,000 true family		\$10,000/\$20,000 true family		\$10,000/\$20,000 true family		\$7,500/\$15,000 true family		\$7,500/\$15,000 true family		\$7,500/\$15,000 true family		\$12,500/\$25,000 embedded		\$12,500/\$25,000 embedded	
Coinsurance	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		\$20,000/\$40,000 embedded		\$15,000/\$30,000 embedded		\$15,000/\$30,000 embedded		\$15,000/\$30,000 embedded		\$20,000/\$40,000 embedded		\$20,000/\$40,000 embedded		\$20,000/\$40,000 embedded		\$15,000/\$30,000 embedded		\$15,000/\$30,000 embedded		\$15,000/\$30,000 embedded		\$25,000/\$50,000 embedded		\$25,000/\$50,000 embedded	
Medical Services																										
PCP	3 PCP Visits at \$0, then \$10		\$10		3 PCP Visits at \$0, then \$40		3 PCP Visits at \$0, then \$25 after deductible		\$20 after deductible		\$30 after deductible		\$30 after deductible		30% after deductible		\$35 after deductible		3 PCP Visits at \$0, then \$35 after deductible		25% after deductible		50% after deductible		3 PCP Visits at \$0, then \$0 after deductible	
Specialist	\$40		\$30		\$75		\$40 after deductible		\$50 after deductible		\$50 after deductible		\$50 after deductible		30% after deductible		\$65 after deductible		\$65 after deductible		25% after deductible		50% after deductible		\$0 after deductible	
Diagnostic X Ray	\$40		\$30		\$100		\$40 after deductible		\$50 after deductible		\$50 after deductible		\$50 after deductible		30% after deductible		\$65 after deductible		\$65 after deductible		25% after deductible		50% after deductible		\$0 after deductible	
Laboratory Testing	\$10		\$15		\$40		\$25 after deductible		\$20 after deductible		\$50 after deductible		\$50 after deductible		30% after deductible		\$35 after deductible		\$35 after deductible		25% after deductible		50% after deductible		\$0 after deductible	
Chiropractic Services	\$40		\$10		\$75		\$40 after deductible		\$50 after deductible		\$30 after deductible		\$30 after deductible		30% after deductible		\$65 after deductible		\$65 after deductible		25% after deductible		50% after deductible		\$0 after deductible	
Maternity Services: Prenatal/Postnatal	\$0		\$10		\$0		\$0		\$0		\$30 after deductible		\$30 after deductible		30% after deductible		\$0		\$0		\$0		\$0		\$0	
Inpatient Maternity	\$750		\$500		\$3,000		\$1500 after deductible		\$750 after deductible		\$1500 after deductible		\$1500 after deductible		30% after deductible		\$1,500 after deductible		\$1,500 after deductible		25% after deductible		50% after deductible		\$0 after deductible	
Hospital Services																										
Inpatient Hospital (per admission)	\$750		\$500		\$3,000		\$1,500 after deductible		\$750 after deductible		\$1500 after deductible		\$1500 after deductible		30% after deductible		\$1,500 after deductible		\$1,500 after deductible		25% after deductible		50% after deductible		\$0 after deductible	
Outpatient Surgery: Hospital/ Ambulatory	\$300/\$250		\$250		\$1,000/\$950		\$350/\$300 after deductible		\$375/\$325 after deductible		\$250 after deductible		\$250 after deductible		30% after deductible		\$400/\$350 after deductible		\$400/\$350 after deductible		25% after deductible		50% after deductible		\$0 after deductible	
Emergency Room	\$250		\$250		\$300		\$250 after deductible		\$200 after deductible		\$500 after deductible		\$500 after deductible		30% after deductible		\$300 after deductible		\$300 after deductible		25% after deductible		50% after deductible		\$0 after deductible	
Telemedicine	\$0		\$0		\$0		\$0		\$0		\$0 after deductible		\$0 after deductible		\$0 after deductible		\$0		\$0		\$0		\$0		\$0	
Urgent Care	\$100		\$100		\$100		\$75 after deductible		\$75 after deductible		\$75 after deductible		\$75 after deductible		30% after deductible		\$75 after deductible		\$75 after deductible		25% after deductible		50% after deductible		\$0 after deductible	
Prescription Drugs																										
Retail (30 Day Supply)	\$10/\$50/50%		\$5/\$30/50%		\$10/\$75/50%		\$10/\$50/50%		\$10/\$40/50% after deductible		\$10/\$40/50% after deductible		\$10/\$40/50% after deductible		\$10/\$50/50% after deductible		\$15/\$50/50% after deductible		\$15/\$50/50%		\$15/\$50/50% after deductible		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	
Health & Wellness Benefit	\$250 Health Extras SM or Nutrition 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	
HSA-Eligible	No		No		No		No		Yes 		Yes: HSA Qualified		Yes: HSA Qualified		Yes: HSA Qualified		Yes 		No		 		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	Monthly	Quarterly	Monthly	Quarterly
Single	\$1,167.64	\$3,452.92	\$1,051.00	\$3,103.00	\$1,063.92	\$3,141.76	\$1,025.62	\$3,026.86	\$986.63	\$2,909.89	\$995.38	\$2,936.14	\$736.39	\$2,159.17	\$722.22	\$2,116.66	\$879.68	\$2,589.04	\$875.33	\$2,575.99	\$841.07	\$2,473.21	\$762.27	\$2,236.81	\$719.53	\$2,108.59
Employee/Child(ren)	\$1,967.49	\$5,852.47	\$1,769.20	\$5,257.60	\$1,791.16	\$5,323.48	\$1,726.05	\$5,128.15	\$1,659.77	\$4,929.31	\$1,674.64	\$4,973.92	\$1,234.36	\$3,653.08	\$1,210.27	\$3,580.81	\$1,477.96	\$4,383.88	\$1,470.56	\$4,361.68	\$1,412.32	\$4,186.96	\$1,278.36	\$3,785.08	\$1,205.70	\$3,567.10
Two Person	\$2,310.28	\$6,880.84	\$2,077.00	\$6,181.00	\$2,102.84	\$6,258.52	\$2,026.24	\$6,028.72	\$1,948.26	\$5,794.78	\$1,965.76	\$5,847.28	\$1,447.78	\$4,293.34	\$1,419.43	\$4,208.29	\$1,734.36	\$5,153.08	\$1,725.66	\$5,126.98	\$1,657.14	\$4,921.42	\$1,499.54	\$4,448.62	\$1,414.06	\$4,192.18
Family	\$3,281.52	\$9,794.56	\$2,949.10	\$8,797.30	\$2,985.92	\$8,907.76	\$2,876.77	\$8,580.31	\$2,765.65	\$8,246.95	\$2,790.58	\$8,321.74	\$2,052.46	\$6,107.38	\$2,012.06	\$5,986.18	\$2,460.84	\$7,332.52	\$2,448.44	\$7,295.32	\$2,350.80	\$7,002.40	\$2,126.22	\$6,328.66	\$2,004.41	\$5,963.23

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

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

Updated 10/2/2026

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.

*All plans are now considered creditable coverage for Medicare Part D

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

For a complete Summary of Benefits, please email benefits@amherst.org.

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