HIGHMARK			Amherst Chamber of Commerce Small Group Insurance Rates										
			Plan	)LD		January 1, 20	nuary 1, 2025 - December 31, 2025*						BRONZE
Highmark Platinum Plus POS			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
					First Dollar Coverage \$750/\$1500		Apex Dr Network/ Erie & Niagara County				must reside in 23 county IH network area		
\$0	\$0		\$600/\$1,200 true family	\$1,650/\$3,300 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	\$5,600/\$11,200 embedded
N/A	N/A		N/A	N/A	25% after first dollar and decutible	N/A	N/A	40% after deductible	N/A	N/A	25% after deductible	25% after deductible	50% after deductible
\$3,500/\$7,000 embedded			\$6,250/\$12,500 embedded	\$5,500/\$11,000 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
\$5,000/\$10,000 embedded			\$5,000/\$10,000 true family	\$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 embedded	\$5,000/\$10,000 true family	\$7,500/\$15,000 embedded
50% after deductible	20% after de	ductible	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 deductib
\$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
\$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	25% after deductible	25% after deductible	50% after deductible
\$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	25% after deductible	25% after deductible	50% after deductibl
\$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	25% after deductible	25% after deductible	50% after deductib
\$15	\$10		\$40 after deductible	\$20 after deductible	\$20 after first dollar and	\$50 after deductible	\$50 after deductible	40% after deductible	\$35 after deductible	\$35 after deductible	25% after deductible	25% after deductible	50% after deductibl
\$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	25% after deductible	25% after deductible	50% after deductible
\$10	\$0		\$0	\$0	\$0	\$30 after deductible	\$30 after deductible	40% after deductible	\$0	\$0	\$0	\$0	\$0
\$500	\$500		\$1000 after deductible	\$750 after deductible	25% after first dollar	\$1500 after deductible	\$1500 after deductible	40% after deductible	\$1,000 after deductible	\$1,000 after deductible	25% after deductible	25% after deductible	50% after deductibl
\$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	25% after deductible	25% after deductible	50% after deductibl
\$250	\$200/\$150		\$250/\$200 after deductible	\$250/\$200 after deductible	25%/25% after first	\$250 after deductible	\$250 after deductible	40% after deductible	\$250/\$200	\$250/\$200 after	25% after deductible	25% after deductible	50% after deductib
\$250	\$250		\$250 after deductible	\$200 after deductible	25% after first dollar	\$500 after deductible	\$500 after deductible	40% after deductible	\$300 after deductible	\$300 after deductible	25% after deductible	25% after deductible	50% after deductibl
\$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
\$100	\$75		\$75 after deductible	\$75 after deductible	\$75 after first dollar and	\$75 after deductible	\$75 after deductible	40% after deductible	\$75	\$75 after deductible	25% after deductible	25% after deductible	50% after deductibl
					deductible								
\$5/\$30/50%	\$5/\$30/50%		\$10/\$35/50%	\$10/\$40/50% after deductible	\$10/25%/50% after first dollar&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/ <b>\$50</b> /50% after deductible	\$15/ <b>\$50</b> /50% after deductible	50% after deductibl
+ \$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 R
\$250 Wellness Card	\$250 Health Extras <sup>SM</sup> or		\$250 Health Extras <sup>SM</sup> or	\$250 Health Extras <sup>SM</sup> or	\$250 Health Extras <sup>SM</sup> or	\$250 Wellness Card	\$250 Wellness Card	\$250 Wellness Card	\$250 Health Extras <sup>SM</sup> or	\$250 Health Extras <sup>SM</sup> or	\$250 Health Extras <sup>SM</sup> or	\$250 Health Extras <sup>SM</sup> or	\$250 Health Extras <sup>SM</sup>
No	Nutrition Benefit No		Nutrition Benefit No	Nutrition Benefit           Yes         ThealthEquity	Nutrition Benefit No	Yes: HSA Qualified	Yes: HSA Qualified	Yes: HSA Qualified	Nutrition Benefit No	Hutilion Benefit	Yes THEALTHEALTHEALTHEALTHEALTHEALTHEALTHEAL	Nutrition Benefit	Nutrition Benefit           Yes         Image: Comparison of the second secon
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 Quarter
\$953.25 \$2,809.75	\$958.29 \$	2,824.87	\$846.51 \$2,489.53	\$798.56 \$2,345.68	\$786.78 \$2,310.34	\$898.89 \$2,646.67	\$674.47 \$1,973.41	\$660.88 \$1,932.64	\$756.31 \$2,218.93	\$746.50 \$2,189.50	\$888.41 \$2,615.23	\$697.64 \$2,042.92	\$620.25 \$1,810.
\$1,603.02 \$4,759.06	\$1,611.59 \$	4,784.77	\$1,421.57 \$4,214.71	\$1,340.05 \$3,970.15	\$1,320.03 \$3,910.09	\$1,510.61 \$4,481.83	\$1,129.09 \$3,337.27	\$1,106.00 \$3,268.00	\$1,268.23 \$3,754.69	\$1,251.55 \$3,704.65	\$1,492.80 \$4,428.40	\$1,168.49 \$3,455.47	\$1,036.93 \$3,060
\$1,881.49 \$5,594.47	\$1,891.58 \$	5,624.74	\$1,668.02 \$4,954.06	\$1,572.12 \$4,666.36	\$1,548.56 \$4,595.68	\$1,772.78 \$5,268.34	\$1,323.93 \$3,921.79	\$1,296.76 \$3,840.28	\$1,487.62 \$4,412.86	\$1,468.00 \$4,354.00	\$1,751.82 \$5,205.46	\$1,370.28 \$4,060.84	\$1,215.50 \$3,596
4			** *** **	#0.000 CF #0.000 OF	\$2,196.07 \$6,538.21	\$2,515.59 \$7,496.77	\$1,975,09 \$5,577,04	¢1 927 26 ¢5 461 79	\$2,109.23 \$6,277.69	¢2 001 20 ¢6 102 04	\$2,485.72 \$7,407.16	\$1 0 40 00 \$F 770 00	\$1,721.46 \$5,114
	PLAT           Highmark Platinum Plus POS           SO         N/A           \$3,550/\$7,000 embedded         SO           \$5,000/\$10,000 embedded         SO           \$50% after deductible         SO% after deductible           \$10,000/\$20,000 embedded         SO%           \$10,000/\$20,000         Embedded           \$10,000/\$20,000         Embedded           \$10         SO           \$10         \$10           \$10         \$10           \$10         \$10           \$500         \$250           \$250         \$250           \$250         \$10           \$250         \$250           \$250         \$250           \$250         \$250           \$250         \$250           \$250         \$250           \$100         \$100	PLATINUM           Highmark Platinum Plus POS         Independent FlexFit Plat           \$0         \$0           \$0         \$0           \$0         \$0           \$0         \$0           \$0         \$0           \$10         \$0           \$10         \$5,000/\$1,0,000 embedded         \$5,250/\$1 embedded           \$5,000/\$20,000 embedded         \$10,000/\$20 embedded         \$10,000/\$20 embedded           \$10,000/\$20,000 embedded         \$10,000/\$20 embedded         \$10           \$10         \$10         \$10           \$30         \$40         \$10           \$30         \$40         \$10           \$30         \$40         \$10           \$30         \$40         \$10           \$10         \$10         \$0           \$10         \$10         \$0           \$10         \$10         \$0           \$500         \$500         \$500           \$250         \$200/\$1           \$250         \$200/\$1           \$250         \$200           \$250         \$200           \$250         \$250           \$250         \$250           \$250 Well	PLATINUMHIdependent Health Platinum Plus POSIndependent Health PlatinumPlatinum Plus POSIndependent Health Platinum\$0\$0\$0\$0\$0\$0\$10\$0\$0\$5,000/\$7,000 embedded\$5,250/\$10,000 embedded\$5,000/\$10,000 embedded\$50% after deductible20% after deductible\$0% after deductible20% after deductible\$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\$10\$40\$10\$40\$10\$500\$10\$500\$10\$500\$10\$500\$10\$500\$10\$500\$10\$500\$250\$250\$250\$250\$250\$250\$250\$250\$250\$250\$250\$250/\$0%\$250 Health Extras <sup>5M</sup> of Nutrition Benefit\$250 Weatery\$250 Health Extras <sup>5M</sup> of Nutrition Benefit\$1,603.02\$4,759.06\$1,611.59\$1,814.49\$5,94.47\$1,891.58\$1,891.58\$5,624.74	PLATINUM     GC       Highmark Plathum Plus POS     Independent Health PexFit Plathum     Independent Health Direct Gold Copy option 3       \$0     \$0     \$600/\$1,200 true family       N/A     N/A     N/A       \$3,500/\$7,000 embedded     \$5,250/\$10,500 embedded     \$6,250/\$12,500 embedded       \$5,000/\$10,000 embedded     \$5,000/\$10,000 true family     \$5,000/\$10,000 true family       \$0% after deductible     20% after deductible     50% after deductible       \$10,000/\$20,000 embedded     \$10,000/\$20,000 embedded     \$10,000/\$20,000 embedded       \$10     \$10     \$25 after deductible       \$10     \$10     \$25 after deductible       \$30     \$40     \$40 after deductible       \$30     \$40     \$40 after deductible       \$15     \$10     \$40 after deductible       \$10     \$40     \$40 after deductible       \$10     \$500     \$1000 after deductible       \$10     \$50     \$1000       \$250     \$20/\$150     \$250/\$200       \$250     \$20/\$150     \$250/\$200       \$250     \$250     \$250 after deductible       \$250     \$250     \$250/\$200       \$250     \$250     \$250 after deductible       \$250     \$250     \$250 after deductible       \$250     \$250<	PLATINUM         COLD           Highmark Plathum Plus POS         Independent Health PerRt Plathum         Independent Health Univer Gold Copay HSAQ           S0         S0         \$600/\$1.200 true family         \$1,650/\$3,300 true family         S1,650/\$3,300 true family           N/A         N/A         N/A         N/A         N/A           \$3,500/\$7,000 embedded         \$5.250/\$10,500 embedded         \$6,600/\$12,500 embedded         \$5,500/\$11,000 embedded         \$5,500/\$11,000 embedded         \$5,000/\$10,000 embedded         \$5,000/\$10,000 true family         \$5,000/\$10,000 embedded         \$5,000/\$20,000 embedded         \$5,000/\$20,000 embedded         \$0% after deductible         50% after deductible         \$0% after deductible         \$10,000/\$20,000 embedded         \$10,000/\$20,000 embedded         \$10,000/\$20,000 embedded         \$20 after deductible         \$20 after deductible <td>PLATINUM         GOLD           Pisthum Plue POS         Independent Health Divert Gold Copay Part Plathum         Independent Health Divert Gold Copay ISAQ         Independent Health Divert</td> <td>PLATINUM         GOLD           Highmark Plathum Plus P03         Independent Health Direct Gold Copy         Independent Health Direct family         Independe</td> <td>Plant         Color           Plantam         Independent Health Plantam         IndependentHealth Plantam         &lt;</td> <td>Data Using 1, 2023 - December 3, 2023           Fight mail, mail or 2, 2023         Colspan="2"&gt;Colspan="2"           So         So&lt;</td> <td>Image: Section of the secti</td> <td>TOTALINGE CONCEPTION DECISION DECISION OF CONCEPTION DECISION DEC</td> <td>Particip         Description         <thdescription< th=""> <thdescription< th="">         &lt;</thdescription<></thdescription<></td> <td>Control         Control         &lt;</td>	PLATINUM         GOLD           Pisthum Plue POS         Independent Health Divert Gold Copay Part Plathum         Independent Health Divert Gold Copay ISAQ         Independent Health Divert	PLATINUM         GOLD           Highmark Plathum Plus P03         Independent Health Direct Gold Copy         Independent Health Direct family         Independe	Plant         Color           Plantam         Independent Health Plantam         IndependentHealth Plantam         <	Data Using 1, 2023 - December 3, 2023           Fight mail, mail or 2, 2023         Colspan="2">Colspan="2"           So         So<	Image: Section of the secti	TOTALINGE CONCEPTION DECISION DECISION OF CONCEPTION DECISION DEC	Particip         Description         Description <thdescription< th=""> <thdescription< th="">         &lt;</thdescription<></thdescription<>	Control         <

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 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.