



BlueCross BlueShield
of Western New York

Amherst Chamber of Commerce
Medical Rates for Individuals^A
January 1, 2019 - December 31, 2019

Plans are designed based on 4 metal levels that match the percentage of costs covered.
Generally, as the metal level goes down, the monthly premium goes down while out-of-pocket cost share goes up.

PLATINUM 90% costs covered by your premium (10% out-of-pocket costs)	GOLD 80% costs covered by your premium (20% out-of-pocket costs)	Silver 70% costs covered by your premium (30% out-of-pocket costs)	Bronze 60% costs covered by your premium (40% out-of-pocket costs)
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BCBS Individual Market: January 1, 2019 - December 31, 2019

	PLATINUM				GOLD				SILVER				BRONZE											
	BlueCross BlueShield Platinum Standard		BlueCross BlueShield Platinum Ind align ¹		BlueCross BlueShield Platinum Ind focus ²		BlueCross BlueShield Gold Standard		BlueCross BlueShield Gold Ind align ¹		BlueCross BlueShield Gold Ind focus ²		BlueCross BlueShield Silver Standard		BlueCross BlueShield Silver Ind align ¹		BlueCross BlueShield Silver Ind focus ²		BlueCross BlueShield Bronze Standard		BlueCross BlueShield Bronze Ind align ¹		BlueCross BlueShield Bronze Ind focus ²	
In-Network	Optimum Choice	Flexible Choice	Optimum Choice	Flexible Choice	Optimum Choice	Flexible Choice	Optimum Choice	Flexible Choice	Optimum Choice	Flexible Choice	Optimum Choice	Flexible Choice	Optimum Choice	Flexible Choice	Optimum Choice	Flexible Choice	Optimum Choice	Flexible Choice	Optimum Choice	Flexible Choice	Optimum Choice	Flexible Choice	Optimum Choice	Flexible Choice
Deductible	\$0	\$0	\$4,000/\$8,000 embedded	\$0	\$4,000/\$8,000 embedded	\$600/\$1,200 embedded	\$500/\$1,000 embedded	\$4,000/\$8,000 embedded	\$500/\$1,000 embedded	\$4,000/\$8,000 embedded	\$1,700/\$3,400 embedded	\$2,000/\$4,000 true family	\$5,000/\$10,000 true family	\$2,000/\$4,000 true family	\$5,000/\$10,000 true family	\$4,000/\$8,000 embedded	\$7,500/\$15,000 embedded	\$7,900/\$15,800 embedded	\$7,500/\$15,000 embedded	\$7,900/\$15,800 embedded	\$7,500/\$15,000 embedded	\$7,900/\$15,800 embedded	\$7,500/\$15,000 embedded	\$7,900/\$15,800 embedded
Out of Pocket Maximum	\$2,000/\$4,000 embedded	\$7,900/\$15,800 embedded	\$7,900/\$15,800 embedded	\$7,900/\$15,800 embedded	\$4,000/\$8,000 embedded	\$7,900/\$15,800 embedded	\$7,900/\$15,800 embedded	\$7,900/\$15,800 embedded	\$7,900/\$15,800 embedded	\$7,900/\$15,800 embedded	\$7,500/\$15,000 embedded	\$6,100/\$12,200 embedded	\$6,100/\$12,200 embedded	\$6,100/\$12,200 embedded	\$6,100/\$12,200 embedded	\$7,600/\$15,200 embedded	\$7,900/\$15,800 embedded	\$7,900/\$15,800 embedded	\$7,600/\$15,200 embedded	\$7,900/\$15,800 embedded	\$7,600/\$15,200 embedded	\$7,900/\$15,800 embedded	\$7,600/\$15,200 embedded	\$7,900/\$15,800 embedded
Out-Of-Network																								
Deductible	\$5,000/\$10,000 embedded	\$4,000/\$8,000 embedded	\$4,000/\$8,000 embedded	\$4,000/\$8,000 embedded	\$5,000/\$10,000 embedded	\$4,000/\$8,000 embedded	\$4,000/\$8,000 embedded	\$4,000/\$8,000 embedded	\$4,000/\$8,000 embedded	\$4,000/\$8,000 embedded	\$5,000/\$10,000 embedded	\$5,000/\$10,000 true family	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000 embedded	\$7,900/\$15,800 embedded	\$7,900/\$15,800 embedded	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000 embedded	\$7,900/\$15,800 embedded	\$7,900/\$15,800 embedded	\$7,900/\$15,800 embedded
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	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded
Medical Services																								
PCP/Specialist	\$15/\$35	\$10/\$20	50% after deductible	\$10/\$20	50% after deductible	\$25/\$40 after deductible	\$20/\$40 after deductible	50% after deductible	\$20/\$40 after deductible	50% after deductible	\$30/\$50 after deductible	\$30/\$50 after deductible	50% after deductible	\$30/\$50 after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible
Laboratory Services	\$35	\$20		\$20		\$40 after deductible	\$40 after deductible		\$40 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
Prescription Drugs													+Preventive Rx Plan	+Preventive Rx Plan										
Tier1/Tier2/Tier3	\$10/\$30/\$60	\$5/\$30/50%		\$5/\$30/50%		\$10/\$35/\$70 not subject to deductible	\$10/\$40/50% not subject to deductible		\$10/\$40/50% not subject to deductible		\$10/\$35/\$70 not subject to deductible	\$10/\$50/50% after deductible	\$10/\$50/50% after deductible	\$10/\$50/50% after deductible	\$10/\$50/50% after deductible	\$10/\$35/\$70 after deductible	\$15/\$50/50% after deductible	\$15/\$50/50% after deductible	\$10/\$35/\$70 after deductible	\$15/\$50/50% after deductible	\$15/\$50/50% after deductible	\$15/\$50/50% after deductible	\$15/\$50/50% after deductible	\$15/\$50/50% after deductible
Inpatient/Outpatient Services																								
Inpatient Hospital (per admission)	\$500	\$500	50% after deductible	\$500	50% after deductible	\$1,000 after deductible	\$1,000 after deductible	50% after deductible	\$1,000 after deductible	50% after deductible	\$1,500 after deductible	\$1,000 after deductible	50% after deductible	\$1,000 after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible
Outpatient Facility Fee	\$100	\$100		\$100		\$100 after deductible	\$150 after deductible		\$150 after deductible		\$100 after deductible	\$200 after deductible		\$200 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
Emergency Room/Ambulance	\$100	\$250		\$250		\$150 after deductible	\$300 after deductible		\$300 after deductible		\$250/\$150 after deductible	\$300 after deductible		\$300 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
Urgent Care	\$55	\$40	\$40	\$40	\$40	\$60 after deductible	\$50 after deductible		\$50 after deductible		\$70 after deductible	\$75 after deductible		\$75 after deductible		50% after deductible	50% after deductible	0% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible
Additional Services																								
Diabetic Services: Drugs/supplies	\$15	\$10	50% after deductible	\$10	50% after deductible	\$25 after deductible	\$20 after deductible	50% after deductible	\$20 after deductible	50% after deductible	\$30 after deductible	\$30 after deductible	50% after deductible	\$30 after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible
Vision Pediatric Annual Exam (Routine)	\$15	Covered in full		Covered in full		\$25 after deductible	Covered in full		Covered in full		\$30 after deductible	Covered in full		Covered in full		50% after deductible	Covered in full		Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Vision Adult Discount Program†	Standard	Enhanced		Enhanced		Standard	Enhanced		Enhanced		Standard	Enhanced		Enhanced		Standard	Enhanced		Enhanced	Enhanced	Enhanced	Enhanced	Enhanced	Enhanced
Health & Wellness Benefit	\$250 Wellness Card + \$25 for health survey	\$250 Wellness Card + \$25 for health survey		\$250 Wellness Card + \$25 for health survey		\$250 Wellness Card + \$25 for health survey	\$250 Wellness Card + \$25 for health survey		\$250 Wellness Card + \$25 for health survey		\$250 Wellness Card + \$25 for health survey	\$250 Wellness Card + \$25 for health survey		\$250 Wellness Card + \$25 for health survey		\$250 Wellness Card + \$25 for health survey	\$250 Wellness Card + \$25 for health survey		\$250 Wellness Card + \$25 for health survey	\$250 Wellness Card + \$25 for health survey	\$250 Wellness Card + \$25 for health survey	\$250 Wellness Card + \$25 for health survey	\$250 Wellness Card + \$25 for health survey	\$250 Wellness Card + \$25 for health survey
HSA-Eligible	No	No		No		No	No		No		No	✓ HSA Eligible Plan	✓ HSA Eligible Plan	✓ HSA Eligible Plan	✓ HSA Eligible Plan	No	No		No	No	No	No	No	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	Monthly	Quarterly
Single	\$ 885.80	\$ 2,607.40	\$806.86	\$2,370.58	\$806.86	\$2,370.58	\$730.52	\$2,141.56	\$670.73	\$1,962.19	\$670.73	\$1,962.19	\$569.80	\$1,659.40	\$519.24	\$1,507.72	\$519.24	\$1,507.72	\$428.15	\$1,234.45	\$407.68	\$1,173.04	\$407.68	\$1,173.04
Employee/Child(ren)	\$ 1,488.35	\$ 4,415.05	\$1,354.16	\$4,012.48	\$1,354.16	\$4,012.48	\$1,224.38	\$3,623.14	\$1,122.74	\$3,318.22	\$1,122.74	\$3,318.22	\$951.16	\$2,803.48	\$865.21	\$2,545.63	\$865.21	\$2,545.63	\$710.36	\$2,081.08	\$675.55	\$1,976.65	\$675.55	\$1,976.65
Two Person	\$ 1,746.59	\$ 5,189.77	\$1,588.71	\$4,716.13	\$1,588.71	\$4,716.13	\$1,436.04	\$4,258.12	\$1,316.46	\$3,899.38	\$1,316.46	\$3,899.38	\$1,114.60	\$3,293.80	\$1,013.48	\$2,990.44	\$1,013.48	\$2,990.44	\$831.30	\$2,443.90	\$790.35	\$2,321.05	\$790.35	\$2,321.05
Family	\$ 2,478.27	\$ 7,384.81	\$2,253.29	\$6,709.87	\$2,253.29	\$6,709.87	\$2,035.73	\$6,057.19	\$1,865.33	\$5,545.99	\$1,865.33	\$5,545.99	\$1,577.69	\$4,683.07	\$1,433.59	\$4,250.77	\$1,433.59	\$4,250.77	\$1,173.97	\$3,471.91	\$1,115.62	\$3,296.86	\$1,115.62	\$3,296.86

¹ Align features Kaleida Health facilities; available to residents of Erie & Niagara counties only.
² Focus features Catholic Health facilities; available to residents of Erie & Niagara counties only.
* Select preventive drugs are \$0 cost-share, not subject to deductible on Silver Ind align and Silver Ind focus plans.
† Vision benefits administered by EyeMed®
^A No Application Fee Required

Annual benefit limits
Habilitation (PT/OT/ST)
60 combined visits per condition, per plan year
Home health care
40 visits per plan year
Hospice
210 days per plan year, 5 visits per plan year for family bereavement
Hearing aids
Single purchase every 3 years
Rehab, outpatient (PT/OT/ST)
60 combined visits per condition, per plan year
Rehab, inpatient (PT/OT/ST)
60 combined visits, per plan year
Substance abuse, outpatient
Unlimited, 20 visits per plan year for family counseling
Skilled nursing facility
Unlimited, 200 days per year for Standard plans
Updated: 10/31/2018