

Hamburg Chamber of Commerce 12/1/2017 - 11/30/2018 Plans and Rates

**All Independent Health Plans **

12/1/2017 - 11/30/2018 Offerings	Flex Fit	Choice Plus	I Direct Gold	Max Gold	I Direct	Choice Plus	I Direct
	Platinum	Platinum	Copay		Silver Copay HSAQ	Silver HSAQ	Bronze HSAQ
BENEFITS	Group # 31339	Group # 31339	Group # 31339	Group # 31339	Group # 31339	Group # 31339	Group # 31339
Deductible	N/A	Network A: Not Applicable Network B: \$1,000 single / \$2,000 family	\$ 750 single /\$1,500 family	\$ 1,000 single /\$2,000 family	\$1,700 single /\$3,400 family	Network A: \$1,700 single/ \$3,400 family Network B: \$3,425 single / \$6,850 family	\$3,425 single / \$6,850 family.
Unique Benefits	Option1: \$250 gym/ wellness allowance Option 2: Up to \$500 per indiv or \$1000 per family earned from fresh produce purchase at Tops	Option1: \$250 gym/ wellness allowance Option 2: Up to \$500 per indiv or \$1000 per family earned from fresh produce purchase at Tops	Option1: \$250 gym/ wellness allowance Option 2: Up to \$500 per indiv or \$1000 per family earned from fresh produce purchase at Tops	Option1: \$250 gym/ wellness allowance Option 2: Up to \$500 per indiv or \$1000 per family earned from fresh produce purchase at Tops	Option1: \$250 gym/ wellness allowance Option 2: Up to \$500 per indiv or \$1000 per family earned from fresh produce purchase at Tops	Option1: \$250 gym/ wellness allowance Option 2: Up to \$500 per indiv or \$1000 per family earned from fresh produce purchase at Tops	Option1: \$250 gym/ wellness allowance Option 2: Up to \$500 per indiv or \$1000 per family earned from fresh produce purchase at Tops
Coinsurance	Applies Where Indicated	Network A: Applies where indicated Network B: 40%	Applies Where Indicated	Applies Where Indicated	Applies Where Indicated	Network A: Applies where indicated Network B: 50%	50%
Primary Care Visits	\$10	Network A: \$10 Network B: Deductible then 40% coins.	\$15	\$15	Deductible then \$35	Network A: Deductible then \$35 Network B: Deductible then 50% coins.	Deductible then 50% coinsurance
Specialist Services	\$30	Network A: \$30 Network B: Deductible then 40% coins.	\$45	\$40	Deductible then \$60	Network A: Deductible then \$60 Network B: Deductible then 50% coins.	Deductible then 50% coinsurance
In-Patient Hospital	\$500	Network A: \$500 Network B: Deductible then 40% coins.	Deductible then \$1,000	Deductible then 20% coinsurance	Deductible then \$1,000	Network A: Deductible then \$1,000 Network B: Deductible then 50% coins.	Deductible then 50% coinsurance
Outpatient Facility	\$150	Network A: \$150 Network B: Deductible then 40% coins.	Deductible then \$150	Deductible then 20% coinsurance	Deductible then \$200	Network A: Deductible then \$200 Network B: Deductible then 50% coins.	Deductible then 50% coinsurance
Well Child Care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Mammogram/ GYN	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Emergency Room	\$150	\$150	\$150	Deductible then 20% coinsurance	Deductible then \$250	Deductible then \$250	Deductible then 50% coinsurance
Medically Necessary Ambulance	\$150	\$150	Deductible then \$150	Deductible then 20% coinsurance	Deductible then \$250	Deductible then \$250	Deductible then 50% coinsurance
After Hours Care Center	\$75	Network A: \$75 Network B: Deductible then 40% coins.	\$75	\$75	Deductible then \$75	Network A: Deductible then \$75 Network B: Deductible then 50% coins.	Deductible then 50% coinsurance
Mental Health Outpatient	\$30	Network A: \$30 Network B: Deductible then 40% coins.	\$45	Covered in full	Deductible then \$50	Network A: Deductible then \$60 Network B: Deductible then 50% coins.	Deductible then 50% coinsurance
Chiropractic	\$30	Network A: \$30 Network B: Deductible then 40% coins.	\$45	\$40	Deductible then \$60	Network A: Deductible then \$60 Network B: Deductible then 50% coins.	Deductible then 50% coinsurance
Lab Services	\$10	Network A: Covered in full Network B: Deductible then 40% coins.	Deductible then \$25	Deductible then 20% coinsurance	Deductible then \$30	Network A: Deductible then \$30 Network B: Deductible then 50% coins.	Deductible then 50% coinsurance
Radiology	\$30 routine	Network A: \$30 Network B: Deductible then 40% coins.	Deductible then \$45 - routine	Deductible then 20% coinsurance	Deductible then \$50 - routine	Network A: Deductible then \$50 Network B: Deductible then 50% coins.	Deductible then 50% coinsurance-routine
Medical Eye Exam	\$30	Network A:\$30 Network B: Deductible then 40% coins.	Deductible then \$45	\$40	Deductible then \$60	Network A: Deductible then \$60 Network B: Deductible then 50% coins.	Deductible then 50% coinsurance
Dependent Age	26	26	26	26	26	26	26
Prescription Drugs	\$4/\$30/\$100	\$4/\$30/\$100	\$4/\$30/50%	\$4 (not subject to deductible)/Deductible then \$45/Deductible then 50%	Deductible then \$7/\$50/50%	Deductible then \$7/\$50/50%	Deductible then 50% coinsurance
Rates as of December 1, 2017: Cost Per month:	Single: \$575.63 2 Adults: \$1,115.26 Parent & Child: \$978.57 Family: \$1,640.55	Single: \$552.59 2 Adults: \$1,105.18 Parent & Child: \$939.40 Family: \$1,574.88	Single: \$508.89 2 Adults: \$1,017.78 Parent & Child: \$865.11 Family: \$1,450.34	Single: \$490.30 2 Adults: \$980.60 Parent & Child: \$833.51 Family: \$1,397.36	Single: \$410.77 2 Adults: \$821.54 Parent & Child: \$698.31 Family: \$1,170.69	Single: \$395.13 2 Adults: \$790.26 Parent & Child: \$671.72 Family: \$1,126.12	Single: \$343.10 2 Adults: \$686.20 Parent & Child: \$583.27 Family: \$977.84

*RATES do not include the \$21 quarterly / \$11 monthly administration fee as of 12/01/2017 -- Fees Charged by Third Party Administrator Lifetime Benefits

** This document is for comparison only. Please see actual plan book for complete and specific information.

*** If there are any inadvertent discrepancies between this summary and the actual contract, the contract will prevail.