

Hamburg Chamber of Commerce 12/1/2018 - 11/30/2019 Plans and Rates

**All Independent Health Plans **

12/1/2018 - 11/30/2019 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	\$1,000 single /\$2,000 family	\$ 1,000 single /\$2,000 family	\$2,100 single /\$4,200 family	Network A: \$2,100 single/ \$4,200 family Network B: \$3,425 single / \$6,850 family	\$4,425 single / \$8,850 family.
Out of Pocket Maximum	\$5,000 single/\$10,000 family	\$5,000 single/\$10,000 family	\$7,350 single/\$14,700 family	\$6,350 single/\$12,700 family	\$6,550 single/\$13,100 family	Network A: \$6,550 single/\$13,100 family Network B: \$6,550 single/\$13,100 family	\$6,550 single/\$13,100 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: 50%	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 50% 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 50% coins.	\$45	\$40 after deductible	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 50% coins.	Deductible then \$1,000	Deductible then \$750	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: \$75 Network B: Deductible then 50% coins.	Deductible then \$150	Deductible then \$150	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	\$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 50% 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 50% coins.	\$45	Covered in full after deductible	Deductible then \$60	Network A: Deductible then \$60 Network B: Deductible then 50% coins.	Deductible then 50% coinsurance
Chiropractic	\$30	Network A: \$30 Network B: Deductible then 50% coins.	\$45	\$40 after deductible	Deductible then \$60	Network A: Deductible then \$60 Network B: Deductible then 50% coins.	Deductible then 50% coinsurance
Lab Services	\$0	Network A: Covered in full Network B: Deductible then 50% coins.	Deductible then \$25	Deductible then 20% coinsurance	Deductible then \$40	Network A: Deductible then \$40 Network B: Deductible then 50% coins.	Deductible then 50% coinsurance
Radiology	\$30 routine	Network A: \$30 Network B: Deductible then 50% coins.	Deductible then \$45 - routine	Deductible then 20% coinsurance	Deductible then \$60 - routine	Network A: Deductible then \$60 Network B: Deductible then 50% coins.	Deductible then 50% coinsurance-routine
Medical Eye Exam	\$30	Network A:\$30 Network B: Deductible then 50% coins.	\$45	\$40 after deductible	Deductible then \$60	Network A: Deductible then \$60 Network B: Deductible then 50% coins.	Deductible then 50% coinsurance
Telemedicine Benefit	\$0	\$0	\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Dependent Age	26	26	26	26	26	26	26
Prescription Drugs	\$4/\$30/\$100	\$4/\$30/\$100	\$10/\$30/50%	\$4 (not subject to deductible)/Deductible then \$45/Deductible then 50%	Deductible then \$15/\$50/50%	Deductible then \$15/\$50/50%	Deductible then 50% coinsurance
Rates as of December 1, 2018:	Single: \$668.91 2 Adults: \$1,337.82	Single: \$620.22 2 Adults: \$1,240.44	Single: \$558.57 2 Adults: \$1,117.14	Single: \$552.83 2 Adults: \$1,105.66	Single: \$469.70 2 Adults: \$939.40	Single: \$440.06 2 Adults: \$880.12	Single: \$396.28 2 Adults: \$792.56
Cost Per month:	Parent & Child: \$1,137.15 Family: \$1,906.39	Parent & Child: \$1,054.37 Family: \$1,767.63	Parent & Child: \$949.57 Family: \$1,591.92	Parent & Child: \$939.81 Family: \$1,575.57	Parent & Child: \$798.49 Family: \$1,338.65	Parent & Child: \$748.10 Family: \$1,254.17	Parent & Child: \$673.68 Family: \$1,129.40
% Change							

*RATES do not include the \$21 quarterly / \$11 monthly administration fee as of 12/01/2018 -- 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.