

2021 Small Group Plans



BRONZE LEVEL

(CONTINUED)

	iDirect Bronze MV HSAQ	Passport Plan National Bronze HSAQ	Passport Plan Local Bronze HSAQ ⁵
IN-NETWORK (IN)	HealthEquity	HealthEquity	HealthEquity
First Dollar Coverage	N/A	N/A	N/A
Deductible	\$6,950/ \$13,900 (E)	\$5,600/ \$11,200 (E)	\$5,600/ \$11,200 (E)
Coinsurance	0%	Deductible then 50%	Deductible then 50%
Out-of-Pocket Max.	\$6,950/ \$13,900 (E)	\$6,950/ \$13,900 (E)	\$6,950/ \$13,900 (E)
OUT-OF-NETWORK (OON)¹			
Deductible	\$7,500/ \$15,000 (E)	\$7,500/ \$15,000 (E)	\$7,500/ \$15,000 (E)
Coinsurance	Deductible then 50%	Deductible then 50%	Deductible then 50%
Out-of-Pocket Max.	\$15,000/ \$30,000 (E)	\$15,000/ \$30,000 (E)	\$15,000/ \$30,000 (E)
MEDICAL SERVICES			
Primary Care Office Visit	Deductible then \$0	Deductible then 50%	Deductible then 50%
Specialist Office Visit	Deductible then \$0	Deductible then 50%	Deductible then 50%
Telemedicine — General Medical Services (participating Teladoc [®] providers only) For Mental Health and Dermatology telemedicine refer to the plan's benefit summary	Deductible then \$0	Deductible then 50%	Deductible then 50%
Urgent Care	Deductible then \$0	Deductible then 50%	Deductible then 50%
Emergency Room Services	Deductible then \$0	Deductible then 50%	Deductible then 50%
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then \$0	Deductible then 50%	Deductible then 50%
Outpatient Procedures Performed in a Hospital	Deductible then \$0	Deductible then 50%	Deductible then 50%
Inpatient Hospital Services (per admission)	Deductible then \$0	Deductible then 50%	Deductible then 50%
PRESCRIPTION DRUGS			
Pharmacy ²	Deductible then \$0	Deductible then 50%	Deductible then 50%
PRODUCT DETAILS			
Wellness Benefits	Health Extras SM or Nutrition	Gym Reimbursement Allowance ⁶	Health Extras SM or Nutrition
Network	IHC	IHC + First Health Nationally	IHC + First Health Nationally
Q4 RATES			
Employee Rate	\$407.22	\$489.85	\$415.62
Employee and Child(ren) Rate	\$692.27	\$832.75	\$706.55
Employee and Spouse Rate	\$814.44	\$979.70	\$831.24
Family Rate	\$1,160.58	\$1,396.07	\$1,184.52

1. OON coverage only applies to non-participating providers outside the 8 counties of WNY.
 2. All pharmacy copays/coinsurance accumulate to out-of-pocket maximums.
 3. Offered in Erie and Niagara counties only.
 4. Specific qualifications must be met.
 5. Members must reside or work in the 8 counties of WNY.

6. Gym Reimbursement Allowance – Up to \$200 semi-annual allowance; Up to \$100 semi-annual allowance for spouse, if applicable.
 7. Members must reside or work in Erie County.
 8. thRed subscriber is eligible for \$200 in account activation rewards and up to \$300 in wellness rewards, while a spouse is eligible for a \$50 account activation reward.
 (E) = Embedded Deductible (T) = True Family (Non Embedded) Deductible

Bolded items indicate updated changes since the 2020 plan year.