

2021 Small Group Plans



GOLD LEVEL

GOLD LEVEL PLANS CONTINUED ON NEXT PAGE »

IN-NETWORK (IN)
First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.
OUT-OF-NETWORK (OON) ¹
Deductible
Coinsurance
Out-of-Pocket Max.
MEDICAL SERVICES
Primary Care Office Visit
Specialist Office Visit
Telemedicine — General Medical Services (participating Teladoc® providers only) For Mental Health and Dermatology telemedicine refer to the plan's benefit summary
Urgent Care
Emergency Room Services
Outpatient Procedures Performed in an Ambulatory Surgery Center
Outpatient Procedures Performed in a Hospital
Inpatient Hospital Services (per admission)
PRESCRIPTION DRUGS
Pharmacy ²
PRODUCT DETAILS
Wellness Benefits
Network
Q4 RATES
Employee Rate
Employee and Child(ren) Rate
Employee and Spouse Rate
Family Rate

Activate Gold	NEW! <i>thRed</i> ⁷	Standard Healthy NY Gold ⁴	iDirect Gold Copay	iDirect Gold Copay HSAQ
HealthEquity				
\$750/\$1,500	N/A	N/A	N/A	N/A
\$1,500/ \$3,000 (E)	\$1,500/ \$3,000 (T)	\$600/ \$1,200 (E)	\$1,250/ \$2,500 (T)	\$1,400/ \$2,800 (T)
25% Coinsurance after first dollar and deductible	0%	0%	0%	0%
\$7,950/ \$15,900 (E)	\$6,750/ \$13,500 (E)	\$4,000/ \$8,000 (E)	\$6,750/ \$13,500 (E)	\$6,750/ \$13,500 (E)
\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)
Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%
\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)
\$20 Copayment after first dollar and deductible	\$0	Deductible then \$25	\$20	Deductible then \$20
\$50 Copayment after first dollar and deductible	Deductible then \$50	Deductible then \$40	Deductible then \$50	Deductible then \$50
\$20 Copayment after first dollar and deductible	\$0	Deductible then \$25	\$20	Deductible then \$20
\$75 Copayment after first dollar and deductible	Deductible then \$100	Deductible then \$60	\$75	Deductible then \$75
25% Coinsurance after first dollar and deductible	Deductible then \$150	Deductible then \$150	\$150	Deductible then \$150
25% Coinsurance after first dollar and deductible	Deductible then \$50	Deductible then \$100	Deductible then \$50	Deductible then \$50
25% Coinsurance after first dollar and deductible	Deductible then \$75	Deductible then \$100	Deductible then \$75	Deductible then \$75
25% Coinsurance after first dollar and deductible	Deductible then \$1,000	Deductible then \$1,000	Deductible then \$1,000	Deductible then \$1,000
\$10/25%/50% after first dollar and deductible	\$10/\$40/50%	\$10/\$35/\$70	\$10/\$40/50%	Deductible then \$10/\$40/50%
Health Extras SM or Nutrition	Health Extras SM with up to \$550 in wellness and account activation rewards ⁸	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	thRed	IHC	IHC	IHC
\$519.01	\$507.56	\$491.18	\$562.64	\$537.15
\$882.32	\$862.85	\$835.01	\$956.49	\$913.16
\$1,038.02	\$1,015.12	\$982.36	\$1,125.28	\$1,074.30
\$1,479.18	\$1,446.55	\$1,399.86	\$1,603.52	\$1,530.88

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.

2021 Small Group Plans



GOLD LEVEL

(CONTINUED)

IN-NETWORK (IN)

First Dollar Coverage
Deductible
Coinsurance
Out-of-Pocket Max.

OUT-OF-NETWORK (OON)¹

Deductible
Coinsurance
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MEDICAL SERVICES

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PRESCRIPTION DRUGS

Pharmacy ²

PRODUCT DETAILS

Wellness Benefits
Network

Q4 RATES

Employee Rate
Employee and Child(ren) Rate
Employee and Spouse Rate
Family Rate

	Max Gold	iDirect Gold Coinsurance HSAQ	Choice Plus Gold ³	Passport Plan National Gold HSAQ	Passport Plan Local Gold HSAQ ⁵
	HealthEquity		HealthEquity	HealthEquity	
	N/A	N/A	N/A	N/A	
	\$1,500/ \$3,000 (T)	\$1,400/ \$2,800 (T)	A: \$1,250/\$2,500 (T) B: \$2,750/\$5,500 (T)	\$1,400/ \$2,800 (T)	\$1,400/ \$2,800 (T)
	0%	Deductible then 20%	A: 0% B: Deductible then 50%	Deductible then 20%	Deductible then 20%
	\$6,750/ \$13,500 (E)	\$6,750/ \$13,500 (E)	A: \$6,750/\$13,500 (E) B: \$6,750/\$13,500 (E)	\$6,750/ \$13,500 (E)	\$6,750/ \$13,500 (E)
	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)
	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%
	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)
	\$20	Deductible then 20%	A: \$20 B: Deductible then 50%	Deductible then 20%	Deductible then 20%
	Deductible then \$50	Deductible then 20%	Deductible then A: \$50 B: 50%	Deductible then 20%	Deductible then 20%
	\$20	Deductible then 20%	\$20	Deductible then 20%	Deductible then 20%
	\$75	Deductible then 20%	A: \$75 B: Deductible then 50%	Deductible then 20%	Deductible then 20%
	Deductible then \$150	Deductible then 20%	A: \$150 B: \$150	Deductible then 20%	Deductible then 20%
	Deductible then \$50	Deductible then 20%	Deductible then A: \$50 B: 50%	Deductible then 20%	Deductible then 20%
	Deductible then \$75	Deductible then 20%	Deductible then A: \$75 B: 50%	Deductible then 20%	Deductible then 20%
	Deductible then \$1,000	Deductible then 20%	Deductible then A: \$1,000 B: 50%	Deductible then 20%	Deductible then 20%
	\$10/ Deductible then \$40/ Deductible then 50%	Deductible then 20%/20%/50%	\$10/\$40/50%	Deductible then 20%/20%/50%	Deductible then 20%/20%/50%
	Health ExtrasSM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Gym Reimbursement Allowance ⁶	Health Extras SM or Nutrition
	IHC	IHC	Choice Plus	IHC + First Health Nationally	IHC + First Health Nationally
	\$548.21	\$519.38	\$534.01	\$626.23	\$527.82
	\$931.96	\$882.95	\$907.82	\$1,064.59	\$897.29
	\$1,096.42	\$1,038.76	\$1,068.02	\$1,252.46	\$1,055.64
	\$1,562.40	\$1,480.23	\$1,521.93	\$1,784.76	\$1,504.29

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