

# 2021 Small Group Plans



## PLATINUM LEVEL

	FlexFit Platinum	Choice Plus Platinum <sup>3</sup>	Passport Plan National Platinum	Passport Plan Local Platinum <sup>5</sup>
<b>IN-NETWORK (IN)</b>				
First Dollar Coverage	N/A	N/A	N/A	N/A
Deductible	\$0	A: \$0 B: \$1,500/\$3,000 (T)	\$0	\$0
Coinsurance	0%	A: 0% B: Deductible then 50%	0%	0%
Out-of-Pocket Max.	\$5,250/ \$10,500 (E)	A: \$5,250/\$10,500 (E) B: \$5,250/\$10,500 (E)	\$5,250/ \$10,500 (E)	\$5,250/ \$10,500 (E)
<b>OUT-OF-NETWORK (OON)<sup>1</sup></b>				
Deductible	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)
Coinsurance	Deductible then <b>20%</b>	Deductible then 50%	Deductible then 50%	Deductible then 50%
Out-of-Pocket Max.	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)	\$10,000/ \$20,000 (E)
<b>MEDICAL SERVICES</b>				
Primary Care Office Visit	\$10	A: \$10 B: Deductible then 50%	\$10	\$10
Specialist Office Visit	\$40	A: \$40 B: Deductible then 50%	\$40	\$40
<b>Telemedicine</b> — General Medical Services (participating Teladoc <sup>®</sup> providers only) For Mental Health and Dermatology telemedicine refer to the plan's benefit summary	<b>\$10</b>	<b>\$10</b>	<b>\$10</b>	<b>\$10</b>
Urgent Care	\$75	A: \$75 B: Deductible then 50%	\$75	\$75
Emergency Room Services	\$150	A: \$150 B: \$150	\$150	\$150
Outpatient Procedures Performed in an Ambulatory Surgery Center	\$50	A: \$50 B: Deductible then 50%	\$50	\$50
Outpatient Procedures Performed in a Hospital	\$75	A: \$75 B: Deductible then 50%	\$75	\$75
Inpatient Hospital Services (per admission)	\$500	A: \$500 B: Deductible then 50%	\$500	\$500
<b>PRESCRIPTION DRUGS</b>				
Pharmacy <sup>2</sup>	\$5/\$30/50%	\$5/\$30/50%	\$5/\$30/50%	\$5/\$30/50%
<b>PRODUCT DETAILS</b>				
Wellness Benefits	Health Extras <sup>SM</sup> or Nutrition	Health Extras <sup>SM</sup> or Nutrition	Gym Reimbursement Allowance <sup>6</sup>	Health Extras <sup>SM</sup> or Nutrition
Network	IHC	Choice Plus	IHC + First Health Nationally	IHC + First Health Nationally
<b>Q4 RATES</b>				
Employee Rate	\$643.20	\$607.59	\$783.93	\$654.11
Employee and Child(ren) Rate	\$1,093.44	\$1,032.90	\$1,332.68	\$1,111.99
Employee and Spouse Rate	\$1,286.40	\$1,215.18	\$1,567.86	\$1,308.22
Family Rate	\$1,833.12	\$1,731.63	\$2,234.20	\$1,864.21

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.