2021 Small Group Plans

SILVER LEVEL

SILVER LEVEL PLANS CONTINUED ON NEXT PAGE »

	Standard Silver	NEW! Activate Silver	NEW! thRed[7]	NEW! thRed[7] HSAQ
IN-NETWORK (IN)				HealthEquity
First Dollar Coverage	N/A	**$500/$1,000**	**N/A**	**N/A**
Deductible	$1,300/ $2,600 (E)	**$3,000/ $6,000 (E)**	**$3,500/ $7,000 (T)**	**$3,500/ $7,000 (T)**
Coinsurance	0%	**40% Coinsurance after first dollar and deductible**	**0%**	**0%**
Out-of-Pocket Max.	**$8,500/ $17,000 (E)**	**$7,950/ $15,900 (E)**	**$8,000/ $16,000 (E)**	**$6,950/ $13,900 (E)**
OUT-OF-NETWORK (OON)[1]				
Deductible	$5,000/ $10,000 (E)	**$5,000/ $10,000 (E)**	**$5,000/ $10,000 (T)**	**$5,000/ $10,000 (T)**
Coinsurance	Deductible then 50%	**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)**
MEDICAL SERVICES				
Primary Care Office Visit	Deductible then $30	**$35 Copayment after first dollar and deductible**	**$0**	**Deductible then $0**
Specialist Office Visit	Deductible then $50	**$60 Copayment after first dollar and deductible**	**Deductible then $60**	**Deductible then $60**
Telemedicine – General Medical Services (participating Teladoc® providers only) For Mental Health and Dermatology telemedicine refer to the plan's benefit summary	**Deductible then $30**	**$35 Copayment after first dollar and deductible**	**$0**	**Deductible then $0**
Urgent Care	Deductible then $70	**$75 Copayment after first dollar and deductible**	**Deductible then $100**	**Deductible then $100**
Emergency Room Services	Deductible then **$300**	**40% Coinsurance after first dollar and deductible**	**Deductible then $250**	**Deductible then $250**
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then $150	**40% Coinsurance after first dollar and deductible**	**Deductible then $175**	**Deductible then $175**
Outpatient Procedures Performed in a Hospital	Deductible then $150	**40% Coinsurance after first dollar and deductible**	**Deductible then $200**	**Deductible then $200**
Inpatient Hospital Services (per admission)	Deductible then $1,500	**40% Coinsurance after first dollar and deductible**	**Deductible then $1,500**	**Deductible then $1,500**
PRESCRIPTION DRUGS				
Pharmacy[2]	$10/$35/$70	**$15/40%/50% after first dollar and deductible**	**$15/$50/50%**	**Deductible then $15/$50/50%**
PRODUCT DETAILS				
Wellness Benefits	Health Extras℠ or Nutrition	**Health Extras℠ or Nutrition**	**Health Extras℠ with up to $550 in wellness and account activation rewards[8]**	**Health Extras℠ with up to $550 in wellness and account activation rewards[8]**
Network	IHC	**IHC**	**thRed**	**thRed**
Q4 RATES				
Employee Rate	$515.56	$454.11	$449.72	$412.50
Employee and Child(ren) Rate	$876.45	$771.99	$764.52	$701.25
Employee and Spouse Rate	$1,031.12	$908.22	$899.44	$825.00
Family Rate	$1,469.35	$1,294.21	$1,281.70	$1,175.63

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

SILVER LEVEL

SILVER LEVEL PLANS CONTINUED ON NEXT PAGE »

	iDirect Silver Copay	iDirect Silver Copay HSAQ	iDirect Silver Coinsurance HSAQ	Max Silver
IN-NETWORK (IN)		HealthEquity	HealthEquity	
First Dollar Coverage	N/A	N/A	N/A	N/A
Deductible	$2,250/ $4,500 (T)	$2,250/ $4,500 (T)	$3,000/ $6,000 (T)	$2,800/ $5,600 (T)
Coinsurance	0%	0%	Deductible then 20%	0%
Out-of-Pocket Max.	$7,550/ $15,100 (E)	**$6,950/ $13,900 (E)**	**$6,950/ $13,900 (E)**	$7,550/ $15,100 (E)
OUT-OF-NETWORK (OON)[1]				
Deductible	$5,000/ $10,000 (T)	$5,000/ $10,000 (T)	$5,000/ $10,000 (T)	$5,000/ $10,000 (T)
Coinsurance	Deductible then 50%	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)
MEDICAL SERVICES				
Primary Care Office Visit	Deductible then $35	Deductible then $35	Deductible then 20%	$35
Specialist Office Visit	Deductible then $60	Deductible then $60	Deductible then 20%	Deductible then $60
Telemedicine — General Medical Services (participating Teladoc® providers only) For Mental Health and Dermatology telemedicine refer to the plan's benefit summary	**Deductible then $35**	**Deductible then $35**	**Deductible then 20%**	**$35**
Urgent Care	$75	Deductible then $75	Deductible then 20%	$75
Emergency Room Services	Deductible then $250	Deductible then $250	Deductible then 20%	Deductible then $250
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then $175	Deductible then $175	Deductible then 20%	Deductible then $175
Outpatient Procedures Performed in a Hospital	Deductible then $200	Deductible then $200	Deductible then 20%	Deductible then $200
Inpatient Hospital Services (per admission)	Deductible then $1,000	Deductible then $1,000	Deductible then 20%	Deductible then $1,000
PRESCRIPTION DRUGS				
Pharmacy[2]	$15/$50/50%	Deductible then $15/$50/50%	Deductible then 20%/20%/50%	$15/ Deductible then $50/ Deductible then 50%
PRODUCT DETAILS				
Wellness Benefits	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition	Health Extras℠ or Nutrition	**Health Extras℠ or Nutrition**
Network	IHC	IHC	IHC	IHC
Q4 RATES				
Employee Rate	$489.52	$480.02	$455.59	$486.65
Employee and Child(ren) Rate	$832.18	$816.03	$774.50	$827.31
Employee and Spouse Rate	$979.04	$960.04	$911.18	$973.30
Family Rate	$1,395.13	$1,368.06	$1,298.43	$1,386.95

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

SILVER LEVEL

(CONTINUED)

	Choice Plus Silver HSAQ[3]	Passport Plan National Silver HSAQ	Passport Plan Local Silver HSAQ[5]
IN-NETWORK (IN)	HealthEquity	HealthEquity	HealthEquity
First Dollar Coverage	N/A	N/A	N/A
Deductible	A: $2,250/$4,500 (T) B: $3,750/$7,500 (T)	$3,000/ $6,000 (T)	$3,000/ $6,000 (T)
Coinsurance	A: 0% B: Deductible then 50%	Deductible then 20%	Deductible then 20%
Out-of-Pocket Max.	**A: $6,950/$13,900 (E) B: $6,950/$13,900 (E)**	**$6,950/ $13,900 (E)**	**$6,950/ $13,900 (E)**
OUT-OF-NETWORK (OON)[1]			
Deductible	$5,000/ $10,000 (E)	$5,000/ $10,000 (T)	$5,000/ $10,000 (T)
Coinsurance	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)
MEDICAL SERVICES			
Primary Care Office Visit	Deductible then A: $35 B: 50%	Deductible then 20%	Deductible then 20%
Specialist Office Visit	Deductible then A: $60 B: 50%	Deductible then 20%	Deductible then 20%
Telemedicine – General Medical Services (participating Teladoc® providers only) For Mental Health and Dermatology telemedicine refer to the plan's benefit summary	**Deductible then $35**	**Deductible then 20%**	**Deductible then 20%**
Urgent Care	Deductible then A: $75 B: 50%	Deductible then 20%	Deductible then 20%
Emergency Room Services	Deductible then A: $250 B: $250	Deductible then 20%	Deductible then 20%
Outpatient Procedures Performed in an Ambulatory Surgery Center	Deductible then A: $175 B: 50%	Deductible then 20%	Deductible then 20%
Outpatient Procedures Performed in a Hospital	Deductible then A: $200 B: 50%	Deductible then 20%	Deductible then 20%
Inpatient Hospital Services (per admission)	Deductible then A: $1,000 B: 50%	Deductible then 20%	Deductible then 20%
PRESCRIPTION DRUGS			
Pharmacy[2]	Deductible then $15/$50/50%	Deductible then 20%/20%/50%	Deductible then 20%/20%/50%
PRODUCT DETAILS			
Wellness Benefits	Health Extras℠ or Nutrition	Gym Reimbursement Allowance[6]	Health Extras℠ or Nutrition
Network	Choice Plus	IHC + First Health Nationally	IHC + First Health Nationally
Q4 RATES			
Employee Rate	$456.97	$548.29	$462.98
Employee and Child(ren) Rate	$776.85	$932.09	$787.07
Employee and Spouse Rate	$913.94	$1,096.58	$925.96
Family Rate	$1,302.36	$1,562.63	$1,319.49

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.