

2023 Small Group Plans



BRONZE LEVEL

BRONZE 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 & Behavioral Health Services (participating Teladoc® providers only) For 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
Q1 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

thRed Bronze ⁶	iDirect Bronze Blended HSAQ	iDirect Bronze Coinsurance HSAQ
HealthEquity		HealthEquity
N/A	N/A	N/A
\$9,100/ \$18,200 (E)	\$6,000/ 12,000 (E)	\$5,600/ \$11,200 (E)
0%	Deductible then 30%	Deductible then 50%
\$9,100/ \$18,200 (E)	\$6,950/ \$13,900 (E)	\$6,950/ \$13,900 (E)
\$10,000/ \$20,000 (E)	\$7,500/ \$15,000 (E)	\$7,500/ \$15,000 (E)
Deductible then 50%	Deductible then 50%	Deductible then 50%
\$20,000/ \$40,000 (E)	\$15,000/ \$30,000 (E)	\$15,000/ \$30,000 (E)
Deductible then \$0	Deductible then \$40	Deductible then 50%
Deductible then \$0	Deductible then \$60	Deductible then 50%
\$0	Deductible then \$0	Deductible then \$0
Deductible then \$0	Deductible then \$75	Deductible then 50%
Deductible then \$0	Deductible then 30%	Deductible then 50%
Deductible then \$0	Deductible then 30%	Deductible then 50%
Deductible then \$0	Deductible then 30%	Deductible then 50%
Deductible then \$0	Deductible then 30%	Deductible then 50%
Deductible then \$0	Deductible then \$20/30%/50%	Deductible then 50%
Health Extras SM and \$50 for completing onboarding process ⁷	Health Extras SM or Nutrition	Health Extras SM or Nutrition
thRed	IHC	IHC
\$386.92	\$453.26	\$453.09
\$657.76	\$770.54	\$770.25
\$773.84	\$906.52	\$906.18
\$1,102.72	\$1,291.79	\$1,291.31

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 in the 8 counties of WNY.

6. Members must reside or work in Erie County.

7. 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.

8. **Deductible does not apply to first visit**

(E) = Embedded Deductible (T) = True Family (Non Embedded) Deductible

Bolded items indicate updated changes since the 2022 plan year.

2023 Small Group Plans



BRONZE LEVEL

(CONTINUED)

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
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Inpatient Hospital Services (per admission)
PRESCRIPTION DRUGS
Pharmacy ²
PRODUCT DETAILS
Wellness Benefits
Network
Q1 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

	iDirect Bronze MV HSAQ	Passport Plan National Bronze HSAQ	Passport Plan Local Bronze HSAQ ⁵
	HealthEquity	HealthEquity	HealthEquity
First Dollar Coverage	N/A	N/A	N/A
Deductible	\$7,100/ \$14,200 (E)	\$5,600/ \$11,200 (E)	\$5,600/ \$11,200 (E)
Coinsurance	0%	Deductible then 50%	Deductible then 50%
Out-of-Pocket Max.	\$7,100/ \$14,200 (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 & Behavioral Health Services (participating Teladoc [®] providers only) For Dermatology telemedicine refer to the plan's benefit summary	Deductible then \$0	Deductible then \$0	Deductible then \$0
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	Health Extras SM	Health Extras SM or Nutrition
Network	IHC	IHC + First Health Nationally	IHC + First Health Nationally
Q1 RATES			
Employee Rate	\$449.66	\$545.09	\$462.83
Employee & Child(ren) Rate	\$764.42	\$926.65	\$786.81
Employee & Spouse Rate	\$899.32	\$1,090.18	\$925.66
Family Rate	\$1,281.53	\$1,553.51	\$1,319.07

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