

2023 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 & 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

Activate Gold	thRed Gold ⁶	Standard Healthy NY Gold ⁴	iDirect Gold Copay	iDirect Gold Copay Option 2
\$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)	\$1,250/ \$2,500 (T)
25% Coinsurance after first dollar and deductible	0%	0%	0%	0%
\$7,950/ \$15,900 (E)	\$6,750/ \$13,500 (E)	\$4,750/ \$9,500 (E)	\$6,750/ \$13,500 (E)	\$6,000/ \$12,000 (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	\$20
\$50 Copayment after first dollar and deductible	Deductible then \$50	Deductible then \$40	Deductible then \$50	Deductible then \$50
\$0	\$0	\$0	\$0	\$0
\$75 Copayment after first dollar and deductible	Deductible then \$100	Deductible then \$60	\$75	\$75
25% Coinsurance after first dollar and deductible	Deductible then \$150	Deductible then \$150	Deductible then \$150	Deductible then \$150
25% Coinsurance after first dollar and deductible	Deductible then \$100	Deductible then \$100	Deductible then \$100	Deductible then \$100
25% Coinsurance after first dollar and deductible	Deductible then \$125	Deductible then \$100	Deductible then \$125	Deductible then \$125
25% Coinsurance after first dollar and deductible	Deductible then \$1,000	Deductible then \$1,000	Deductible then \$1,000	Deductible then \$750
\$10/25%/50% after first dollar and deductible	\$10/\$40/50%	\$10/\$35/\$70	\$10/\$40/50%	\$10/\$40/\$100
Health Extras SM or Nutrition	Health Extras SM and \$50 for completing onboarding process ⁷	Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM or Nutrition
IHC	thRed	IHC	IHC	IHC
\$564.16	\$540.80	\$523.88	\$594.70	\$601.81
\$959.07	\$919.36	\$890.60	\$1,010.99	\$1,023.08
\$1,128.32	\$1,081.60	\$1,047.76	\$1,189.40	\$1,203.62
\$1,607.86	\$1,541.28	\$1,493.06	\$1,694.90	\$1,715.16

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.

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(CONTINUED)

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	NEW! iDirect Gold Copay Option 3	iDirect Gold Copay HSAQ	Passport Plan National Gold HSAQ	Passport Plan Local Gold HSAQ ⁵
	HealthEquity	HealthEquity	HealthEquity	HealthEquity
	N/A	N/A	N/A	N/A
	\$600/ \$1,200 (T)	\$1,500/ \$3,000 (T)	\$1,500/ \$3,000 (T)	\$1,500/ \$3,000 (T)
	0%	0%	Deductible then 20%	Deductible then 20%
	\$4,750/ \$9,500 (E)	\$4,500/ \$9,000 (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)
	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)
	Deductible then \$25	Deductible then \$20	Deductible then 20%	Deductible then 20%
	Deductible then \$40	Deductible then \$50	Deductible then 20%	Deductible then 20%
	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
	Deductible then \$75	Deductible then \$75	Deductible then 20%	Deductible then 20%
	Deductible then \$150	Deductible then \$150	Deductible then 20%	Deductible then 20%
	Deductible then \$75	Deductible then \$100	Deductible then 20%	Deductible then 20%
	Deductible then \$100	Deductible then \$125	Deductible then 20%	Deductible then 20%
	Deductible then \$1,000	Deductible then \$750	Deductible then 20%	Deductible then 20%
	\$10/\$35/50%	Deductible then \$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	Health Extras SM or Nutrition
	IHC	IHC	IHC + First Health Nationally	IHC + First Health Nationally
	\$612.29	\$579.09	\$667.34	\$562.02
	\$1,040.89	\$984.45	\$1,134.48	\$955.43
	\$1,224.58	\$1,158.18	\$1,334.68	\$1,124.04
	\$1,745.03	\$1,650.41	\$1,901.92	\$1,601.76

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