

2023 Small Group Plans



SILVER LEVEL

SILVER 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

Standard Silver	Activate Silver	thRed Silver ⁶	iDirect Silver Copay	iDirect Silver Copay HSAQ
HealthEquity				
N/A	\$500/\$1,000	N/A	N/A	N/A
\$1,750/ \$3,500 (E)	\$3,100/ \$6,200 (E)	\$4,000/ \$8,000 (T)	\$2,000/ \$4,000 (T)	\$2,000/ \$4,000 (T)
0%	40% Coinsurance after first dollar and deductible	0%	0%	0%
\$9,100/ \$18,200 (E)	\$7,950/ \$15,900 (E)	\$9,100/ \$18,200 (E)	\$7,550/ \$15,100 (E)	\$6,950/ \$13,900 (E)
\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (E)	\$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)
Deductible then \$30⁸	\$35 Copayment after first dollar and deductible	\$0	Deductible then \$35	Deductible then \$35
Deductible then \$65⁸	\$60 Copayment after first dollar and deductible	Deductible then \$60	Deductible then \$60	Deductible then \$60
\$0	\$0	\$0	\$0	Deductible then \$0
Deductible then \$70	\$75 Copayment after first dollar and deductible	Deductible then \$100	\$75	Deductible then \$75
Deductible then \$500	40% Coinsurance after first dollar and deductible	Deductible then \$250	Deductible then \$250	Deductible then \$250
Deductible then \$150	40% Coinsurance after first dollar and deductible	Deductible then \$175	Deductible then \$175	Deductible then \$175
Deductible then \$150	40% Coinsurance after first dollar and deductible	Deductible then \$200	Deductible then \$200	Deductible then \$200
Deductible then \$1,500	40% Coinsurance after first dollar and deductible	Deductible then \$1,500	Deductible then \$1,000	Deductible then \$1,000
\$15/\$40/\$75	\$15/40%/50% after first dollar and deductible	\$15/\$50/50%	\$15/\$50/50%	Deductible then \$15/\$50/50%
Health Extras SM or Nutrition	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
IHC	IHC	thRed	IHC	IHC
\$545.14	\$497.38	\$475.34	\$533.24	\$525.39
\$926.74	\$845.55	\$808.08	\$906.51	\$893.16
\$1,090.28	\$994.76	\$950.68	\$1,066.48	\$1,050.78
\$1,553.65	\$1,417.53	\$1,354.72	\$1,519.73	\$1,497.36

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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SILVER LEVEL

(CONTINUED)

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Q1 RATES
Employee Rate
Employee & Child(ren) Rate
Employee & Spouse Rate
Family Rate

iDirect Silver Coinsurance HSAQ	Choice Plus Silver HSAQ ³	Passport Plan National Silver HSAQ	Passport Plan Local Silver HSAQ ⁵
HealthEquity	HealthEquity	HealthEquity	HealthEquity
N/A	N/A	N/A	N/A
\$3,000/ \$6,000 (T)	A: \$2,000/\$4,000 (T) B: \$3,500/\$7,000 (T)	\$3,000/ \$6,000 (E)	\$3,000/ \$6,000 (E)
Deductible then 20%	A: 0% B: Deductible then 50%	Deductible then 20%	Deductible then 20%
\$6,950/ \$13,900 (E)	A: \$6,950/\$13,900 (E) B: \$6,950/\$13,900 (E)	\$6,950/ \$13,900 (E)	\$6,950/ \$13,900 (E)
\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (T)	\$5,000/ \$10,000 (E)	\$5,000/ \$10,000 (E)
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 20%	Deductible then A: \$35 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then A: \$60 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Deductible then 20%	Deductible then A: \$75 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then A: \$250 B: \$250	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then A: \$175 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then A: \$200 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then 20%	Deductible then A: \$1,000 B: 50%	Deductible then 20%	Deductible then 20%
Deductible then 20%/20%/50%	Deductible then \$15/\$50/50%	Deductible then 20%/20%/50%	Deductible then 20%/20%/50%
Health Extras SM or Nutrition	Health Extras SM or Nutrition	Health Extras SM	Health Extras SM or Nutrition
IHC	Choice Plus	IHC + First Health Nationally	IHC + First Health Nationally
\$492.17	\$500.96	\$594.17	\$502.57
\$836.69	\$851.63	\$1,010.09	\$854.37
\$984.34	\$1,001.92	\$1,188.34	\$1,005.14
\$1,402.68	\$1,427.74	\$1,693.38	\$1,432.32

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