

Certified Health Insurance Plan Options



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1-877-827-6027.



Plan Benefits & Features	STANDARD							
	Base (Catastrophic) Must be under age 30 or qualify for a hardship exemption	Bronze Standard HSA (HSA** qualified)	Bronze Standard	Silver Standard Plus 3	Silver Standard	Gold Standard Plus 3	Gold Standard	Platinum Standard
Tax Credit Available (On-Exchange Only)	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible Single/Family	\$8,550 / \$17,100	\$6,100 / \$12,200	\$4,700 / \$9,400	\$1,875 / \$3,750	\$1,300 / \$2,600	\$650 / \$1,300	\$600 / \$1,200	\$0 / \$0
Out-of-Pocket Maximum (OOPM) Single/Family	\$8,550 / \$17,100	\$6,900 / \$13,800	\$8,550 / \$17,100	\$8,500 / \$17,000	\$8,500 / \$17,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$2,000 / \$4,000
Aggregation Type (How the deductible and/or OOPM is met)	Individual	Individual	Individual	Individual	Individual	Individual	Individual	Individual
Coinsurance	You pay 0%	You pay 50%	You pay 50%	You pay 30%*	You pay 0%*	You pay 20%*	You pay 0%*	You pay 0%*
Preventive Care (Immunizations, screenings)	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible		\$0 for most preventive services, not subject to the deductible		\$0 for most preventive services, not subject to the deductible		\$0 for most preventive services, not subject to the deductible
Doctor Visit (PCP)	First 3 visits covered in full and not subject to the deductible. 4th visit & afterward deductible applies; after deductible is met, visits are covered in full	Once you reach the deductible amount you will pay 50% coinsurance (a percentage of cost for services)	First 3 visits covered in full and not subject to the deductible. 4th visit & afterward deductible applies; after deductible is met, visits are a \$50 copay	First 3 PCP visits at \$35, not subject to deductible; 4th and after, deductible/\$35 copay	\$30	First 3 PCP visits at \$25, not subject to deductible; 4th and after, deductible/\$25 copay	\$25	\$15
Specialist Visit (SPC)	Once you meet the deductible amount, then these services are covered in full		First 3 visits covered in full and not subject to the deductible. 4th visit & afterward deductible applies; after deductible is met, visits are \$75	\$55	\$50	\$40	\$40	\$35
Hospital Services			Once you reach the deductible amount you will pay 50% coinsurance (a percentage of cost for services)	\$1,500	\$1,500	\$1,000	\$1,000	\$500
Emergency Room			Once you meet the deductible amount you will pay a \$50 Primary copay / \$75 Specialist copay	\$300	\$300	\$150	\$150	\$100
Lab Work Primary/Specialist			Once you reach the deductible amount you will pay 50% coinsurance (a percentage of cost for services)	\$35 PCP / \$55 SPC	\$30 PCP / \$50 SPC	\$25 PCP / \$40 SPC	\$25 PCP / \$40 SPC	\$15 PCP / \$35 SPC
Basic X-Ray/ Advanced Imaging (MRI, etc.) Primary/Specialist		Once you meet the deductible amount, then you pay: \$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3	\$75	\$75	\$25 PCP / \$40 SPC	\$25 PCP / \$40 SPC	\$15 PCP / \$35 SPC	
Prescription Drugs	First 3 qualifying visits covered in full and not subject to the deductible. 4th visit & afterward deductible applies; after deductible is met, visits are covered in full	No cost after deductible	First 3 qualifying visits covered in full and not subject to the deductible. 4th visit & afterward deductible applies; after deductible is met, visits are covered in full	First 3 qualifying visits covered in full and not subject to the deductible. 4th visit & afterward deductible applies; after deductible is met, visits are covered in full	No cost after deductible	First 3 qualifying visits covered in full and not subject to the deductible. 4th visit & afterward deductible applies; after deductible is met, visits are covered in full	No cost after deductible	\$0
Pediatric Vision* and Dental	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Rates Through NY State of Health - Rates shown cover Dependents through age 26. (Dependent through 29 rates available upon request.)								
Single	\$220.46	\$420.15	\$433.62	\$586.35	\$616.62	\$696.11	\$699.02	\$807.19
Single + Spouse	\$440.92	\$840.30	\$867.24	\$1,172.70	\$1,233.24	\$1,392.22	\$1,398.04	\$1,614.39
Single + Child(ren)	\$374.78	\$714.25	\$737.16	\$996.80	\$1,048.26	\$1,183.38	\$1,188.33	\$1,372.23
Single + Spouse + Child(ren)	\$628.30	\$1,197.42	\$1,235.82	\$1,671.10	\$1,757.38	\$1,983.91	\$1,992.21	\$2,300.51
Child Only	N/A	\$173.10	\$178.65	N/A	\$254.05	N/A	\$288.00	\$332.57

Standard plans are required by New York State. The benefits and out-of-pocket costs for the Standard plans will be the same for all health insurance companies. Provider networks will differ by insurance company.

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out of pocket maximums.

Any one person insured on a family plan will not pay more than \$8,550 in compliance with the Affordable Care Act.

*Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.

**An HSA or Health Savings Account is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more. Subsidized health plans are not eligible for health savings accounts.

Unless noted above, the deductible must be met first before paying the cost share listed for all benefits.

Note to diabetic drug and supply users: In accordance with the contract language/benefit mandates provided by New York State, if your plan includes a deductible, diabetic drugs and supplies are subject to the deductible amount.

Western New York Region
Allegany, Cattaraugus, Chautauqua,
Erie, Genesee, Niagara, Orleans and Wyoming Counties.

Western New York Region



Plan Benefits & Features	NON-STANDARD						
	Bronze Secure Plus 3	Bronze Select (HSA** qualified)	Advantage Silver SM (HSA** qualified)	Silver Select (HSA** qualified)	Advantage Gold SM (HSA** qualified)	Gold Select	Platinum Select
Tax Credit Available (On-Exchange Only)	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes
Deductible Single/Family	\$8,550 / \$17,100	\$5,500 / \$11,000	\$3,000 / \$6,000	\$2,550 / \$5,100	\$1,400 / \$2,800	\$750 / \$1,500	\$0 / \$0
Out-of-Pocket Maximum (OOPM) Single/Family	\$8,550 / \$17,100	\$7,000 / \$14,000	\$7,000 / \$14,000	\$6,900 / \$13,800	\$6,700 / \$13,400	\$8,000 / \$16,000	\$6,350 / \$12,700
Aggregation Type (How the deductible and/or OOPM is met)	Individual	Family	Family	Family	Family	Individual	Individual
Coinsurance	You pay 0%	You pay 50%	You pay 20%	You pay 20%*	You pay 20%	You pay 0%*	You pay 0%*
Preventive Care (Immunizations, screenings)	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible
Doctor Visit (PCP)	First 3 visits covered in full and not subject to the deductible. 4th visit & afterward deductible applies; after deductible is met, visits are covered in full	Once you meet the deductible amount, then you will pay 50% coinsurance (a percentage of cost for services)	Once you meet the deductible amount, then you will pay a \$15 copay	Once you meet the deductible amount, then you pay 20% coinsurance or a percentage of cost for these services	Once you meet the deductible amount, then you will pay a \$15 copay	\$25	\$15
Specialist Visit (SPC)			Once you meet the deductible amount, then you will pay a \$50 copay		Once you meet the deductible amount, then you will pay a \$50 copay	\$40	\$25
Acupuncture Visit (up to 10)			Once you meet your deductible amount, then you will pay 50% coinsurance (a percent of the cost of the services)		Once you meet your deductible amount, then you will pay 50% coinsurance (a percent of the cost of the services)	\$40	\$25
Hospital Services			Once you meet your deductible amount, then you will pay \$380 per day up to 5 days, day 6 and after are covered in full		Once you meet your deductible amount, then you will pay \$380 per day up to 5 days, day 6 and after are covered in full	\$1,000	\$750
Emergency Room	Once you meet the deductible amount, then these services are covered in full		Once you meet the deductible amount, then you will pay a \$90 copay		Once you meet the deductible amount, then you will pay a \$90 copay	\$350	\$150
Lab Work			Once you meet the deductible amount, then you will pay a \$15 copay		Once you meet the deductible amount, then you will pay a \$15 copay	\$40	\$25
Basic X-Ray/ Advanced Imaging (MRI, etc.) Primary/Specialist		Once you meet the deductible amount, then you will pay 20% coinsurance (a percent of the cost for services)	Once you meet the deductible amount, then you will pay 20% coinsurance (a percent of the cost for services)	\$40 PCP / \$100 SPC	\$15 PCP / \$100 SPC		
Prescription Drugs		Once you meet the deductible amount, then you pay: \$10 for Tier 1 40% for Tier 2 50% for Tier 3	Once you meet the deductible amount, then you pay: \$0 for Tier 1 \$50 for Tier 2 50% for Tier 3	Once you meet the deductible amount, then you pay: \$10 for Tier 1 \$45 for Tier 2 \$90 for Tier 3	Once you meet the deductible amount, then you pay: \$0 for Tier 1 \$50 for Tier 2 50% for Tier 3	Once you meet the deductible amount, then you pay: \$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3	You pay: \$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3
Telehealth and Telemedicine/MDLive Program	First 3 qualifying visits covered in full and not subject to the deductible. 4th visit & afterward deductible applies; after deductible is met, visits are covered in full	No cost after deductible	No cost after deductible	No cost after deductible	No cost after deductible	No cost after deductible	\$0
Adult Vision Exams and Dental (Preventive & Routine)	Covered in full after deductible is met	Once you meet the deductible amount, then you pay 50% coinsurance (a percentage of cost for services)	Once you meet the deductible amount, then you will pay a \$50 copay; dental not covered	Once you meet the deductible amount, then you pay 20% coinsurance (a percentage of cost for services)	Covered in full after deductible is met; dental not covered	\$25	\$15
Pediatric Vision* and Dental	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Rates Through NY State of Health - Rates shown cover Dependents through age 26. (Dependent through 29 rates available upon request.)

Single	\$392.26	\$417.92	\$543.45	\$543.24	\$655.66	\$682.72	\$814.19
Single + Spouse	\$784.52	\$835.83	\$1,086.89	\$1,086.48	\$1,311.32	\$1,365.43	\$1,628.37
Single + Child(ren)	\$666.84	\$710.46	\$923.86	\$923.51	\$1,114.62	\$1,160.62	\$1,384.12
Single + Spouse + Child(ren)	\$1,117.94	\$1,191.05	\$1,548.83	\$1,548.24	\$1,868.64	\$1,945.74	\$2,320.43
Child Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out of pocket maximums.
 Any one person insured on a family plan will not pay more than \$8,550 in compliance with the Affordable Care Act.
 *Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.
 **An HSA or Health Savings Account is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more. Subsidized health plans are not eligible for health savings accounts.
 Unless noted above, the deductible must be met first before paying the cost share listed for all benefits.
 Note to diabetic drug and supply users: In accordance with the contract language / benefit mandates provided by New York State, if your plan includes a deductible, diabetic drugs and supplies are subject to the deductible amount.



Need help choosing the right plan for you? Call our dedicated insurance agents at 1-877-827-6027.

NEW FOR 2021:

Stand-alone Dental Plans: Now you can save on dental care by enrolling in one of our new dental plans to complement your medical coverage.

Adult and Pediatric Vision and Dental are now covered by non-standard plans.

Medicare Transition Plans: Modeled after a popular Medicare Advantage plan and designed for those over 55, these HSA qualified Silver and Gold plans are intended to ease your transition into Medicare. They're ideal if your spouse has already moved into Medicare or if only one of you has employer coverage.

Telehealth: Telehealth services through your in-network provider are **covered in full after deductible.**

