

Grand Island, New York 14072 716-773-3651

HEALTH INSURANCE SUMMARY - RATES FOR 2019

Insurance CARRIER & TYPE	Group #	Monthly Rates			
		Single	Family	Employee + 1 adult	Employee + child
BC/BS of WNY - HMO 110 Plus Platinum	00310750	\$614.08	\$1,750.14	\$1,228.16	\$1,043.95
BC/BS of WNY - Align Blended - Optimum Choice	00310750	\$447.14	\$1,274.36	\$894.29	\$760.15
BC/BS of WNY - Align Blended - Flexible Choice	00310750	\$447.14	\$1,274.36	\$894.29	\$760.15
BC/BS of WNY - POS8100	00310750	\$456.34	\$1,300.57	\$912.67	\$775.77
Independent Health Flex Fit Platinum	24630 P	\$668.91	\$1906.39	\$1337.82	\$1137.15
Independent Health iDirect Silver Copay	24630 SC	\$493.12	\$1405.39	\$986.24	\$838.30
Independent Health iDirect Coinsurance Silver	24630 S	\$455.32	\$1297.66	\$910.64	\$774.04
Independent Health iDirect Bronze	24630 B	\$396.28	\$1129.40	\$792.56	\$673.68
Additional Coverage					
			4427.54	A. / A	21/2
Dental Pay Plus	1178	\$51.42	\$127.54	N/A	N/A
Vision Signature Plan		\$9.50	\$19.16	N/A	N/A

Health Insurance Contact:

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