

2020 Insurance Benefits

*Open Enrollment
October 1-30, 2019*

*For Insurance effective
December 1, 2019 –December 31, 2020*



 Independent Health.



HEALTH INSURANCE ENROLLMENT GUIDELINES

- Coverage is available through Blue Cross Blue Shield of WNY or Independent Health.
- Business must have at least **TWO** employees to be eligible for coverage through the GICC.
- Only business members and/or their employees are eligible for coverage.
- If it is found that an ineligible employee is allowed to join, the entire group may be cancelled.
- Current GICC business members and their current employees can only obtain coverage during our open enrollment period (Insurance effective December 1st) some exceptions apply.
- Applications and premium payments for open Enrollment must be received in the Chamber office by November 1st.
- New employees may enroll throughout the year. They must apply within 30 days from their date of hire.
- New GICC business members and their current employees may enroll throughout the year. They must apply within 30 days of joining the Chamber of Commerce.
- Applications received by the 10th of the month will be effective the first day of the following month.
- Applications received after the 10th of the month will be effective the first day of the month following 30 days of receipt.
- Retirees are not eligible for new enrollment in the GICC health insurance program.
- Married couples must apply for family or two person coverage. Exception: two single policies may be issued if each spouse is employed by a GICC member business with at least TWO employees.
- If enrolling in the Dental Pay Plus plan – you must be enrolled for at least 12 months.

DOCUMENTATION REQUIRED

SMALL GROUP

[Business with 2-50 eligible employees]

If the business files a NYS-45-ATT form	NYS-45-ATT form If the employee enrolling does not yet appear on the NYS-45-ATT form, proof of employment (pay stub) must be provided
If partners/owners/business are not on the NYS-45-ATT Form	IRS Schedule C, or IRS Schedule E, or IRS Schedule K-1, or Corporate Tax Return 1120C (Income & expense only).
If the business is in its first year of operation	Cancelled business check, or Business bank statement, or Certificate of doing business, or Appropriate tax documents *If the business has not yet filed a NYS-45-ATT, the form must be provided within 90 days of the effective date of coverage.

A non-refundable \$25 application fee, payable to the Grand Island Chamber of Commerce, must accompany applications. In addition, copies of the appropriate documentation must be submitted at the time of application. Alternate documents may be acceptable in certain situations.

2020 Small Group Plans

IN-NETWORK	PLATINUM HMO 110	SILVER ALIGN OPTIMUM	SILVER ALIGN FLEXIBLE	SILVER POS 8100
Deductible	\$0	\$1,900/\$3,800	\$5,000/\$10,000	\$2,900/\$5,800
Coinsurance	0%	0%	50% after deductible	40% after deductible
Out-of-Pocket Max	\$3,500/\$7,000	\$6,900/\$13,800	\$6,900/\$13,800	\$6,900/\$13,800

OUT-OF-NETWORK				
Deductible	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Out-of-Pocket Max	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000

MEDICAL SERVICES				
Primary Care Office Visits	\$5	\$25 after deductible	50% after deductible	40% after deductible
Specialist Office Visits	\$25	\$50 after deductible	50% after deductible	40% after deductible
Inpatient Hospital Services	\$500 copayment	\$750 after deductible	50% after deductible	40% after deductible
Outpatient Surgery Services	\$20/\$30	\$30/\$50 after deductible	50% after deductible	40% after deductible
Out Patient Facility Fee	\$150	\$150 after deductible	50% after deductible	40% after deductible
Emergency Room	\$100	\$250 after deductible	\$250 after deductible	40% after deductible
Urgent Care	\$40	\$75 after deductible	\$75 after deductible	40% after deductible

PRESCRIPTION DRUGS				
Pharmacy	\$5/\$25/50%	\$5/\$25/50% after deductible	\$5/\$25/50% after deductible	\$5/\$25/50% after deductible

PRODUCT DETAILS				
Wellness Benefits	\$250 per contract	\$250 per contract	\$250 per contract	\$250 per contract

RATES				
Employee Rate	\$620.38	\$439.43	\$439.43	\$424.88
Employee & Child(ren) Rate	\$1054.65	\$747.03	\$747.03	\$722.30
Employee & Spouse Rate	\$1240.76	\$878.86	\$878.86	\$849.76
Family Rate	\$1768.08	\$1252.38	\$1252.38	\$1210.91

2020 Small Group Plans

IN-NETWORK	FlexFit Platinum	iDirect Silver Copay	iDirect Silver Coinsurance	iDirect Bronze
Deductible	\$0	\$2,250/\$4,500	\$3,000/\$6,000	\$5,150/\$10,300
Coinsurance	0%	0%	20% after deductible	50% after deductible
Out-of-Pocket Max	\$5,250/\$10,500	\$7,550/\$15,100	\$6,750/\$13,500	\$6,750/\$13,500

OUT-OF-NETWORK				
Deductible	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Out-of-Pocket Max	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000

MEDICAL SERVICES				
Primary Care Office Visits	\$10	\$35 after deductible	20% after deductible	50%after deductible
Specialist Office Visits	\$40	\$60 after deductible	20% after deductible	50%after deductible
Inpatient Hospital Services	\$500	\$1,000 Copay after deductible	20% after deductible	50%after deductible
Outpatient Surgery Services	\$50	\$50 after deductible	20% after deductible	50%after deductible
Out Patient Facility Fee	\$75	\$175 after deductible	20% after deductible	50%after deductible
Emergency Room	\$150	\$200 after deductible	20% after deductible	50%after deductible
Urgent Care	\$75	\$75 after deductible	20% after deductible	50%after deductible

PRESCRIPTION DRUGS				
Pharmacy	\$5/\$30/50%	\$10/\$50/50%	20%/20%/50% after deductible	50% on all tiers after deductible

PRODUCT DETAILS				
Wellness Benefits	Health Extras or Nutrition	Health Extras or Nutrition	Health Extras or Nutrition	Health Extras or Nutrition

RATES				
Employee Rate	\$636.99	\$469.43	\$446.74	\$420.98
Employee & Child(ren) Rate	\$1082.88	\$798.03	\$759.46	\$715.67
Employee & Spouse Rate	\$1273.98	\$938.86	\$893.48	\$841.96
Family Rate	\$1815.42	\$1337.88	\$1273.21	\$1199.79

HEALTH INSURANCE TERMS AND CONDITIONS

Payment Due Date

- Premium payments are due the 15th of every month.
- **ALL payments for Insurance MUST be paid by October 15, 2019 for December 1, 2019-November 30, 2020 coverage.**
- Any returned checks will carry a \$25 fee
- There will no longer be a 30 day late grace period to submit premium payments

Automatic Electronic Payments:

- If you choose to have electronic payments
 - monthly administration fees will be \$15
 - quarterly administration fees will be \$20
- If you do not choose to have electronic payments
 - monthly administration fees will be \$25
 - quarterly administration fees will be \$30
- All administration fees are non-refundable.

Late payment penalties and Cancellation Policy:

- The first time your premium is received after the due date of the 15th you will be charged an additional \$15 late fee on your next invoice.
- The second time your premium is received after the due date of the 15th you will receive a \$25 late fee on your next invoice, a warning of termination letter from the Chamber and *we will then require you to set up auto electronic payments.*
- The third time your premium is received after the due date of the 15th your health insurance will be terminated by the discretion of the Chamber Board and will be canceled retroactively to the end of the last month for which we received payment.
- If a subscriber is cancelled they may be restricted to act as a subscriber again for a period of twelve months.
- If you need to cancel your health coverage, you **MUST** inform the Grand Island Chamber by the 15th of the month you want it to end in, and no later than 10 days after policy is to be cancelled. ***i.e. January 15th for a January 31st cancellation or no later than February 10th for a January 31st cancellation.***

HEALTH INSURANCE SUMMARY - RATES FOR 2020

Insurance CARRIER & TYPE	Group #	Monthly Rates			
		Single	Family	Employee + 1 adult	Employee + child
BC/BS of WNY - HMO 110 Plus Platinum	00310750	\$620.38	\$1,768.08	\$1,240.76	\$1,054.65
BC/BS of WNY - Align Blended - Optimum Choice	00310750	\$439.43	\$1,252.38	\$878.86	\$747.03
BC/BS of WNY - Align Blended - Flexible Choice	00310750	\$439.43	\$1,252.38	\$878.86	\$747.03
BC/BS of WNY - POS8100	00310750	\$424.88	\$1,210.91	\$849.76	\$722.30
Independent Health Flex Fit Platinum	24630 P	\$636.99	\$1,815.42	\$1,273.98	\$1,082.88
Independent Health iDirect Silver Copay	24630 SC	\$469.43	\$1,337.88	\$938.86	\$798.03
Independent Health iDirect Coinsurance Silver	24630 S	\$446.74	\$1,273.21	\$893.48	\$759.46
Independent Health iDirect Bronze	24630 B	\$410.32	\$1,169.41	\$820.64	\$697.54
Additional Coverage					
Dental Pay Plus	1178	\$	\$	N/A	N/A
Vision Signature Plan		\$	\$	N/A	N/A

Health Insurance Contact:

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 **Independent Health.**

