

HEALTH INSURANCE SUMMARY - RATES FOR 2021

Insurance CARRIER & TYPE	Group #	Monthly Rates			
		Single	Family	Employee + 1 adult	Employee + child
BC/BS of WNY - HMO 110 Plus Platinum	00310750	\$613.05	\$1,747.19	\$1,226.10	\$1,042.19
BC/BS of WNY – Silver APEX 7100	00310750	\$437.99	\$1,248.27	\$875.98	\$744.58
BC/BS of WNY – Silver POS 8100	00310750	\$425.21	\$1,211.85	\$850.42	\$722.86
Independent Health Flex Fit Platinum	24630 P	\$615.10	\$1,753.04	\$1,230.20	\$1,045.67
Independent Health iDirect Silver Copay	24630 SC	\$468.13	\$1,334.17	\$936.26	\$795.82
Independent Health iDirect Coinsurance Silver	24630 S	\$435.69	\$1,241.72	\$871.38	\$740.67
Independent Health iDirect Bronze	24630 B	\$391.26	\$1,115.09	\$782.52	\$665.14
Additional Coverage					
Dental Pay Plus	1178	\$61.70	\$152.68	N/A	N/A
Vision Signature Plan		\$9.50	\$19.16	N/A	N/A

Health Insurance Contact:

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