

**Erie County Bar Association  
Health Insurance Quarterly Rates  
Individual (Sole Proprietor) - 2024**

<b>Highmark BCBS of WNY</b>	<b>Single</b>	<b>Single + Spouse</b>	<b>Single + Child(ren)</b>	<b>Family</b>
Platinum EX Plus	\$2,616.61	\$5,208.25	\$4,430.77	\$7,411.06
Platinum Classic	\$2,549.83	\$5,074.66	\$4,317.19	\$7,220.74
Platinum POS Plus	\$2,508.79	\$4,992.58	\$4,247.44	\$7,103.80
Gold Classic	\$2,256.43	\$4,487.83	\$3,818.41	\$6,384.55
Silver PPO 8100 HDHP	\$2,213.56	\$4,402.27	\$3,745.99	\$6,262.63
Silver POS 8100 HDHP	\$1,726.18	\$3,427.36	\$2,917.00	\$4,873.36
Bronze 8000EX HDHP	\$1,648.87	\$3,272.74	\$2,785.57	\$4,653.01

<b>Independent Health</b>	<b>Single</b>	<b>Single + Spouse</b>	<b>Single + Child(ren)</b>	<b>Family</b>
Individual FlexFit Platinum	\$2,849.71	\$5,674.42	\$4,827.01	\$8,075.41
Individual iDirect Gold Copay	\$2,433.40	\$4,841.80	\$4,119.28	\$6,888.94
Individual Standard Silver	\$2,058.40	\$4,091.80	\$3,481.78	\$5,820.19
Individual iDirect Silver Copay HSAQ	\$1,974.28	\$3,923.56	\$3,338.68	\$5,580.46
Individual iDirect Bronze HSAQ	\$1,514.71	\$3,004.42	\$2,557.51	\$4,270.66

**Highmark BCBS of WNY Medicare Advantage**

Senior Blue Basic (HMO)	\$25.00	\$62 Part B Premium Buyback		
BlueSaver (HMO)	\$25.00			
Freedom Nation (PPO)	\$97.00			
Senior Blue Select (HMO)	\$181.00			
Senior Blue 651 (HMO)	\$370.00			
Forever Blue Value (PPO)	\$457.00			
Forever Blue 751 (PPO)	\$652.00			
Senior Blue 699 Custom (HMO)*	\$1,459.00	*Coverage Gap (donut hole)		
Forever Blue 799 Standard/Low (34) (PPO)*	\$1,315.00	*Coverage Gap (donut hole)		
Forever Blue 799 Custom (11) (PPO)*	\$1,576.00	*Coverage Gap (donut hole)		
Forever Blue 799 OOA (Non NY Residents) (13) (PPO)*	\$1,669.00	*Coverage Gap (donut hole)		

**Independent Health Medicare**

Encompass 65 Element (HMO)	\$25.00
Medicare Passport Prime (PPO)	\$730.00
Medicare Encompass F (HMO-POS)	\$1,245.43
Medicare Passport Standard (PPO)	\$1,265.08

*Plans with HDHP or HSAQ in their name are eligible for Health Savings Accounts.*

<b>MetLife Dental (Increased annual limit to \$1500)</b>	<b>Single</b>	<b>Single + Spouse</b>	<b>Single + Child(ren)</b>	<b>Family</b>
	\$113.37	Same as Family	Same as Family	\$329.01
<b>Metlife Vision</b>				
	\$27.84	Same as Family	Same as Family	\$65.34

**FOR MORE INFORMATION:**

Visit our Website for all the plan details! <https://ahrensbarmarketplace.com/>

Telephone: 716 831-8180

