


Blue Shield of Northeastern New York Small Group Plan Grid  
Off-Exchange

	#2801	#9801 (Replaces Gold HMO)	#3401	#6501		#6701	#9501	#4301
	Platinum PPO	Gold Radius High	GOLD Radius	GOLD EX		SILVER POS 8000 HSA Qualified	BRONZE EPO 6300 HSA Qualified	BRONZE Value HSA Qualified
	BlueShield Network	BlueShield Network	BlueShield Network	BlueShield Network	Blue Card	BlueShield Network	BlueShield Network	BlueShield Network
	PPO	POS	POS	Preferred	Participating	POS	EPO	HMO
Single	\$820.37	\$678.09	\$636.82	\$658.87		\$541.63	\$537.46	\$472.67
Double	\$1,640.74	\$1,356.19	\$1,273.63	\$1,317.74		\$1,083.26	\$1,074.92	\$945.35
Employee/Child(ren)	\$1,394.63	\$1,152.76	\$1,082.60	\$1,120.08		\$920.77	\$913.68	\$803.55
Family	\$2,338.07	\$1,932.56	\$1,814.92	\$1,877.79		\$1,543.64	\$1,531.76	\$1,347.12
<b>In-Network</b>								
Deductible (Single/Family)	\$0	\$0	\$750/\$1,500	\$750/\$1,500		\$3,450/\$6,900	\$4,500/\$9,000	\$6,650/\$13,300
Coinsurance	N/A	N/A	20%	20%		N/A	N/A	N/A
Out of Pocket Maximum (Single/Family)	\$5,000/\$10,000	\$7,000/\$14,000	\$7,900/\$15,800	\$7,900/\$15,800		\$6,650/\$13,300	\$6,650/\$13,300	\$6,650/\$13,300
<b>Out-of-Network</b>								
Deductible (Single/Family)	\$2,000/\$4,000	\$250/\$500	\$750/\$1,500	\$5,000/\$10,000		\$5,000/\$10,000	N/A	N/A
Coinsurance	20%	20%	20%	50% *		50% *	N/A	N/A
Out of Pocket Maximum (Single/Family)	\$10,000/\$20,000	\$7,000/\$14,000	\$7,900/\$15,800	\$10,000/\$20,000		\$10,000/\$20,000	N/A	N/A
<b>An * asterisk next to a benefit means the DEDUCTIBLE must be met before the plan pays or co-pays are applied.</b>								
PCP/Specialist	\$0 pediatric PCP visits \$0 for first three adult PCP visits \$15/\$20	\$0 Pediatric PCP; \$0 first 3 Adult PCP visits then; \$25/\$40	\$0 pediatric PCP visits \$25/\$50	\$0 pediatric PCP visits \$25/\$50		0% *	\$40/\$60 *	0% *
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Hospitalization	\$250	\$750	20% *	20% *	0% *	0% *	\$1,500 *	0% *
Outpatient Surgery	\$100	\$200	20% *	20% *	0% *	0% *	\$750 *	0% *
Emergency Room	\$100	\$200	\$200	\$200	0% *	0% *	\$750 *	0% *
Urgent Care	\$50	\$75	\$100	\$100	0% *	0% *	\$75 *	0% *
Ambulance	\$100	\$200	\$200	\$200	0% *	0% *	\$750 *	0% *
Telemedicine	\$15/20% *	\$25/20% *	\$25	\$25	After Deductible \$0	After Deductible \$0	\$40 *	After Deductible \$0
Durable Medical Equipment (DME)	50%	50%	20% *	20% *	50% *	50% *	50% *	0% *
Pharmacy Co-payment	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70		\$10 / \$35 / \$70 *	\$10/\$50/\$100 *	0% *
Preventive Drug List	No	No	No	No		Yes	Yes	Yes
	#2801	#9801	#3401	#6501		#6701	#9501	#4301
<b>2019 PLAN HIGHLIGHTS</b>								
<p><b>Eligibility</b></p> <p>To participate in the Chamber's insurance program, businesses must maintain their Chamber Membership. For Small Group eligibility, there must be at least one * <b>Common Law Employee (CLE)</b> enrolled. An employee does not include the sole owner or the spouse of the owner. If you do not qualify for a Small Group product, please contact our office for INDIVIDUAL plan options available to Members without a CLE .</p>	<p><b>Open Enrollment</b></p> <p>is during November for January 1st coverage. All applications must be received in our offices by <b>Friday, November 30th.</b></p>	<p><b>Pediatric Dental</b></p> <p>Required by the ACA for dependents under the age of 19. Monthly premium is \$20.67 per child.</p> <p><b>Telemedicine</b></p> <p>Visit a doctor using your mobile device or computer. Go to DoctorOnDemand.com to get started.</p>	<p><b>Wellness Card</b></p> <p>\$250 no-strings attached wellness debit card</p>	<p><b>Domestic Partner Coverage for Same or Opposite Sex</b></p> <p><b>Routine Vision Exam</b></p> <p>Coverage is included in all plans.</p>	<p><b>Embedded Plans</b></p> <p>Each member will pay towards, but never exceed their individual and/or OOPM until the larger family deductible is met.</p> <p><b>HSA Contribution Limits</b></p> <p>Single \$3,500 Family: \$7,000</p> <p><b>Catch-up Contributions</b></p> <p>(Age 55 or older) \$1,000</p>			
Monthly premium rates shown do not include administrative fees - Plan summaries are available upon request or online								
This comparison has been prepared as a guide to assist you in evaluating the program.								
This is not a complete comparison or contract and in no way details all the benefits, limitations, or exclusions. Rates and terms are subject to change.								