


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

	PPO #2801	HMO #3201	HYBRID POS #3401	HYBRID POS #6501		POS #6701	QHDEPO #9501	QHDEPO #4301
	Platinum PPO	Gold HMO	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
	Network	PPO	HMO	POS	Preferred	Participating	POS	EPO
Single	\$784.85	\$640.84	\$595.22	\$614.66		\$536.93	\$522.61	\$481.59
Double	\$1,569.70	\$1,281.68	\$1,190.44	\$1,229.32		\$1,073.86	\$1,045.22	\$963.18
Employee/Child(ren)	\$1,334.25	\$1,089.42	\$1,011.88	\$1,044.92		\$912.78	\$888.44	\$818.70
Family	\$2,236.83	\$1,826.40	\$1,696.38	\$1,751.78		\$1,530.25	\$1,489.44	\$1,372.53
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
In-Network								
Deductible (Single/Family)	\$0	\$0	\$500 / \$1000	\$500 / \$1,000		\$3,250 / \$6,500	\$4,500 / \$9,000	\$6,650 / \$13,300
Coinsurance	N/A	N/A	20%	20%		0% *	N/A	0% *
Out of Pocket Maximum (Single/Family)	\$5,000 / \$10,000	\$6,600 / \$13,200	\$7,200 / \$14,400	\$7,200 / \$14,400		\$6,650 / \$13,300	\$6,650 / \$13,300	\$6,650 / \$13,300
Out-of-Network								
Deductible (Single/Family)	\$2,000 / \$4,000	\$5,000 / \$10,000	\$500 / \$1,000	\$5,000 / \$10,000		\$5,000 / \$10,000	N/A	\$7,000 / \$14,000
Coinsurance	20%	20%	20%	50% *		50% *	N/A	50% *
Out of Pocket Maximum (Single/Family)	\$10,000 / \$20,000	\$10,000 / \$20,000	\$7,200 / \$14,400	\$10,000 / \$20,000		\$10,000 / \$20,000	N/A	\$10,000 / \$20,000
* Deductible applied to this benefit - Member amount after deductible is met.								
PCP/Specialist	\$0 pediatric PCP visits \$0 for first three adult PCP visits \$15 / \$20	\$0 pediatric PCP visits \$0 for first 3 adult PCP visits \$25 / \$40	\$0 pediatric PCP visits \$25 / \$50	\$0 pediatric PCP visits \$25 / \$50	\$25 / \$50	0% *	\$40/\$60 *	0% *
Inpatient Hospitalization	\$250	\$1,000	20% *	20% *		0% *	\$1,500 *	0% *
Outpatient Surgery	\$100	\$200	20% *	20% *		0% *	\$750 *	0% *
Emergency Room	\$100	\$200	\$200	\$200		0% *	\$750 *	0% *
Urgent Care	\$50	\$75	\$100	\$100		0% *	\$75 *	0% *
Ambulance	\$100	\$200	\$200	\$200		0% *	\$750 *	0% *
Durable Medical Equipment (DME)	50%	50%	20% *	20% *		50% *	50% *	0% *
Pharmacy Co-payment	\$10 / \$35 / \$70	\$4 / \$35 / \$70	\$4 / \$35 / \$70	\$4 / \$35 / \$70		\$10 / \$35 / \$70 *	\$10/\$50/\$100 *	0% *
Preventive Drug List	No	No	No	No		Yes	Yes	Yes

2018 PLAN HIGHLIGHTS

Eligibility	Deadline	Pediatric Dental	Routine Vision Exam	Domestic Partner	Embedded Plans
To participate in the Chamber's insurance program, Businesses must maintain their Chamber Membership. For Small Group eligibility, there must be at least one Common Law Employee (CLE) 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 .	Open Enrollment is during November for January 1st coverage. All applications must be received in our offices by Friday, December 1st.	Required by the ACA for dependents under the age of 19. Monthly premium is \$21.41 per child. Telemedicine You can see a doctor using your mobile device or computer. Visit DoctorOnDemand.com to get started.	Coverage for Same or Opposite Sex Routine Vision Exam Coverage is included in all plans.	Coverage for Same or Opposite Sex Routine Vision Exam Coverage is included in all plans.	Each member will pay towards, but never exceed their individual and/or OOPM until the larger family deductible is met. HSA Contribution Limits Single \$3,450 Family: \$6,900 Catch-up Contributions (Age 55 or older) \$1,000

Region 7: Clinton and Essex - Region 7 rates are different from Region 1 (please contact our office for details)

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.