

BlueShield of Northeastern New York 2021 Small Group Plan Designs



First Quarter													NEW	
Product Name	Platinum POS Classic	Platinum POS Radius	Platinum EX	Platinum PPO	Gold POS Classic	Gold EPO High	Gold POS Radius High	Gold EX High	Gold EPO	Gold POS Radius	Gold EX	Gold HMO 200 Plus	Gold Ascend	
	Copay	Copay	Copay	Copay	Low Deductible	Copay	Copay	Copay	Hybrid	Hybrid	Hybrid	Low Deductible	Tiered Copay	
Deductible type	N/A	N/A	N/A	N/A	Embedded	N/A	N/A	N/A	Embedded	Embedded	Embedded	Embedded	N/A	Embedded
In-Network													Optimum	Flexible
Deductible (single)	N/A	N/A	N/A	N/A	\$600	N/A	N/A	N/A	\$750	\$750	\$750	\$500	N/A	\$2,000
Deductible (family)	N/A	N/A	N/A	N/A	\$1,200	N/A	N/A	N/A	\$1,500	\$1,500	\$1,500	\$1,000	N/A	\$4,000
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	30%	30%	30%	N/A	N/A	50%
Out-of-pocket maximum (single)	\$2,000	\$5,000	\$5,000	\$5,000	\$4,000	\$8,150	\$8,150	\$8,150	\$8,150	\$8,150	\$8,150	\$7,000	\$7,900	
Out-of-pocket maximum (family)	\$4,000	\$10,000	\$10,000	\$10,000	\$8,000	\$16,300	\$16,300	\$16,300	\$16,300	\$16,300	\$16,300	\$14,000	\$15,800	
Medical Services														
PCP	\$15	\$15	\$15	\$15	\$25	\$25	\$25	\$25	\$25*	\$25*	\$25*	\$35	\$0	50%
Specialist	\$35	\$20	\$20	\$20	\$40	\$40	\$40	\$40	\$50*	\$50*	\$50*	\$50	\$50	50%
Laboratory services	\$15	\$15	\$15	\$15	\$25	\$25	\$25	\$25	\$25*	\$25*	\$25*	\$35	\$0	50%
Hospital Services														
Inpatient hospital (per admission)	\$500	\$250	\$250	\$250	\$1,000	\$1,000	\$1,000	\$1,000	30%	30%	30%	\$1,000	\$1,500	50%
Outpatient facility	\$100	\$100	\$100	\$100	\$100	\$200	\$200	\$200	30%	30%	30%	\$300	\$250	50%
Emergency room visit	\$100	\$100	\$100	\$100	\$150	\$300	\$300	\$300	\$350*	\$350*	\$350*	\$300	\$500	
Urgent care	\$55	\$50	\$50	\$50	\$60	\$75	\$75	\$75	\$100*	\$100*	\$100*	\$75	\$100	
Prescription Drugs														
Generic	\$10	\$10	\$10	\$10	\$10*	\$10	\$10	\$10	\$10*	\$10*	\$10*	\$10*	\$0	
Formulary	\$30	\$35	\$35	\$35	\$35*	\$35	\$35	\$35	\$35*	\$35*	\$35*	\$35	\$50	
Nonformulary	\$60	\$70	\$70	\$70	\$70*	\$70	\$70	\$70	\$70*	\$70*	\$70*	\$70	\$80	
Preventive enhanced drug list	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Age 26 Rates														
Subscriber	\$767.72	\$761.90	\$795.75	\$862.92	\$671.40	\$782.27	\$695.72	\$726.57	\$728.10	\$648.37	\$677.06	\$654.11	\$570.65	
Subscriber and spouse/ domestic partner	\$1,535.44	\$1,523.80	\$1,591.50	\$1,725.84	\$1,342.80	\$1,564.54	\$1,391.44	\$1,453.14	\$1,456.20	\$1,296.74	\$1,354.12	\$1,308.22	\$1,141.30	
Subscriber and child(ren)	\$1,305.12	\$1,295.23	\$1,352.78	\$1,466.96	\$1,141.38	\$1,329.86	\$1,182.72	\$1,235.17	\$1,237.77	\$1,102.23	\$1,151.00	\$1,111.99	\$970.11	
Family	\$2,188.00	\$2,171.42	\$2,267.89	\$2,459.32	\$1,913.49	\$2,229.47	\$1,982.80	\$2,070.72	\$2,075.09	\$1,847.85	\$1,929.62	\$1,864.21	\$1,626.35	

A NETWORK THAT COVERS YOU IN THE CAPITAL REGION AND BEYOND

Flexible local coverage

Point of Service (POS) and Health Maintenance Organization (HMO) plans

- Flexible and most affordable with 99% in-network care throughout our 13-county service area

Ascend: employee choice plan with lower cost-share options

- Full-network tiered benefit plan with premium savings and lower cost-share for visiting select providers and facilities
- Available in Albany, Montgomery, Rensselaer, and Schenectady counties

Coverage beyond the Capital Region

National Exclusive Provider Organization (EPO) and Preferred Provider Organization (PPO) plans

- PPO and EPO networks offer the same great local coverage as a POS, but they go the distance with employees who live or travel outside the POS service area

Expanded (EX) network

- Enhanced network access with POS plans locally and PPO plans for out-of-area care
- Available for employees who work or live in the BlueShield service area

CONVENIENT ACCESS TO MEDICAL EXPERTS WHENEVER IT'S NEEDED



Telemedicine hosted by Doctor On Demand®



Personal health navigators



Health coaches



Case and disease managers

Key

* = Not subject to deductible

† = HSA eligible

■ = Changes for 2021

For more details, please contact your broker or account executive. You can also visit us at bsneny.com/contact or call 1-800-888-1238.

BlueShield of Northeastern New York 2021 Small Group Plan Designs



First Quarter					NEW	NEW	NEW					NEW				
Product Name	Silver POS Classic	Silver EPO 6300 [†]	Silver EX 6300 [†]	Silver HMO 6300 [†]	Silver EPO 7000 [†]	Silver POS 7000 [†]	Silver EX 7000 [†]	Silver EPO 8000 [†]	Silver POS 8000 [†]	Silver EX 8000 [†]	Silver Ascend	Bronze POS Classic	Bronze Value HMO [†]	Bronze Value EPO [†]	Bronze HMO	
Deductible type	High Deductible	High Deductible	High Deductible	High Deductible	High Deductible	High Deductible	High Deductible	High Deductible	High Deductible	High Deductible	Tiered Hybrid	High Deductible	High Deductible	High Deductible	High Deductible	
	Embedded	True Family	True Family	True Family	True Family	True Family	True Family	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	
In-Network											Optimum		Flexible			
Deductible (single)	\$1,700	\$1,500	\$1,500	\$1,500	\$2,500	\$2,500	\$2,500	\$4,000	\$4,000	\$4,000	\$2,800	\$5,000	\$4,425	\$6,900	\$6,900	\$7,500
Deductible (family)	\$3,400	\$3,000	\$3,000	\$3,000	\$5,000	\$5,000	\$5,000	\$8,000	\$8,000	\$8,000	\$5,600	\$10,000	\$8,850	\$13,800	\$13,800	\$15,000
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	20%	50%	50%	0%	0%	0%
Out-of-pocket maximum (single)	\$7,900	\$6,900	\$6,900	\$6,900	\$6,900	\$6,900	\$6,900	\$6,900	\$6,900	\$6,900	\$7,900	\$8,150	\$6,900	\$6,900	\$8,500	
Out-of-pocket maximum (family)	\$15,800	\$13,800	\$13,800	\$13,800	\$13,800	\$13,800	\$13,800	\$13,800	\$13,800	\$13,800	\$15,800	\$16,300	\$13,800	\$13,800	\$17,000	
Medical Services																
PCP	\$30	\$40	\$40	\$40	\$20	\$20	\$20	0%	0%	0%	\$0*	50%	50%	0%	0%	0%
Specialist	\$50	\$60	\$60	\$60	\$40	\$40	\$40	0%	0%	0%	\$60	50%	50%	0%	0%	0%
Laboratory services	\$30	\$40	\$40	\$40	\$20	\$20	\$20	0%	0%	0%	\$0*	50%	50%	0%	0%	0%
Hospital Services																
Inpatient hospital (per admission)	\$1,500	\$500	\$500	\$500	\$250	\$250	\$250	0%	0%	0%	20%	50%	50%	0%	0%	0%
Outpatient facility	\$150	\$250	\$250	\$250	\$100	\$100	\$100	0%	0%	0%	20%	50%	50%	0%	0%	0%
Emergency room visit	\$250	\$250	\$250	\$250	\$100	\$100	\$100	0%	0%	0%	20%	50%	50%	0%	0%	0%
Urgent care	\$70	\$75	\$75	\$75	\$75	\$75	\$75	0%	0%	0%	\$70	50%	50%	0%	0%	0%
Prescription Drugs																
Generic	\$10*	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	0%	0%	0%	\$10
Formulary	\$35*	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$50	\$35	0%	0%	0%	50%
Nonformulary	\$70*	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70	50%	\$70	0%	0%	0%	50%
Preventive enhanced drug list	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No
Age 26 Rates																
Subscriber	\$588.38	\$654.09	\$609.41	\$576.72	\$632.85	\$565.11	\$590.01	\$606.79	\$542.33	\$566.19	\$452.54	\$461.27	\$478.60	\$542.62	\$439.34	
Subscriber and spouse/ domestic partner	\$1,176.76	\$1,308.18	\$1,218.82	\$1,153.44	\$1,265.70	\$1,130.22	\$1,180.02	\$1,213.58	\$1,084.66	\$1,132.38	\$905.08	\$922.54	\$957.20	\$1,085.24	\$878.68	
Subscriber and child(ren)	\$1,000.25	\$1,111.95	\$1,036.00	\$980.42	\$1,075.85	\$960.69	\$1,003.02	\$1,031.54	\$921.96	\$962.52	\$769.32	\$784.16	\$813.62	\$922.45	\$746.88	
Family	\$1,676.88	\$1,864.16	\$1,736.82	\$1,643.65	\$1,803.62	\$1,610.56	\$1,681.53	\$1,729.35	\$1,545.64	\$1,613.64	\$1,289.74	\$1,314.62	\$1,364.01	\$1,546.47	\$1,252.12	

TOOLS AND RESOURCES TO HELP YOU AND YOUR EMPLOYEES



LIVONGO® HELPS EMPLOYEES TAKE CONTROL OF THEIR DIABETES

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BlueConnect

A comprehensive online benefit solution and plan management platform. Visit bsneny.com/blueconnect to register.

MEMBERSHIP PERKS TO KEEP YOUR EMPLOYEES HAPPY AND HEALTHY

\$250 WELLNESS CARD

\$0 PREVENTIVE SERVICES

\$25 HEALTH ASSESSMENT INCENTIVE

Incentive for subscriber and additional \$25 when a covered spouse or domestic partner takes the assessment

\$0 PREVENTIVE RX

On most plans with over 600+ brand-name and generic drugs

Key

* = Not subject to deductible

† = HSA eligible

= Changes for 2021

For more details, please contact your broker or account executive. You can also visit us at bsneny.com/contact or call 1-800-888-1238.