

# 2021 INDIVIDUAL AND FAMILY PLANS



**BlueShield  
of Northeastern New York**







## Dedicated to You



### The security of a card recognized worldwide

When you choose BlueShield of Northeastern New York, you and everyone listed on your card get access to outstanding local doctors, hospitals, and specialty practices. And, if you're traveling, you can trust that BlueShield is your direct link to emergency care anywhere in the world.



### It's easy to enroll

Call us at 1-800-700-8482 or visit [ShopShieldPlans.com](https://www.ShopShieldPlans.com) to learn more about your health insurance options, or see if you qualify for a subsidy to help pay for your health plan.

# The Best Benefits of BlueShield

## Health and wellness



### It pays to be healthy

Enjoy a \$250 wellness card and earn extra cash. Your favorite health and wellness activities are now more affordable with the wellness card offered with every plan.\* Visit [bsneny.com/wellnesscard](https://bsneny.com/wellnesscard) to learn more.



### Health assessment

Earn \$25 when you complete a confidential health assessment survey. Your covered spouse can complete the assessment and earn \$25, too.\*\* Visit [bsneny.com/ha](https://bsneny.com/ha) to get started.



### Comprehensive health and wellness programs

Online resources, local classes, support groups, and workshops.

## Manage your care



### Manage your health and benefits online

Get access to easy-to-use online tools and mobile apps. Go to [bsneny.com/register](https://bsneny.com/register) to get started.



### Telemedicine hosted by Doctor On Demand®

Connect with a doctor face to face 24/7 by phone, tablet, or computer. Many plans feature a \$0 copay for telehealth services — see plan details for information.

## Save money



### More than 65 free preventive services, including:

- Well child visits and immunizations
- Routine OB-GYN and mammograms
- Routine physicals
- Colorectal cancer screenings

Visit [bsneny.com/preventive](https://bsneny.com/preventive) for a complete list.



### Low-cost pharmacy options

- Generic oral contraceptives are covered in full.
- Mail-order drugs are 2.5 copays per 90-day supply.
- Over 600 prescription drugs covered in full with the preventive drug list on Destination 65 plans only.

\*One \$250 wellness card per contract with 2021 BlueShield of Northeastern New York individual and small group plans.

\*\*\$25 each when a subscriber and/or covered spouse completes a health survey; max \$50 per contract. Available to subscribers and their covered spouses who are enrolled in individual and small group plans.





# 2021 Individual Plans

## Levels of coverage

Plans are designed based on four metal levels that match the percentage of costs covered.  
Generally, as the metal level goes down, the monthly premium goes down while the out-of-pocket cost-share goes up.

**PLATINUM**  
**90%**  
costs covered by  
your premium

10%  
out-of-  
pocket  
costs

**GOLD**  
**80%**  
costs covered by  
your premium

20%  
out-of-  
pocket  
costs

**SILVER**  
**70%**  
costs covered by  
your premium

30%  
out-of-  
pocket  
costs

**BRONZE**  
**60%**  
costs covered by  
your premium

40%  
out-of-  
pocket  
costs



# 2021 Individual Plans

		Platinum Standard	Gold Standard	Gold Destination 65
Monthly Premium Individual / Family	Individual	\$917.11	\$751.68	\$749.51
	Individual and spouse/ domestic partner	\$1,834.22	\$1,503.36	\$1,499.02
	Individual and child(ren)	\$1,559.09	\$1,277.86	\$1,274.17
	Family	\$2,613.76	\$2,142.29	\$2,136.10
In-Network	In-network deductible (single/family)	N/A	\$600/\$1,200 embedded	\$500/\$1,000 embedded
	Out-of-pocket maximum (single/family)	\$2,000/\$4,000 embedded	\$4,000/\$8,000 embedded	\$6,000/\$12,000 embedded
Out-of-Network	Out-of-network deductible (single/family)	\$5,000/\$10,000 embedded	\$5,000/\$10,000 embedded	N/C
	Out-of-network out-of-pocket maximum (single/family)	\$10,000/\$20,000 embedded	\$10,000/\$20,000 embedded	N/C
Medical Services	PCP/specialist	\$15/\$35	\$25/\$40 after deductible	\$0/\$26 after deductible
	Laboratory services	\$35	\$40 after deductible	\$5 after deductible
	Telemedicine hosted by Doctor On Demand	\$0	\$0 after deductible	\$0 not subject to deductible
Prescription Drugs	Tier 1/Tier 2/Tier 3*	\$10/\$30/\$60	\$10/\$35/\$70 not subject to deductible	\$5/\$50/50% not subject to deductible
Inpatient/ Outpatient Services	Inpatient hospital	\$500	\$1,000 after deductible	\$225 per day for 4 days after per admission after deductible
	Outpatient facility fee	\$100	\$100 after deductible	\$200 after deductible
	Emergency room/ambulance	\$100	\$150 after deductible	\$90 after deductible
	Urgent care	\$55	\$60 after deductible	\$65 after deductible
	X-rays	\$35	\$40 after deductible	\$50 after deductible
	Advanced radiology (CT, PET Scans, MRI)	\$35	\$40 after deductible	\$200 after deductible
Diabetic Services	Drugs/supplies**	\$15	\$25 after deductible	\$0 after deductible
Vision Benefits	Pediatric annual exam (routine)	\$15	\$25 after deductible	\$0 not subject to deductible
	Adult vision discount program†	Blue Discount	Blue Discount	Affinity Plus

\*Select preventive drugs are at \$0 cost-share.

\*\*Insulin is subject to deductible and copay but capped at \$100 for a 30-day supply.

† Vision benefit administered by Davis Vision.




# 2021 Individual Plans

Silver Standard	Silver Destination 65	Bronze Standard
\$584.94	\$583.26	\$429.53
\$1,169.88	\$1,166.52	\$859.06
\$994.40	\$991.54	\$730.20
\$1,667.08	\$1,662.29	\$1,224.16
\$1,300/\$2,600 embedded	\$1,800/\$3,600 embedded	\$4,700/\$9,400 embedded
\$8,500/\$17,000 embedded	\$8,550/\$17,100 embedded	\$8,550/\$17,100 embedded
\$5,000/\$10,000 embedded	N/C	\$5,000/\$10,000 embedded
\$10,000/\$20,000 embedded	N/C	\$10,000/\$20,000 embedded
\$30/\$50 after deductible	\$0/\$40 after deductible	3 office visits covered with copay before deductible; \$50/\$75 after deductible
\$50 after deductible	\$10 after deductible	\$50 after deductible
\$0 after deductible	\$0 not subject to deductible	\$0 not subject to deductible
\$10/\$35/\$70 not subject to deductible	\$5/\$50/50% not subject to deductible	\$10/\$35/\$70 after deductible
\$1,500 after deductible	\$370 per day for 4 days per admission after deductible	50% after deductible
\$150 after deductible	\$425 after deductible	50% after deductible
\$300/\$150 after deductible	\$90 after deductible	50% after deductible
\$70 after deductible	\$65 after deductible	50% after deductible
\$50 after deductible	\$50 after deductible	50% after deductible
\$75 after deductible	\$200 after deductible	50% after deductible
\$30 after deductible	\$0 after deductible	\$50 after deductible
\$30 after deductible	\$0 not subject to deductible	50% after deductible
Blue Discount	Affinity Plus	Blue Discount



# All Dental Plans

## 2021 Individual Offering

	Blue Pediatric Dental* (PPO)	Blue Value Dental 1* (PPO)	Blue Value Dental 2 (PPO)	Blue Value Dental 3** (PPO)
<b>Monthly Premium</b>				
<b>Individual</b>	\$31.34 (per child)	\$30.14	\$40.98	\$43.79
<b>Individual and spouse/ domestic partner</b>		\$60.28	\$81.96	\$87.58
<b>Individual and child(ren)</b>		\$80.94	\$99.27	\$107.05
<b>Family</b>		\$125.34	\$154.44	\$166.48
<b>Benefits</b>	Children to age 19 years	Adult/family	Adult/family	Adult/family
<b>Deductible (embedded)</b>	N/A	\$50 per member/\$150 family maximum (per calendar year)  Applies to basic restorative and major dental services	\$50 per member/\$150 family maximum (per calendar year)  Applies to basic restorative and major dental services	\$50 per member/\$150 family maximum (per calendar year)  Applies to basic restorative and major dental services
<b>Annual benefit maximum</b>	N/A	\$750 per member per calendar year	\$1,250 per member per calendar year	\$1,500 per member per calendar year
<b>Out-of-pocket maximum</b>	\$350 (1 child) \$700 (2 or more children) (per calendar year)	N/A	N/A	N/A
<b>Orthodontic lifetime maximum (pediatric and adult cosmetic: routine braces)</b>	N/A	N/A	N/A	\$1,000 per member per lifetime
<b>Preventive/diagnostic care (exam, cleaning, X-rays)</b>	\$20 copayment per visit	\$0 copayment per visit	\$0 copayment per visit	\$0 copayment per visit
<b>Basic restorative (fillings, extractions, periodontics, endodontics)</b>	50% coinsurance	50% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<b>Major dental (bridges, crowns, dentures)</b>	50% coinsurance	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
<b>Orthodontic services (medically necessary)</b>	50% coinsurance applies to children up to age 19	50% coinsurance applies to children up to age 19	50% coinsurance applies to children up to age 19	50% coinsurance applies to children up to age 19
<b>Orthodontic services (cosmetic: routine braces)</b>	N/A	N/A	N/A	50% coinsurance applies to children and adults

Blue Pediatric Dental benefits and cost-sharing are included in all Blue Value Dental plans.

**For plan information, please call 1-800-700-8482.**



## Dental and vision benefits



### Dental options

Our dental plans cover pediatric essential health benefits (as outlined in the Affordable Care Act) and adult dental benefits. Options include comprehensive oral health coverage, coverage for routine braces, and out-of-network coverage. Go to [bsneny.com/dentaloptions](https://bsneny.com/dentaloptions) to view our dental plans.



### Vision options

From pediatric essential health benefits including routine eye exams, frames, and lenses to exams and eyewear discounts for adults, we offer a network of vision providers and benefits to make sure you see and look your best. Visit [bsneny.com/visionbenefits](https://bsneny.com/visionbenefits) for more information on our vision discount program and offerings, administered by Davis Vision.

Participating providers may not balance bill the member. Members have the option to receive dental services from a provider who does not participate in the BlueShield of Northeastern New York contracted network of providers. Out-of-network services are reimbursed at 100% of the in-network fee schedule and the nonparticipating provider may balance bill the member. Visit [bsneny.com](https://bsneny.com) to check if the dentist is participating in the network or located within our operating area.

\*Available on New York State of Health Marketplace.

\*\*Blue Value Dental 3 includes coverage for children up to age 19 for medically necessary orthodontics subject to an out-of-pocket maximum and cosmetic orthodontics (routine braces) subject to a lifetime maximum per member. Adults and adult dependents (19 and above) have coverage for cosmetic orthodontics (routine braces) subject to a lifetime maximum per member.





## Annual Benefit Limits

### **Habilitation (PT/OT/ST)**

60 combined visits per condition per plan year

### **Rehabilitation, outpatient (PT/OT/ST)**

60 combined visits per condition per plan year

### **Rehabilitation, inpatient (PT/OT/ST)**

60 combined visits per plan year

### **Home health care**

40 visits per plan year

### **Hearing aids**

- Single purchase every three years
- Members are entitled to discounts through TruHearing®

### **Hospice**

210 days per plan year, five visits per plan year for family bereavement

### **Substance abuse, outpatient**

Unlimited, 20 visits per plan year for family counseling

### **Skilled nursing facility**

Unlimited, 200 days per year for Standard plans



THE NAME TRUSTED  
FOR OVER 70 YEARS.





Call us  
**1-800-700-8482**

Visit us online  
**ShopShieldPlans.com**



**BlueShield  
of Northeastern New York**

The information in this document is not intended as a contract. Rates vary based on the overall benefit package and are subject to change without notice.

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