

**Suggested Plan: NENY Gold Radius High**

	Individual	Individual & child(ren)	Individual & spouse	Family	Coverage until age
<b>Current monthly premium</b>	\$706.75	\$1,201.48	\$1,413.50	\$2,014.24	26
<b>Monthly premium effective January 1, 2021</b>	\$695.72	\$1,182.72	\$1,391.44	\$1,982.80	26

	Current		Upon renewal	
<b>Cost sharing changes</b>	In-network	Out-of-network	In-network	Out-of-network
Yearly deductible (single/family)	N/A	\$5,000 / \$10,000	N/A	\$5,000 / \$10,000
Maximum out-of-pocket amount (single/family)	\$8,150 / \$16,300	\$10,000 / \$20,000	\$8,150 / \$16,300	\$10,000 / \$20,000
<b>Doctor office visits</b>				
Primary care visits / specialist visits	\$0 for adult members (first three visits); \$25 / \$40	50% after deductible	\$0 for adult members (first three visits); \$25 / \$40	50% after deductible
Inpatient hospital stays (per admission)	\$1,000	50% after deductible	\$1,000	50% after deductible
<b>Prescription drug coverage</b>				
Drug tier 1/2/3	\$10/\$35/\$70	Not covered	\$10/\$35/\$70	Not covered
HSA qualified	Not eligible		Not eligible	