


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

 Network	#2801	#9801	#3401	#6501		#6701	#4301
	Platinum PPO	Gold Radius High	GOLD Radius	GOLD EX		SILVER POS 8000 HSA Qualified	BRONZE Value HSA Qualified
	BlueShield Network	BlueShield Network	BlueShield Network	BlueShield Network	Blue Card	BlueShield Network	BlueShield Network
	PPO	POS	POS	Preferred	Participating	POS	HMO
Single	\$862.92	\$695.72	\$648.37	\$677.06		\$542.33	\$478.60
Double	\$1,725.84	\$1,391.44	\$1,296.74	\$1,354.12		\$1,084.66	\$957.20
Employee/Child(ren)	\$1,466.96	\$1,182.72	\$1,102.23	\$1,151.00		\$921.96	\$813.62
Family	\$2,459.32	\$1,982.80	\$1,847.85	\$1,929.62		\$1,545.64	\$1,364.01
In-Network							
Deductible (Single/Family)	N/A	N/A	\$750/\$1,500	\$750/\$1,500		\$4,000/\$8,000	\$6,900/\$13,800
Coinsurance	N/A	N/A	30%	30%		0% *	0% *
Out of Pocket Maximum (Single/Family)	\$5,000/\$10,000	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300		\$6,900/\$13,800	\$6,900/\$13,800
Out-of-Network							
Deductible (Single/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000		\$5,000/\$10,000	N/A
Coinsurance	50%	50%	50%	50% *		50% *	N/A
Out of Pocket Maximum (Single/Family)	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000		\$10,000/\$20,000	N/A
An * asterisk next to a benefit means the DEDUCTIBLE must be met before the plan pays or co-pays are applied.							
PCP/Specialist	\$0 Pediatric PCP \$0 for first 3 adult PCP visits \$15/\$20	\$0 Pediatric PCP; \$0 for first 3 adult PCP visits then; \$25/\$40	\$0 pediatric PCP visits \$25/\$50	\$0 pediatric PCP visits \$25/\$50		0% *	0% *
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Hospitalization (per admission)	\$250	\$1,000	30% *	30%*		0% *	0% *
Outpatient Surgery	\$100	\$200	30% *	30% *		0% *	0% *
Emergency Room	\$100	\$300	\$350	\$350		0% *	0% *
Urgent Care	\$50	\$75	\$100	\$100		0% *	0% *
Ambulance	\$100	\$300	\$350	\$350		0% *	0% *
Telemedicine	\$0	\$0	\$0	\$0		\$0	\$0
Pharmacy Co-payment	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70		\$10 / \$35 / \$70 *	0% *
Preventive Drug List	Yes	Yes	Yes	Yes		Yes	Yes
	#2801	#9801	#3401	#6501		#6701	#4301
2021 PLAN HIGHLIGHTS							
Eligibility: 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 office by Tuesday, December 1st	Pediatric Dental Required by the ACA for dependents under age 19. Monthly premium is \$19.74 per child. Telemedicine, Visit a doctor using your mobile device or computer. Go to DoctorOnDemand.com to get started.	Wellness Card \$250 no-strings attached wellness debit card	Domestic Partner Coverage for Same or Opposite Sex Routine Vision Exam Coverage is included in all plans.	Embedded 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 \$3,600 Family: \$7,200 Catch-up Contributions (Age 55 or older) \$1,000		
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.							