



BETHLEHEM CHAMBER OF COMMERCE



2016 BLUESHIELD OF NENY *SMALL GROUP* MEDICAL PLAN OPTIONS

Deductibles reflected below are *Embedded* - both INN and OON

		Platinum Radius	Gold EPO 5000	GOLD Radius	Silver Standard	Silver EPO 8000b	Bronze Value	
Network Type		POS	EPO	POS	POS	EPO-HSA Eligible	POS-HSA Eligible	
Abbreviations used below: N/A=Non applicable/ INN=In Network/ OON=Out of network/ AD=After deductible/ S=Single/ F=Family/ Cov=Coverage/ Covd=Covered/ CIF=Covered in full								
IN Network (INN)	Annual Deductible	\$0	\$500 S/\$1,000 F	\$500S/\$1,000F	\$2,000S/\$4,000F	\$3,000S/\$6,000F	\$6,450S/\$12,900F	
	Out of Pocket Max	\$6,600/\$13,200 F	\$3,500 S/\$7,000 F	\$6,600S/\$13,200F	\$5,000S/\$11,000F	\$6,550S/\$13,100F	\$6,450S/\$12,900F	
	Co-insurance split	N/A	20%	20%	N/A	0% AD	0% AD	
OUT of Network (OON)	Annual Deductible	\$250 S/\$500 F	N/A	\$500S/\$1,000F	\$5,000S/\$11,000F	N/A	\$6,450S/\$12,900F	
	Out of Pocket Max	\$10,000S/\$20,000F	N/A	\$10,000S/\$20,000F	\$10,000S/\$20,000F	N/A	\$6,450S/\$12,900F	
	Co-insurance split	20% AD	N/A	20% AD	50%	N/A	0% AD	
Medical Services	Office Visit PCP/Spec	INN:\$25/\$40/OON:20% AD	INN:\$30/\$50/OON:N/A	\$25/\$50 AD	INN:\$30 PCP/\$50 AD/OON: 50%	INN:0% AD/OON:N/A	INN:0% AD/OON:0% AD	
	<i>Note:</i> THREE (3) \$0 co-pay ADULT visits to PCP in <i>Platinum INN ONLY</i> . // \$0 co-pay for PEDIATRIC visits - <i>sick &amp; well</i> - to PCP in <i>Platinum &amp; Gold Plans IN NETWORK ONLY</i> .							
	Preventive Services	INN ONLY:\$0 Co-pay	INN ONLY:\$0 Co-pay	INN ONLY: \$0 Co-pay	INN ONLY: \$0 Co-pay	INN ONLY: \$0 Co-pay	INN ONLY: \$0 Co-pay	
	Laboratory	INN:\$25/OON:20% AD	INN:\$30/OON:N/A	INN:\$25 AD/OON:20% AD	INN:\$50 AD/OON:50% AD	INN:\$0 AD/OON:N/A	INN:0% AD/OON:0% AD	
	Chiropractic Care	INN:\$25/OON: 20% AD	INN:\$30/OON:N/A	INN:\$25 AD/OON:20% AD	INN:\$50 AD/OON:50% AD	INN:\$0 AD/OON:N/A	INN:0% AD/OON:0% AD	
	Maternity-Dr	INN:\$25 1st Visit then CIF	INN ONLY:\$30 1st Visit then CIF	INN:\$25 1st Visit then CIF/OON:20%	INN:\$30 visit AD/OON:50% AD	INN:\$0 AD/OON:N/A	INN:0% AD/OON:0% AD	
	Imaging, X-rays	INN:\$40/OON: 20%AD	INN:20% AD/OON:N/A	INN:20% AD/OON:20% AD	INN:\$50 AD/OON: 50% AD	INN:\$0 AD/OON:N/A	INN:0% AD/OON:0% AD	
Therapies: PT/OT/ST **	INN: \$25 / OON: 20% AD	INN: \$30 / OON: N/A	INN: \$25 / OON: 20% AD	INN: \$30AD / OON: 50% AD	INN:\$0 AD/OON:N/A	INN:0% AD/OON:0% AD		
Pediatric Dental	Pediatric Dental	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	
	<i>Note:</i> APPLIES TO ALL PLANS: The ACA REQUIRES Pediatric dental. If you insure children under age 19 & DO NOT provide a dental waiver, an add'l \$22.09/mo/child w/b billed to you.							
Hospital Services	Hospital Inpatient	INN:\$750/OON:20% AD	INN:20% AD/OON:N/A	INN:20% AD/OON:20% AD	INN:\$1,500 AD/OON:50% AD	INN:\$0 AD/OON:N/A	INN:0% AD/OON:0% AD	
	OutPatient Surgery	INN:\$200/OON:20% AD	INN:20% AD/OON:N/A	INN:20% AD/OON:20% AD	INN:\$100 AD/OON:50% AD	INN:\$0 AD/OON:N/A	INN:0% AD/OON:0% AD	
	ER & Ambulance	INN:\$200/OON:20% AD	INN:\$150/OON:N/A	INN:\$200/OON:20% AD	INN:\$150 AD/OON:50% AD	INN & OON: \$250 AD	INN:0% AD/OON:0% AD	
	Urgent Care	INN:\$75/OON:20% AD	INN:\$100/OON:N/A	INN:\$100/OON:20% AD	INN:\$70 AD/OON:50% AD	INN:\$0 AD/OON:N/A	INN:0% AD/OON:0% AD	
Vision	Pediatric	1 Exam/yr-CIF/hardware cov.	1 Exam/yr-CIF/hardware cov.	1 Exam/yr-CIF/hardware cov.	1 Exam/yr-CIF/hardware cov.	1 Exam/yr-CIF/hardware cov.	1 Exam/yr-CIF/hardware cov.	
	Adult	Exam/24 mo; hardware disc pgm	Exam/24 mos ; hardware disc pgm	Exam/24 mos ; hardware disc pgm	Exam/24 mos ; hardware disc pgm	Exam/24 mos ; hardware disc pgm	Exam/24 mos ; hardware disc pgm	
Prescription	Medications	INN:\$4G/\$35NB/\$70NF / OON:N/A	INN:\$10G/\$35NB/\$70NF / OON:N/A	INN:\$4G/\$35NB/\$70NF / OON:N/A	INN: \$10G/\$35NB/\$70NF / OON:N/A	INN: AD:\$4G/\$35NB/\$70NF / OON:N/A	INN & OON: Covd in full AD	
Additional Benefits	Wellness	\$250 Wellness Card	\$250 Wellness Card	\$250 Wellness Card	\$250 Wellness Card	\$250 Wellness Card	\$250 Wellness Card	
	Benefits	\$50 Incentive for HRA	\$50 Incentive for HRA	\$50 Incentive for HRA	\$50 Incentive for HRA	\$50 Incentive for HRA	\$50 Incentive for HRA	
	Worldwide Coverage	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	
	Deps/Domestic Pttrs	Deps to 26/DP Covd	Deps to 26/DP Covd	Deps to 26/DP Covd	Deps to 26/DP Covd	Deps to 26/DP Covd	Deps to 26/DP Covd	
Monthly Premiums	Single	\$552.70	\$567.54	\$484.99	\$428.57	\$482.50	\$363.20	
	Employee/Child (ren)	\$939.59	\$964.82	\$824.49	\$728.57	\$820.25	\$611.84	
	Employee/Spouse	\$1,105.40	\$1,135.08	\$969.98	\$857.14	\$965.00	\$719.40	
	Family	\$1,575.19	\$1,617.49	\$1,382.22	\$1,221.42	\$1,375.12	\$1,020.32	

**Important NOTES:** ALL plans include IN NETWORK preventive care covered in full: examples; routine annual physical, routine lab tests, routine annual well woman exam /cytology, etc. Please refer to plan info for details.  
 Embedded Deductible: A deductible where each person must satisfy the *individual* deductible amount; *not the full family deductible amount* ; before co-pays & co-insurance will be in effect.  
 \*\* PT/OT/ST = 60 visits combined per condition for the plan year on all plans EXCEPT the Silver Standard. On that plan it is 60 visits combined per condition for a *lifetime*.  
 This is a general overview of benefits available under these plans; it is not a contract. PLEASE READ GLOSSARY