



BETHLEHEM CHAMBER OF COMMERCE
2017 BLUESHIELD OF NENY SMALL GROUP MEDICAL PLAN OPTIONS
 Deductibles reflected below are *Embedded* - both INN and OON



		Platinum Radius	Gold EX	GOLD Radius	Silver Standard	Silver EX 8000	Bronze Value	
Network Type		POS	PREFERRED/PARTICIPATING	POS	POS	PREFERRED/PARTICIPATING	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	\$6,600S/\$13,200 F	\$6,600S/\$13,200 F	\$6,600S/\$13,200F	\$6,750S/\$13,500F	\$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	\$5,000 S/\$10,000 F	\$500S/\$1,000F	\$5,000S/\$10,000F	\$5,000 S/ \$10,000F	\$6,450S/\$12,900F	
	Out of Pocket Max	\$6,600S/\$13,200F	\$10,000 S/\$20,000 F	\$6,000S/\$13,200F	\$10,000S/\$20,000F	\$10,000S/\$20,000F	\$6,450S/\$12,900F	
	Co-insurance split	20% AD	50%	20% AD	50%	50%	0% AD	
Medical Services	Office Visit PCP/Spec	INN:\$25/\$40/OON:20% AD	INN:\$25PCP/\$50/OON: 50%	\$25/\$50	INN:\$30 PCP/\$50 AD/OON: 50%	INN:0% AD/OON:N/A	INN:0% AD/OON:0% AD	
	Note: THREE (3) \$0 co-pay ADULT visits to PCP in <i>Platinum INN ONLY. // \$0 co-pay for PEDIATRIC visits -sick & well - to PCP in Platinum & 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:\$25/OON:N/A	INN:\$25/OON:20% AD	INN:\$25/OON:20% AD	INN:\$50AD/OON:50% AD	INN:\$0 AD/OON:50% AD	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:50% AD	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:50% AD	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:50% AD	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:50% AD	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	
	Note: 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:50% AD	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:50% AD	INN:0% AD/OON:0% AD	
	ER & Ambulance	INN:\$200/OON:20% AD	INN:\$200/OON:N/A	INN:\$200/OON:20% AD	INN:\$250 AD/OON:50% AD	INN:0% ADOON: 50% 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:50% AD	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:\$4G/\$35NB/\$70NF / OON:N/A	INN:\$4G/\$35NB/\$70NF / OON:N/A	INN: \$10G/\$35NB/\$70NF / OON:N/A	INN: AD:\$10G/\$35NB/\$70NF AD / 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	
	Depos/Domestic Ptms	Depos to 26/DP Covd	Depos to 26/DP Covd	Depos to 26/DP Covd	Depos to 26/DP Covd	Depos to 26/DP Covd	Depos to 26/DP Covd	
Monthly Premiums	Single	\$607.41	\$564.20	\$536.63	\$475.90	\$486.10	\$405.38	
	Employee/Child (ren)	\$1,032.60	\$959.14	\$912.27	\$809.03	\$826.37	\$689.15	
	Employee/Spouse	\$1,214.82	\$1,128.40	\$1,073.26	\$951.80	\$972.20	\$810.76	
	Family	\$1,731.12	\$1,607.97	\$1,529.39	\$1,356.32	\$1,385.39	\$1,155.33	
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 <i>individual</i> deductible amount; <i>not the full family deductible amount</i> ; 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 <i>lifetime</i> .							

This is a general overview of benefits available under these plans; *it is not a contract.*

PLEASE READ GLOSSARY