



BlueShield
of Northeastern New York

2018 BLUESHIELD OF NENY SMALL GROUP MEDICAL PLAN OPTIONS



Network Type		Platinum Ex	Gold Radius High	Gold Radius	Silver Standard	Silver EX 8000	Bronze Value
Abbreviations used below:		POS				PREFERRED/PARTICIPATING HAS Eligible	POS-HSA Eligible
N/A=Non applicable/ INN=In Network/ OON=Out of network/ AD=After deductible/ S=Single/ F=Family/ Cov=Coverage/ Cvd=Covered/ CIF=Covered in full		Wrap					
IN Network (INN)	Annual Deductible	\$0	\$0	\$500/\$1,000F	\$2,000/\$4,000F	\$3,250/\$6,500F	\$6,650/\$13,300F
	Out of Pocket Max	\$5,000/\$10,000F	\$6,600/\$13,200 F	\$7,200/\$14,400F	\$6,750/\$13,500F	\$6,650/\$13,300F	\$6,650/\$13,300F
	Co-insurance split	N/A	N/A	20%	N/A	0% AD	0% AD
OUT of Network (OON)	Annual Deductible	\$2000/\$4000F	\$250 S/\$500 F	\$500/\$1,000F	\$5,000/\$10,000F	\$5,000 S/ \$10,000F	\$7,000/\$14,000F
	Out of Pocket Max	\$10,000/\$20,000F	\$6,600/\$13,200F	\$7,200/\$14,400F	\$10,000/\$20,000F	\$10,000/\$20,000F	\$10,000/\$20,000F
	Co-insurance split	20%AD	20% AD	20% AD	50%	50%	50% AD
Medical Services	Office Visit PCP/Spec	INN: \$15/20/OON: 20% AD	INN:\$25/\$40/OON:20% AD	\$0 pediatric PCP \$25/\$50	INN:\$30 PCP/\$50 AD/OON: 50% AD	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 Platinum INN ONLY. // \$0 co-pay for PEDIATRIC visits -sick & well - to PCP in Platinum & Gold Plans IN NETWORK ONLY.					
	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: \$15/OON: 20%	INN:\$25/OON:20% AD	INN:\$25 /OON:20% AD	INN:\$50AD/OON:50% AD	INN:\$0 AD/OON:0% AD	INN:0% AD/OON:0% AD
	Chiropractic Care	INN:\$15/OON: 20% AD	INN:\$25/OON: 20% AD	INN:\$25 AD/OON:20% AD	INN:\$50 AD/OON:50% AD	INN:\$0 AD/OON:0% AD	INN:0% AD/OON:0% AD
	Maternity-Dr	INN:\$15 1st Visit then CIF	INN:\$25 1st Visit then CIF	INN:\$25 1st Visit then CIF/OON:20%	INN:\$30 visit AD/OON:50% AD	INN:\$0 AD/OON:0% AD	INN:0% AD/OON:0% AD
	Imaging, X-rays	INN:\$20/OON: 20%AD	INN:\$40/OON: 20%AD	INN:20% AD/OON:20% AD	INN:\$50 AD/OON: 50% AD	INN:\$0 AD/OON:0% AD	INN:0% AD/OON:0% AD
Therapies: PT/OT/ST **	INN: \$25 / OON: 20% AD	INN: \$25 / OON: 20% AD	INN: \$25 / OON: 20% AD	INN: \$30AD / OON: 50% AD	INN:\$0 AD/OON:0% AD	INN:0% AD/OON:0% AD	
Pediatric Dental	Pediatric Dental	NN 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:\$750/OON:20% AD	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:\$750/OON:20% AD	INN:\$200/OON:20% AD	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:\$750/OON:20% AD	INN:\$200/OON:\$200	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:\$750/OON:20% AD	INN:\$75/OON:\$75	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.	\$30AD1 Exam/yr-hardware cov.30%***	1 Exam/yr-CIF/hardware cov \$0AD	1 Exam/yr-CIF/hardware cov.
	Adult	1Exam/24 mo-CIF/hardware disc pgm	1Exam/24 mo-CIF; 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: Cvd 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 Ptrns	Deps to 26/DP Cvd	Deps to 26/DP Cvd	Deps to 26/DP Cvd	Deps to 26/DP Cvd	Deps to 26/DP Cvd	Deps to 26/DP Cvd
Monthly Premiums	Single	\$725.80	\$642.45	\$595.22	\$539.03	\$559.54	\$481.59
	Employee/Child (ren)	\$1,233.87	\$1,092.17	\$1,011.88	\$916.35	\$951.22	\$818.70
	Employee/Spouse	\$1,451.60	\$1,284.90	\$1,190.44	\$1,078.06	\$1,119.08	\$963.18
	Family	\$2,068.53	\$1,830.98	\$1,696.38	\$1,536.23	\$1,594.69	\$1,372.53

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. condition per plan year.
 ***Eyewear benefit administered by Davis Vision

PLEASE READ GLOSSARY

