

BLUESHIELD OFF EXCHANGE RATES

Plan Features Provider Network	Gold PPO 842 PPO National	Silver EPO 5026 EPO National
In-Network Deductible- Individual/Family	N/A	\$500/\$1,000
Coinsurance	N/A	N/A
Out-of-Pocket Maximum- Individual/Family	\$5,000/\$10,000	\$6,350/\$12,700
Out-of-Network Deductible- Individual/Family	\$2,000/\$4,000	N/A
Coinsurance	30%	N/A
Out-of-Pocket Maximum- Individual/Family	\$5,000/\$10,000	N/A
Preventive Care	Covered in full	Covered in full
Primary Care	\$30	\$40 after deductible
Specialist Care	\$50	\$60 after deductible
Hospital Facility Visit: Inpatient	\$1,000	\$1,000 after deductible
Outpatient	\$300	\$400 after deductible
Urgent Care	\$75	\$75 after deductible
ER Visit	\$200	\$200 after deductible
Routine Adult Eye Exam (every other year)	Covered in full	Covered in full
Prescription Co-pay	\$4/\$35/50%	\$4/\$35/50%
HSA Qualified	No	No
Dependent Coverage	26	26
Rates:		
Individual	\$662.09	\$555.41
Individual/Spouse	\$1,324.18	\$1,110.82
Individual/Child(ren)	\$1,125.55	\$944.20
Family	\$1,886.95	\$1,582.92

Adult and Pediatric dental benefits are available for an additional cost. Pediatric dental must be added for all children under the age of 19.

Stand Alone Adult Dental—\$12.30/month- per adult

Stand Alone Pediatric Dental- \$19.36/month –per child under the age of 19.

Additional Adult vision benefits available through Davis Visions Affinity Discount Program. See attached for more information.

All rates are for Region 1: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington Counties.