


Chamber of Commerce Plan Benefits/Rates  
January - December 2016  
BlueShield Small Group Plan Grid

 BlueShield of Northeastern New York Network	PPO	HMO	HYBRID POS	HYBRID POS		EPO NETWORK	POS	QHDEPO	QHDPOS
	2801	3201	3401	6501		3601	6701	4101	4301
	Platinum 800	Platinum HMO	GOLD Radius	GOLD EX		SILVER EPO 8000 HSA Qualified	SILVER POS 8000 HSA Qualified	BRONZE EPO HSA Qualified	BRONZE Value HSA Qualified
	BlueShield Network	BlueShield Network	BlueShield Network	BlueShield Network	Blue Card	BlueShield Network	BlueShield Network	BlueShield Network	BlueShield Network
	Region 1	Region 1 & 7	Region 1	Region 1		Region 1	Region 1	Region 1	Region 1 & 7
	PPO	HMO	POS	Preferred	Participating	EPO	POS	EPO	POS
<b>(OFF-EXCHANGE)</b>	<b>BLUESHIELD Plans for 2+ Employer Groups</b>								
Individual	\$723.89	\$604.75	\$536.63	\$564.20		\$516.23	\$458.20	\$450.53	\$405.38
Employee/Child(ren)	\$1,230.61	\$1,028.08	\$912.27	\$959.14		\$877.59	\$778.95	\$765.91	\$689.15
Double	\$1,447.78	\$1,209.50	\$1,073.26	\$1,128.40		\$1,032.46	\$916.40	\$901.06	\$810.76
Family	\$2,063.09	\$1,723.54	\$1,529.39	\$1,607.97		\$1,471.25	\$1,305.87	\$1,284.01	\$1,155.33
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>In-Network</b>	<b>Region 1</b>	<b>Region 1 &amp; 7</b>	<b>Region 1</b>	<b>Region 1</b>		<b>Region 1</b>	<b>Region 1</b>	<b>Region 1</b>	<b>Region 1 &amp; 7</b>
Deductible (Single/Family)	\$0	\$0	\$500 / \$1000	\$500 / \$1,000		\$3,000 / \$6,000	\$3,000 / \$6,000	\$6,450 / \$12,900	\$6,450 / \$12,900
Coinsurance	N/A	N/A	20%	20%		0%	20%	0% *	0% *
Out of Pocket Maximum	\$6,800 / \$13,600	\$6,600 / \$13,200	\$6,600 / \$13,200	\$6,600 / \$13,200		\$6,550 / \$13,100	\$6,550 / \$13,100	\$6,450 / \$12,900	\$6,450 / \$12,900
<b>Out-of-Network</b>									
Deductible (Single/Family)	\$2,000 / \$4,000	\$5,000 / \$10,000	\$500 / \$1,000	\$5,000 / \$10,000		N/A	\$5,000 / \$10,000	N/A	\$6,450 / \$12,900
Coinsurance	20%	20%	20%	50%		N/A	50%	N/A	0% *
Out of Pocket Maximum	\$10,000 / \$20,000	\$10,000 / \$20,000	\$6,600 / \$13,200	\$10,000 / \$20,000		N/A	\$10,000 / \$20,000	N/A	\$6,450 / \$12,900
PCP/Specialist	\$0 pediatric PCP visits \$15 / \$20	\$0 pediatric PCP visits \$0 for first 3 adult PCP visits \$25 / \$40	\$0 pediatric PCP visits \$25 / \$50	\$0 pediatric PCP visits Adult visits \$25 / \$50	\$25 / \$50	0% *	0% *	0% *	0% *
Inpatient Hospitalization	\$250	\$1,000	20% *	20% *		0% *	0% *	0% *	0% *
Outpatient Surgery	\$100	\$250	20% *	20% *		0% *	0% *	0% *	0% *
Emergency Room	\$100	\$200	\$200	\$200		0% *	0% *	0% *	0% *
Ambulance	\$100	\$200	\$200	\$200		0% *	0% *	0% *	0% *
Urgent Care	\$50	\$100	\$100	\$100		0% *	0% *	0% *	0% *
Durable Medical Equipment (DME)	50%	50%	20% *	20% *		0% *	50% *	0% *	0% *
<b>Vision Coverage included with all medical plans.</b>									
Pharmacy Co-payment	\$4 / \$35 / \$70	\$4 / \$35 / \$70	\$4 / \$35 / \$70	\$4 / \$35 / \$70		\$10 / \$35 / \$70 *	\$10 / \$35 / \$70 *	0% *	0% *
Preventive Drug List	No	No	No	No		Yes	Yes	Yes	Yes
	Platinum PPO 800	Platinum HMO	GOLD POS Radius	GOLD EX		SILVER EPO 8000	SILVER POS 8000	BRONZE EPO	BRONZE Value
Pediatric Dental is required by the ACA for dependents under the age of 19. Monthly premium is \$21.06 per child.									
Domestic Partner Rider is included covering Same or Opposite Sex - Deductible and Out-of-Pocket Maximums are Embedded.									
* Deductible applied to this benefit - Member amount after deductible is met.									
For Small Group eligibility, there must be at least one Common Law Employee (CLE) enrolled. An "employee" does not include the sole owner of the business or a spouse of the business owner.									
<b>To participate in the Chamber's insurance program, business must maintain their Chamber Membership.</b>									
<b>Open Enrollment is during the month of November for January 1st coverage. All paperwork must be received by Wednesday, November 30th.</b>									
Region 1: Albany, Columbia, Fulton, Montgomery, Rensselaer, Saratoga, Schectady, Schoharie, Warren and Washington									
Region 7: Clinton and Essex - Region 7 rates are different from Region 1 (please contact our office for details)									
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. Monthly premium rates shown do not include administrative fees.									