

Greene County Chamber of Commerce
Nicholas J. Marino & Co., Inc.
Karen Landau, Vice President Employee Benefits
Small Group Benefits/Cost Analysis 2nd Qtr. 2017

Description of Coverage	BlueShield NENY		BlueShield NENY		BlueShield NENY
	Platinum EPO 5000 (2901)	Gold EPO 5000 (3301)	Gold Standard POS (1101)	Out-of-Network	Silver EPO 8000 (3601)
Benefit Highlights					
Deductible	0%	\$500 single/ \$1,000 family *	\$500 single / \$1,000 family *	\$5,000 single / \$10,000 family *	\$3,000 single / \$6,000 family *
Coinsurance	0%	20%	0%	50%	0%
Out-of-Pocket Max	\$6,600 single/ \$13,200 family*	\$6,600 single/ \$13,200 family	\$4,000 single / \$8,000 family	\$10,000 single / \$20,000 family	\$6,550 single / \$13,100 family
PCP Office Visits/Sick Child Visits	\$0 pediatric PCP visits; \$0 for first three adult PCP visits then \$25	\$0 pediatric PCP visits, \$25 copay adult PCP Visits	Deductible then \$25 copay	Deductible then 50%	Covered in Full After Deductible
Specialist Office Visits	\$40 copay	\$50 copay	Deductible then \$40 copay	Deductible then 50%	Covered in Full After Deductible
Inpatient Hospitalization	\$500 copay	Deductible then 20%	Deductible then \$1,000 copay	Deductible then 50%	Covered in Full After Deductible
Outpatient Surgery	\$200 copay	Deductible then 20%	Deductible then \$100 copay	Deductible then 50%	Covered in Full After Deductible
Lab	\$25 copay	\$25 copay	Deductible then \$40 copay	Deductible then 50%	Covered in Full After Deductible
Radiology	\$40 copay	Deductible then 20%	Deductible then \$40 copay	Deductible then 50%	Covered in Full After Deductible
Urgent Care	\$75 copay	\$100 copay	Deductible then \$60 copay	Deductible then \$60 copay	Covered in Full After Deductible
Emergency Care	\$100 copay (waived if admitted)	\$200 copay (waived if admitted)	Deductible then \$150 copay (waived if admitted)	Deductible then \$150 copay (waived if admitted)	Covered in Full After Deductible
Durable Medical Equipment	50% coinsurance	Deductible then 20%	Deductible then 20%	Deductible then 50%	Covered in Full After Deductible
Eye Exams	One routine eye exam covered in full every other year (Adult & Pediatric)	One routine eye exam covered in full every other year (Adult & Pediatric)	One routine eye exam covered in full every other year (Adult & Pediatric)	Routine eye exam not covered; Medical eye exam deductible then 50%	One routine eye exam covered in full every other year (Adult & Pediatric)
Eye Wear	Affinity Discounts	Affinity Discounts	Affinity Discounts	Not Covered	Affinity Discounts
Prescription Drugs	\$4/\$35/\$70	\$4/\$35/\$70	\$10/\$35/\$70	Not Covered	Deductible then \$10/\$35/\$70
Mail Order (90 day)	2.5 copays = 90 day supply	2.5 copays = 90 day supply	2.5 copays = 90 day supply	Not Covered	2.5 copays = 90 day supply
Dependent/Student	26/26	26/26	26/26	26/26	26/26
Rates	04/01/2017-06/30/2017	04/01/2017-06/30/2017	04/01/2017-06/30/2017		04/01/2017-06/30/2017
Single	\$700.55	\$612.52	\$557.50		\$525.52
Employee/Spouse	\$1,401.10	\$1,225.04	\$1,115.00		\$1,051.04
Employee/Child(ren)	\$1,190.94	\$1,041.29	\$947.75		\$893.39
Family	\$1,996.57	\$1,745.68	\$1,588.88		\$1,497.73