

Greene County Chamber of Commerce
 Nicholas J. Marino & Co., Inc.
 Karen Landau - Vice President Employee Benefits
 2017 Individual Medical Benefits/Cost Analysis

Description of Coverage	BlueShield NENY		BlueShield NENY	
Benefit Highlights	Gold Standard POS	Out-of-Network	Gold Radius POS	Out-of-Network
Deductible	\$600 single/ \$1,200 family	\$5,000 single/ \$10,000 family	\$500 single/ \$1,000 family	\$500 single/ \$1,000 family
Coinsurance	50%	50%	0%	20%
Out-of-Pocket Max	\$4,000 single/ \$8,000 family	\$10,000 single/ \$20,000 family	\$6,600 single/ \$13,200 family	\$6,600 single/ \$13,200 family
PCP Office Visits	Deductible then \$25 copay	Deductible then 50%	\$0 pediatric PCP visits, \$25 adult PCP visits	Deductible then 20%
Specialist Office Visits	Deductible then \$40 copay	Deductible then 50%	\$50 copay	Deductible then 20%
Inpatient Hospitalization	Deductible then \$1,000 copay	Deductible then 50%	Deductible then 20%	Deductible then 20%
Outpatient Surgery	Deductible then \$100 copay	Deductible then 50%	Deductible then 20%	Deductible then 20%
Urgent Care	Deductible then \$60 copay	\$55 copay	\$100 copay	\$100 copay
Emergency Care	Deductible then \$150 copay	\$100 copay	\$200 copay	\$200 copay
Laboratory Services	Deductible then \$40 copay	Deductible then 50%	\$25 copay	Deductible then 20%
Diagnostic x-rays			Deductible then 20%	
Chemotherapy/Injectable/IV Therapy (Office Based)	Deductible then \$25 copay	Deductible then 50%	\$25 copay	Deductible then 20%
Durable Medical Equipment	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 20%
Prescription Drugs	\$10/\$35/\$70	Not Covered	\$4/\$35/\$70	Not Covered
Mail Order (90 day supply)	2.5 copays = 90 day supply	Not Covered	2.5 copays = 90 day supply	Not Covered
Dependent/Student	26/26	26/26	26/26	26/26
Rates	01/01/2017-12/31/2017		01/01/2017-12/31/2017	
Single	\$589.15		\$574.73	
Employee/Spouse	\$1,178.30		\$1,149.46	
Employee/Child(ren)	\$1,001.55		\$977.04	
Family	\$1,679.08		\$1,637.98	