

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	
	Platinum Standard POS	Out-of-Network	Platinum Radius POS	Out-of-Network
Benefit Highlights				
Deductible	\$0/\$0	\$5,000 single/ \$10,000 family	\$0/\$0	\$250 single/ \$500 family
Coinsurance	0%	50%	0%	20%
Out-of-Pocket Max	\$2,000 single/\$4,000 family	\$10,000 single/ \$20,000 family	\$6,600 single/ \$13,200 family	\$6,600 single/ \$13,200 family
PCP Office Visits	\$15 copay	Deductible then 50%	\$0 pediatric PCP Visits, \$0 for first three adult PCP visits then \$25 copay	Deductible then 20%
Specialist Office Visits	\$35 copay	Deductible then 50%	\$40 copay	Deductible then 20%
Inpatient Hospitalization	\$500 copay	Deductible then 50%	\$750 copay	Deductible then 20%
Outpatient Surgery	\$100 copay	Deductible then 50%	\$200 copay	Deductible then 20%
Urgent Care	\$55 copay	\$55 copay	\$75 copay	\$75 copay
Emergency Care	\$100 copay	\$100 copay	\$200 copay	\$200 copay
Laboratory Services	\$35 copay	Deductible then 50%	\$25 copay	Deductible then 20%
Diagnostic x-rays			\$40 copay	
Chemotherapy/Injectable/IV Therapy (Office Based)	\$15 copay	Deductible then 50%	\$25 copay	Deductible then 20%
Durable Medical Equipment	10% coinsurance	50% coinsurance	50% coinsurance	Deductible then 50%
Prescription Drugs	\$10/\$30/\$60	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	\$701.19		\$674.16	
Employee/Spouse	\$1,402.38		\$1,348.32	
Employee/Child(ren)	\$1,192.02		\$1,146.08	
Family	\$1,998.40		\$1,921.36	