

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	Silver Standard POS	Out-of-Network	Silver POS 8000	Out-of-Network
Deductible	\$2,000 single/ \$4,000 family	\$5,000 single/ \$10,000 family	\$3,000 single/ \$6,000 family	\$5,000 single/ \$10,000 family
Coinsurance	0%	50%	0%	50%
Out-of-Pocket Max	\$6,750 single/ \$13,500 family	\$10,000 single/ \$20,000 family	\$6,550 single/ \$13,100 family	\$10,000 single/ \$20,000 family
PCP Office Visits	Deductible then \$30 copay	Deductible then 50%	Covered in Full After Deductible	Deductible then 50%
Specialist Office Visits	Deductible then \$50 copay	Deductible then 50%	Covered in Full After Deductible	Deductible then 50%
Inpatient Hospitalization	Deductible then \$1,500 copay	Deductible then 50%	Covered in Full After Deductible	Deductible then 50%
Outpatient Surgery	Deductible then \$100 copay	Deductible then 50%	Covered in Full After Deductible	Deductible then 50%
Urgent Care	Deductible then \$70 copay	\$55 copay	Covered in Full After Deductible	Covered in Full After Deductible
Emergency Care	Deductible then \$250 copay	\$100 copay	Covered in Full After Deductible	Covered in Full After Deductible
Laboratory Services	Deductible then \$50 copay	Deductible then 50%	Covered in Full After Deductible	Deductible then 50%
Diagnostic x-rays			Covered in Full After Deductible	
Chemotherapy/Injectable/IV Therapy (Office Based)	Deductible then \$30 copay	Deductible then 50%	Covered in Full After Deductible	Deductible then 50%
Durable Medical Equipment	Deductible then 30%	Deductible then 50%	Covered in Full After Deductible	Deductible then 50%
Prescription Drugs	\$10/\$35/\$70	Not Covered	Deductible then \$10/\$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	\$495.34		\$470.42	
Employee/Spouse	\$990.68		\$940.84	
Employee/Child(ren)	\$842.08		\$799.71	
Family	\$1,411.72		\$1,340.70	