

Greene County Chamber of Commerce
 Nicholas J. Marino & Co., Inc.
 Karen Landau, Vice President Employee Benefits
 Medicare Group Plans 2017

Description of Coverage		BlueShield NENY	BlueShield NENY	BlueShield NENY
Benefit Highlights		Forever Blue Value PPO	Forever Blue Essential PPO (EF1)	Forever Blue Basic PPO (BF1)
National Network	No National Network	Includes National Network	Includes National Network	
Out-of-Pocket Max	\$3,000 In-Network, \$5,100 combined In and Out-of-Network	\$5,000 combined In and Out-of-Network	\$5,000 combined In and Out-of-Network	
PCP Office Visits/Sick Child Visits	\$25 In-Network/ 30% Out-of-Network	\$25 In-Network/ \$30 Out-of-Network	\$20 In-Network/ \$25 Out-of-Network	
Specialist Office Visits	\$40 In-Network/ 30% Out-of-Network	\$40 In-Network/ \$45 Out-of-Network	\$20 In-Network/ \$25 Out-of-Network	
Inpatient Hospitalization	\$300 per Stay In-Network/30% Out-of-Network	\$250 per Stay In-Network/20% Out-of-Network	\$250 per Stay In-Network/20% Out-of-Network	
Alcohol/Substance Abuse	20% In-Network/ 30% Out-of-Network	20% In-Network/ 30% Out-of-Network	20% In-Network/ 30% Out-of-Network	
Outpatient Surgery	\$100 In-Network/\$275 Out-of-Network	\$50 In-Network/\$75 Out-of-Network	\$35 In-Network/\$50 Out-of-Network	
Lab	\$5 In-Network/30% Out-of-Network	\$0 In-Network/\$45 Out-of-Network	\$0 In-Network/\$25 Out-of-Network	
X-Ray	\$40 IN-Network/30% Out-of-Network	\$40 In-Network/\$45 Out-of-Network	\$20 In-Network/\$25 Out-of-Network	
Urgent Care	\$50 In and Out-of-Network	\$50 In and Out-of-Network	\$50 In and Out-of-Network	
Ambulance	\$100 In and Out-of-Network	\$50 In and Out-of-Network	\$50 In and Out-of-Network	
Emergency Care	\$65 In and Out-of-Network (waived if admitted)	\$50 In and Out-of-Network (waived if admitted)	\$50 In and Out-of-Network (waived if admitted)	
Eye Exams	\$40 IN-Network/30% Out-of-Network	\$40 IN-Network/\$45 Out-of-Network	\$20 IN-Network/\$25 Out-of-Network	
Eye Wear	\$75 Annual Allowance In and Out-of-Network	\$75 Annual Allowance In and Out-of-Network	\$75 Annual Allowance In and Out-of-Network	
Prescription Drugs	\$0/\$25/\$40/\$95/\$95	\$0/\$15/\$30/\$50/\$50	\$0/\$7/\$30/\$50/\$50	
Oral Contraceptives	Yes	Yes	Yes	
Mail Order (90 day supply)	2.5 copays = 90 day supply	2.5 copays = 90 day supply	2.5 copays = 90 day supply	
Rates	Single	\$264.00	\$328.00	\$386.00

11/8/2016

