



KAREN LANDAU AT HMS AGENCY, INC.	2023 Option 1	2023 Option 2	2023 Option 3	2023 Option 4	2023 Option 5
Carrier	Highmark of NENY	Highmark of NENY	Highmark of NENY	Highmark of NENY	Highmark of NENY
Product Type	POS w/PPO WRAP	POS	POS w/PPO WRAP	POS w/PPO WRAP	POS
Metal Tier	Gold	Gold	Silver	Silver	Bronze
Plan Name	Gold High EX	Gold Radius High *Guest Membership	Silver 6300 EX	Silver 8000 EX	Bronze Value POS
Networks	National BlueCard Network	Local	National BlueCard Network	National BlueCard Network	Local
<small>Aggregate: Family members must meet the family deductible before copays take effect. Embedded: Family members can meet just the single deductible before copays take effect.</small>	Embedded	Embedded	Ded: AGG OOP: EMB	Embedded	Embedded
HSA Qualified	No	No	Yes	Yes	Yes
Deductible (Single / Family)	None	None	\$2,500 / \$5,000 (AGG)	\$5,500 / \$11,000 (EMB)	\$7,000 / \$14,000 (EMB)
Coinsurance	None	None	None	None	None
Out of Pocket Max (Single / Family)	\$9,100/\$18,200 (EMB)	\$9,100 / \$18,200 (EMB)	\$7,000 / \$14,000 (EMB)	\$7,000 / \$14,000 (EMB)	\$7,000 / \$14,000 (EMB)
Office Visit	\$30	\$30	Ded then \$40	Ded then Covered in Full	Ded then Covered in Full
Specialist Visit	\$50	\$50	Ded then \$60	Ded then Covered in Full	Ded then Covered in Full
Labs (Outpatient)	\$50	\$50	Ded then \$60	Ded then Covered in Full	Ded then Covered in Full
X-Rays (Outpatient)	\$50	\$50	Ded then \$60	Ded then Covered in Full	Ded then Covered in Full
Chemotherapy OP Facility	\$30 / \$50 Phys. Administered meds: Cost included in Copay	\$30 / \$50 Phys. Administered meds: Cost included in Copay	Ded then \$40 / \$60 Phys. Administered meds: Cost included in Ded / Copay	Ded then Covered in Full Phys. Administered meds: Cost included in Ded / Copay	Ded then Covered in Full Phys. Administered meds: Cost included in Ded / Copay
Radiation	\$30 / \$50 Phys. Administered meds: Cost included in Copay	\$30 / \$50 Phys. Administered meds: Cost included in Copay	Ded then \$40 / \$60 Phys. Administered meds: Cost included in Ded / Copay	Ded then Covered in Full Phys. Administered meds: Cost included in Ded / Copay	Ded then Covered in Full Phys. Administered meds: Cost included in Ded / Copay
Inpatient Surgery / Hospital	\$1,000	\$1,000	Ded then \$1,000	Ded then Covered in Full	Ded then Covered in Full
Outpatient Surgery / Facility	\$250	\$200	Ded then \$350	Ded then Covered in Full	Ded then Covered in Full
Emergency Room Visit	\$300	\$300	Ded then \$250	Ded then Covered in Full	Ded then Covered in Full
Urgent Care	\$75	\$75	Ded then \$75	Ded Then Covered in Full	Ded Then Covered in Full
Chiropractic	\$30	\$30	Ded then \$40	Ded then Covered in Full	Ded then Covered in Full
TeleMedicine	Covered in Full	Covered in Full	Ded Then Covered in Full	Ded Then Covered in Full	Covered in Full
Pediatric Dental	Embedded see below	Embedded see below	Embedded see below	Embedded see below	Embedded see below
Pediatric Vision	Embedded	Embedded	Embedded	Embedded	Embedded
Adult Vision	Exam Every 12 Months Vision Affinity Discount Program	Exam Every 12 Months Vision Affinity Discount Program	Exam Every 12 Months Vision Affinity Discount Program	Exam Every 12 Months Vision Affinity Discount Program	Exam Every 12 Months Vision Affinity Discount Program
Prescription Copay	\$10 / \$35 / \$100 Preventive Enhanced Drug List	\$10 / \$35 / \$100 Preventive Enhanced Drug List	Ded then \$10 / \$35 / \$100 Preventive Enhanced Drug List	Ded then \$10 / \$35 / \$100 Preventive Enhanced Drug List	Ded then Covered in Full
Out-of-Network Benefit	No but the national network applies as IN Network for participating out of area providers.	Yes. \$5000 / \$10,000 Deductible then 50% up to \$10,000 / \$20,000 annual out of pocket maximum.	No but the national network applies as IN Network for participating out of area providers.	No but the national network applies as IN Network for participating out of area providers.	Yes. \$5000 / \$10,000 Deductible then 50% up to \$10,000 / \$20,000 annual out of pocket maximum.
Medical Monthly Rates	2023 Rates	2023 Rates	2023 Rates	2023 Rates	2023 Rates
Employee	1 \$900.51	1 \$869.12	1 \$723.39	1 \$679.35	1 \$617.85
Employee + Spouse	1 \$1,801.02	1 \$1,738.24	1 \$1,446.78	1 \$1,358.70	1 \$1,235.70
Employee + Child(ren)	1 \$1,530.87	1 \$1,477.50	1 \$1,229.76	1 \$1,154.90	1 \$1,050.35
Family	1 \$2,566.45	1 \$2,476.99	1 \$2,061.66	1 \$1,936.15	1 \$1,760.87
Pediatric Dental Rates	Embedded with monthly rates.	Embedded with monthly rates.	Embedded with monthly rates.	Embedded with monthly rates.	Embedded with monthly rates.

**This analysis is intended to provide a high level overview of coverage. In the event of any conflict between this analysis and the member's Certificate and any applicable Rider(s) issued by the carrier, the Certificate and Rider(s) will be the controlling documents.