

Greene County Chamber of Commerce
 Nicholas J. Marino & Co., Inc.
 Karen Landau, Vice President Employee Benefits
 Small Group Benefits/Cost Analysis 2nd Qtr. 2019

Description of Coverage	BlueShield NENY		BlueShield NENY		BlueShield NENY		BlueShield NENY
	Platinum EX	Out-of-Network	Gold EX HYBRID	Out-of-Network	Gold Standard POS	Out-of-Network	Silver EPO 8000
Deductible	\$0/\$0	\$2,000 single/ \$4,000 family	\$750 single/ \$1,500 family *	\$5,000 single/ \$10,000 family *	\$600 single / \$1,200 family *	\$5,000 single / \$10,000 family *	\$3,450 single / \$6,900 family *
Coinsurance	0%	20%	20%	50%	0%	50%	0%
Out-of-Pocket Max	\$5,000 single/ \$10,000 family*	\$10,000 single / \$20,000 family	\$7,900 single/ \$15,800 family	\$10,000 single / \$20,000 family	\$4,000 single / \$8,000 family	\$10,000 single / \$20,000 family	\$6,550 single / \$13,100 family
PCP Office Visits/Sick Child Visits	\$0 pediatric PCP visits; \$0 for first three adult PCP visits then \$15 copay	Deductible then 20%	\$0 pediatric PCP visits, \$25 copay adult PCP Visits	Deductible then 50%	Deductible then \$25 copay	Deductible then 50%	Covered in Full After Deductible
Specialist Office Visits	\$20 copay	Deductible then 20%	\$50 copay	Deductible then 50%	Deductible then \$40 copay	Deductible then 50%	Covered in Full After Deductible
Chemotherapy	\$20 copay	Deductible then 20%	\$50 copay	Deductible then 50%	Deductible then \$25 copay	Deductible then 50%	Covered in Full After Deductible
Inpatient Hospitalization	\$250 copay	Deductible then 20%	Deductible then 20%	Deductible then 50%	Deductible then \$1,000 copay	Deductible then 50%	Covered in Full After Deductible
Outpatient Surgery	\$100 copay	Deductible then 20%	Deductible then 20%	Deductible then 50%	Deductible then \$100 copay	Deductible then 50%	Covered in Full After Deductible
Laboratory	\$15 copay	Deductible then 20%	\$25 copay	Deductible then 50%	Deductible then \$40 copay	Deductible then 50%	Covered in Full After Deductible
Radiology	\$20 copay	Deductible then 20%	Deductible then 20%	Deductible then 50%	Deductible then \$40 copay	Deductible then 50%	Covered in Full After Deductible
Urgent Care	\$50 copay	\$75 copay	\$100 copay	Deductible then \$100 copay	Deductible then \$60 copay	Deductible then \$60 copay	Covered in Full After Deductible
Emergency Care	\$100 copay	\$100 copay	\$200 copay	\$200 copay	Deductible then \$150 copay	Deductible then \$150 copay	Covered in Full After Deductible
Durable Medical Equipment	50% coinsurance	Deductible then 50%	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%	Covered in Full After Deductible
Eye Exams	One routine eye exam covered in full every year	Routine eye exam not covered; Medical eye exam deductible then 50%	One routine eye exam covered in full every year	Routine eye exam not covered; Medical eye exam deductible then 50%	Pediatric Routine Deductible then \$25 copay, Adult routine not covered, Medical Deductible then \$25 copay	Adult/Pediatric: Routine eye exam not covered; Medical eye exam deductible then 50%	One routine eye exam covered in full every year
Eye Wear	Affinity Discounts	Not Covered	Affinity Discounts	Not Covered	Not Covered	Not Covered	Affinity Discounts
Prescription Drugs	\$10/\$35/\$70	Not Covered	\$10/\$35/\$70	Not Covered	\$10/\$35/\$70	Not Covered	Deductible then \$10/\$35/\$70
Mail Order (90 day)	2.5 copays = 90 day supply	Not Covered	2.5 copays = 90 day supply	Not Covered	2.5 copays = 90 day supply	Not Covered	2.5 copays = 90 day supply
Rates	04/01/2019-06/30/2019		04/01/2019-06/30/2019		04/01/2019-06/30/2019		04/01/2019-06/30/2019
Single	\$770.64		\$668.01		\$652.45		\$593.66
Employee/Spouse	\$1,541.28		\$1,336.02		\$1,304.91		\$1,187.31
Employee/Child(ren)	\$1,310.09		\$1,135.61		\$1,109.17		\$1,009.22
Family	\$2,370.50		\$1,903.84		\$1,859.49		\$1,691.92