Region 1 - 4th Quarter 2021

Small Group Health Plan Comparison

GREENE COUNTY CHAMBER OF COMMERCE

2021 4th Quarter SMALL GROUP BlueShield Rates

HMS Agency, Inc.

		2021 Option 1	2021 Option 2	2021 Option 3	2021 Option 4	2021 Option 5	2021 Option 6	2021 Option 7
Carrier		BSNENY	BSNENY	BSNENY	BSNENY	BSNENY	BSNENY	BSNENY
Product Type		POS w/PPO WRAP	POS	POS	HMO	POS w/PPO WRAP	POS	HMO
Metal Tier		Gold	Gold	Gold	Gold	Silver	Silver	Bronze
Plan Name		Gold EX High (6301)	Gold Radius High (9801) *Guest Membership	Gold Radius (3401) *Guest Membership	Gold HMO 200 Plus (8201) *Guest Membership	Silver Ex 7000 (0401)	Silver POS Classic (5601)	Bronze HMO (8301)
Networks		National BlueCard	Local	Local	Local	National BlueCard	Local	Local
Aggregate / Embedded		Embedded	Embedded	Embedded	Embedded	Ded: AGG OOP: EMB	Embedded	Embedded
H.S.A. Qualified		No	No	No	No	Yes	No	No
Deductible (Single/Family)		None	None	$750/$1,500 (EMB)	$500/$1,000 (EMB)	$2,500/$5,000 (AGG)	$1,700/$3,400 (EMB)	$7,500/$15,000 (EMB)
Coinsurance		None	None	30%	None	None	None	None
Out of Pocket Max (Single/Family)		$8,150/$16,300 (EMB)	$8,150/$16,300 (EMB)	$8,150/$16,300 (EMB)	$7,000/$14,000 (EMB)	$6,900/$13,800 (EMB)	$7,900/$15,800 (EMB)	$8,500/$17,000 (EMB)
Office Visit		3 Visits $0 then $25 $0 Pediatric PCP Visits	3 Visits $0 then $25 $0 Pediatric PCP Visits	$25 $0 Pediatric PCP Visits	3 Visits $0 then Ded then $35 $0 Pediatric PCP Visits	Ded then $20	Ded then $30	Ded then Covered in Full
Specialist Visit		$40	$40	$50	Ded then $50	Ded then $40	Ded then $50	Ded then Covered in Full
Inpatient Surgery / Hospital		$1,000	$1,000	Ded then Coins	Ded then $1,000	Ded then $250	Ded then $1,500	Ded then Covered in Full
Outpatient Surgery / Facility		$200	$200	Ded then Coins	Ded then $300	Ded then $100	Ded then $150	Ded then Covered in Full
Emergency Room Visit		$300	$300	$350	Ded then $300	Ded then $100	Ded then $250	Ded then Covered in Full
Urgent Care		$75	$75	$100	Ded then $75	Ded then $75	Ded then $70	Ded Then Covered in Full
TeleMedicine		Covered in Full	Covered in Full	Covered in Full	Covered in Full	Ded Then Covered in Full	Covered in Full	Covered in Full
Lab / Radiology		$25 / $40	$25 / $40	$25 / Ded then 30%	Ded then $35 / Ded then $50	Ded then $20 / Ded then $40	Ded then $20 / Ded then $50	Ded then $0 / Ded then $0
Pediatric Dental		Yes - Additonal Fee Applies If Applicable - See Below	Yes - Additonal Fee Applies If Applicable - See Below	Yes - Additonal Fee Applies If Applicable - See Below	Yes - Additonal Fee Applies If Applicable - See Below	Yes - Additonal Fee Applies If Applicable - See Below	Yes - Additonal Fee Applies If Applicable - See Below	Yes - Additonal Fee Applies If Applicable - See Below
Pediatric Vision		Embedded	Embedded	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	Vision Discount Program	Exam Every 12 Months Vision Affinity Discount Program
Prescription Copay		$10/$35/$70 Preventive Enhanced Drug List	$10/$35/$70 Preventive Enhanced Drug List	$10/$35/$70 Preventive Enhanced Drug List	$10/Ded then $35/$70 Preventive Enhanced Drug List	Ded Then $10/$35/$70 Preventive Enhanced Drug List	$10/$35/$70 Preventive Enhanced Drug List	Ded then $10/50%/50%
Out-of-Network Benefit		Yes	Yes	Yes	No	Yes	Yes	No
Medical Monthly Rates		2021 Rates	2021 Rates	2021 Rates	2021 Rates	2021 Rates	2021 Rates	2021 Rates
Employee	1	$761.79	$729.45	$679.80	$685.82	$618.61	$616.90	$460.64
Employee + Spouse	1	$1,523.58	$1,458.90	$1,359.60	$1,371.64	$1,237.22	$1,233.80	$921.28
Employee + Child(ren)	1	$1,295.04	$1,240.07	$1,155.66	$1,165.89	$1,051.64	$1,048.73	$783.09
Family	1	$2,171.10	$2,078.93	$1,937.43	$1,954.59	$1,763.04	$1,758.17	$1,312.82
Pediatric Dental Rates		$19.74 per child No Limit	$19.74 per child No Limit	$19.74 per child No Limit	$19.74 per child No Limit	$19.74 per child No Limit	$19.74 per child No Limit	$19.74 per child No Limit