Region 1 - 2nd Quarter 2021

SAMPLE OPTIONS FROM EACH CATEGORY. More plans available.
Karen Landau at 518-690-0360 ext 119

GREENE COUNTY CHAMBER OF COMMERCE - GROUP PLANS 2021 QTR 2 - BLUE SHIELD

HMS Agency, Inc.
Insuring Today. Securing Tomorrow.

		2021 Option 1	2021 Option 2	2021 Option 3	2021 Option 4	2021 Option 5	2021 Option 6	2021 Option 6
Carrier		BSNENY	BSNENY	BSNENY	BSNENY	BSNENY	BSNENY	BSNENY
Product Type		POS w/PPO WRAP	POS	POS	POS w/PPO WRAP	POS w/PPO WRAP	POS	HMO
Metal Tier		Platinum	Platinum	Gold	Gold	Silver	Bronze	Bronze
Plan Name		Platinum EX (9201)	Platinum Radius (3101) *Guest Membership	Gold Radius High (9801) *Guest Membership	Gold EX High (6301)	Silver Ex 6300 (3901)	Bronze POS Classic (7001)	Bronze Value HMO (4301)
Networks		BlueCard	Local	Local	BlueCard	BlueCard	Local	Local
Aggregate Deductible: Must reach family ded. Embedded Deductible: Must reach single ded. For each member		Embedded	Embedded	Embedded	Embedded	Ded: AGG OOP: EMB	Embedded	Embedded
H.S.A. Qualified		No	No	No	No	Yes	No	Yes
Deductible (Single/Family)		None	None	None	None	$1,500/$3,000 (AGG)	$4,425/$8,850 (EMB)	$6,900/$13,800 (EMB)
Coinsurance		None	None	None	None	None	50%	None
Out of Pocket Max (Single/Family) OO		$5,000/$10,000 (EMB)	$5,000/$10,000 (EMB)	$8,150/$16,300 (EMB)	$8,150/$16,300 (EMB)	$6,900/$13,800 (EMB)	$8,150/$16,300 (EMB)	$6,900/$13,800 (EMB)
Office Visit		3 Visits $0 then $15 $0 Pediatric PCP Visits	3 Visits $0 then $15 $0 Pediatric PCP Visits	3 Visits $0 then $25 $0 Pediatric PCP Visits	3 Visits $0 then $25 $0 Pediatric PCP Visits	Ded then $40	Ded then Coins	Ded then Covered in Full
Specialist Visit		$20	$20	$40	$40	Ded then $60	Ded then Coins	Ded then Covered in Full
Inpatient Surgery / Hospital		$250	$250	$1,000	$1,000	Ded then $500	Ded then Coins	Ded then Covered in Full
Outpatient Surgery / Facility		$100	$100	$200	$200	Ded then $250	Ded then Coins	Ded then Covered in Full
Emergency Room Visit		$100	$100	$300	$300	Ded then $250	Ded then Coins	Ded then Covered in Full
Urgent Care		$50	$50	$75	$75	Ded then $75	Ded then Coins	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	Ded Then Covered in Full
Lab / Radiology		$15 / $20	$15 / $20	$25 / $40	$25 / $40	Ded then $40 / Ded then $60	Ded then 50% / Ded then 50%	Ded then Covered in Full / Ded then Covered in Full
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	Exam Every 12 Months Vision Affinity 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/$35/$70 Preventive Enhanced Drug List	Ded then $10/$35/$70 Preventive Enhanced Drug List	Ded then $10/$35/$70	Ded then Covered in Full Preventive Enhanced Drug List
Out-of-Network Benefit		$5000 / $10,000 Ded then 50% to a max Out of Pocket of $10,000 / $20,000	$5000 / $10,000 Ded then 50% to a max Out of Pocket of $10,000 / $20,000	$5000 / $10,000 Ded then 50% to a max Out of Pocket of $10,000 / $20,000	$5000 / $10,000 Ded then 50% to a max Out of Pocket of $10,000 / $20,000	$5000 / $10,000 Ded then 50% to a max Out of Pocket of $10,000 / $20,000	$5000 / $10,000 Ded then 50% to a max Out of Pocket of $10,000 / $20,000	None
Medical Monthly Rates		2021 Rates	2021 Rates	2021 Rates	2021 Rates	2021 Rates	2021 Rates	2021 Rates
Employee	1	$808.41	$774.02	$706.78	$738.13	$619.10	$468.61	$486.21
Employee + Spouse	1	$1,616.82	$1,548.04	$1,413.56	$1,476.26	$1,238.20	$937.22	$972.42
Employee + Child(ren)	1	$1,374.30	$1,315.83	$1,201.53	$1,254.82	$1,052.47	$796.64	$826.56
Family	1	$2,303.97	$2,205.96	$2,014.32	$2,103.67	$1,764.44	$1,335.54	$1,385.70
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