

## COLONIE CHAMBER OF COMMERCE 2012 BLUE SHIELD OF NENY MEDICAL PLAN OPTIONS

	POS 250D		POS 7100 (HSA Eligible)	
	In Network*	Out of Network**	In Network*	Out of Network**
<b>Annual Deductible (1)</b>	\$1K S / \$2K F	\$2K S / \$4K F	\$1500 / \$3K F	\$1500 / \$3K F
<b>Annual Maximum Benefit</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Co-insurance split (2)</b>	80% / 20%	Varies by service	N/A	70 % / 30%
<b>Co-insurance maximum</b>	N/A	N/A	N/A	N/A
<b>Dependents Coverages</b>	To age 26	To age 26	To age 26	To age 26
<b>Diagnostic Tests</b> (x-rays, lab MRI)	20% co-ins; not subj to ded	Deduct. then 50% co-ins	Deduct. Then \$25 co-pay	Deduct. then 30% co-ins
<b>Domestic Partners Covered?</b>	Yes	Yes	Yes	Yes
<b>Emergency Room</b>	Deduct. then 20% co-ins	Deduct. then 20% co-ins	Deduct. then \$50 co-pay	Deduct. then \$50 co-pay
<b>Hospital Services</b>	Deduct. then 20% co-ins	Deduct. then 50% co-ins	Deduct. then \$500 co-pay	Deduct. then 30% co-ins
<b>Lifetime Maximum Benefit</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Mental Health-InPatient</b>	Ded;20% co-ins;unlimtd days	Ded; 50% co-ins unlimtd days	Ded; \$500 co-pay; unlimited days	Ded; 30% co-ins; unlim days
<b>Mental Health-OutPatient</b>	20% co-ins; unlimited visits	Ded;50% co-ins unlimtd appts.	Ded; \$25 co-pay; unlimited visits	Ded; 30% co-ins; unlim appts
<b>Office Visit PCP / Specialist</b>	\$25 PCP / \$40 Spec.	Deduct. then 50% co-ins	Deduct. Then \$25 co-pay	Deduct. then 30% co-ins
<b>Out of Pocket Maximum</b>	\$5K S / \$10 K F	\$10K S / \$20K F	\$5K S / \$10 K F	\$10K S / \$20K F
<b>OutPatient Surgery</b>	20% co-ins; not subj to ded	Deduct. then 50% co-ins	Deduct. Then \$75 co-pay	Deduct. then 30% co-ins
<b>Prescription Coverage (3)</b> Rx benefits IN & OUT of network	\$15G / \$50NB / 50%NF***; Mail order required for daily meds <i>Separate \$250 Deductible on NB &amp; NF medications only</i>		Annual Deductible applies then \$15 G / \$50 NB / 50% NF *** Mail order required for all maintenance medications	
<b>Preventive Care (4)</b>	Covered in full	N/A	Covered in full	N/A
<b>Therapies (PT, ST &amp; OT) (5)</b>	20% co-ins; not subj to ded	50% co-ins; not subj to ded	Ded then \$25 co-pay per visit	Ded then 30% co-ins
<b>Urgent Care</b>	20% co-ins; not subj to ded	Deduct. then 20% co-ins	Deduct. Then \$35 co-pay	Deduct. then 30% co-ins
<b>Worldwide Coverage?</b>	Yes, for emergencies only	Yes, for emergencies only	Yes, for emergencies only	Yes, for emergencies only

**Monthly Premiums** Rates below are for both small group (2+ employees) & sole proprietors & include INN & OON benefits.

Single	\$359.51	\$344.80
	\$728.62	\$698.43
Family	\$1,005.83	\$963.22

\* **INN** = In Network

\*\* **OON** = Out of network (ALL OON svcs subj to ded first)

\*\*\* **G** = Generic, **NB** = Name Brand, **NF** = Non-Formulary

- (1) In both the 250D & the 7100, the Annual deductible is a "True Family" deductible. This means it can be met by one or more members of the family & must be satisfied in full before any other payments are made.
- (2) Co-insurance split means for those services where co-insurance is indicated, the carrier pays higher percentage of the contracted rate & the insured is responsible for the lower percentage of the contracted rate for any remaining charges.
- (3) On the POS 250D, the \$250 deductible on prescriptions is *separate & in addition to* the plan deductible; each insured person must meet their own. & none of the prescription related out of pocket costs apply to the Out of Pocket maximum.
- (4) Preventive care includes routine annual physical, routine annual 'well-woman visit, colo-rectal screening, etc. Please see list on site for more details.  
In the POS 7100 preventive procedures are covered; the pre-procedure visit w/the provider goes deductible then co-pay or co-ins (if out of network).
- (5) Physical, speech & occupational therapies coverage allows 30 *combined* visits per benefit (calendar) year.