



COLONIE CHAMBER OF COMMERCE



2019 BLUESHIELD OF NENY SMALL GROUP MEDICAL PLAN OPTIONS

Network Type		Gold Radius HIGH (POS)	GOLD Radius	Gold POS 8000	Silver Standard	Silver POS 8000	Bronze HMO - New for 2019
		POS - Not HSA Eligible	POS - Not HSA Eligible	POS - HSA Eligible	POS - Not HSA Eligible	POS - HSA Eligible	HMO - NO OON Cov - NOT HSA Elig.
Abbreviations used below: AD=After deductible/ S=Single/ F=Family/ Cov=Coverage/ Covd=Covered/ CIF=Covered in full / N/A=Non applicable/ INN=In Network/ OON=Out of network / SAA=Same As Above							
IN Network (INN)	Annual Deductible	\$0 (Embedded*)	\$750S/\$1,500F (Embedded*)	\$2,000 S/\$4,000 F "True Family"	\$1,700S/\$3,400F (Embedded*)	\$3,450 S / \$6,900 f (Embedded*)	\$7,500S/\$15,000F (Embedded*)
	Out of Pocket Max	\$7,000 S /\$14,000 F (Embedded*)	\$7,900 S / \$15,800 F (Embedded*)	\$4,000 S/ \$8,000 F Embedded*	\$7,500 S / \$15,000 F (Embedded*)	\$6,550 S/\$13,100 F (Embedded*)	\$7,900S/\$15,800F (Embedded*)
	Co-insurance split	N/A	20%	N/A	N/A	0%	N/A
OUT of Network (OON)	Annual Deductible	\$250 S/\$500 F (Embedded*)	\$750S/\$1,500F (Embedded*)	\$5,000S/\$10,000F "True Family"	\$5,000S/\$10,000F (Embedded*)	\$5,000 S/\$10,000 F (Embedded*)	N/A
	Out of Pocket Max	\$7,000 S /\$14,000 F (Embedded*)	\$7,900 S / \$15,800 F (Embedded*)	\$10,000S/\$20,000F Embedded*	\$10,000S/\$20,000F (Embedded*)	\$10,000S/\$20,000F (Embedded*)	N/A
	Co-insurance split	20% AD	20% AD	50% AD	50% AD	50%	N/A
Medical Services	Office Visit PCP/Spec **	INN:\$25/\$40/OON:20% AD	\$25/\$50 AD	INN:\$0 AD/OON: 50% co-ins AD	INN:\$30 PCP/\$50 AD/OON: 50%	INN:\$0 AD/OON: 50% co-ins AD	INN:0% AD/OON:No Coverage
	Preventive Services	INN ONLY:\$0 Co-pay	INN ONLY: \$0 Co-pay	INN ONLY:\$0 Co-pay	INN ONLY: \$0 Co-pay	INN ONLY:\$0 Co-pay	INN:0% AD/OON:No Coverage
	Laboratory	INN:\$25/OON:20% AD	INN:\$25 AD/OON:20% AD	INN:\$0 AD/OON: 50% co-ins AD	INN:\$50 AD/OON:50% AD	INN:\$0 AD/OON: 50% co-ins AD	INN:0% AD/OON:No Coverage
	Chiropractic Care	INN:\$25/OON: 20% AD	INN:\$25 AD/OON:20% AD	INN:\$0 AD/OON: 50% co-ins AD	INN:\$50 AD/OON:50% AD	INN:\$0 AD/OON: 50% co-ins AD	INN:0% AD/OON:No Coverage
	Maternity-Dr	INN:\$25 1st Visit then CIF	INN:\$25 1st Visit then CIF/OON:20%	INN:\$0 AD/OON: 50% co-ins AD	INN:\$30 visit AD/OON:50% AD	INN:\$0 AD/OON: 50% co-ins AD	INN:0% AD/OON:No Coverage
	Imaging, X-rays	INN:\$40/OON: 20%AD	INN:20% AD/OON:20% AD	INN:\$0 AD/OON: 50% co-ins AD	INN:\$50 AD/OON: 50% AD	INN:\$0 AD/OON: 50% co-ins AD	INN:0% AD/OON:No Coverage
	ADVANCED (CT,PET, MRI)	SAA x-rays + PRE AUTH REQUIRED	SAA x-rays + PRE AUTH REQUIRED	INN:\$0 AD/OON: 50% co-ins AD	SAA x-rays + PRE AUTH REQUIRED	SAA x-rays + PRE AUTH REQUIRED	INN:0% AD/OON:No Coverage
	Therapies: PT/OT/ST ***	INN: \$25 / OON: 20% AD	INN: \$25 / OON: 20% AD	INN:\$0 AD/OON: 50% co-ins AD	INN: \$30AD / OON: 50% AD	INN:\$0 AD/OON: 50% co-ins AD	INN:0% AD/OON:No Coverage
Telemedicine	INN:\$25/\$40/OON:20% AD	\$25/\$50 AD	INN:\$0 AD/OON: 50% co-ins AD	INN:\$30 PCP/\$50 AD/OON: 50%	INN:\$0 AD/OON: 50% co-ins AD	INN:0% AD/OON:No Coverage	
Pediatric Dental	Pediatric Dental	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info		INN Cov ONLY;see dental info	Cov ONLY;see dental info	INN Cov ONLY;see dental info
	Note: APPLIES TO ALL PLANS: The ACA REQUIRES Pediatric dental. If you insure children under age 19 & DO NOT provide a dental waiver, coverage will be automatically added & billed to you.						
Hospital Services	Hospital Inpatient	INN:\$750/OON:20% AD	INN:20% AD/OON:20% AD	INN:\$0 AD/OON: 50% co-ins AD	INN:\$1,500 AD/OON:50% AD	INN:\$0 AD/OON: 50% co-ins AD	INN:0% AD/OON:No Coverage
	OutPatient Surgery	INN:\$200/OON:20% AD	INN:20% AD/OON:20% AD	INN:\$0 AD/OON: 50% co-ins AD	INN:\$100 AD/OON:50% AD	INN:\$0 AD/OON: 50% co-ins AD	INN:0% AD/OON:No Coverage
	ER & Ambulance	INN:\$200/OON:20% AD	INN:\$200/OON:20% AD	INN:\$0 AD/OON: 50% co-ins AD	INN:\$150 AD/OON:50% AD	INN:\$0 AD/OON: 50% co-ins AD	INN:0% AD/OON:No Coverage
	Urgent Care	INN:\$75/OON:20% AD	INN:\$100/OON:20% AD	INN:\$0 AD/OON: 50% co-ins AD	INN:\$70 AD/OON:50% AD	INN:\$0 AD/OON: 0% co-ins AD	INN:0% AD/OON:No Coverage
Vision	Pediatric	1 Exam/yr-CIF/hardware cov.	1 Exam/yr-CIF/hardware cov.	1 Exam/yr-CIF/hardware cov.	1 Exam/yr-CIF/hardware cov.	INN 0% AD / OON: NA	1 Exam/yr-CIF/hardware cov.
	Adult	Exam/24 mo; hardware disc pgm	Exam/24 mos ; hardware disc pgm	Exam/24 mos ; hardware disc pgm	Exam/24 mos ; hardware disc pgm	INN: Routine Exam CIF / OON: NA	INN:0% AD/OON:No Coverage
Prescription	Medications	INN:\$4G/\$35NB/\$70NF / OON:N/A	INN:\$4G/\$35NB/\$70NF / OON:N/A	AD: INN:\$10G/\$35NB/\$70NF OON:NA	INN: \$10G/\$35NB/\$70NF / OON:N/A	AD: INN:\$10G/\$35NB/\$70NF OON:NA	INN \$10G/50%NB/50%NF I OON: N/A
Additional Benefits	Wellness	\$250 Wellness Card	\$250 Wellness Card	\$250 Wellness Card	\$250 Wellness Card	\$250 Wellness Card	\$250 Wellness Card
	Benefits	\$50 Incentive for HRA	\$50 Incentive for HRA	\$50 Incentive for HRA	\$50 Incentive for HRA	\$50 Incentive for HRA	\$50 Incentive for HRA
	Worldwide Coverage	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only
	Deps/Domestic Ptnrs	Deps to 26-Option to 30/DP Covd	Deps to 26-Option to 30/DP Covd	Deps to 26-Option to 30/DP Covd	Deps to 26-Option to 30/DP Covd	Deps to 26-Option to 30/DP Covd	Deps to 26-Option to 30/DP Covd
Monthly Premiums	Single	\$686.09	\$644.82	\$609.50	\$582.05	\$549.63	\$451.02
	Employee/Child (ren)	\$1,160.76	\$1,281.63	\$130.55	\$983.88	\$928.77	\$761.12
	Employee/Spouse	\$1,364.19	\$1,090.60	\$1,210.99	\$1,156.10	\$1,091.26	\$894.03
	Family	\$1,940.56	\$1,822.92	\$1,722.26	\$1,644.03	\$1,551.64	\$1,270.61

Important NOTES: ALL plans include IN NETWORK preventive care covered in full: examples; routine annual physical, routine lab tests, routine annual well woman exam /cytology/routine mammo, etc. Please refer to plan info for details.
 True Family deductible means the full family deductible must be met - by one or more family members - before any claims are paid for anyone.
 *Embedded Deductible/Embedded OOP Max: A deductible/OOP Max is where each person must satisfy the lesser individual amount; not the family amount before co-pays & co-insurance will be in effect.
 This is a general overview of benefits available under these plans; **it is not a contract.**
 Deps can be insd to age 30 in all plans for a nominal add'l monthly fee. To be HSA eligible, a plan OOP MAX can't be more than \$6,650 S/ \$13,300F