

CERTIFIED HEALTH INSURANCE PLAN OPTIONS OFF EXCHANGE



Get access to more top-quality doctors, hospitals and pharmacies locally and nationwide



Get up to \$400 or \$600 a year toward qualified fitness facility dues and/or fitness classes with our ExerciseRewards™ Program



Need help choosing the right plan for you?
Call our dedicated Insurance Agents at 1-888-669-3913.

Plan Benefits & Features	STANDARD								
	Base (Catastrophic) Must be under age 30 or qualify for a hardship exemption	Bronze Standard HSA (HSA** qualified)	Bronze Standard	Silver Standard Plus 3	Silver Standard	Gold Standard Plus 3	Gold Standard	Platinum Standard	
Tax Credit Available (On-Exchange Only)	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Deductible (Single/Family)	\$8,700 / \$17,400	\$6,100 / \$12,200	\$4,700 / \$9,400	\$1,875 / \$3,750	\$1,300 / \$2,600	\$650 / \$1,300	\$600 / \$1,200	\$0 / \$0	
Out-of-Pocket Maximum (Single/Family)	\$8,700 / \$17,400	\$6,900 / \$13,800	\$8,700 / \$17,400	\$8,500 / \$17,000	\$8,500 / \$17,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$2,000 / \$4,000	
Aggregation Type	Individual	Individual		Individual		Individual		Individual	
Coinsurance	You pay 0%	You pay 50%		You pay 30%*	You pay 0%*	You pay 20%*	You pay 0%*	You pay 0%*	
Preventive Care (Immunizations, screenings)	\$0 for most preventive services NSD	\$0 for most preventive services NSD		\$0 for most preventive services NSD		\$0 for most preventive services NSD		\$0 for most preventive services NSD	
Primary Care Office Visit (PCP)	0%. First 3 visits NSD.	50%	\$50 PCP / \$75 SPC. First 3 visits NSD.	\$35. First 3 visits NSD.	\$30	\$25. First 3 visits NSD.	\$25	\$15	
Specialist Office Visit (SPC)	0%		\$1,500	\$1,500	\$50	\$50	\$40	\$40	\$35
Hospital Services			\$150	\$150	\$150	\$150	\$100	\$100	\$100
Outpatient Services			\$500	\$300	\$300	\$300	\$150	\$150	\$100
Emergency Room			\$75	\$70	\$70	\$70	\$60	\$60	\$55
Urgent Care			\$50	\$35 PCP / \$55 SPC	\$30 PCP / \$50 SPC	\$25 PCP / \$40 SPC	\$25 PCP / \$40 SPC	\$15 PCP / \$35 SPC	\$15 PCP / \$35 SPC
Lab Work			\$75	\$75	\$75	\$75	\$25 PCP / \$40 SPC	\$25 PCP / \$40 SPC	\$15 PCP / \$35 SPC
Basic X-Ray			\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3	\$10 for Tier 1 \$40 for Tier 2 \$80 for Tier 3 NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 NSD	\$10 for Tier 1 \$40 for Tier 2 \$80 for Tier 3 NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 NSD	\$10 for Tier 1 \$30 for Tier 2 \$60 for Tier 3
Prescription Drugs		\$0. First 3 qualifying visits NSD.	\$0	\$0. First 3 qualifying visits NSD.	\$0. First 3 qualifying visits NSD.	\$0	\$0. First 3 qualifying visits NSD.	\$0	\$0
Telehealth and Telemedicine (MDLive Program)	Covered	Covered		Covered		Covered		Covered	
Pediatric Vision* and Dental	The amounts listed above are the copays or coinsurance after the deductible is met, unless otherwise noted as not subject to deductible (NSD).								
Rates – Rates shown cover Dependents through age 26 and include Pediatric Dental coverage. (Additional rates available upon request.)									
Single	\$279.86	\$536.64	\$558.60	\$694.27	\$730.09	\$893.38	\$903.09	\$1,059.17	
Single + Spouse	\$559.71	\$1,073.27	\$1,117.20	\$1,388.55	\$1,460.18	\$1,786.76	\$1,806.18	\$2,118.33	
Single + Child(ren)	\$475.76	\$912.28	\$949.63	\$1,180.26	\$1,241.15	\$1,518.74	\$1,535.25	\$1,800.58	
Single + Spouse + Child(ren)	\$797.60	\$1,529.41	\$1,592.01	\$1,978.68	\$2,080.76	\$2,546.13	\$2,573.81	\$3,018.62	
Child Only	NA	\$221.09	\$230.15	NA	\$300.80	NA	\$372.08	\$436.37	

Standard plans are required by New York State. The benefits and out-of-pocket costs for the Standard plans will be the same for all health insurance companies. Provider networks will differ by insurance company.

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out of pocket maximums.

Any one person insured on a family plan will not pay more than \$8,700 in compliance with the Affordable Care Act.

*Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.

**An HSA or Health Savings Account is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more. Subsidized health plans are not eligible for health savings accounts.

Note to diabetic drug and supply users: In accordance with the contract language/benefit mandates provided by New York State, if your plan includes a deductible, diabetic drugs and supplies are subject to the deductible amount.

CENTRAL NEW YORK REGION:

Broome, Cayuga, Chemung, Cortland, Onondaga, Tioga, Tompkins, Schuyler, Steuben Counties.

NON-STANDARD									
Plan Benefits & Features	Bronze Secure Plus 3	Bronze Select (HSA** qualified)	CNY Preferred Silver Available in Onondaga & Lewis Counties Only†	Silver Select (HSA** qualified)	Destination 65 Silver SM (HSA** qualified)	CNY Preferred Gold Available in Onondaga & Lewis Counties Only†	Gold Select	Destination 65 Gold SM	Platinum Select
Tax Credit Available (On-Exchange Only)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible (Single/Family)	\$8,700 / \$17,400	\$5,500 / \$11,000	\$2,200 / \$4,400	\$2,550 / \$5,100	\$3,000 / \$6,000	\$750 / \$1,500	\$750 / \$1,500	\$950 / \$1,900 Medical \$200 / \$400 Drug	\$0 / \$0
Out-of-Pocket Maximum (Single/Family)	\$8,700 / \$17,400	\$7,000 / \$14,000	\$8,000 / \$16,000	\$6,900 / \$13,800	\$7,000 / \$14,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$6,700 / \$13,400	\$6,350 / \$12,700
Aggregation Type	Individual	Family	Individual	Family		Individual		Family	Individual
Coinsurance	You pay 0%	You pay 50%	You pay 0%*†	You pay 20%*	You pay 20%	You pay 0%*†	You pay 0%*	You pay 20%	You pay 0%*
Preventive Care (Immunizations, screenings)	\$0 for most preventive services NSD		\$0 for most preventive services NSD			\$0 for most preventive services NSD			\$0 for most preventive services NSD
Primary Care Office Visit (PCP)	0%. First 3 visits NSD.	50%	\$30	20%	\$15	\$25	\$25	\$15	\$15
Specialist Office Visit (SPC)	0%		\$50		\$50	\$40	\$40	\$50	\$25
Acupuncture Visit (up to 10)			\$50		50%	\$40	\$40	50%	\$25
Hospital Services			\$1,250		\$380 per day up to 5 days. Day 6 and after, you pay \$0.	\$750	\$1,000	\$380 per day up to 5 days. Day 6 and after, you pay \$0.	\$750
Outpatient Services			\$250		20%	\$150	\$350	\$600	\$150
Emergency Room			\$250		\$90	\$150	\$350	\$90	\$150
Urgent Care			\$50		\$65	\$40	\$40	\$50	\$25
Lab Work			\$50		\$15	\$40	\$40	\$15	\$25
Basic X-Ray			\$50		\$55	\$40	\$40	\$50	\$15
Prescription Drugs			\$10 for Tier 1 40% for Tier 2 50% for Tier 3 Preventative Rx NSD		\$10 for Tier 1 \$45 for Tier 2 \$90 for Tier 3 NSD	\$10 for Tier 1 \$45 for Tier 2 \$90 for Tier 3 Preventative Rx NSD	\$0 for Tier 1 \$50 for Tier 2 50% for Tier 3 Preventative Rx NSD	\$5 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3
Telehealth and Telemedicine (MDLive Program)		0%. First 3 qualifying visits NSD.	0%	\$0	0%	\$0	\$0	\$0	\$0
Adult Vision Exams and Dental (Preventive & Routine)	\$0	50%	\$30	20%	Vision \$50. Dental not covered.	\$25	\$25	Vision \$0. Dental not covered.	\$15
Pediatric Vision* and Dental	Covered		Covered			Covered			Covered
The amounts listed above are the copays or coinsurance after the deductible is met, unless otherwise noted as not subject to deductible (NSD).									
Rates – Rates shown cover Dependents through age 26 and include Pediatric Dental coverage. (Additional rates available upon request.)									
Single	\$489.80	\$540.23	\$622.06	\$706.07	\$706.33	\$783.68	\$872.21	\$885.51	\$1,040.22
Single + Spouse	\$979.59	\$1,080.45	\$1,244.13	\$1,412.15	\$1,412.66	\$1,567.36	\$1,744.42	\$1,771.03	\$2,080.44
Single + Child(ren)	\$832.65	\$918.39	\$1,057.51	\$1,200.33	\$1,200.76	\$1,332.25	\$1,482.76	\$1,505.37	\$1,768.37
Single + Spouse + Child(ren)	\$1,395.92	\$1,539.65	\$1,772.88	\$2,012.32	\$2,013.04	\$2,233.48	\$2,485.79	\$2,523.72	\$2,964.63
Child Only	NA	NA	NA	NA	NA	NA	NA	NA	NA

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out of pocket maximums.

Any one person insured on a family plan will not pay more than \$8,700 in compliance with the Affordable Care Act.

*Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.

**An HSA or Health Savings Account is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more. Subsidized health plans are not eligible for health savings accounts.

†Cost share shown applies when a Crouse, St. Joseph's Hospital or Lewis County Hospital provider or facility is used. Not all physicians are in the Tier 1 network. Check our "Find a Provider" tool to make sure your physician is in the Tier 1 network.

Note to diabetic drug and supply users: In accordance with the contract language/benefit mandates provided by New York State, if your plan includes a deductible, diabetic drugs and supplies are subject to the deductible amount.

A nonprofit independent licensee of the Blue Cross Blue Shield Association



**Need help choosing the right plan for you?
Call our dedicated Insurance Agents at
1-888-669-3913.**

