



**COLONIE CHAMBER OF COMMERCE
2024 HIGHMARK BLUESHIELD SMALL GROUP MEDICAL PLAN OPTIONS**

NEW FOR 2024!!

Network Type		Gold Radius HIGH (POS)	Gold Blended EX* Plan	GOLD Blended Radius	Silver Classic	Silver POS 8000	Bronze POS
		POS - Not HSA Eligible	POS - Not HSA Eligible	POS - Not HSA Eligible	POS - Not HSA Eligible	POS - HSA Eligible	POS - 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 / NoDD=Not subj to ded/ fm=Formulary / NF=Non-formulary					
IN Network (INN)	Annual Deductible *	\$0	\$1,250S/\$2,500F (Embedded)	\$1,250S/\$2,500F (Embedded)	\$2,000S/\$4,400F (Embedded)	\$5,000 S / \$11,000 F (Embedded)	\$8,500 S/\$17,000F (Embedded)
	Out of Pocket Max	\$9,100 S /\$18,200 F (Embedded)	\$9,100 S /\$18,200 F (Embedded)	\$0	\$9,100 S /\$18,200 F (Embedded)	\$7,500 S/\$15,000 F (Embedded)	\$9,100 S/\$18,200F (Embedded)
	Co-insurance split	N/A	30%	30% AD	N/A	0%	N/A
OUT of Network (OON)	Annual Deductible	\$5,000 S/\$10,000 F (Embedded)	N /C	\$5,000 S/\$10,000 F (Embedded)	\$5,000S/\$10,000F (Embedded)	\$10,000S/\$20,000F (Embedded)	\$10,000 S/ \$20,000F (Embedded)
	Out of Pocket Max	\$10,000 S /\$20,000 F (Embedded)	N /C	\$10,000 S /\$20,000 F (Embedded)	\$10,000S/\$20,000F (Embedded)	\$20,000S/\$40,000F (Embedded)	\$20,000 S/ \$40,000F (Embedded)
	Co-insurance split	50% AD	N /C	50% AD	50% AD	30%	50%
Medical Services	Office Visit PCP/Spec **	INN: \$30 PCP /\$50 Spec	INN: \$25 PCP /\$50 Spec No DD	INN: \$25 PCP / \$50 Sp NoDD	INN:\$30 PCP / \$50 AD	INN:\$0 AD	INN:0% AD
	Preventive Services	INN Cov ONLY:\$0 Co-pay	INN Cov ONLY:\$0 Co-pay	INN Cov ONLY:\$0 Co-pay	INN ONLY: \$0 Co-pay	INN Cov ONLY:\$0 Co-pay	INN:0% AD
	Laboratory	INN:\$50 AD	INN:\$50 No DD	INN: \$50 NoDD	INN:\$50 AD	INN:\$0 AD	INN:0% AD
	Chiropractic Care	INN:\$50 AD	INN:\$50 AD	INN: \$50 NoDD	INN:\$50 AD / OON:50% AD	INN:\$0 AD	INN:0% AD
	Maternity-Dr	INN:\$25 1st OV then CIF	INN:\$25 1st OV then CIF	INN:\$50 1st OV then CIF	INN:\$50 AD	INN:\$0 AD	INN:0% AD
	Imaging, X-rays	INN:\$50	INN:\$50 No DD	INN:\$50 No DD	INN:\$50 AD	INN:\$0 AD	INN:0% AD
	ADVANCED (CT,PET, MRI)	\$100 + Pre-auth Required	\$100 NoDD + Pre-auth Required	\$100; No DD; Pre-auth Required	\$100 AD + Pre-auth Required	INN:\$0 AD	INN:0% AD
	Therapies: PT/OT/ST ***	INN: \$50	INN: \$50	INN: \$50	INN: \$50AD	INN:\$0 AD	INN:0% AD
Telemedicine	INN:\$0	INN:\$0	INN: \$0 NoDD	INN: \$0 NoDD	INN:\$0 AD	INN:0% AD	
Pediatric Dental	Pediatric Dental	INN Cov ONLY; see dental info	INN Cov ONLY; see dental info	INN Cov ONLY;see dental info	INN Cov ONLY; see dental info	INN Cov ONLY; see dental info	INN Cov ONLY; see dental info
	Note:	APPLIES TO ALL PLANS: The ACA requires pediatric dental for all kids from infancy to age 19. If you put a child 0-age 19 on your application & do not submit a waiver coverage will be added & billed.					
Hospital Services	Hospital Inpatient	INN:\$1,000 per admission	INN:30% AD	INN:30% AD	INN:\$1,500 AD	INN:\$0 AD	INN:0% AD
	OutPatient Surgery	INN:\$250	INN:30% AD	INN:30% AD	INN:\$350 AD	INN:\$0 AD	INN:0% AD
	ER & Ambulance	INN:\$300 each	INN:\$350 ea NoDD	INN:\$350 each NoDD	INN:\$250 each AD	INN:\$0 AD	INN:0% AD
	Urgent Care	INN:\$75	INN:\$100 NoDD	INN:\$100 NoDD	INN:\$70 AD	INN:\$0 AD	INN:0% AD
Vision	Pediatric	INN: \$0 Co-pay or co-ins	INN: \$0 NoDD	INN: \$0 NoDD	INN:\$0 AD	INN:\$0 AD	INN: \$0 NoDD
	Adult	Blue365Vision Discount pgm	Blue365Vision Discount pgm	Blue365Vision Discount pgm	Blue365Vision Discount pgm	Blue365Vision Discount pgm	Blue365Vision Discount pgm
Prescription Medications	INN:\$10G / \$50FM / \$100NF	INN:\$10G / \$35FM / \$100NF NoDD	INN:\$10G / \$35FM / \$100NF	INN: \$10G / \$35FM / \$100NF	INN: \$10G / \$35FM / \$100NF	AD: INN:\$10G / \$35FM / \$100NF	INN AD \$10G / 50% FM / 50% NF AD
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
	Depts/Domestic Ptnrs	UDC to age 30 & DP Covd	UDC to age 30 & DP Covd	UDC to age 30 & DP Covd	UDC to age 30 & DP Covd	UDC to age 30 & DP Covd	UDC to age 30 & DP Covd
Monthly Premiums	Single	\$991.54	\$958.33	\$910.18	\$840.85	\$768.33	\$641.28
	Employee/Child (ren)	\$1,680.02	\$1,623.56	\$1,541.70	\$1,423.00	\$1,300.57	\$1,084.53
	Employee/Spouse	\$1,975.08	\$1,908.66	\$1,812.35	\$1,673.70	\$1,528.67	\$1,274.50
	Family	\$2,811.09	\$2,716.43	\$2,579.20	\$2,381.63	\$2,174.95	\$1,812.76

Important NOTES: DED: *Aggregate:* When 2 or more psns insured, 1 or more must meet the full family ded amt before co-pays/co-ins go into effect for anyone. *Embedded:* once an insured psn meets the plan individual ded amount, then the carrier begins payments for that person.
 * In the EX plan you **must** choose a participating PCP (primary care provider) in the service area - they will coordinate care in & outside the region.
 ***PT/OT/ST visits are combined to 60 total visits /plan year for OP habilitation + rehabilitation.
This is a general overview of benefits available under these plans; it is not a contract. Blue shading above denotes changes to plan from previous year.