

| 2026 HIGHMARK BLUESHIELD OF NORTHEASTERN NEW YORK - Small Business 2 to 100 | | | | | | | | | | | | | | | |
|---|---------------------------------|-------------------|--------------|----------------------|----------------------------|------------------|-------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------|------------------------|---------------------------------|---------------------------------|--------------------------------|
| RATES SHOWN COVER REGION 1-NORTHEASTERN NEW YORK | | | | | | | | | | | | | | | |
| METAL TIER | PRODUCT | TIER | MONTHLY RATE | Aggregate / Embedded | DEDUCTIBLE (SINGLE/FAMILY) | COINSURANCE | OOP MAX (SINGLE/FAMILY) | OFFICE VISIT | SPECIALIST VISIT | LAB SERVICES | INPATIENT HOSPITAL | OUTPATIENT SURGERY | ER | URGENT CARE | PRESCRIPTION DRUGS |
| PLATINUM | PLATINUM RADIUS Plus ** | Individual | 1,299.94 | N/A | N/A | N/A | \$7,000/\$14,000 | \$15 | \$30 | \$30 | \$500 | \$100 | \$150 | \$75 | \$10/\$40/\$125 |
| | | Empl/Spouse | \$2,599.87 | | | | Embedded | | | | | | | | |
| | | Parent/Child(ren) | \$2,209.89 | | | | | | | | | | | | |
| | | Family | \$3,704.82 | | | | | | | | | | | | |
| GOLD | GOLD BLENDED RADIUS | Individual | \$1,099.04 | N/A | \$1,250/\$2,500 | 30% FS | \$9,100/\$18,200 | \$25 not subject to deductible | \$50 not subject to deductible | \$50 not subject to deductible | 30% after deductible | 30% after deductible | \$350 not subject to deductible | \$100 not subject to deductible | \$10/\$40/\$125 |
| | | Empl/Spouse | \$2,198.08 | | | | Embedded | | | | | | | | |
| | Parent/Child(ren) | \$1,868.37 | | | | | | | | | | | | | |
| | Family | \$3,132.26 | | | | | | | | | | | | | |
| GOLD EPO HIGH | Individual | \$1,329.92 | N/A | N/A | N/A | \$9,100/\$18,200 | \$30 | \$50 | \$50 | \$1000 | \$250 | \$300 | \$75 | \$10/\$55/\$50% | |
| | Empl/Spouse | \$2,659.84 | | | | Embedded | | | | | | | | | |
| Parent/Child(ren) | \$2,260.86 | | | | | | | | | | | | | | |
| Family | \$3,790.27 | | | | | | | | | | | | | | |
| GOLD RADIUS HIGH ** | Individual | \$1,195.70 | N/A | N/A | N/A | \$9,100/\$18,200 | \$30 | \$50 | \$50 | \$1,000 | \$250 | \$300 | \$75 | \$10/\$55/\$50% | |
| | Empl/Spouse | \$2,391.39 | | | | Embedded | | | | | | | | | |
| Parent/Child(ren) | \$2,032.68 | | | | | | | | | | | | | | |
| Family | \$3,407.73 | | | | | | | | | | | | | | |
| SILVER | SILVER EPO 7000 (HSA QUALIFIED) | Individual | \$1,053.15 | True Family * | \$3,500/\$7,000 | N/A | \$7,500/\$15,000 | \$30 after deductible | \$50 after deductible | \$50 after deductible | \$1,000 after deductible | \$350 after deductible | \$250 after deductible | \$75 After deductible | \$10/\$40/50% After Deductible |
| | | Empl/Spouse | \$2,106.29 | | Aggregate | | Embedded | | | | | | | | |
| Parent/Child(ren) | \$2,032.68 | | | | | | | | | | | | | | |
| Family | \$3,001.47 | | | | | | | | | | | | | | |

INN In Network OON Out of Network
ALL RATES COVER BLUE SHIELD REGION 1. ALL RATES ARE DEPENDENT TO AGE 26.
 ALL PLANS INCLUDE ONE \$250 WELLNESS DEBIT CARD PER CONTRACT - RENEWS ANNUALLY

AGGREGATE: For any policy with two or more members, the deductible must be met by any one or any combination of members before the plan makes payments.
 EMBEDDED: Each member must meet their individual deductible before plan pays. Individual deductible also applies to family deductible level. Once family deductible is met, plan begins payment of services for all contract members.
 * TRUE FAMILY DEDUCTIBLE: Unlike embedded deductible plans, there is no limit to the amount one member can pay toward the family deductible. For both types of deductibles, once the deductible is met, you will pay copays or coinsurance when you receive covered services.
 ** THIS PLAN INCLUDES "AWAY FROM HOME CARE" GUEST MEMBERSHIP. Please contact Highmark Blue Shield to register for away from home care. To ensure coverage by a network provider, confirm on www.bsny.org Find a Doctor link
 PEDIATRIC DENTAL is now embedded in medical plans at no extra charge; Members show their medical card to their dentist for pediatric dental care.

NOTE: In case of a discrepancy in the display of these plan details and rates, The carrier's actual plan details and rates prevail.