

2025 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	\$1,183.10	N/A	N/A	N/A	\$7,000/\$14,000	\$15	\$30	\$30	\$500	\$100	\$150	\$75	\$10/\$40/\$125
		Empl/Spouse	\$2,366.20				Embedded								
		Parent/Child(ren)	\$2,011.27												
		Family	\$3,371.83												
GOLD	GOLD BLENDED RADIUS	Individual	\$990.38	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	\$1,980.76				Embedded								NEW IN 2025
	Parent/Child(ren)	\$1,683.65													
	Family	\$2,822.59													
GOLD EPO HIGH	GOLD EPO HIGH	Individual	\$1,209.03	N/A	N/A	N/A	\$9,100/\$18,200	\$30	\$50	\$50	\$1000	\$250	\$300	\$75	\$10/\$55/\$50%
		Empl/Spouse	\$2,418.06				Embedded								NEW IN 2025
Parent/Child(ren)	\$2,055.35														
Family	\$3,445.74														
GOLD RADIUS HIGH **	GOLD RADIUS HIGH **	Individual	\$1,072.47	N/A	N/A	N/A	\$9,100/\$18,200	\$30	\$50	\$50	\$1,000	\$250	\$300	\$75	\$10/\$55/\$50%
		Empl/Spouse	\$2,144.95				Embedded								NEW IN 2025
Parent/Child(ren)	\$1,823.21														
Family	\$3,056.55														
SILVER	SILVER EPO 7000 (HSA QUALIFIED)	Individual	\$946.41	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	\$1,892.81		Aggregate		Embedded								NEW FOR 2025
		Parent/Child(ren)	\$1,608.89												
		Family	\$2,697.26												

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](http://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.