Lamont Engineers, P.C.

Current Plans

Carrier	BSNENY	BSNENY	BSNENY	BSNENY
Direct Carrier Plans	**Platinum PPO**	**Gold EX High POS/PPO**	**Gold EPO Hybrid**	**Gold Radius High POS**
	National Network	**National Network**	**National Network**	**Local Network**
	to 10/31/19 / **11/01/19**	to 10/31/19 / **11/01/19**	to 10/31/19 / **11/01/19**	
Monthly Premium	**ee:**	**ee:**	**ee:**	
Individual	5 — 815.85 / **854.99**	3 — 697.18 / **731.94**	3 — 669.95 / **717.92**	667.84 / **706.72**
Two Person	0 — 1631.72 / **1709.97**	1 — 1394.36 / **1463.90**	1 — 1339.88 / **1435.85**	1335.66 / **1413.40**
Employee / Children	2 — 1386.96 / **1453.47**	0 — 1185.20 / **1244.32**	1 — 1138.90 / **1220.48**	1135.32 / **1201.39**
Family	3 — 2325.20 / **2436.71**	1 — 1986.96 / **2086.06**	0 — 1909.35 / **2046.08**	1903.32 / **2014.10**
Dependent Coverage	26 (End Of Month)	26 (End Of Month)	26 (End Of Month)	26 (End Of Month)
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited
In-Network	Embedded	Embedded	Embedded	Embedded
Annual Deductible	N/A	N/A	$750 / $1,500	N/A
Co-Insurance	N/A	N/A	20%	N/A
Annual Max. OOP	$5,000 / $10,000	$7,000 / $14,000	$7,900 / $15,800	$7,000 / $14,000
Out Of Network	Embedded	Embedded		Embedded
Annual Deductible	$2,000 /$4,000	$2,000 / $4,000	N/A	$250 /$500
Co-Insurance	20%	20%	N/A	20%
Annual Max. OOP	$10,000 / $20,000	$10,000 / $20,000	N/A	$7,000 / $14,000
Physician Services				
Office Visits	Co-pay $15	Co-pay $25	Co-pay $25	Co-pay $25
Specialist Office Visits	Co-pay $20	Co-pay $40	Co-pay $50	Co-pay $40
PCP (children under 19)	Covered In Full	Covered In Full	Covered In Full	Covered In Full
Well Baby & Well Child	Covered In Full	Covered In Full	Covered In Full	Covered In Full
Injectible Medications (In-Office)	Co-pay $20	Co-pay $40	Co-pay $50	Co-pay $40

Lamont Engineers, P.C.

Current Plans

Carrier	BSNENY	BSNENY	BSNENY	BSNENY
Direct Carrier Plans	**Platinum PPO**	**Gold EX High POS/PPO**	**Gold EPO Hybrid**	**Gold Radius High POS**
	National Network	**National Network**	**National Network**	**Local Network**
Women's Services				
OBGYN Office Visits	Co-pay $15	Co-pay $25	Co-pay $25	Co-pay $25
Pap Smears	Covered In Full	Covered In Full	Covered In Full	Covered In Full
Mammograms	Covered In Full	Covered In Full	Covered In Full	Covered In Full
Maternity Services				
Physician Services	Co-pay $15	Co-pay $25	Covered in full after Co-pay $25 to determine pregnancy	Co-pay $25
Inpatient Hospital Services	Co-pay $250 per admission	Co-pay $750 per admission	Deductible Then 20% Coinsurance	Co-pay $750 per admission
Prescription Drugs	Not Subject To Deductible	Not Subject To Deductible	Not Subject To Deductible	Not Subject To Deductible
Tier 1	$10	$10	$10	$10
Tier 2	$35	$35	$35	$35
Tier 3	$70	$70	$70	$70
Diabetic Equipment & Supplies	$15	$25	$25	$25

Lamont Engineers, P.C.

Current Plans

Carrier	BSNENY	BSNENY	BSNENY	BSNENY
Direct Carrier Plans	**Platinum PPO**	**Gold EX High POS/PPO**	**Gold EPO Hybrid**	**Gold Radius High POS**
	National Network	**National Network**	**National Network**	**Local Network**
Hospital Services				
Inpatient Hospital	Co-pay $250	Co-pay $750	Deductible Then 20% Coinsurance	Co-pay $750
Outpatient Surgery	Co-pay $100	Co-pay $200	Deductible Then 20% Coinsurance	Co-pay $200
Diagnostic Radiology and Imaging	Co-pay $20	Co-pay $40	Deductible Then 20% Coinsurance	Co-pay $40
Emergency Services				
Emergency Room Services	Co-pay $100	Co-pay $200	Co-pay $200	Co-pay $200
Urgent Care Facility	Co-pay $50	Co-pay $75	Co-pay $100	Co-pay $75
Laboratory Services	Co-pay $15 (Must use Quest Labs for In-Network Coverage)	Co-pay $25 (Must use Quest Labs for In-Network Coverage)	Co-pay $25	Co-pay $25 (Must use Quest Labs for In-Network Coverage)
Ambulance Services	Co-pay $100	Co-pay $100	Co-pay $200	Co-pay $200
Mental Health				
Inpatient	Co-pay $250/ Unlimited Days	Co-pay $750 / Unlimited Days	Deductible Then 20% Coinsurance	Co-pay $750/ Unlimited Days
Outpatient	Co-pay $20 / Unlimited Days	Co-pay $40 / Unlimited Days	Covered In Full/ Unlimited Days	Co-pay $40 / Unlimited Days
Substance Abuse Treatment				
Inpatient	Co-pay $250/ Unlimited Days	Co-pay $750 / Unlimited Days	Deductible Then 20% Coinsurance	Co-pay $750/ Unlimited Days
Outpatient	Co-pay $20 / Unlimited Days	Co-pay $40 / Unlimited Days	Covered In Full/ Unlimited Days	Co-pay $40 / Unlimited Days

Lamont Engineers, P.C.

Current Plans

Carrier	BSNENY	BSNENY	BSNENY	BSNENY
Direct Carrier Plans	**Platinum PPO**	**Gold EX High POS/PPO**	**Gold EPO Hybrid**	**Gold Radius High POS**
	National Network	**National Network**	**National Network**	**Local Network**
Other Services				
Durable Med. Equip.	50% Coinsurance	50% Coinsurance	Deductible Then 20% Coinsurance	50% Coinsurance
Prosthetics & Orthotics	50% Coinsurance	50% Coinsurance	Deductible Then 20% Coinsurance	50% Coinsurance
Skilled Nursing facility	Co-pay $250 / Unlimited Days Per Benefit Year	Co-pay $750 / Unlimited Days Per Benefit Year	Deductible Then 20% Coinsurance / Unlimited Days Per Benefit Year	Co-pay $750 / Unlimited Days Per Benefit Year
Chiropractic Services	Co-pay $15	Co-pay $25	Co-pay $25	Co-pay $25
Pediatric Vision Services	1 Exam / 12 Months Covered in full; Medical Eye Exam Co-pay $20	1 Exam / 12 Months Covered in full; Medical Eye Exam Co-pay $40	1 Exam / 12 Months Covered in full; Medical Eye Exam Co-pay $50	1 Exam / 12 Months Covered in full; Medical Eye Exam Co-pay $40
Pediatric Dental Services	The Essential Health Benefit Pediatric BSNENY Dental Is $20.67 per child (Not Included In Premium)	The Essential Health Benefit Pediatric BSNENY Dental Is $20.67 per child (Not Included In Premium)	The Essential Health Benefit Pediatric BSNENY Dental Is $20.67 per child (Not Included In Premium)	The Essential Health Benefit Pediatric BSNENY Dental Is $20.67 per child (Not Included In Premium)
Vision Coverage	1 Exam / 12 Months Covered in full; Medical Eye Exam Co-pay $20	1 Exam / 12 Months Covered in full; Medical Eye Exam Co-pay $40	1 Exam / 12 Months Covered in full; Medical Eye Exam Co-pay $50	1 Exam / 12 Months Covered in full; Medical Eye Exam Co-pay $40
Dental/Vision	Guardian (Not Included In Premium)	Guardian (Not Included In Premium)	Guardian (Not Included In Premium)	Guardian (Not Included In Premium)
Domestic Partner	Included	Included	Included	Included