Grand Island Chamber of Commerce
1870 Whitehaven Road
Grand Island, New York 14072

Phone: 716-773-3651
www.gichamber.org

2019 Insurance Benefits

Open Enrollment
October 1-30, 2018

For Insurance effective
December 1, 2018 –November 30, 2019

Grand Island Chamber of Commerce
1870 Whitehaven Road
Grand Island, New York 14072
716-773-3651

HEALTH INSURANCE ENROLLMENT GUIDELINES

- Coverage is available through Blue Cross Blue Shield of WNY or Independent Health.
- Business must have at least TWO employees to be eligible for coverage through the GICC
- Only business members and/or their employees are eligible for coverage.
- If it is found that an ineligible employee is allowed to join, the entire group may be cancelled.
- Current GICC business members and their current employees can only obtain coverage during our open enrollment period (Insurance effective December 1st) some exceptions apply.
- Applications and premium payments for open Enrollment must be received in the Chamber office by November 1st.
- New employees may enroll throughout the year. They must apply within 30 days from their date of hire.
- New GICC business members and their current employees may enroll throughout the year. They must apply within 30 days of joining the Chamber of Commerce.
- Applications received by the 10th of the month will be effective the first day of the following month.
- Applications received after the 10th of the month will be effective the first day of the month following 30 days of receipt.
- Retirees are not eligible for new enrollment in the GICC health insurance program.
- Married couples must apply for family or two person coverage. Exception: two single policies may be issued if each spouse is employed by a GICC member business with at least TWO employees.
- If enrolling in the Dental Pay Plus plan – you must be enrolled for at least 12 months.

DOCUMENTATION REQUIRED

SMALL GROUP

[Business with 2-50 eligible employees]

If the business files a NYS-45-ATT form	NYS-45-ATT form If the employee enrolling does not yet appear on the NYS-45-ATT form, proof of employment (pay stub) must be provided
If partners/owners/business are not on the NYS-45-ATT Form	IRS Schedule C, or IRS Schedule E, or IRS Schedule K-1, or Corporate Tax Return 1120C (Income & expense only).
If the business is in its first year of operation	Cancelled business check, or Business bank statement, or Certificate of doing business, or Appropriate tax documents *If the business has not yet filed a NYS-45-ATT, the form must be provided within 90 days of the effective date of coverage.

A non-refundable $25 application fee, payable to the Grand Island Chamber of Commerce, must accompany applications. In addition, copies of the appropriate documentation must be submitted at the time of application. Alternate documents may be acceptable in certain situations.

LATEST REVISION:
October 2018

Grand Island Chamber of Commerce
1870 Whitehaven Road
Grand Island, New York 14072
716-773-3651

DENTAL INSURANCE SUMMARY - RATES FOR 2019

BENEFIT	DENTAL PAY PLUS	
Plan Summary	**In-Network** plan utilizes participating dentists. **Out-of-Network** allows freedom of choice.	
Dependents covered to age 19, 23 if full-time student	**In-Network**	**Out-of-Network**
Preventative Services: Oral Exams X-rays & Diagnostic Teeth Cleanings (1 every 6 months) Fluoride Treatment Topical Sealant Emergency Treatment	100%	80%
Minor Restorative Services: Fillings Space Maintainers Oral Surgery Extractions Root Canals Stainless Steel Crowns Recementation Crowns/Inlays Occlusion Adjustment Local Anesthesia	80%	60%
Major Restorative Services: Porcelain Crowns Inlay/Onlay Endodontics Periodontic Services Partial & Full Dentures Fixed & Removable Bridgework Repair to Dentures/Bridgework	50%	50%
Annual Deductible	NONE	$50, 3 per family
Annual Maximum per Person	$1,000	$1,000

The above is for illustrative purposes only. It is provided as a summary of benefits and is intended to act as a tool for employees to review the plan at the time of enrollment. It is not a comprehensive list of covered services and does not represent actual contract language. Please refer to your Summary Plan Description (SPD) booklet which you will receive after you enroll in the plan for a complete description of covered benefits under the plan.

Monthly Premiums:
Single Contract: $51.42
Family Contract: $127.54

2018 Small Group Plans

BlueCross BlueShield of Western New York

IN-NETWORK	PLATINUM HMO 110	SILVER ALIGN OPTIMUM	SILVER ALIGN FLEXIBLE	SILVER POS 8100
Deductible	$0	$1,350/$2,700	$5,000/$10,000	$2,900/$5,800
Coinsurance	0%	30% after deductible	50% after deductible	20% after deductible
Out-of-Pocket Max	$3,800/$7,600	$6,650/$13,300	$6,650/$13,300	$6,650/$13,300
OUT-OF-NETWORK				
Deductible	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000
Coinsurance	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Out-of-Pocket Max	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
MEDICAL SERVICES				
Primary Care Office Visits	$20	$30 after deductible	50% after deductible	20%after deductible
Specialist Office Visits	$30	$50 after deductible	50% after deductible	20%after deductible
Inpatient Hospital Services	$500 copayment	30%after deductible	50% after deductible	$1,000 copayment after deductible
Outpatient Surgery Services	$20/$30	$30/$50	50% after deductible	20%after deductible
Out Patient Facility Fee	$150	30%after deductible	50% after deductible	20%after deductible
Emergency Room	$100	30%after deductible	30%after deductible	20%after deductible
Urgent Care	$40	30%after deductible	30%after deductible	20%after deductible
PRESCRIPTION DRUGS				
Pharmacy	$5/$30/50%	$5/$30/50% after deductible	$5/$30/50% after deductible	$5/$30/50% after deductible
PRODUCT DETAILS				
Wellness Benefits	$250 per contract	$250 per contract	$250 per contract	$250 per contract
RATES				
Employee Rate	$614.08	$447.14	$447.14	$456.34
Employee & Child(ren) Rate	$1,043.95	$760.15	$760.15	$775.77
Employee & Spouse Rate	$1,228.16	$894.29	$894.29	$912.67
Family Rate	$1,750.14	$1,274.36	$1,274.36	$1,300.57

2018 Small Group Plans

IN-NETWORK	FlexFit Platinum	iDirect Silver Copay	iDirect Silver Coinsurance	iDirect Bronze
Deductible	$0	$2,000/$4,000	$2,500/$5,000	$4,425/$8,850
Coinsurance	0%	0%	20%	50%
Out-of-Pocket Max	$5,000/$10,000	$7,350/$14,700	$6,650/$13,100	$6,650/$13,100
OUT-OF-NETWORK				
Deductible	$2,000/$4,000	$3,000/$6,000	$3,000/$6,000	$5,000/$10,000
Coinsurance	40% after deductible	40% after deductible	40% after deductible	50% after deductible
Out-of-Pocket Max	$6,750/$13,500	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000
MEDICAL SERVICES				
Primary Care Office Visits	$20	$30 after deductible	20% after deductible	50%after deductible
Specialist Office Visits	$30	$50 after deductible	20% after deductible	50%after deductible
Inpatient Hospital Services	$500 copayment	$1,000 Copay after deductible	20% after deductible	50%after deductible
Outpatient Surgery Services	$0	$50 after deductible	20% after deductible	50%after deductible
Out Patient Facility Fee	$150	$150 after deductible	20% after deductible	50%after deductible
Emergency Room	$150	$200 after deductible	20% after deductible	50%after deductible
Urgent Care	$75	$75 after deductible	20% after deductible	50%after deductible
PRESCRIPTION DRUGS				
Pharmacy	$4/$30/$100	$10/$50/50%	$15/$50/50% after deductible	50% on all tiers after deductible
PRODUCT DETAILS				
Wellness Benefits	Health Extras or Nutrition	Health Extras or Nutrition	Health Extras or Nutrition	Health Extras or Nutrition
RATES				
Employee Rate	$668.91	$493.12	$455.32	$396.28
Employee & Child(ren) Rate	$1,137.15	$838.30	$774.04	$673.68
Employee & Spouse Rate	$1,337.82	$986.24	$910.64	$792.56
Family Rate	$1,906.39	$1,405.39	$1,297.66	$1,129.40

Grand Island Chamber of Commerce
1870 Whitehaven Road
Grand Island, New York 14072
716-773-3651

VISION INSURANCE SUMMARY - RATES FOR 2019

Your VSP Vision Benefits Summary

GRAND ISLAND CHAMBER OF COMMERCE and VSP provide you with an affordable eyecare plan..

VSP Provider Network: VSP Signature

Benefit	Description	Copay	Frequency
	Your Coverage with a VSP Provider		
WellVision Exam	• Focuses on your eyes and overall wellness	$10	Every calendar year
Prescription Glasses		$20	See frame and lenses
Frame	• $130 allowance for a wide selection of frames • $150 allowance for featured frame brands • 20% savings on the amount over your allowance	Included in Prescription Glasses	Every other calendar year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements	$50 $80 - $90 $120 - $160	Every calendar year
Contacts (instead of glasses)	• $130 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)	$0	Every calendar year
Diabetic Eyecare Plus Program	• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	$20	As needed
Extra Savings	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		

Your Coverage with Out-of-Network Providers

Visit **vsp.com** for details, if you plan to see a provider other than a VSP network provider.

Exam ..... up to $50	Lined Bifocal Lenses ..... up to $75	Progressive Lenses ..... up to $75
Frame ..... up to $70	Lined Trifocal Lenses ..... up to $100	Contacts ..... up to $105
Single Vision Lenses ..... up to $50		

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

The above is for illustrative purposes only. It is provided as a summary of benefits and is intended to act as a tool for employees to review the plan at the time of enrollment. It is not a comprehensive list of covered services and does not represent actual contract language. Please refer to your Summary Plan Description (SPD) booklet which you will receive after you enroll in the plan for a complete description of covered benefits under the plan.

Monthly Premiums:
Single Contract: $9.50
Family Contract: $19.16

Grand Island Chamber of Commerce
1870 Whitehaven Road
Grand Island, New York 14072
716-773-3651

HEALTH INSURANCE TERMS AND CONDITIONS

Payment Due Date

- Premium payments are due the 15th of every month.
- **ALL payments for Insurance MUST be paid by October 15, 2018 for December 1, 2018-November 30, 2019 coverage.**
- Any returned checks will carry a $25 fee
- There will no longer be a 30 day late grace period to submit premium payments

Automatic Electronic Payments:

- If you choose to have electronic payments
  - monthly administration fees will be $15
  - quarterly administration fees will be $20

- If you do not choose to have electronic payments
  - monthly administration fees will be $25
  - quarterly administration fees will be $30

- All administration fees are non-refundable.

Late payment penalties and Cancellation Policy:

- The first time your premium is received after the due date of the 15th you will be charged an additional $15 late fee on your next invoice.

- The second time your premium is received after the due date of the 15th you will receive a $25 late fee on your next invoice, a warning of termination letter from the Chamber and *we will then require you to set up auto electronic payments.*

- The third time your premium is received after the due date of the 15th your health insurance will be terminated by the discretion of the Chamber Board and will be canceled retroactively to the end of the last month for which we received payment.

- If a subscriber is cancelled they may be restricted to act as a subscriber again for a period of twelve months.

- If you need to cancel your health coverage, you MUST inform the Grand Island Chamber by the 15th of the month you want it to end in, and no later than 10 days after policy is to be cancelled. ***i.e. January 15th for a January 31st cancellation or no later than February 10th for a January 31st cancellation.***

LATEST REVISION:
October 2018

Grand Island Chamber of Commerce
1870 Whitehaven Road
Grand Island, New York 14072
716-773-3651

HEALTH INSURANCE SUMMARY - RATES FOR 2019

Insurance CARRIER & TYPE	Group #	Monthly Rates			
		Single	Family	Employee + 1 adult	Employee + child
BC/BS of WNY - HMO 110 Plus Platinum	00310750	$614.08	$1,750.14	$1,228.16	$1,043.95
BC/BS of WNY - Align Blended - Optimum Choice	00310750	$447.14	$1,274.36	$894.29	$760.15
BC/BS of WNY - Align Blended - Flexible Choice	00310750	$447.14	$1,274.36	$894.29	$760.15
BC/BS of WNY - POS8100	00310750	$456.34	$1,300.57	$912.67	$775.77
Independent Health Flex Fit Platinum	24630 P	$668.91	$1906.39	$1337.82	$1137.15
Independent Health iDirect Silver Copay	24630 SC	$493.12	$1405.39	$986.24	$838.30
Independent Health iDirect Coinsurance Silver	24630 S	$455.32	$1297.66	$910.64	$774.04
Independent Health iDirect Bronze	24630 B	$396.28	$1129.40	$792.56	$673.68
Additional Coverage					
Dental Pay Plus	1178	$51.42	$127.54	*N/A*	*N/A*
Vision Signature Plan		$9.50	$19.16	*N/A*	*N/A*

Health Insurance Contact:

Grand Island Chamber of Commerce
Kim McMahon, Administrative Director
1870 Whitehaven Road
Grand Island, NY 14072
Phone 716-773-3651
Email info@gichamber.org
Visit our website at www.gichamber.org

BlueCross BlueShield of Western New York

Independent Health

ProBENEFITS Administrators