



Greater Amsterdam CSD - 01/01/2021 - 12/31/2021 - MAP |

Benefit Summary	
<u>In-Network Benefits</u>	
Deductible	N/A
Coinsurance	N/A
OOP Max	\$6,350/\$12,700
Inpatient Hospital	Covered in Full
Out Patient Facility	Covered in Full
PCP/Specialist Visit	Covered in Full
Prescription Drugs	\$2/\$7/\$7
Vision	Eyewear allowance \$175 every 24 months.
Hearing Aids	\$500 annual benefit
Dental	\$75 annual allowance
<u>Census</u>	
Employee	428
<u>Monthly Rates</u>	
Employee	Renewal Rates* \$482.90
Difference in Rate (%):	

*Rates pending DFS approval. 2% estimated based on filing of 0% medical and
 This plan overview is intended to provide a general outline of coverage. In the ev
 Schedule and any applicable Rider(s), your Certificate of Coverage, Schedule an

**Blue Shield - A Davis Vision provider must be used to be considered in-network