Reg.

MEMBERSHIP ACCESS PROGRAMS

(Available to association members only)

2026 Rates

Elite - Cigna PPO

Groups 2+

Plan Name:	Advantage 5000	Silver 3000	Elite 1000
Network:	Cigna PPO	Cigna PPO	Cigna PPO
Network Search:	www.cigna.com	www.cigna.com	www.cigna.com
States Available:	Available in 50 States	Available in 50 States	Available in 50 States
Member Only:	$964.00	$1,288.00	$1,772.00
Member + Spouse:	$2,014.00	$2,699.00	$3,754.00
Member + 1 Child:	$1,682.00	$2,252.00	$3,111.00
Member + Family:	$2,534.00	$3,385.00	$4,715.00
Referrals:	No Referrals Required	No Referrals Required	No Referrals Required
Preventative Care:	No Charge	In-Net: No Charge	In-Net: No Charge
Deductible:	In-Net: $5,000 Single / $10,000 Family Out-of-Net: $10,000 Single / $20,000 Family	In-Net: $3,000 Single / $6,000 Family Out-of-Net: $6,000 Single / $12,000 Family	In-Net: $1,000 Single / $2,000 Family Out-of-Net: $6,000 Single / $12,000 Family
Co-Insurance:	In-Net: 30% After Deductible Out-Net: 50% After Deductible	In-Net: 30% After Deductible Out-Net: 40% After Deductible	In-Net: 20% After Deductible Out-Net: 50% After Deductible
Out of Pocket Max:	In-Net: $8,150 Single / $16,300 Family Out-of-Net: Unlimited Single/ Unlimited Family	In-Net: $8,150 Single / $16,300 Family Out-of-Net: Unlimited Single/ Unlimited Family	In-Net: $8,150 Single / $16,300 Family Out-of-Net: Unlimited Single / Unlimited Family
Office Co-payments:	In-Net: $20/$60 Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: $40/$60 Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: $30/$50 Not subject to deductible Out-Net: Deductible & Co-Insurance
Mental Health: (Out-Patient)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: $50 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance
Chiropractor: (20 Visits Per/Yr.)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Hospital: (In-Patient)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Prescription Benefits:	**RX Not Subject to Deductible** Generic: $0 *Brand Preferred: 25%* Non-Preferred: 50%	**RX Not Subject to Deductible** Generic: $0 *Brand Preferred: 25%* Non-Preferred: 50%	**RX Not Subject to Deductible** Generic: $0 Brand Preferred: 25% Non-Preferred: 50%
Emergency Medical Transportation:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Emergency Room:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
X-Ray, Bloodwork:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: No Charge Out-Net: Deductible & Co-Insurance	In-Net: No Charge Out-Net: Deductible & Co-Insurance
Urgent Care:	In-Net: $20 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: $40 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: $30 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance
Child Eye Exam & Dental Check-up:	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered
Durable Medical:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Advanced Imaging:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Home Health Care:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Hospital: (Outpatient Facility)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Physician and Surgeon Fees:	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Union Death Benefit (Member Only)	$5,000	$5,000	$5,000
Out-of-Network Payment Type:	125% Medicare	125% Medicare	125% Medicare
Cigna PPO Network - All 50 States			
Notes:	**One-Time Processing Fee: $250** **January 1, 2027 Renewal** **Deductible and MOOP Reset every January 1st** **A parent with multiple children must enroll at the family rate.** **X-Ray, Bloodwork: Not covered at Hospital unless the test cannot be performed at diagnostic center or participating labs** **Advanced Imaging: Not covered at Hospital unless the test cannot be performed at diagnostic center or participating labs. This is for illustration purposes only, must meet certain requirements.**		

As a member of the association you will recieve $7,000 of Term Life Insurance.

***FOR INTERNAL USE ONLY**

Reg.

MEMBERSHIP ACCESS PROGRAMS

(Available only to association members)

2026 Rates

Elite - Blue Card PPO

Groups 2+

Plan Name:	Blue Card HSA 6750	Blue Card 2500	Blue Card 350
Network:	**Blue Card**	**Blue Card**	**Blue Card**
Network Search:	**www.anthem.com**	**www.anthem.com**	**www.anthem.com**
States Available:	**Available in 50 states**	**Available in 50 states**	**Available in 50 states**
Member Only:	**$1,023.00**	**$1,167.00**	**$1,555.00**
Member + Spouse:	**$2,0047.00**	**$2,451.00**	**$3,276.00**
Member + 1 Child:	**$1,717.00**	**$2,052.00**	**$2,720.00**
Member + Family:	**$2,547.00**	**$3,068.00**	**$4,130.00**
Referrals:	No Referrals Required	No Referrals Required	No Referrals Required
Preventative Care:	In-Net: No Charge	In-Net: No Charge	In-Net: No Charge
Deductible:	In-Net: $6,750 Single / $13,500 Family Out-of-Net: $10,000 Single / $ 20,000 Family	In-Net: $2,500 Single / $5,000 Family Out-of-Net: $6,750 Single / $13,500 Family	In-Net: $350 Single / $700 Family Out-of-Net: $700 Single / $1,400 Family
Co-Insurance:	In-Net: 0% After Deductible Out-Net: 50% After Deductible	In-Net: 30% After Deductible Out-Net: 50% After Deductible	In-Net: 30% After Deductible Out-Net: 50% After Deductible
Out of Pocket Max:	In-Net: $6,750 Single / $13,500 Family Out-Net: $20,000 Single / $40,000 Family	In-Net: $8,150 Single / $ 16,300 Family Out-Net: Unlimited Single / Unlimited Family	In-Net: $8,150 Single / $16,300 Family Out-Net: Unlimited Single / Unlimited Family
Office Co-payments:	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	$40/$60 **Not** Subject to Deductible Out-Net: Deductible & Co-Insurance	$25/$35 **Not** Subject to Deductible Out-Net: Deductible & Co-Insurance
Mental Health: (Out-Patient)	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: $35 Copay Out-Net: Deductible & Co-Insurance
Chiropractor: (30 Visits Per/Yr.)	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: $60 Copay Out-Net: Deductible & Co-Insurance	In-Net: $35 Copay Out-Net: Deductible & Co-Insurance
Hospital: (In-Patient)	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Prescription Benefits:	**RX Subject to Deductible** Generic: Subject to Deductible no co-pay Brand Preferred: Subject to Deductible no co-pay Non-Preferred: Subject to Deductible no co-pay	**RX Not Subject to Deductible** Generic: $0 Brand Preferred: 25% Non-Preferred: 50%	**RX Not Subject to Deductible** Generic: $0 Brand Preferred: 25% Non-Preferred: 50%
Emergency Medical Transportation:	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Emergency Room:	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
X-Ray, Bloodwork:	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: No Charge Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Urgent Care:	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: $40 Copay **Not** Subject to Deductible Out-Net: Deductible & Co-Insurance	In-Net: $25 Copay **Not** Subject to Deductible Out-Net: Deductible & Co-Insurance
Child Eye Exam & Dental Check-up:	In-Net: Subject to Deductible no co-pay Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered
Durable Medical:	IIn-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Advanced Imaging:	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Home Health Care:	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Hospital: (Outpatient Facility)	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Physician and Surgeon Fees:	In-Net: Subject to Deductible no co-pay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Union Death Benefit (Member Only)	$5,000	$5,000	$5,000
Out-of-Network Payment Type:	125% Medicare	125% Medicare	125% Medicare
Blue Card Network - All 50 States			
Notes:	**One-Time Processing Fee: $250** **January 1, 2027 Renewal** **Deductible and MOOP Reset every January 1st** **A parent with multiple children must enroll at the family rate.** **X-Ray, Bloodwork: Not covered at Hospital unless the test cannot be performed at diagnostic center or participating labs** **Advanced Imaging: Not covered at Hospital unless the test cannot be performed at diagnostic center or participating labs. This is for illustration purposes only, must meet certain requirements.**		

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MEMBERSHIP ACCESS PROGRAMS

(Available only to association members)

2026 Rates

Elite- Blue Card PPO (High/Low)

Groups [3 or More]

Plan Name:	Blue Low	Blue High
Network:	Blue Card	Blue Card
Network Search:	www.anthem.com	www.anthem.com
States Available:	Available in 50 states	Available in 50 states
Member Only:	$1,284.00	$2,119.00
Member + Spouse:	$2,646.00	$4,561.00
Member + 1 Child:	$2,247.00	$3,768.00
Member + Family:	$3,406.00	$5,747.00
Referrals:	No Referrals Required	No Referrals Required
Preventative Care:	In-Net: No Charge	In-Net: No Charge
Deductible:	In-Net: None Out-of-Net: $7,900 Single / $15,800 Family	In-Net: None Out-of-Net: $7,900 Single / $15,800 Family
Co-Insurance:	In-Net: 40% Co-insurance Out-Net: 50% After Deductible	In-Net: None Out-Net: 50% After Deductible
Out of Pocket Max:	In-Net: $8,150 Single / $ 16,300 Family Out-Net: Unlimited Single / Unlimited Family	In-Net: $8,150 Single / $16,300 Family Out-Net: Unlimited Single / Unlimited Family
Office Co-payments:	$30/$50 Not Subject to Deductible Out-Net: Deductible & Co-Insurance	$25/$50 Not Subject to Deductible Out-Net: Deductible & Co-Insurance
Mental Health: (Out-Patient)	In-Net: $50 Copay Out-Net: Deductible & Co-Insurance	In-Net: $50 Copay Out-Net: Deductible & Co-Insurance
Chiropractor: (30 Visits Per/Yr.)	In-Net: $50 Copay Out-Net: Deductible & Co-Insurance	In-Net: $50 Copay Out-Net: Deductible & Co-Insurance
Hospital: (In-Patient)	In-Net: 40% Co-Insurance Out-Net: Deductible & Co-Insurance (Balance paid at plan network rate)	In-Net: In-Net: $250 Copay Out-Net: Deductible & Co-Insurance (Balance paid at plan network rate)
Prescription Benefits:	RX Not Subject to Deductible Generic: $0 Brand Preferred: 25% Non-Preferred: 50%	RX Not Subject to Deductible Generic: $0 Brand Preferred: 25% Non-Preferred: 50%
Emergency Medical Transportation:	In-Net: 40% Co-Insurance Out-Net: Deductible & Co-Insurance (Balance paid at plan network rate)	In-Net: $250 Copay Out-Net: Deductible & Co-Insurance (Balance paid at plan network rate)
Emergency Room:	In-Net: $250 Copay / 40% Co-Insurance Out-Net: Deductible & Co-Insurance (Balance paid at plan network rate)	In-Net: $250 Copay Out-Net: $250 Copay (Balance paid at plan network rate)
X-Ray, Bloodwork:	In-Net: 40% Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: No Charge Out-Net: Deductible & Co-Insurance
Urgent Care:	In-Net: $30 Copay Out-Net: Deductible & Co-Insurance	In-Net: $25 Copay Out-Net: Deductible & Co-Insurance
Child Eye Exam & Dental Check-up:	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered
Durable Medical:	In-Net: 40% Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: 20% Co-Insurance Out-Net: Deductible & Co-Insurance
Advanced Imaging:	In-Net: 40% Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: $75 Copay/test Out-Net: Deductible & Co-Insurance
Home Health Care:	In-Net: 40% Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: $250 Copay Out-Net: Deductible & Co-Insurance
Hospital: (Outpatient Facility)	In-Net: 40% Co-Insurance Out-Net: Deductible & Co-Insurance (Balance paid at plan network rate)	In-Net: $250 Copay Out-Net: Deductible & Co-Insurance (Balance paid at plan network rate)
Physician and Surgeon Fees:	In-Net: 40% Co-Insurance Out-Net: Deductible & Co-Insurance (Balance paid at plan network rate)	In-Net: $50 Copay Out-Net: Deductible & Co-Insurance (Balance paid at plan network rate)
Union Death Benefit (Member Only)	$5,000	$5,000
Out-of-Network Payment Type:	125% Medicare	125% Medicare
Blue Card Network - All 50 States		

Notes:

One-Time Processing Fee: $250
January 1, 2027 Renewal
Deductible and MOOP Reset every January 1st
A parent with multiple children must enroll at the family rate.
X-Ray, Bloodwork: Not covered at Hospital unless the test cannot be performed at diagnostic center or participating labs
Advanced Imaging: Not covered at Hospital unless the test cannot be performed at diagnostic center or participating labs.
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MEMBERSHIP ACCESS PROGRAMS

(Available only to association members)

2026 Rates

Elite - Northwell Direct

Groups 2+

	Dual Network 500 EPO	Dual Network 350 EPO	Dual Network Elite EPO
Plan Name:			
Network:	Tier 1: Northwell Direct Tier 2: BCBS	Tier 1: Northwell Direct Tier 2: BCBS	Tier 1: Northwell Direct Tier 2: BCBS
Network Search:	Northwell.edu www.bcbs.com	Northwell.edu www.bcbs.com	Northwell.edu www.bcbs.com
States Available:	Only available in Downstate NY, Northern NJ & Fairfield County CT	Only available in Downstate NY, Northern NJ & Fairfield County CT	Only available in Downstate NY, Northern NJ & Fairfield County CT
Member Only:	$1,151.00	$1,470.00	$1,747.00
Member + Spouse:	$2,409.00	$3,143.00	$3,733.00
Member + 1 Child:	$2,015.00	$2,611.00	$3,095.00
Member + Family:	$3,020.00	$3,951.00	$4,701.00
Referrals:	No Referrals Required	No Referrals Required	No Referrals Required
Preventative Care:	In-Net: No Charge	In-Net: No Charge	In-Net: No Charge
Deductible:	Tier 1: $500 Single / $1,000 Family Tier 2: $4,000 Single / $8,000 Family	Tier 1: $350 Single / $700 Family Tier 2: $4,000 Single / $8,000 Family	Tier 1: $0 Single / $0 Family Tier 2: $4,000 Single / $8,000 Family
Co-Insurance:	Tier 1: 40% After Deductible Tier 2: 50% After Deductible	Tier 1: 30% After Deductible Tier 2: 50% After Deductible	Tier 1: None Tier 2: None
Out of Pocket Max:	Tier 1: Combined for both tiers Tier 2: $9,450 Single / $18,900 Family	Tier 1: Combined for both tiers Tier 2: $9,450 Single / $18,900 Family	Tier 1: Combined for both tiers Tier 2: $9,450 Single / $18,900 Family
Office Co-payments:	Tier 1: $30/$50 Not Subject to Deductible Tier 2: $50/$75 Not Subject to Deductible	Tier 1: $25/$50 Not Subject to Deductible Tier 2: $50/$75 Not Subject to Deductible	Tier 1: $25/$50 Not Subject to Deductible Tier 2: $50/$75 Not Subject to Deductible
Mental Health: (Out-Patient)	Tier 1: $30 Copay Tier 2: $50 Copay	Tier 1: $25 Copay Tier 2: $50 Copay	Tier 1: $25 Copay Tier 2: $50 Copay
Hospital: (In-Patient)	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 30% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: $250 Copay Tier 2: Deductible then covered 100%
Prescription Benefits:	RX Not Subject to Deductible Generic: $0 Brand Preferred: 25% Non-Preferred: 50%	RX Not Subject to Deductible Generic: $0 Brand Preferred: 25% Non-Preferred: 50%	RX Not Subject to Deductible Generic: $0 Brand Preferred: 25% Non-Preferred: 50%
Emergency Medical Transportation:	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 30% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: $100 Copay Tier 2: Deductible then covered 100%
Emergency Room:	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 30% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: $250 Copay Tier 2: Deductible then 50% Co-Insurance
X-Ray, Bloodwork:	Tier 1: No Charge Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 30% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: $20 Copay/test Tier 2: Deductible then 50% Co-Insurance
Urgent Care:	Tier 1: $30 Copay Tier 2: $50 Copay	Tier 1: $30 Copay Tier 2: $50 Copay	Tier 1: $25 Copay/visit Tier 2: $50 Copay/visit
Child Eye Exam & Dental Check-up:	In-Net: No charge Out-Net: Not Covered	In-Net: No charge Out-Net: Not Covered	In-Net: No charge Out-Net: Not Covered
Durable Medical:	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 30% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: 20% Co-Insurance Tier 2: Deductible then covered 100%
Advanced Imaging:	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 30% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: $50 Copay/test Tier 2: $75 Copay/test
Home Health Care:	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 30% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Not covered Tier 2: Not covered
Hospital: (Outpatient Facility)	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 30% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: $250 Copay Tier 2: Deductible then covered 100%
Physician and Surgeon Fees:	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 30% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: $50 Copay Tier 2: Deductible then covered 100%
Union Death Benefit (Member Only)	$5,000	$5,000	$5,000
Out-of-Network Payment Type:	Not covered	Not covered	Not covered

Can use either Northwell Direct or BCBS networks.

Notes:

One-Time Processing Fee: $250
January 1, 2027 Renewal
Deductible and MOOP Reset every January 1st
A parent with multiple children must enroll at the family rate.
X-Ray, Bloodwork: Not covered at Hospital unless the test cannot be performed at diagnostic center or participating labs
Advanced Imaging: Not covered at Hospital unless the test cannot be performed at diagnostic center or participating labs.
Northwell Direct Commercial / Non-employee network
This is for illustration purposes only, must meet certain requirements.

As a member of the association you will recieve $7,000 of Term Life Insurance.

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MEMBERSHIP ACCESS PROGRAMS

(Available only to association members)

RP

2026 Rates

Elite - Northwell Direct

Groups 2+

	Dual Network 2500 EPO	Dual Network 5000 EPO
Plan Name:		
Network:	Tier 1: Northwell Direct Tier 2: BCBS	Tier 1: Northwell Direct Tier 2: BCBS
Network Search:	Northwell.edu www.bcbs.com	Northwell.edu www.bcbs.com
States Available:	Only available in Downstate NY, Northern NJ & Fairfield County CT	Only available in Downstate NY, Northern NJ & Fairfield County CT
Member Only:	$859.00	$827.00
Member + Spouse:	$1,791.00	$1,722.00
Member + 1 Child:	$1,504.00	$1,451.00
Member + Family:	$2,238.00	$2,143.00
Referrals:	No Referrals Required	No Referrals Required
Preventative Care:	In-Net: No Charge	In-Net: No Charge
Deductible:	Tier 1: $2,500 Single / $5,000 Family Tier 2: $4,000 Single / $8,000 Family	Tier 1: $5,000 Single / $10,000 Family Tier 2: $7,500 Single / $15,000 Family
Co-Insurance:	Tier 1: 40% After Deductible Tier 2: 50% After Deductible	Tier 1: 40% After Deductible Tier 2: 50% After Deductible
Out of Pocket Max:	Tier 1: Combined for both tiers Tier 2: $9,450 Single / $18,900 Family	Tier 1: Combined for both tiers Tier 2: $9,450 Single / $18,900 Family
Office Co-payments:	Tier 1: $30/$50 Not Subject to Deductible Tier 2: $50/$75 Not Subject to Deductible	Tier 1: $30/$50 Not Subject to Deductible Tier 2: $50/$75 Not Subject to Deductible
Mental Health: (Out-Patient)	Tier 1: $30 Copay Tier 2: $50 Copay	Tier 1: $30 Copay Tier 2: $50 Copay
Hospital: (In-Patient)	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance
Prescription Benefits:	**RX Not Subject to Deductible** Generic: $0 Brand Preferred: 25% Non-Preferred: 50%	**RX Not Subject to Deductible** Generic: $0 Brand Preferred: 25% Non-Preferred: 50%
Emergency Medical Transportation:	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance
Emergency Room:	Tier 1: $250 Copay Tier 2: Deductible then 50% Co-Insurance	Tier 1: $250 Copay Tier 2: Deductible then 50% Co-Insurance
X-Ray, Bloodwork:	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance
Urgent Care:	Tier 1: $30 Copay Tier 2: $50 Copay	Tier 1: $30 Copay Tier 2: $50 Copay
Child Eye Exam & Dental Check-up:	In-Net: No charge Out-Net: Not Covered	In-Net: No charge Out-Net: Not Covered
Durable Medical:	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance
Advanced Imaging:	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance
Home Health Care:	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance
Hospital: (Outpatient Facility)	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance
Physician and Surgeon Fees:	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance	Tier 1: Deductible then 40% Co-Insurance Tier 2: Deductible then 50% Co-Insurance
Union Death Benefit (Member Only)	$5,000	$5,000
Out-of-Network Payment Type:	Not covered	Not covered

Can use either Northwell Direct or BCBS networks.

Notes:

One-Time Processing Fee: $250
January 1, 2027 Renewal
Deductible and MOOP Reset every January 1st
A parent with multiple children must enroll at the family rate.
X-Ray, Bloodwork: Not covered at Hospital unless the test cannot be performed at diagnostic center or participating labs
Advanced Imaging: Not covered at Hospital unless the test cannot be performed at diagnostic center or participating labs.
Northwell Direct Commercial / Non-employee network
This is for illustration purposes only, must meet certain requirements.

As a member of the association you will recieve $7,000 of Term Life Insurance.

***FOR INTERNAL USE ONLY**