

MEMBERSHIP ACCESS PROGRAMS

(Available to association members only)

2026 Rates			
Premier - Cigna PPO			
Groups 1+			
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:	\$969.00	\$1,294.00	\$1,778.00
Member + Spouse:	\$2,019.00	\$2,704.00	\$3,760.00
Member + 1 Child:	\$1,687.00	\$2,257.00	\$3,116.00
Member + Family:	\$2,539.00	\$3,390.00	\$4,720.00
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	In-Net: \$3,000 Single / \$6,000 Family	In-Net: \$1,000 Single / \$2,000 Family
	Out-of-Net: \$10,000 Single / \$20,000 Family	Out-of-Net: \$6,000 Single / \$12,000 Family	Out-of-Net: \$6,000 Single / \$12,000 Family
Co-Insurance:	In-Net: 30% After Deductible	In-Net: 30% After Deductible	In-Net: 20% After Deductible
	Out-Net: 50% After Deductible	Out-Net: 40% After Deductible	Out-Net: 50% After Deductible
Out of Pocket Max:	In-Net: \$8,150 Single / \$16,300 Family	In-Net: \$8,150 Single / \$16,300 Family	In-Net: \$8,150 Single / \$16,300 Family
	Out-of-Net: Unlimited Single/ Unlimited Family	Out-of-Net: Unlimited Single/ Unlimited Family	Out-of-Net: Unlimited Single / Unlimited Family
Office Co-payments:	In-Net: \$20/\$60 Not subject to deductible	In-Net: \$40/\$60 Not subject to deductible	In-Net: \$30/\$50 Not subject to deductible
	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance
Mental Health: (Out-Patient)	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance	In-Net: \$50 Copay Not subject to deductible
	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance
Chiropractor: (20 Visits Per/Yr.)	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance
	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance
Hospital: (In-Patient)	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance
	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance
Prescription Benefits:	RX Not Subject to Deductible	RX Not Subject to Deductible	RX Not Subject to Deductible
	Generic: \$0	Generic: \$0	Generic: \$0
	Brand Preferred: 25% Non-Preferred: 50%	Brand Preferred: 25% Non-Preferred: 50%	Brand Preferred: 25% Non-Preferred: 50%
Emergency Medical Transportation:	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance
	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance
Emergency Room:	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance
	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance
X-Ray, Bloodwork:	In-Net: Deductible & Co-Insurance	In-Net: No Charge	In-Net: No Charge
	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance
Urgent Care:	In-Net: \$20 Copay Not subject to deductible	In-Net: \$40 Copay Not subject to deductible	In-Net: \$30 Copay Not subject to deductible
	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance
Child Eye Exam & Dental Check-up:	In-Net: No Charge	In-Net: No Charge	In-Net: No Charge
	Out-Net: Not Covered	Out-Net: Not Covered	Out-Net: Not Covered
Durable Medical:	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance
	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance
Advanced Imaging:	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance
	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance
Home Health Care:	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance
	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance
Hospital: (Outpatient Facility)	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance
	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance	Out-Net: Deductible & Co-Insurance
Physician and Surgeon Fees:	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance
	Out-Net: Deductible & Co-Insurance	Out-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: \$125 Does not include monthly association fee: \$20 January 1, 2026 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 receive \$7,000 of Term Life Insurance.

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MEMBERSHIP ACCESS PROGRAMS

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2026 Rates			
Premier - Blue Card PPO			
Groups 1+			
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:	\$1,029.00	\$1,172.00	\$1,561.00
Member + Spouse:	\$2,052.00	\$2,456.00	\$3,281.00
Member + 1 Child:	\$1,722.00	\$2,057.00	\$2,726.00
Member + Family:	\$2,552.00	\$3,073.00	\$4,135.00
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:	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
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: \$125 Does not include monthly association fee: \$20 January 1, 2026 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

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2026 Rates			
Premier - Northwell Direct Groups 1+			
Plan Name:	Dual Network 500 EPO	Dual Network 350 EPO	Dual Network Elite EPO
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:	\$1,156.00	\$1,476.00	\$1,752.00
Member + Spouse:	\$2,414.00	\$3,148.00	\$3,738.00
Member + 1 Child:	\$2,020.00	\$2,616.00	\$3,100.00
Member + Family:	\$3,026.00	\$3,956.00	\$4,706.00
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 covered 100%
X-Ray, Bloodwork:	Tier: No Charge Tier 2: Deductible then 50% Co-Insurance	Tier: No Charge Tier 2: Deductible then 50% Co-Insurance	Tier: \$20 Copay/test Tier 2: \$40 Copay
Urgent Care:	Tier 1: \$30 Copay Tier 2: \$50 Copay	Tier 1: \$30 Copay Tier 2: \$50 Copay	Tier: \$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: \$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: \$125 Does not include monthly association fee: \$20 January 1, 2026 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.		

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RP

2026 Rates			
Premier - Northwell Direct			
Groups 1+			
Plan Name:	Dual Network 2500 EPO	Dual Network 5000 EPO	
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:	\$864.00	\$832.00	
Member + Spouse:	\$1,797.00	\$1,728.00	
Member + 1 Child:	\$1,510.00	\$1,456.00	
Member + Family:	\$2,244.00	\$2,148.00	
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:	\$250 Copay Tier 2: Deductible then 50% Co-Insurance	\$250 Copay Tier 2: Deductible then 50% Co-Insurance	
X-Ray, Bloodwork:	Tier: No Charge 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: \$125 Does not include monthly association fee: \$20 January 1, 2026 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.		

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