

Greene County Chamber of Commerce
Nicholas J. Marino & Co., Inc.
Karen Landau, Vice President Employee Benefits
Small Group Medical Benefits/Cost Analysis 2nd Qtr 2017

Description of Coverage	CDPHP	CDPHP	CDPHP	CDPHP	CDPHP	CDPHP
Benefit Highlights	PLATINUM EPO (121)	GOLD EMBRACE EPO (221)	GOLD EPO (220)	SILVER HYBRID EPO (322)	SILVER EPO (323)	Bronze HD EPO (420)
Deductible	\$0	\$250 single/ \$500 family *	\$500 single/ \$1,000 family*	\$2,000 single/ \$4,000 family *	\$2,750 single/ \$5,500 family *	\$4,800 single/ \$9,600 family **
Coinsurance	0%	0%	0%	20% (Hospital Only)	10%	30%
In Network Out-of-Pocket Max	\$7,150 single/ \$14,300 family *	\$7,150 single/ \$14,300 family	\$7,150 single/ \$14,300 family	\$7,150 single/ \$14,300 family	\$7,150 single/ \$14,300 family	\$6,550 single/ \$13,100 family*
Embrace EPO Bonus Account	N/A	\$200 per subscriber (employee)	N/A	N/A	N/A	N/A
PCP Office Visits	\$20 copay	Deductible then \$30 copay	Deductible then \$25 copay	\$40 copay	Deductible then 10%	Deductible then 30%
Specialist Office Visits	\$20 copay	Deductible then \$50 copay	Deductible then \$40 copay	\$60 copay	Deductible then 10%	Deductible then 30%
Chemotherapy/Injectable/IV Therapy (Office Based)	\$20 copay PLUS 20% of the drug cost	\$30 copay PLUS 20% of the drug cost	Deductible then \$25 copay PLUS 20% of the drug cost	\$40 copay PLUS 20% of the drug cost	Deductible then 10% PLUS 20% of the drug cost	Deductible then 30% PLUS 20% of the drug cost
Laboratory	\$20 copay (Copay waived if preferred provider)	Deductible then \$50 copay (Deductible and copay waived if preferred provider)	Deductible then \$40 copay (Deductible and copay waived if preferred provider)	\$60 copay (Deductible does not apply and copay waived at preferred sites)	Deductible then 10% (Deductible/coinsurance waived if preferred provider)	Deductible then 30% (coinsurance waived at preferred sites)
Diagnostic Radiology		Deductible then \$50 copay (Copay waived if preferred provider)	Deductible then \$40 copay (Copay waived if preferred provider)		Deductible then 10% (Coinsurance waived if preferred provider)	Deductible then 30% (coinsurance waived at preferred sites)
Inpatient Hospitalization	\$1,000 copay	Deductible then \$1,000 copay	Deductible then \$800 copay	Deductible then 20%	Deductible then 10%	Deductible then 30%
Outpatient Surgery	\$100 copay	Deductible then \$100 copay	Deductible then \$50	Deductible then 20%	Deductible then 10%	Deductible then 30%
Urgent Care	\$30 copay	Deductible then \$60 copay	Deductible then \$50 copay	\$70 copay	Deductible then 10%	Deductible then 30%
Emergency Care	\$100 copay	Deductible then \$100 copay	Deductible then \$75 copay	Deductible then 20%	Deductible then 10%	Deductible then 30%
Durable Medical Equipment	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	Deductible then 30%
Eye Exams	\$20 copay (once every benefit period)	Deductible then \$50 copay (once every benefit period)	Deductible then \$40 copay (once every benefit period)	\$60 copay (one exam per 12 month period)	Deductible then 10% (once every benefit period)	Deductible then 30% (once every benefit period)
Eye Wear	\$75 hardware allowance (One prescribed lenses and frames in a 12 month period. Standard Frames)	\$75 hardware allowance (One prescribed lenses and frames in a 12 month period. Standard Frames)	\$75 hardware allowance (One prescribed lenses and frames in a 12 month period. Standard Frames)	\$75 hardware allowance (One prescribed lenses and frames in a 12 month period. Standard Frames)	\$75 hardware allowance (One prescribed lenses and frames in a 12 month period. Standard Frames)	Deductible then 30% (one prescribed lenses and frames in a 12 month period. Standard Frames)
Prescription Drugs	\$4/\$30/\$60	\$10/\$50/\$80	\$4/\$30/\$60	\$10/50%/50%	\$4/30%/50%	Deductible then 50%/50%/50%
Mail Order (90 day supply)	2.5 Copays = 90 Day Supply	2.5 copays = 90 day supply	2.5 copays = 90 day supply	2.5 copays = 90 day supply	2.5 copays = 90 day supply	2.5 copays = 90 day supply
Dependent/Student	26/26	26/26	26/26	26/26	26/26	26/26
Rates	04/01/2017-06/30/2017	04/01/2017-06/30/2017	04/01/2017-06/30/2017	04/01/2017-06/30/2017	04/01/2017-06/30/2017	04/01/2017-06/30/2017
Single	\$737.82	\$650.77	\$642.42	\$535.46	\$522.09	\$419.11
Employee/Spouse	\$1,475.36	\$1,301.53	\$1,284.84	\$1,070.91	\$1,044.17	\$838.21
Employee/Child(ren)	1,254.29	\$1,106.30	\$1,092.12	\$910.28	\$887.55	\$712.48
Family	\$2,102.79	\$1,854.68	\$1,830.90	\$1,526.05	\$1,487.95	\$1,194.45