

Nicholas J. Marino & Co., Inc.
 Karen Landau, Vice President Employee Benefits
 CDPHP Small Group Standard Options
 2nd Quarter 2017 Medical Benefits/Cost Analysis

Description of Coverage	CDPHP	CDPHP	CDPHP	CDPHP
Benefit Highlights	Platinum Standard EPO (100)	Gold Standard EPO (200)	Silver Standard EPO (300)	Bronze Standard HD EPO (400)
Deductible	\$0	\$600 single/ \$1,200 family *	\$2,000 single/ 4,000 family *	\$4,000 single/ \$8,000 family *
Coinsurance	0%	0%	0%	50%
Out-of-Pocket Max	\$2,000 single/ \$4,000 family *	\$4,000 single/ \$8,000 family	\$6,750 single/ \$13,500 family	\$7,150 single/\$14,300 family
PCP Office Visits/Sick Child Visits	\$15 copay	Deductible then \$25 copay	Deductible then \$30 copay	Deductible then 50%
Specialist Office Visits	\$35 copay	Deductible then \$40 copay	Deductible then \$50 copay	Deductible then 50%
Laboratory	\$35 copay	Deductible then \$40 copay	Deductible then \$50 copay	Deductible then 50%
Radiology	\$35 copay	Deductible then \$40 copay	Deductible then \$50 copay	Deductible then 50%
Chemotherapy/Injectable/IV Therapy (Office Based)	\$15 copay	Deductible then \$25 copay	Deductible then \$30 copay	Deductible then 50%
Inpatient Hospitalization	\$500 copay	Deductible then \$1,000 copay	Deductible then \$1,500 copay	Deductible then 50%
Outpatient Surgery	\$100 copay	Deductible then \$100 copay	Deductible then \$100 copay	Deductible then 50%
Urgent Care	\$55 copay	Deductible then \$60 copay	Deductible then \$70 copay	Deductible then 50%
Emergency Care	\$100 copay	Deductible then \$150 copay	Deductible then \$150 copay	Deductible then 50%
Durable Medical Equipment	10% coinsurance	Deductible then 20%	Deductible then 30%	Deductible then 50%
Eye Exams	Pediatric Only- \$15 copay (One exam per plan year)	Pediatric Only- Deductible then \$25 copay (One exam per plan year)	Pediatric Only-Deductible then \$30 (One exam per plan year)	Pediatric Only-Deductible then 50% (One exam per plan year)
Eye Wear	Pediatric Only- 10% (One prescribed lenses and frames per plan year. Standard Frames)	Pediatric Only- Deductible then 20% (One prescribed lenses and frames per plan year. Standard Frames)	Pediatric Only- Deductible then 30% (One prescribed lenses and frames per plan year. Standard Frames)	Pediatric Only- Deductible then 50% (One prescribed lenses and frames per plan year. Standard Frames)
Prescription Drugs	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$35/\$70	Deductible then \$10/\$35/\$70 (Deductible not applied to preventative prescription drugs)
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 copay = 90 day supply
Rates	2nd Qtr. 2017	2nd Qtr. 2017	2nd Qtr. 2017	2nd Qtr. 2017
Single	\$745.23	\$650.37	\$522.83	\$424.36
Employee/Spouse	\$1,490.46	\$1,300.74	\$1,105.66	\$848.73
Employee/Child(ren)	\$1,266.89	\$1,105.63	\$939.81	\$721.42
Family	\$2,123.90	\$1,853.55	\$1,575.57	\$1,209.44