

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	MVP	MVP	MVP	MVP
Benefit Highlights	Liberty Platinum EPO 1	Liberty Gold EPO 6	Liberty Gold EPO 3	Liberty Bronze EPO 3 HDHP
Deductible	\$0	\$350 single/ \$700 family*	\$800 single/ \$1,600 family*	\$5,900 single/ \$11,800 family *
Coinsurance	0%	0%	0%	30%
In Network Out-of-Pocket Max	\$3,300 single/ \$6,600 family*	\$6,550 single / \$13,100 family	\$4,400 single/ \$8,800 family	\$6,550 single/ \$13,100 family*
PCP Office Visits	\$5 copay	\$30 copay	Deductible then \$10 copay	Deductible then \$30 copay
Specialist Office Visits	\$45 copay	\$50 copay	Deductible then \$40 copay	Deductible then \$50 copay
Lab	\$5 PCP/ \$45 Specialist copay	PCP \$30/ Specialist \$50 copay	Deductible then PCP \$10/ Specialist \$40 copay	Deductible then \$30 PCP/ \$50 Specialist copay
Radiology	\$5 PCP/ \$45 Specialist copay	PCP \$30/ Specialist \$150 copay	Deductible then PCP \$10/ Specialist \$50 copay	Deductible then \$30 PCP/ \$100 Specialist copay
Inpatient Hospitalization	\$300 copay	Deductible then \$1,000 copay	Deductible then \$800 copay	Deductible then 30%
Outpatient Surgery	\$100 copay	Deductible then \$300 copay	Deductible then \$100 copay	Deductible then \$100 copay
Urgent Care	\$45 copay	\$50 copay	Deductible then \$40 copay	Deductible then \$50 copay
Emergency Care	\$100 copay	\$100 copay	Deductible then \$300 copay	Deductible then \$300 copay
Durable Medical Equipment	50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Eye Exams	Not covered for Adults, \$40 copay Pediatric	Not covered for Adults, Deductible then \$50 copay Pediatric	Not covered for Adults, Deductible then \$40 copay Pediatric	Not covered for Adults, \$50 copay Pediatric
Eye Wear	Pediatric-Glasses and frames covered one time in any 12 month period. 50% coinsurance	Pediatric-Glasses and frames covered one time in any 12 month period. 50% coinsurance	Pediatric-Glasses and frames covered one time in any 12 month period. 50% coinsurance	Pediatric-Glasses and frames covered one time in any 12 month period. 50% coinsurance
Prescription Drugs	\$5/\$30/\$50	\$10/\$40/\$60	\$10/\$35/50%	Deductible then \$5/\$40/\$60
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
Dependent/Student	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
Single	\$699.24	\$596.62	\$560.22	\$389.45
Employee/Spouse	\$1,338.48	\$1,193.24	\$1,120.44	\$778.90
Employee/Child(ren)	\$1,137.71	\$1,014.25	\$952.37	\$662.07
Family	\$1,907.33	\$1,700.37	\$1,596.63	\$1,109.93