

**Greene County Chamber of Commerce**

Nicholas J. Marino & Co., Inc.

Karen Landau, Vice President Employee Benefits

2017 Individual Medical Benefits/Cost Analysis

Description of Coverage	MVP	MVP	MVP	MVP	MVP	MVP
<b>Benefit Highlights</b>	<b>Premier Plus Platinum 1</b>	<b>Premier Plus Gold 4</b>	<b>Premier Plus Gold 5</b>	<b>Premier Plus Silver 1</b>	<b>Premier Plus Silver 9</b>	<b>Premier Plus Bronze 1</b>
Deductible	\$0/\$0	\$0/\$0	\$1,200 single/ \$2,400 family *	\$1,800 single/ \$3,600 family *	\$4,000 single/\$8,000 family *	\$3,900 single/ \$7,800 family *
Coinsurance	0%	0%	0%	0%	0%	0%
Out-of-Pocket Max	\$3,300 single / \$6,600 family *	\$6,750 single/ \$13,500 family *	\$4,700 single/ \$9,400 family	\$6,800 single/ \$13,600 family	\$7,150 single/ \$14,300 family	\$7,150 single/ \$14,300 family
PCP Office Visits/Sick Child Visits	First three PCP Visits \$0 copay then \$5	\$40 copay	\$30 copay	\$40 copay	\$30 copay	Deductible then \$40 copay
Specialist Office Visits	\$45 copay	\$50 copay	\$50 copay	Deductible then \$60 copay	\$50 copay	Deductible then \$80 copay
Inpatient Hospitalization	\$300 copay	\$1,000 copay	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then \$1,500 copay
Outpatient Surgery	\$100 copay	\$300 copay	Deductible then 20%	Deductible then \$300 copay	Deductible then 20%	Deductible then \$300 copay
Laboratory	PCP \$5 copay, Specialist \$45 copay	PCP Deductible then \$40 copay, Specialist Deductible then \$50 copay	PCP Deductible then \$30 copay, Specialist Deductible then \$50 copay	PCP Deductible then \$40 copay, Specialist Deductible then \$60 copay	PCP Deductible then \$30 copay, Specialist Deductible then \$50 copay	PCP Deductible then \$40 copay, Specialist Deductible then \$80 copay
Diagnostic X-Ray						
Urgent Care	\$45 copay	\$50 copay	\$50 copay	Deductible then \$60 copay	\$50 copay	Deductible then \$80 copay
Emergency Care	\$200 copay	\$500 copay	\$300 copay	Deductible then \$500 copay	\$150 copay	Deductible then \$500 copay
Prescription Drugs	\$10/\$40/\$60	\$10/\$40/\$60	\$5/\$30/\$50	\$10/\$45/\$90	\$10/\$35/\$70	Generic \$10, Brand \$200/400 Deductible then \$45/\$90
Mail Order (90 day supply)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Dependent/Student</b>	<b>26/26</b>	<b>26/26</b>	<b>26/26</b>	<b>26/26</b>	<b>26/26</b>	<b>26/26</b>
<b>Rates</b>	<b>2017 Rates</b>	<b>2017 Rates</b>	<b>2017 Rates</b>	<b>2017 Rates</b>	<b>2017 Rates</b>	<b>2017 Rates</b>
Single	\$655.28	\$595.58	\$562.52	\$481.78	\$510.84	\$398.90
Employee/Spouse	\$1,310.56	\$1,191.16	\$1,125.04	\$819.03	\$1,021.68	\$797.80
Employee/Child(ren)	\$1,113.98	\$1,012.49	\$956.28	\$963.56	\$868.43	\$678.13
Family	\$1,867.55	\$1,697.40	\$1,603.18	\$1,373.07	\$1,455.89	\$1,136.87

