

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	MVP
	Premier Platinum Standard	Premier Gold Standard	Premier Gold Standard 2	Premier Silver Standard	Premier Silver Standard 2	Premier Bronze 1 HDHP Standard	Premier Bronze Standard 2
Deductible	\$0/\$0	\$600 single/ \$1,200 family *	\$650 single/ \$1,300 family *	\$2,000 single/\$4,000 family *	\$2,350 single/\$4,700 family *	\$5,500 single/\$11,000 family *	\$4,000 single/\$8,000 family *
Coinsurance	0%	0%	0%	0%	0%	50%	50%
Out-of-Pocket Max	\$2,000 single/\$4,000 family *	\$4,000 single/ \$8,000 family	\$5,000 single/ \$10,000 family	\$6,750 single/ \$13,500 family	\$7,150 single/ \$14,300 family	\$6,550 single/ \$13,100 family	\$7,150 single/ \$14,300 family
PCP Office Visits/Sick Child Visits	\$15 copay	Deductible then \$25 copay	First three PCP visits \$25 copay then Deductible then \$25 copay	Deductible then \$30 copay	First three PCP visits \$35 copay then Deductible then \$35 copay	Deductible then 50%	Deductible then 50%
Specialist Office Visits	\$35 copay	Deductible then \$40 copay	Deductible then \$40 copay	Deductible then \$50 copay	Deductible then \$55 copay	Deductible then 50%	Deductible then 50%
Inpatient Hospitalization	\$500 copay	Deductible then \$1,000 copay	Deductible then \$1,000 copay	Deductible then \$1,500 copay	Deductible then \$1,500 copay	Deductible then 50%	Deductible then 50%
Outpatient Surgery	\$100 copay	Deductible then \$100 copay	Deductible then \$100 copay	Deductible then \$100 copay	Deductible then \$100 copay	Deductible then 50%	Deductible then 50%
Laboratory	PCP \$15 copay, Specialist \$35 copay	PCP Deductible then \$25 copay, Specialist Deductible then \$40 copay	PCP Deductible then \$25 copay, Specialist Deductible then \$40 copay	PCP Deductible then \$30 copay, Specialist Deductible then \$50 copay	PCP Deductible then \$35 copay, Specialist Deductible then \$55 copay	Deductible then 50%	Deductible then 50%
Diagnostic X-Ray	PCP \$15 copay, Specialist \$35 copay	PCP Deductible then \$25 copay, Specialist Deductible then \$40 copay	PCP Deductible then \$25 copay, Specialist Deductible then \$40 copay	PCP Deductible then \$30 copay, Specialist Deductible then \$50 copay	PCP Deductible then \$35 copay, Specialist Deductible then \$55 copay	Deductible then 50%	Deductible then 50%
Urgent Care	\$55 copay	Deductible then \$60 copay	Deductible then \$60 copay	Deductible then \$70 copay	Deductible then \$70 copay	Deductible then 50%	Deductible then 50%
Emergency Care	\$100 copay	Deductible then \$150 copay	Deductible then \$150 copay	Deductible then \$250 copay	Deductible then \$250 copay	Deductible then 50%	Deductible then 50%
Prescription Drugs	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$40/\$80	\$10/\$35/\$70	\$10/\$40/\$80	Deductible then \$10/\$35/\$70	Deductible then \$10/\$35/\$70
Mail Order (90 day supply)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dependent/Student	26/26	26/26	26/26	26/26	26/26	26/26	26/26
Rates	2017 Rates	2017 Rates	2017 Rates	2017 Rates	2017 Rates	2017 Rates	2017 Rates
Single	\$667.70	\$576.13	\$576.13	\$481.78	\$483.64	\$376.09	\$377.29
Employee/Spouse	\$1,135.09	\$979.42	\$979.42	\$819.03	\$822.19	\$639.35	\$641.39
Employee/Child(ren)	\$1,335.40	\$1,152.26	\$1,152.26	\$963.56	\$967.28	\$752.18	\$754.58
Family	\$1,902.95	\$1,641.97	\$1,641.97	\$1,373.07	\$1,378.37	\$1,071.86	\$1,075.28