

GREENE COUNTY CHAMBER OF COMMERCE
2023 QUARTER 2 SMALL GROUP RATES - CDPHP



KAREN LANDAU AT HMS AGENCY, INC.		2023 Option 1	2023 Option 2	2023 Option 3	2023 Option 4	2023 Option 5
Carrier		CDPHP	CDPHP	CDPHP	CDPHP	CDPHP
Product Type		EPO	HMO	EPO	HMO	EPO
Metal Tier		Gold (221)	Gold	Silver	Silver	Bronze
Plan Name		Embrace With \$200 Debit Card	Triple Zero HMO Copay (224)	Copay First (\$3,000/\$6,000) (425)	HDHMO Qualified (324)	HDEPO Qualified (421)
Networks		National Networks with First Health or Magna Care	Local	National Networks with First Health or Magna Care	Local	National Networks with First Health or Magna Care
<small>Aggregate: Family members must meet the family deductible before copays take effect. Embedded: Family members can meet just the single deductible before copays take effect.</small>		Embedded	Embedded	Embedded	Ded: AGG OOP: EMB	Ded: AGG OOP: EMB
HSA Qualified		No	No	No	Yes	Yes
Deductible (Single / Family)		\$250 / \$500 (EMB)	None	Phase 1: \$3,000 / \$6,000 (AGG) (Cost Share/not ded) Phase 2: \$6,000 / \$12,000 (EMB)	\$2,500 / \$5,000 (AGG)	\$6,900 / \$13,800 (AGG)
Coinsurance		None	None	None	None	None
Out of Pocket Max (Single / Family)		\$9,100 / \$18,200 (EMB)	\$8,700 / \$17,400 (EMB)	\$6,000 / \$12,000 (EMB)	\$6,500 / \$13,000 (EMB)	\$6,900 / \$13,800 (EMB)
Office Visit		Ded then \$30	\$0 EPC \$50 Non EPC	Phase 1: \$30 Phase 2: Ded then Covered in Full	Ded then \$25	Ded then Covered in Full
Specialist Visit		Ded then \$50	\$50	Phase 1: \$50 Phase 2: Ded then Covered in Full	Ded then \$50	Ded then Covered in Full
Labs (Outpatient)		Ded then \$50 Copay waived at preferred lab	\$50 Copay waived at preferred lab	Phase 1: \$50 / Phase 2: Ded then Covered in Full Copay waived at preferred lab	Ded then \$50 Copay waived at preferred lab	Ded then Covered in Full
X-Rays (Outpatient)		Ded then \$50 Copay waived at preferred center	\$50 Copay waived at preferred center	Phase 1: \$50 / Phase 2: Ded then Covered in Full Copay waived at preferred center	Ded then \$50 Copay waived at preferred center	Ded then Covered in Full
Chemotherapy OP Facility		Ded then \$30 Phys. Administered Meds: Ded then 20%	\$50 Phys. Administered Meds: Copay then 20% (cost share applies to drug only)	Phase 1: \$30 / Phase 2: Ded then Covered in Full Phys. Administered Meds: Phase 1: 20% / Phase 2: Ded then Covered in Full	Ded then \$25 Phys. administered meds: Ded then 20%	Ded then Covered in Full Phys. administered meds: Ded then Covered in Full
Radiation		Ded then \$30 Phys. Administered Meds: Ded then 20%	\$50 Phys. Administered Meds: Copay then 20% (cost share applies to drug only)	Phase 1: \$30 / Phase 2: Ded then Covered in Full Phys. Administered Meds: Phase 1: 20% / Phase 2: Ded then Covered in Full	Ded then \$25 Phys. administered meds: Ded then 20%	Ded then Covered in Full Phys. administered meds: Ded then Covered in Full
Inpatient Surgery / Hospital		Ded then \$1,500	\$1,500	Phase 1: \$500 Phase 2: Ded then Covered in Full	Ded then \$500	Ded then Covered in Full
Outpatient Surgery / Facility		Ded then \$200	\$250	Phase 1: \$75 Phase 2: Ded then Covered in Full	Ded then \$200	Ded then Covered in Full
Emergency Room Visit		Ded then \$200	\$500	Phase 1: \$75 Phase 2: Ded then Covered in Full	Ded then \$300	Ded then Covered in Full
Urgent Care		Ded then \$70	\$100	Phase 1: \$60 Phase 2: Ded then Covered in Full	Ded then \$60	Ded then Covered in Full
Chiropractic		Ded then \$50	\$50	Phase 1: \$50 / Phase 2: Ded then Covered in Full	Ded then \$50	Ded then Covered in Full
TeleMedicine		Preferred: Covered in Full Other Telemed Providers: \$30 PCP/SPC: Cost share	Preferred: Covered in Full Other Telemed Providers: \$50 PCP/SPC: Cost share	Phase 1: Preferred: Covered in Full Other Telemed Providers: \$30 PCP/SPC: Cost Share Phase 2: Ded then Covered in Full	Preferred: Covered in Full Other Telemed Providers: \$25 PCP/SPC: Cost share	Preferred: Ded then Covered in Full Other Telemed Providers: Ded then Covered in Full PCP/SPC: Cost share
Pediatric Dental		Yes - Additional Fee Applies If Applicable - See Below	Yes - Additional Fee Applies If Applicable - See Below	Yes - Additional Fee Applies If Applicable - See Below	Yes - Additional Fee Applies If Applicable - See Below	Yes - Additional Fee Applies If Applicable - See Below
Pediatric Vision		Embedded	Embedded	Embedded	Embedded	Embedded
Adult Vision		Exam & Hardware: Every 12 Months (after ded)	Exam & Hardware: Every 12 Months (after ded)	Exam & Hardware Phase 1: \$30 Phase 2: Ded then Covered in Full	Exam & Hardware: Every 12 Months (after ded)	Exam & Hardware: Every 12 Months (after ded)
Prescription Copay		\$10 / \$50 / \$80	\$0 / \$50 / \$80	Phase 1: \$10 / \$30 / \$50 Phase 2: Ded then Covered in Full	Ded then \$10 / \$40 / \$60 Preventive Not Subject to Ded	Ded then Covered in Full Preventive Not Subject to Ded
Out-of-Network Benefit		No, but the national network applies for participating out of area providers.	No	No, but the national network applies for participating out of area providers.	No	No, but the national network applies for participating out of area providers.
<u>Medical Monthly Rates</u>		2023 Rates	2023 Rates	2023 Rates	2023 Rates	2023 Rates
Employee	1	\$839.19	\$742.94	\$709.06	\$646.99	\$634.91
Employee + Spouse	1	\$1,678.38	\$1,485.88	\$1,418.11	\$1,293.99	\$1,269.82
Employee + Child(ren)	1	\$1,426.62	\$1,263.00	\$1,205.39	\$1,099.89	\$1,079.35
Family	1	\$2,391.69	\$2,117.38	\$2,020.81	\$1,843.94	\$1,809.50
Pediatric Dental Rates		\$16.49 per individual under age 19	\$16.49 per individual under age 19	\$16.49 per individual under age 19	\$16.49 per individual under age 19	\$16.49 per individual under age 19

**This analysis is intended to provide a high level overview of coverage. In the event of any conflict between this analysis and the member's Certificate and any applicable Rider(s) issued by the carrier, the Certificate and Rider(s) will be the controlling documents.