

**GREENE COUNTY CHAMBER OF COMMERCE**

2023 QUARTER 2 SMALL GROUP RATES - MVP



**HMS Agency, Inc.**  
Insuring Today. Securing Tomorrow.

Small Group Health Plan Comparison

KAREN LANDAU AT HMS AGENCY, INC.		2023 Option 1	2023 Option 2	2023 Option 3	2023 Option 4	2023 Option 5
<b>Carrier</b>		<b>MVP</b>	<b>MVP</b>	<b>MVP</b>	<b>MVP</b>	<b>MVP</b>
<b>Product Type</b>		<b>EPO</b>	<b>EPO</b>	<b>HMO</b>	<b>HMO</b>	<b>EPO</b>
<b>Metal Tier</b>		<b>Gold</b>	<b>Gold</b>	<b>Silver</b>	<b>Silver</b>	<b>Bronze</b>
<b>Plan Name</b>		<b>Gold 4</b>	<b>Gold 1 EPO</b>	<b>Silver 3 HMO HDHP</b>	<b>Silver 13 HMO</b>	<b>Bronze 5 HDHP</b>
<b>Networks</b>		National Network with CIGNA	National Network with CIGNA	Local	Local	National Network with CIGNA
<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	Ded: AGG OOP: EMB	Embedded	Embedded
<b>HSA Qualified</b>		No	No	Yes	No	Yes
<b>Deductible (Single / Family)</b>		None	\$850 / \$1,700 (EMB)	\$2,500 / \$5,000 (AGG)	\$3,400 / \$6,800 (EMB)	\$6,250 / \$12,500 (EMB)
<b>Coinsurance</b>		None	None	None	None	50%
<b>Out of Pocket Max (Single / Family)</b>		\$6,750 / \$13,500 (EMB)	\$7,000 / \$14,000 (EMB)	\$5,900 / \$11,800 (EMB)	\$9,100 / \$18,200 (EMB)	\$6,900 / \$13,800 (EMB)
<b>Office Visit</b>		\$40	3 Visits @ \$0 then \$15	Ded then \$25	\$35 (\$0 to age 26)	Ded then \$5
<b>Specialist Visit</b>		\$60	Ded then \$50	Ded then \$50	Ded then \$50	Ded then 50%
<b>Labs (Outpatient)</b>		\$60	\$50	Ded then \$50	\$50	Ded then 50%
<b>X-Rays (Outpatient)</b>		\$60	Ded then \$50	Ded then \$50	Ded then \$150	Ded then 50%
<b>Chemotherapy OP Facility</b>		\$60 Phys. administered meds: Copay then 20%	Ded then \$50 Phys. administered meds: Ded then 20%	Ded then \$50 Phys. administered meds: Ded then 20%	Ded then \$50 Phys. administered meds: Ded then 20%	Ded then 50% Phys. administered meds: Ded then 50%
<b>Radiation</b>		\$60 Phys. administered meds: Copay then 20%	Ded then \$50 Phys. administered meds: Ded then 20%	Ded then \$50 Phys. administered meds: Ded then 20%	Ded then \$50 Phys. administered meds: Ded then 20%	Ded then 50% Phys. administered meds: Ded then 50%
<b>Inpatient Surgery / Hospital</b>		\$750	Ded then \$500	Ded then \$500	Ded then \$1,000	Ded then 50%
<b>Outpatient Surgery / Facility</b>		Facility: \$300 Physician: Covered in Full	Ded then \$200	Facility: Ded then \$200 Physician: Ded then \$100	Facility: Ded then \$300 Physician: Ded then \$200	Facility/Physician: Ded then 50%
<b>Emergency Room Visit</b>		\$500	\$300	Ded then \$300	Ded then \$275	Ded then \$100
<b>Urgent Care</b>		\$60	\$50	Ded then \$50	\$50	Ded then 50%
<b>Chiropractic</b>		\$60	Ded then \$50	Ded then \$50	Ded then \$50	Ded then 50%
<b>TeleMedicine</b>		Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>Pediatric Dental</b>		Embedded	Embedded	Embedded	Embedded	Embedded
<b>Pediatric Vision</b>		Embedded	Embedded	Embedded	Embedded	Ded then 50%
<b>Adult Vision</b>		Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Prescription Copay</b>		\$10 / \$40 / \$60	\$200 / \$400 Ded (Non Generic Only, tiers 2 & 3) \$10 / Ded then \$35 / Ded then \$70	Ded then \$15 / \$40 / \$60 Preventive Not Subject to Ded	Deductible (tiers 2 & 3) \$15 (\$0 to age 26) / Ded then \$45 / Ded then \$90	Ded then \$5 / \$30 / 50% Preventive Not Subject to Ded
<b>Out-of-Network Benefit</b>		No, but the national network applies as IN network when using participating out of area providers.	No, but the national network applies as IN network when using participating out of area providers.	No	No	No, but the national network applies as IN network when using participating out of area providers.
<b>Medical Monthly Rates</b>		<b>2023 Rates</b>	<b>2023 Rates</b>	<b>2023 Rates</b>	<b>2023 Rates</b>	<b>2023 Rates</b>
Employee	1	\$928.78	\$893.43	\$682.75	\$665.91	\$609.40
Employee + Spouse	1	\$1,857.56	\$1,786.86	\$1,365.50	\$1,331.82	\$1,218.80
Employee + Child(ren)	1	\$1,578.93	\$1,518.83	\$1,160.68	\$1,132.05	\$1,035.98
Family	1	\$2,647.02	\$2,546.28	\$1,945.84	\$1,897.84	\$1,736.79
<b>Pediatric Dental Rates</b>		Rates embedded with medical premium. Subject to medical plan deductible	Rates embedded with medical premium. Subject to medical plan deductible	Rates embedded with medical premium. Subject to medical plan deductible	Rates embedded with medical premium. Subject to medical plan deductible	Rates embedded with medical premium. Subject to medical plan deductible

\*\*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.