

**GREENE COUNTY CHAMBER OF COMMERCE
SMALL EMPLOYER GROUP PLANS FOR 2ND QUARTER 2024**



KAREN LANDAU AT HMS AGENCY, INC. KLANDAU@HMSAGENCY.COM		2024 Option 1	2024 Option 2	2024 Option 3	2024 Option 4	2024 Option 5
Carrier		MVP	MVP	MVP	MVP	MVP
Product Type		EPO	EPO	HMO	HMO	EPO
Metal Tier		Gold	Gold	Silver	Silver	Bronze
Plan Name		Gold 4	EPO Gold 1	Silver 3 HMO HDHP	Silver 13 HMO	Bronze 6 HDHP
Networks		Cigna National Network	Cigna National Network	Local	Local	Cigna National Network
Aggregate / Embedded		Embedded	Embedded	Ded: AGG OOP: EMB	Embedded	Embedded
HSA Qualified		No	No	Yes	No	Yes
Deductible (Single / Family)		None	\$850 / \$1,700 (EMB)	\$2,550 / \$5,100 (AGG)	\$3,500 / \$7,000 (EMB)	\$7,100 / \$14,200 (EMB)
Coinsurance		None	None	None	None	None
Out of Pocket Max (Single / Family)		\$6,750 / \$13,500 (EMB)	\$7,000 / \$14,000 (EMB)	\$6,350 / \$12,700 (EMB)	\$9,200 / \$18,400 (EMB)	\$7,100 / \$14,200 (EMB)
PCP Office Visit		\$40 Copay	3 Visits @ \$0 then \$15 Copay	Ded then \$25	\$35 (\$0 to age 26)	Ded then Covered in Full
Specialist Visit		\$60 Copay	Ded then \$50	Ded then \$50	Ded then \$50	Ded then Covered in Full
Labs (Outpatient)		\$60 Copay	\$50 Copay	Ded then \$50	\$50 Copay	Ded then Covered in Full
X-Rays (Outpatient)		\$60 Copay	Ded then \$50	Ded then \$50	Ded then \$150	Ded then Covered in Full
Chemotherapy OP Facility		\$60 Copay 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 Covered in Full Phys. administered meds: Ded then Covered in Full
Radiation		\$60 Copay 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 Covered in Full Phys. administered meds: Ded then Covered in Full
Inpatient Surgery / Hospital		\$750 Copay	Ded then \$500	Ded then \$500	Ded then \$1,000	Ded then Covered in Full
Outpatient Surgery / Facility		Facility: \$300 Copay Physician: Covered in Full	Ded then \$200	Facility: Ded then \$250 Physician: Ded then \$100	Facility: Ded then \$300 Physician: Ded then \$200	Facility/Physician: Ded then Covered in Full
Emergency Room Visit		\$500 Copay	\$300 Copay	Ded then \$300	Ded then \$275	Ded then Covered in Full
Urgent Care		\$60 Copay	\$50 Copay	Ded then \$50	\$50	Ded then Covered in Full
Chiropractic		\$60	Ded then \$50	Ded then \$50	Ded then \$50	Ded then Covered in Full
TeleMedicine		Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Pediatric Dental		Embedded	Embedded	Embedded	Embedded	Embedded
Pediatric Vision		Embedded	Embedded	Embedded	Embedded	Ded then Covered in Full
Adult Vision		Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Copay		\$10 / \$40 / \$60	\$200 / \$400 Ded (Ind/Fam) (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 Covered in Full Preventive Not Subject to Ded
Out-of-Network Benefit		No out of network, but the National Network applies as IN network when using participating providers out of the area.	No out of network, but the National Network applies as IN network when using participating providers out of the area.	No	No	No out of network, but the National Network applies as IN network when using participating providers out of the area.
Medical Monthly Rates		2024 Rates	2024 Rates	2024 Rates	2024 Rates	2024 Rates
Employee	1	\$1,004.29	\$975.21	\$759.04	\$745.24	\$714.48
Employee + Spouse	1	\$2,008.58	\$1,950.42	\$1,518.08	\$1,490.48	\$1,428.96
Employee + Child(ren)	1	\$1,707.29	\$1,657.86	\$1,290.37	\$1,266.91	\$1,214.62
Family	1	\$2,862.23	\$2,779.35	\$2,163.26	\$2,123.93	\$2,036.27
Pediatric Dental Rates		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.