

**Greene County Chamber of Commerce**  
 Nicholas J. Marino & Co., Inc.  
 Karen Landau, Vice President Employee Benefits  
 Small Group Medical Benefits/Cost Analysis 2nd Qtr 2019

Description of Coverage	CDPHP	CDPHP	CDPHP	CDPHP	CDPHP
<b>Benefit Highlights</b>	<b>PLATINUM EPO (121)</b>	<b>GOLD EPO (220)</b>	<b>GOLD EMBRACE EPO (221)</b>	<b>SILVER EPO (330)</b>	<b>Bronze HD EPO (430)</b>
<b>Deductible</b>	\$0	\$500 single/ \$1,000 family*	\$250 single/ \$500 family * (\$200 Embrace EPO Bonus Card)	\$2,000 single/ \$4,000 family *	\$5,500 single/ \$11,000 family *
<b>Coinsurance</b>	0%	0%	0%	0%	50%
<b>In Network Out-of-Pocket Max</b>	\$7,350 single/ \$14,700 family *	\$7,150 single/ \$14,300 family	\$7,150 single/ \$14,300 family	\$7,350 single/ \$14,700 family	\$6,650 single/ \$13,300 family*
<b>PCP Office Visits</b>	\$20 copay	Deductible then \$25 copay	Deductible then \$30 copay	Deductible then \$30 copay	Deductible then 50%
<b>Specialist Office Visits</b>	\$20 copay	Deductible then \$40 copay	Deductible then \$50 copay	Deductible then \$50 copay	Deductible then 50%
<b>Chemotherapy/Injectable/IV Therapy</b>	\$20 copay PLUS 20% of the drug cost	Deductible then \$25 copay PLUS 20% of the drug cost	\$30 copay PLUS 20% of the drug cost	Deductible then \$50 copay PLUS 20% of the drug cost	Deductible then 50% PLUS 20% of the drug cost
<b>Laboratory</b>	\$20 copay (Copay waived if preferred provider)	Deductible then \$40 copay (Deductible/copay waived if preferred provider)	Deductible then \$50 copay (Deductible/ copay waived if preferred provider)	Deductible then \$50 copay (Deductible/copay waived if preferred provider)	Deductible then 50% (coinsurance waived if preferred provider)
<b>Diagnostic Radiology</b>		Deductible then \$40 copay (Copay waived if preferred provider)	Deductible then \$50 copay (Copay waived if preferred provider)	Deductible then \$50 copay (Copay waived if preferred provider)	
<b>Inpatient Hospitalization</b>	\$750 copay	Deductible then \$800 copay	Deductible then \$1,000 copay	Deductible then \$1,500 copay	Deductible then 50%
<b>Outpatient Surgery</b>	\$50 copay	Deductible then \$50	Deductible then \$100 copay	Deductible then \$100 copay	Deductible then 50%
<b>Urgent Care</b>	\$30 copay	Deductible then \$50 copay	Deductible then \$60 copay	Deductible then \$60 copay	Deductible then 50%
<b>Emergency Care</b>	\$100 copay	Deductible then \$75 copay	Deductible then \$100 copay	Deductible then \$250 copay	Deductible then 50%
<b>Durable Medical Equipment</b>	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	Deductible then 50%
<b>Eye Exams</b>	\$20 copay (once every benefit period)	Deductible then \$40 copay (once every benefit period)	Deductible then \$50 copay (once every benefit period)	Deductible then \$50 copay (once every benefit period)	Deductible then 50% (once every benefit period)
<b>Eye Wear</b>	\$75 hardware allowance (One prescribed lenses and frames in a 12 month period. Standard Frames)	\$75 hardware allowance (One prescribed lenses and frames in a 12 month period. Standard Frames)	\$75 hardware allowance (One prescribed lenses and frames in a 12 month period. Standard Frames)	\$75 hardware allowance (One prescribed lenses and frames in a 12 month period. Standard Frames)	\$75 hardware allowance (One prescribed lenses and frames in a 12 month period. Standard Frames)
<b>Prescription Drugs</b>	\$4/\$30/\$60	\$4/\$30/\$60	\$10/\$50/\$80	\$10/\$35/\$70	Deductible then \$10/\$35/\$70
<b>Mail Order (90 day supply)</b>	2.5 Copays = 90 Day Supply	2.5 copays = 90 day supply	2.5 copays = 90 day supply	2.5 copays = 90 day supply	2.5 copays = 90 day supply
<b>Rates</b>	4/1/19-6/30/19	4/1/19-6/30/19	4/1/19-6/30/19	4/1/19-6/30/19	4/1/19-6/30/19
<b>Single</b>	\$800.89	\$716.50	\$697.58	\$583.90	\$453.16
<b>Employee/Spouse</b>	\$1,601.77	\$1,433.01	\$1,395.17	\$1,167.79	\$906.33
<b>Employee/Child(ren)</b>	\$1,361.51	\$1,218.06	\$1,185.89	\$992.62	\$770.38
<b>Family</b>	\$2,282.53	\$2,042.04	\$1,988.11	\$1,664.10	\$1,291.52