

**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	MVP	MVP	MVP	MVP	MVP	MVP
<b>Benefit Highlights</b>	<b>Liberty Gold EPO 6</b>	<b>Liberty Gold EPO 4</b>	<b>Liberty Silver EPO 7</b>	<b>Liberty Silver EPO 4</b>	<b>Liberty Silver HD EPO 8</b>	<b>Liberty Bronze EPO 3 HDHP</b>
<b>Deductible</b>	\$350 single/ \$700 family*	\$0/\$0	\$3,100 single/ \$6,200 family*	\$2,500 single/ \$5,000 family*	\$3,700 single/ \$7,400 family*	\$5,900 single/ \$11,800 family *
<b>Coinsurance</b>	0%	0%	0%	0%	0%	30%
<b>In Network Out-of-Pocket Max</b>	\$6,550 single / \$13,100 family	\$6,750 single/ \$13,500 family *	\$7,700 single/ \$15,400 family	\$6,350 single/ \$12,700 family	\$5,500 single/ \$11,000 family	\$6,550 single/ \$13,100 family*
<b>PCP Office Visits</b>	\$30 copay	\$40 copay	\$30 copay	Deductible then \$20 copay	Covered in Full After Deductible	Deductible then \$30 copay
<b>Specialist Office Visits</b>	\$50 copay	\$60 copay	Deductible then \$40 copay	Deductible then \$50 copay	Covered in Full After Deductible	Deductible then \$50 copay
<b>Chemotherapy</b>	<b>\$50 copay</b>	<b>\$60 copay</b>	<b>Deductible then \$40 copay</b>	<b>Deductible then \$50 copay</b>	<b>Covered in Full After Deductible</b>	<b>Deductible then \$50 copay</b>
<b>Lab</b>	PCP \$30/ Specialist \$50 copay	PCP \$40/ Specialist \$60 copay	\$30 PCP/ \$40 Specialist copay	Deductible then \$20 PCP/ Deductible then \$50 Specialist copay	PCP \$30/ Specialist \$50 copay	Deductible then \$30 PCP/ Deductible then \$50 Specialist copay
<b>Radiology</b>			Deductible then \$30 PCP/ Deductible then \$50 Specialist copay	Deductible then \$20 PCP/ Deductible then \$80 Specialist copay		Deductible then \$30 PCP/ Deductible then \$100 Specialist copay
<b>Inpatient Hospitalization</b>	Deductible then \$1,000 copay	\$750 copay	Deductible then \$500 copay	Deductible then \$800 copay	Covered in Full After Deductible	Deductible then 30%
<b>Outpatient Surgery</b>	Deductible then \$300 copay	\$300 copay	Deductible then \$150 copay	Deductible then \$200 copay	Covered in Full After Deductible	Deductible then \$100 copay
<b>Urgent Care</b>	\$50 copay	\$60 copay	Deductible then \$40 copay	Deductible then \$50 copay	Covered in Full After Deductible	Deductible then \$50 copay
<b>Emergency Care</b>	\$100 copay	\$500 copay	Deductible then \$200 copay	Deductible then \$300	Covered in Full After Deductible	Deductible then \$300 copay
<b>Durable Medical Equipment</b>	50% coinsurance	50% coinsurance	Deductible then 50%	Deductible then 50%	Covered in Full After Deductible	Deductible then 50% coinsurance
<b>Eye Exams</b>	Adult/Pediatric: \$50 copay (once every two years)	Adult/Pediatric: \$60 copay (once every two years)	Adult/Pediatric: \$40 copay (once every two years)	Adult/Pediatric: \$50 copay (once every two years)	Adult/Pediatric: \$50 copay (once every two years)	Adult/Pediatric: Deductible then \$50 copay (once every two years)
<b>Prescription Drugs</b>	\$10/\$40/\$60	\$10/\$40/\$60	\$10/\$40/\$60	\$10/\$35/50%	Deductible then \$10/\$40/\$60 (preventive not subject to deductible)	Deductible then \$5/\$40/\$60
<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	2.5 copays = 90 day supply
<b>Rates</b>	<b>04/01/2019-06/30/3019</b>	<b>04/01/2019-06/30/3019</b>	<b>04/01/2019-06/30/3019</b>	<b>04/01/2019-06/30/3019</b>	<b>04/01/2019-06/30/3019</b>	<b>04/01/2019-06/30/3019</b>
Single	\$716.68	\$709.12	\$585.61	555.91	\$550.30	\$465.72
Employee/Spouse	\$1,433.36	\$1,418.24	\$1,171.22	\$1,111.82	\$1,100.60	\$931.44
Employee/Child(ren)	\$1,218.36	\$1,205.50	\$995.54	\$945.05	\$935.51	\$791.72
Family	\$2,042.54	\$2,020.99	\$1,668.99	\$1,584.34	\$1,568.36	\$1,327.30