Region 1 - 2nd Quarter 2021

SAMPLE OPTIONS FROM EACH CATEGORY. More plans available. Karen Landau at 518-690-0360 Ext 119

GREENE COUNTY CHAMBER OF COMMERCE - GROUP PLANS 2021 QTR 2 - CDPHP

HMS Agency, Inc.
Insuring Today. Securing Tomorrow.

		2021 Option 1	2021 Option 2	2021 Option 3	2021 Option 4	2021 Option 5	2021 Option 6	2021 Option 7
Carrier		CDPHP	CDPHP	CDPHP	CDPHP	CDPHP	CDPHP	CDPHP
Product Type		EPO	EPO	HMO	EPO	HMO	EPO	EPO
Metal Tier		Platinum	Gold	Gold	Gold	Silver	Silver	Bronze
Plan Name		EPO Copayment (130)	Embrace Health EPO Copayment (221) *$200 Bonus Account	Triple Zero HMO Copay (224)	HDEPO Qualified (225)	HDHMO Qualified (324)	Copay First ($3,000/$6,000) (425)	HDEPO Qualified (421)
Networks		National	National	Local	National	Local	National	National
Aggregate Deductible: Must reach family ded. Embedded Deducitble: Can reach single ded. For each member up to the Out of pocket max.		Embedded	Embedded	Embedded	Ded: AGG OOP: EMB	Ded: AGG OOP: EMB	Embedded	Ded: AGG OOP: EMB
H.S.A. Qualified		No	No	No	Yes	Yes	No	Yes
Deductible (Single/Family)		None	$250/$500 (EMB)	None	$1,500/$3,000 (AGG)	$2,200/$4,400 (AGG)	Phase 1 $3,000/$6,000 (AGG) Phase 2 $6,000/$12,000 (EMB)	$6,900/$13,800 (AGG)
Coinsurance		Injectable drugs administered out patient: Copay + 20% of the cost of the drug	Injectable drugs administered out patient: Ded then Copay + 20% of the cost of the drug	Injectable drugs administered out patient: Copay + 20% of the cost of the drug	Injectable drugs administered out patient: Ded then Copay + 20% of the cost of the drug	Injectable drugs administered out patient: Ded then Copay + 20% of the cost of the drug	Injectable drugs administered out patient: Phase 1: Copay + 20% of the cost of the drug. Phase 2: Ded then Covered in full	Injectable drugs administered out patient: Ded then Copay + 20% of the cost of the drug
Out of Pocket Max (Single/Family)		$4,000/$8,000 (EMB)	$7,150/$14,300 (EMB)	$7,900/$15,800 (EMB)	$5,500/$11,000 (EMB)	$5,500/$11,000 (EMB)	$6,000/$12,000 (EMB)	$6,900/$13,800 (EMB)
Office Visit		$15	Ded then $30	$0 EPC $50 Non EPC	Ded then $20	Ded then $25	Phase 1: $30 Phase 2: Ded then Covered in Full	Ded then Covered in Full
Specialist Visit		$35	Ded then $50	$50	Ded then $20	Ded then $50	Phase 1: $50 Phase 2: Ded then Covered in Full	Ded then Covered in Full
Inpatient Surgery / Hospital		$500	Ded then $1,000	$1,500	Ded then $250	Ded then $500	Phase 1: $500 Phase 2: Ded then Covered in Full	Ded then Covered in Full
Outpatient Surgery / Facility		$75	Ded then $100	$250	Ded then $250	Ded then $200	Phase 1: $75 Phase 2: Ded then Covered in Full	Ded then Covered in Full
Emergency Room Visit		$100	Ded then $100	$500	Ded then $150	Ded then $300	Phase 1: $75 Phase 2: Ded then Covered in Full	Ded then Covered in Full
Urgent Care		$60	Ded then $70	$100	Ded then $65	Ded then $60	Phase 1: $60 Phase 2: Ded then Covered in Full	Ded then Covered in Full
TeleMedicine		$15	Ded then $30	Covered in Full	$0	Ded then $25	Phase 1: $30 Phase 2: $49 Towards Ded then Covered in Full	Ded then Covered in Full
Lab / Radiology		$35 / $35	Ded then $50 / Ded then $50	$50 / $50	Ded then $20 / Ded then $20	Ded then $50 / Ded then $50	Phase 1: $50 / $50 Phase 2: Ded then Covered in Full	Ded then $50 / Ded then $50
Pediatric Dental		Yes - Additonal Fee Applies If Applicable - See Below	Yes - Additonal Fee Applies If Applicable - See Below	Yes - Additonal Fee Applies If Applicable - See Below	Yes - Additonal Fee Applies If Applicable - See Below	Yes - Additonal Fee Applies If Applicable - See Below	Yes - Additonal Fee Applies If Applicable - See Below	Yes - Additonal Fee Applies If Applicable - See Below
Pediatric Vision		Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Adult Vision		Exam & Hardware: Every 12 Months	Exam & Hardware: Every 12 Months (after ded)	Exam & Hardware: Every 12 Months	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)
Prescription Copay		$4/$30/$60	$10/$50/$80	$0/$50/$80	Ded then $10/$30/$50	Ded then $10/$40/$60 Preventive Not Subject to Ded	Phase 1: $10/$30/$50 Phase 2: Ded then $10/$30/$50	Ded then Covered in Full Preventive Not Subject to Ded
Out-of-Network Benefit		No	No	No	No	No	No	No
Medical Monthly Rates		2021 Rates	2021 Rates	2021 Rates	2021 Rates	2021 Rates	2021 Rates	2021 Rates
Employee	1	$820.16	$710.66	$622.85	$682.24	$534.31	$552.70	$470.52
Employee + Spouse	1	$1,640.33	$1,421.32	$1,245.69	$1,364.48	$1,068.61	$1,105.41	$941.04
Employee + Child(ren)	1	$1,394.28	$1,208.12	$1,058.84	$1,159.80	$908.32	$939.59	$799.88
Family	1	$2,337.47	$2,025.38	$1,775.11	$1,944.38	$1,522.77	$1,575.20	$1,340.98
Pediatric Dental Rates		$16.46 per individual under age 19 (Up to 3 Per Family)	$16.46 per individual under age 19 (Up to 3 Per Family)	$16.46 per individual under age 19 (Up to 3 Per Family)	$16.46 per individual under age 19 (Up to 3 Per Family)	$16.46 per individual under age 19 (Up to 3 Per Family)	$16.46 per individual under age 19 (Up to 3 Per Family)	$16.46 per individual under age 19 (Up to 3 Per Family)