

**Greene County Chamber of Commerce**

HMS Agency, Inc.

Karen Landau klandau@hmsagency.com

**Small Group Medical Benefits/Cost Analysis 3rd 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>
Deductible	\$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 *
Coinsurance	N/A	N/A	N/A	N/A	N/A
In Network Out-of-Pocket Max	\$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*
PCP Office Visits	\$20 copay	Deductible then \$25 copay	Deductible then \$30 copay	Deductible then \$30 copay	Deductible then 50%
Specialist Office Visits	\$20 copay	Deductible then \$40 copay	Deductible then \$50 copay	Deductible then \$50 copay	Deductible then 50%
<b>Chemotherapy/Injectable/IV Therapy</b>	<b>\$20 copay PLUS 20% of the drug cost</b>	<b>Deductible then \$25 copay PLUS 20% of the drug cost</b>	<b>Deductible then \$30 copay PLUS 20% of the drug cost</b>	<b>Deductible then \$30 copay PLUS 20% of the drug cost</b>	<b>Deductible then 50% PLUS 20% of the drug cost</b>
Laboratory	\$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)
Diagnostic Radiology		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)	
Inpatient Hospitalization	\$750 copay	Deductible then \$800 copay	Deductible then \$1,000 copay	Deductible then \$1,500 copay	Deductible then 50%
Outpatient Surgery	\$50 copay	Deductible then \$50 copay	Deductible then \$100 copay	Deductible then \$100 copay	Deductible then 50%
Urgent Care	\$30 copay	Deductible then \$50 copay	Deductible then \$60 copay	Deductible then \$60 copay	Deductible then 50%
Emergency Care	\$100 copay	Deductible then \$75 copay	Deductible then \$100 copay	Deductible then \$250 copay	Deductible then 50%
Durable Medical Equipment	50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50%
Eye Exams	\$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)
Eye Wear	\$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)
Prescription Drugs	\$4/\$30/\$60	\$4/\$30/\$60	\$10/\$50/\$80	\$10/\$35/\$70	Deductible then \$10/\$35/\$70
Mail Order (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>10/1/2019-9/30/2020</b>	<b>10/1/2019-9/30/2020</b>	<b>10/1/2019-9/30/2020</b>	<b>10/1/2019-9/30/2020</b>	<b>10/1/2019-9/30/2020</b>
Single	\$828.81	\$741.48	\$721.90	\$604.25	\$468.96
Employee/Spouse	\$1,657.62	\$1,482.97	\$1,443.81	\$1,208.51	\$937.93
Employee/Child(ren)	\$1,408.98	\$1,260.52	\$1,227.24	\$1,027.23	\$797.24
Family	\$2,362.11	\$2,113.23	\$2,057.43	\$1,722.12	\$1,336.55