

PLAN COMPARISON FOR APOLLO - CDPHP ASSOCIATION OPTIONS

**RATES FOR GROUPS 2+
JAN - MARCH 2015**



NORTH CENTRAL REGION Chenango, Essex, Herkimer, Hamilton
Madison, Oneida and Otsego

Benefit	NESBG Plan 1 In Ntwk Only	NESBG Plan 2 In/Out Ntwk	NESBG Plan 3 In Ntwk Only	NESBG Plan 4 In Ntwk Only	NESBG Plan 5 In Ntwk Only	NESBG Plan 6 In Ntwk Only	NESBG Plan 7 In Ntwk Only	NESBG Plan 8 In Ntwk Only
Deductible - Individual	\$5,000	\$4500/\$5000	\$2,000	\$3,000	\$2,000	\$500	\$250	\$0
Family	\$10,000	\$10000/\$10000	\$4,000	\$6,000	\$3,000	\$1,000	\$500	\$0
Coinsurance	n/a	90/10 - 50/50	n/a	n/a	20%	20%	n/a	n/a
Max out-of-pocket** Individ	\$6,450	\$6350/\$10000	\$4,500	\$3,000	\$6,000	\$2,000	\$6,350	\$6,600
(includes ded.) Family	\$12,900	\$12700/\$20000	\$9,000	\$6,000	\$12,000	\$4,000	\$12,700	\$13,200
Bonus Account	n/a	n/a	n/a	n/a	\$200/ Max Roll Over \$400	n/a	\$200/ Max Roll Over \$400	n/a
Inpatient Hospital (newborn in ntw coin waived)	Ded/0%	Ded/Coins	Ded/0%	Ded/0%	Ded/20%	Ded/20%	Ded/\$1000	\$500
Outpatient Surgery	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	Ded/20%	Ded/\$100	\$100
Diagnostic Office Visit	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$25 PCP \$50 Spec.	Ded/\$30 PCP Ded/\$50 Spec	\$15 PCP \$15 Spec.
Annual Adult Physical	Paid in Full	In Full/Ded	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Well Child	Paid in Full	In Full/Ded	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Annual GYN Physical	Paid in Full	In Full/Ded	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Diagnostic Prevent Test (mammogram, prostate, cervical cytology etc.	Paid in Full	In Full/Ded	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Diagnostic Testing Lab	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20% then waive for preferred site	Ded/\$25 PCP Ded/\$50 Spec \$0 preferred	Ded/\$30 PCP Ded/\$50 Spec	\$15 waived at preferred site
Diagnostic Testing Radiology	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	Rad Ded/\$25 PCP Rad Ded/\$50 Spec	Ded/\$30 PCP Ded/\$50 Spec	Lab & Rad
Physical Therapy (limit 60v lifetime)	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$50		
Occupational Therapy (limit 60v lifetime)	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	not subject to deductible. All Categories	Ded/\$50 All Categories	\$15 All Categories
Speech Therapy (limit 60v lifetime)	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%			
Urgent Care	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$35 no deductible	Ded/\$40	\$40
Emergency Room	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	Ded/20%	Ded/\$100	\$100
Ambulance	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	Ded/20%	Ded/\$100	\$100

Please Note Abbreviations Used: Ded - Deductible Coins - Coinsurance In Ntwk - In Network Out Ntwk - Out of Network v- visits Rad -Radiology

Plan 1 HDEPO403 Plan 2 HDPP0 408 Plan 3 HDEPO 301 Plan 4 HDEPO 302 Plan 5 EMBRACE HEALTH 311 Plan 6 EPO 204

Plan 7 EMBRACE HEALTH 205 Plan 8 EPO 105

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Benefit	NESBG Plan 1	NESBG Plan 2	NESBG Plan 3	NESBG Plan 4	NESBG Plan 5	NESBG Plan 6	NESBG Plan 7	NESBG Plan 8
	In Ntwk Only	In/Out Ntwk	In Ntwk Only	In Ntwk Only	In Ntwk Only	In Ntwk Only	In Ntwk Only	In Ntwk Only
Outpatient Subst. Abuse	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$25 not subject to deductible	\$30	\$15
Inpatient Rehab Services	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	Ded/20%	\$1,000	\$500
Outpatient Mental Health	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$25 no deductible	\$30	\$15
Inpatient Mental Health	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	Ded/20%	\$1,000	\$500
Home Health Care	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$25 no deductible	Ded/\$50	\$30
Durable Medical Equip	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	50% Coins not subject to deductible	50% Coins not subject to deductible	50% Coins not subject to deductible	50%
Diabetic Supplies	Ded/0%	Ded/\$15 Ded/50%	Ded/0%	Ded/0%	\$15 not subject to deductible	\$15 not subject to deductible	\$15 not subject to deductible	\$15
Chiropractor	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$50 not subject to deductible	Ded/\$50	\$15
Prescription Drugs Covered In Ntwk only	Deductible	Deductible	Deductible	Deductible	No Deductible	No Deductible	No Deductible	No Deductible
Generic	\$4	\$4	50%	\$10	10%	\$4	\$10	\$4
Preferred Brand	\$30	50%	50%	\$50	25%	50%	\$50	\$30
Non Preferred Brand	\$60	50%	50%	\$80	40%	50%	\$80	\$60
RATES								
INDIVIDUAL	385.63	\$395.90	\$463.97	\$458.87	\$469.29	\$546.71	\$543.15	\$629.71
EMPLOYEE/SPOUSE	\$771.26	\$791.81	\$927.94	\$917.74	\$938.58	\$1,093.41	\$1,086.30	\$1,259.42
EMPLOYEE/CHILDREN FAMILY	\$655.57	\$673.04	\$788.75	\$780.08	\$797.80	\$929.40	\$923.35	\$1,070.51
Dependents covered	\$1,099.94	\$1,128.33	\$1,322.32	\$1,307.78	\$1,337.48	\$1,558.11	\$1,547.97	\$1,794.67
	26	26	26	26	26	26	26	26

Comparison is for illustration and highlights - the terms, limitations, conditions and exclusions of the insurance contract & certificate govern

*Please Note Abbreviations Used: Ded - Deductible Coins - Coinsurance In Ntwk - In Network Out Ntwk - Out of Network v- visits

Please Note that Plans 1-4 have aggregate deductibles while Plans 5-8 have an embedded deductible

11/4/2014