

**PLAN COMPARISON FOR APOLLO - CDPHP ASSOCIATION OPTIONS**

**NORTH CENTRAL REGION:**

Chenango, Essex, Herkimer, Hamilton,  
Madison, Oneida and Otsego

**RATES FOR GROUPS 2+  
OCT - DEC 2015**

**ApollonPartners  
A Division of N.Y. Life**



**Benefit**

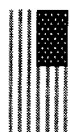
Deductible - Individual  
Family  
Coinsurance  
Max out-of-pocket\*\* Individ  
(includes ded.) Family

	NESBG Plan 1		NESBG Plan 2		NESBG Plan 3		NESBG Plan 4		NESBG Plan 5	
	In Ntwk Only		In Ntwk Only		In Ntwk Only		In Ntwk Only		In Ntwk Only	
Inpatient Hospital (newborn in ntw coin waived)	Ded/50%		Ded/0%		Ded/\$250		Ded/20%		\$500	
Outpatient Surgery	Ded/50%		Ded/0%		Ded/\$50		Ded/20%		\$100	
Diagnostic Office Visit	Ded/50%		Ded/0%		Ded/\$25 PCP Ded/\$45 Spec		\$25 PCP \$50 Spec.		\$15 PCP \$15 Spec.	
Annual Adult Physical Well Child Annual GYN Physical	Paid in Full Paid in Full Paid in Full		Paid in Full Paid in Full Paid in Full		Paid in Full Paid in Full Paid in Full		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		Paid in Full		Paid in Full		Paid in Full		Paid in Full	
Diagnostic Testing Lab	Ded/50%		Ded/0%		Ded/\$45 PCP waived at preferred site		\$15		\$15 waived at preferred site	
Diagnostic Testing Radiology	Ded/50%		Ded/0%		Ded/\$45		Ded/\$25 PCP Ded/\$50 Spec \$0 preferred Rad Ded/\$25 PCP Rad Ded/\$50 Spec		\$15 waived at preferred site Lab & Rad	
Physical Therapy (limit 60v lifetime)	Ded/50%		Ded/0%		Ded/\$50		\$50		\$15	
Occupational Therapy (limit 60v lifetime)	Ded/50%		Ded/0%		Ded/0%		not subject to deductible. All Categories		\$15 All Categories	
Speech Therapy (limit 60v lifetime)	Ded/50%		Ded/0%		Ded/0%		All Categories		All Categories	
Urgent Care	Ded/50%		Ded/0%		Ded/\$35		\$35		\$40	
Emergency Room	Ded/50%		Ded/0%		Ded/\$75		no deductible Ded/20%		\$100	
Ambulance	Ded/50%		Ded/0%		Ded/\$75		Ded/20%		\$100	

Please Note Abbreviations Used:

Ded - Deductible Coins - Coinsurance In Ntwk - In Network v- visits Rad -Radiology

Plan 1 HDEPO409 Plan 2 HDEPO 302 Plan 3 EPO 203 Plan 4 EPO 204 Plan 5 EPO 105



**Benefit**

	NESBG Plan 1 In Ntwk Only	NESBG Plan 2 In Ntwk Only	NESBG Plan 3 In Ntwk Only	NESBG Plan 4 In Ntwk Only	NESBG Plan 5 In Ntwk Only
Outpatient Subst. Abuse	Ded/50%	Ded/0%	Ded/\$25	\$25 not subject to deductible	\$15
Inpatient Rehab Services	Ded/50%	Ded/0%	Ded/\$250	Ded/20%	\$500
Outpatient Mental Health	Ded/50%	Ded/0%	Ded/\$25	\$25 no deductible	\$15
Inpatient Mental Health	Ded/50%	Ded/0%	Ded/\$250	Ded/20%	\$500
Home Health Care	Ded/50%	Ded/0%	Ded/\$25	\$25 no deductible	\$30
Durable Medical Equip	Ded/50%	Ded/0%	50% Coins not subject to deductible	50% Coins not subject to deductible	50%
Diabetic Supplies	Ded/\$15	Ded/0%	\$15 not subject to deductible	\$15 not subject to deductible	\$15
Chiropractor	Ded/50%	Ded/0%	Ded/\$45	\$50 not subject to deductible	\$15
<b>Prescription Drugs Covered In Ntwk only</b>	<b>Deductible</b>	<b>Deductible</b>	<b>No Deductible</b>	<b>No Deductible</b>	<b>No Deductible</b>
Generic	50%	\$10	\$4	\$4	\$4
Preferred Brand	50%	\$50	\$30	50%	\$30
Non Preferred Brand	50%	\$80	\$60	50%	\$60
<b>RATES</b>					
<b>INDIVIDUAL</b>	\$385.56	\$478.33	\$545.90	\$569.89	\$656.41
<b>EMPLOYEE/SPOUSE</b>	\$771.12	\$956.66	\$1,091.80	\$1,139.77	\$1,312.82
<b>EMPLOYEE/CHILDREN</b>	\$655.45	\$813.16	\$928.03	\$968.81	\$1,115.90
<b>FAMILY</b>	\$1,098.85	\$1,363.23	\$1,555.81	\$1,624.18	\$1,870.77
<b>Dependents covered</b>	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 V- visits  
Please Note that Plans 1&2 have aggregate deductibles while Plans 3-5 have embedded deductibles