

PLAN COMPARISON FOR APOLLO - CDPHP ASSOCIATION OPTIONS

RATES FOR GROUPS OF 2+
APRIL - JUNE 2017



SOUTHERN REGION: Broome & Tioga

Benefit	Platinum 120	Gold 221	Gold 222	Silver 320	Silver 322	Bronze 421	Bronze 423	Standard Gold 200	Standard Silver 300	Standard Bronze 400
	In Network Only	In Network Only	In Network Only	In Network Only	In Network Only	In Network Only	In Network Only	In Network Only	In Network Only	In Network Only
DEDUCTIBLE - Individual	\$0	\$250	\$600	\$1,750	\$2,000	\$6,550	\$5,500	\$600	\$2,000	\$4,000
Family	\$0	\$500	\$1,200	\$3,500	\$4,000	\$13,100	\$11,000	\$1,200	\$4,000	\$8,000
	Embedded	Embedded	Embedded	Aggregate	Embedded	Aggregate	Embedded	Embedded	Embedded	Embedded
Coinsurance	n/a	n/a	20%	n/a	20%	n/a	50%	n/a	n/a	50%
Max out-of-pocket - Indiv	\$7,150	\$7,150	\$5,000	\$6,550	\$7,150	\$6,550	\$7,150	\$4,000	\$6,750	\$7,150
Family	\$14,300	\$14,300	\$10,000	\$13,100	\$14,300	\$13,100	\$14,300	\$8,000	\$13,500	\$14,300
Bonus Account		\$200 / Max Roll								
		Over \$400								
Office Visit										
Primary Care	\$15	Ded / \$30	\$20	Ded / \$30	\$40	Ded / 0%	Ded / \$35	Ded / \$25	Ded / \$30	Ded / 50%
Specialist	\$25	Ded / \$50	\$40	Ded / \$40	\$60	Ded / 0%	Ded / \$80	Ded / \$40	Ded / \$50	Ded / 50%
Inpatient Hospital	\$750	Ded / \$1,000	Ded / 20%	Ded/\$750	Ded / 20%	Ded / 0%	Ded / 50%	Ded / \$1,000	Ded / \$1,500	Ded / 50%
Outpatient Hospital	\$100	Ded / \$100	Ded / 20%	Ded / \$150	Ded/ 20%	Ded / 0%	Ded / \$300	Ded / \$100	Ded / \$100	Ded / 50%
Emergency Room	\$100	Ded / \$100	Ded / 20%	Ded / \$150	Ded / 20%	Ded / 0%	Ded / 50%	Ded / \$150	Ded / \$250	Ded / 50%
Durable Med Equipment	50%	50%	50%	Ded / 50%	50%	Ded / 0%	Ded / 50%	Ded / 20%	Ded / 30%	Ded / 50%
Prescription Drugs	No Deductible	No Deductible	No Deductible	Deductible	No Deductible	Deductible	Deductible	No Deductible	No Deductible	Deductible
Generic	\$4	\$10	\$10	\$10	\$10	0%	\$10	\$10	\$10	\$10
Preferred Brand	\$30	\$50	\$50	50%	\$50	0%	50%	\$35	\$35	\$35
Non Preferred Brand	\$60	\$80	\$80	50%	50%	0%	50%	\$70	\$70	\$70
RATES										
INDIVIDUAL	\$864.42	\$768.63	\$735.88	\$635.70	\$632.44	\$487.84	\$491.56	\$768.16	\$652.95	\$501.21
EMPLOYEE/SPOUSE	\$1,728.84	\$1,537.26	\$1,471.77	\$1,271.39	\$1,264.88	\$975.67	\$983.12	\$1,536.32	\$1,305.90	\$1,002.42
EMPLOYEE/CHILDREN	\$1,469.51	\$1,306.67	\$1,251.00	\$1,080.68	\$1,075.15	\$829.32	\$835.66	\$1,305.87	\$1,110.02	\$852.06
FAMILY	\$2,463.59	\$2,190.59	\$2,097.27	\$1,811.73	\$1,802.45	\$1,390.33	\$1,400.95	\$2,189.26	\$1,860.91	\$1,428.45

This is a basic benefit outline of each plan option. A more detailed benefit summary can be provided upon request
 Comparison is for illustration and highlights - the terms, limitation, conditions and exclusions of the insurance contract & certificate govern
 Please note that all plans include Domestic Partner and Dependent to 29