

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

**RATES FOR GROUPS OF 2+  
APRIL - JUNE 2016**



**NORTH CENTRAL REGION : Chenango, Essex, Herkimer, Hamilton, Madison, Oneida & Otsego**

Benefit	Platinum 120	Gold 220	Gold 221	Gold 222	Silver 320	Silver 322	Bronze 421	Bronze 422	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 Family	\$0	\$500	\$250	\$600	\$1,500	\$2,000	\$5,250	\$4,500	\$2,000	\$3,500
	\$0	\$1,000	\$500	\$1,200	\$3,000	\$4,000	\$10,500	\$9,000	\$4,000	\$7,000
	Embedded	Embedded	Embedded	Embedded	Aggregate	Embedded	Aggregate	Aggregate	Embedded	Embedded
Coinsurance	n/a	n/a	n/a	20%	n/a	20%	n/a	50%	n/a	50%
Max out-of-pocket - Indiv Family	\$6,850	\$6,850	\$6,850	\$5,000	\$6,550	\$6,850	\$6,550	\$6,550	\$5,500	\$6,850
	\$13,700	\$13,700	\$13,700	\$10,000	\$13,100	\$13,700	\$13,100	\$13,100	\$11,000	\$13,700
Bonus Account			\$200 / Max Roll							
			Over \$400							
Office Visit										
Primary Care	\$15	Ded / \$25	Ded / \$30	\$20	Ded / \$25	\$40	Ded / 0%	Ded / 50%	Ded / \$30	Ded / 50%
Specialist	\$15	Ded / \$40	Ded / \$50	\$40	Ded / \$40	\$60	Ded / 0%	Ded / 50%	Ded / \$50	Ded / 50%
Inpatient Hospital	\$500	Ded / \$250	Ded / \$1,000	Ded / 20%	Ded/0%	Ded / 20%	Ded / 0%	Ded / 50%	Ded / \$1,500	Ded / 50%
Outpatient Hospital	\$100	Ded / \$50	Ded / \$100	Ded / 20%	Ded / \$100	Ded / 20%	Ded / 0%	Ded / 50%	Ded / \$100	Ded / 50%
Emergency Room	\$100	Ded / \$75	Ded / \$100	Ded / 20%	Ded / \$50	Ded / 20%	Ded / 0%	Ded / 50%	Ded / \$150	Ded / 50%
Durable Med Equipment	50%	Ded / 50%	Ded / 50%	Ded / 50%	Ded / 50%	Ded / 50%	Ded / 50%	Ded / 50%	Ded / 30%	Ded / 50%
Prescription Drugs	No Deductible	No Deductible	No Deductible	No Deductible	Deductible	No Deductible	Deductible	Deductible	No Deductible	Deductible
Generic	\$4	\$4	\$10	\$10	\$10	\$10	\$10	50%	\$10	\$10
Preferred Brand	\$30	\$30	\$50	\$50	50%	50%	50%	50%	\$35	\$35
Non Preferred Brand	\$60	\$60	\$80	\$80	50%	50%	50%	50%	\$70	\$70
<b>RATES</b>										
INDIVIDUAL	\$760.69	\$635.69	\$628.74	\$613.15	\$534.78	\$507.88	\$444.90	\$438.65	\$533.92	\$449.44
EMPLOYEE/SPOUSE	\$1,521.38	\$1,271.37	\$1,257.49	\$1,226.29	\$1,069.56	\$1,015.77	\$889.80	\$877.30	\$1,067.85	\$898.89
EMPLOYEE/CHILDREN	\$1,293.17	\$1,080.67	\$1,068.86	\$1,042.35	\$909.13	\$863.40	\$756.33	\$745.71	\$907.67	\$764.06
FAMILY	\$2,167.96	\$1,811.71	\$1,791.92	\$1,747.47	\$1,524.13	\$1,447.47	\$1,267.97	\$1,250.16	\$1,521.68	\$1,280.92

**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**