

PLAN COMPARISON FOR APOLLO - CDPHP ASSOCIATION OPTIONS

**RATES FOR GROUPS 2+
JULY - SEPT 2015**



SOUTHERN REGION:

Broome and Tioga



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
Deductible - Individual	\$4,500	\$3,000	\$500	\$500	\$0
Family	\$9,000	\$6,000	\$1,000	\$1,000	\$0
Coinsurance	50%	n/a	n/a	20%	n/a
Max out-of-pocket** Individ	\$6,450	\$3,000	\$6,600	\$2,000	\$6,600
(includes ded.) Family	\$12,900	\$6,000	\$13,200	\$4,000	\$13,200
					n/a
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	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Well Child	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Annual GYN Physical	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	Ded/\$25 PCP Ded/\$50 Spec \$0 preferred	\$15 waived at preferred site
Diagnostic Testing Radiology	Ded/50%	Ded/0%	Lab & Rad Ded/\$45	Rad Ded/\$25 PCP Rad Ded/\$50 Spec	Lab & Rad
Physical Therapy (limit 60v lifetime)	Ded/50%	Ded/0%		\$50	
Occupational Therapy (limit 60v lifetime)	Ded/50%	Ded/0%	Ded/\$50 All Categories	not subject to deductible. All Categories	\$15 All Categories
Speech Therapy (limit 60v lifetime)	Ded/50%	Ded/0%			
Urgent Care	Ded/50%	Ded/0%	Ded/\$35	\$35 no deductible	\$40
Emergency Room	Ded/50%	Ded/0%	Ded/\$75	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

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Benefit

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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
Prescription Drugs Covered In Ntwk only	Deductible	Deductible	No Deductible	No Deductible	No Deductible
Generic	50%	\$10	\$4	\$4	\$4
Preferred Brand	50%	\$50	\$30	50%	\$30
Non Preferred Brand	50%	\$80	\$60	50%	\$60
RATES					
INDIVIDUAL	\$395.94	\$491.20	\$560.59	\$585.22	\$674.07
EMPLOYEE/SPOUSE	\$791.87	\$982.40	\$1,121.18	\$1,170.44	\$1,348.15
EMPLOYEE/CHILDREN	\$673.09	\$835.04	\$953.00	\$994.88	\$1,145.93
FAMILY	\$1,128.42	\$1,399.92	\$1,597.68	\$1,667.88	\$1,921.11
Dependents covered	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

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