



**COLONIE CHAMBER OF COMMERCE**  
**2019 CDPHP SMALL GROUP MEDICAL PLAN OPTIONS**



		Platinum 121	Gold 221	GOLD 230	Silver 320	Silver 324	Bronze 421
Network Type		EPO	EMBRACE HEALTH EPO	EPO - NEW FOR 2018	HDEPO	HDHMO Qualified - NEW FOR 2018	HDEPO
Abbreviations used below: N/A=Non applicable/ INN=In Network/ AD=After deductible/ S=Single/ F=Family/ Cov=Coverage/ Covd=Covered/ CIF=Covered in full/ Co-ins=Coinsurance/ Not subj to ded=Not subject to deductible							
IN Network (INN)	Annual Deductible	\$0	\$250 S/\$500 F (Embedded)	\$600 S/\$1,200 F (Embedded)	\$1,750 S/\$3,500 F (Aggregate)	\$2,200S/\$4,400F Aggregate	\$6,650 S/\$13,300F (Aggregate)
	Out of Pocket Max	\$7,350 S/\$14,700 F (Embedded)	\$7,150 S/\$14,300 F (Embedded)	\$7,350 S/\$14,700 F (Embedded)	\$6,550 S/\$13,100 F (Embedded)	\$4,800 / \$9,600 Aggregate	\$6,650 S/\$13,300 F (Embedded)
	Co-insurance split	N/A	N/A	N/A	N/A	N/A	0% AD
OUT of Network (OON)	Annual Deductible	N/A	N/A	N/A	N/A	N/A	N/A
	Out of Pocket Max	N/A	N/A	N/A	N/A	N/A	N/A
	Co-insurance split	N/A	N/A	N/A	N/A	N/A	N/A
Medical Services	Office Visit PCP/Spec	INN:\$20/\$20/OON:N/A	INN:\$30/\$50 AD	INN:\$25 AD /\$40 AD	INN:\$30/\$40 AD	INN:\$25 AD/\$50 AD	INN: \$0 Co-pay/0% Co-ins AD
	Preventive Services	INN ONLY:\$0 Co-pay	INN ONLY:\$0 Co-pay	INN ONLY: \$0 Co-pay	INN ONLY: \$0 Co-pay	INN ONLY: \$0 Co-pay	INN ONLY: \$0 Co-pay NO DD
	Laboratory	INN:\$20*	INN:\$50 AD*	INN:\$40 AD*	INN:\$40 AD*	INN:\$50 AD	INN: \$0 Co-pay/0% Co-ins AD
	Chiropractic Care	INN:\$20*	INN:\$50 AD*	INN:\$40 AD*	INN:\$40 AD*	INN:\$50 AD	INN: \$0 Co-pay/0% Co-ins AD
	Maternity-Dr	CIF	INN:DED then CIF	INN:DED then CIF	INN:DED then CIF	INN:\$50 AD	INN: \$0 Co-pay/0% Co-ins AD
	Imaging, X-rays	INN:\$20*	INN:\$50 AD*	INN:\$40 AD*	INN:\$40 AD*	INN:\$50 AD	INN: \$0 Co-pay/0% Co-ins AD
	ADVANCED (CAT,PET,MRI)	INN: \$20 co-pay - PRE AUTH REQD	INN: \$50 co-pay AD - PRE AUTH REQD	INN: \$40 co-pay AD - PRE AUTH REQD	INN: \$40 co-pay AD - PRE AUTH REQD	INN: \$50 co-pay AD - PRE AUTH REQD	INN: \$0 co-pay AD - PRE AUTH REQD
	Therapies: PT/OT/ST **	INN:\$20	INN:\$50 AD	INN:\$40 AD*	INN:\$40 AD*	INN:\$50 AD	INN: \$0 Co-pay/0% Co-ins AD
TeleHealth			INN: \$25 AD		INN:\$25 AD	INN: \$0 Co-pay/0% Co-ins AD	
Pediatric Dental	Pediatric Dental	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info
	Note:	APPLIES TO ALL PLANS: The ACA REQUIRES Pediatric dental. If you insure children under age 19 & DO NOT provide a dental waiver, coverage will be automatically added & billed to you.					
Hospital Services	Hospital Inpatient	INN:\$750	INN:\$1,000 After Deductible	INN:\$1,000 AD	INN:\$750.00 After Deductible	INN:\$500 After Deductible	INN: \$0 Co-pay/0% Co-ins AD
	OutPatient Surgery	INN:\$50	INN:\$100 AD	INN:\$100 AD	INN:\$150 AD	INN:\$200 AD	INN: \$0 Co-pay/0% Co-ins AD
	ER & Ambulance	INN:\$100	INN:\$100 AD	INN:\$150 AD	INN:\$150 AD	INN:\$300 AD	INN: \$0 Co-pay/0% Co-ins AD
	Urgent Care	INN:\$30/\$40 - Pre-Auth Required	INN:\$60 AD/\$60 AD Pre-Auth Required	INN:\$50 AD Non-par fac. NOT covd	INN:\$50 AD/\$50 AD Pre-Auth Required	INN:\$50 AD Non-par fac. NOT covd	INN: \$0 Co-ins AD /Non par fac NOT covd
Vision	Pediatric	1 Exam/yr-\$20/50% hware cov.	1 Exam/yr\$30 AD-50% hware cov.	1 Exam/yr \$20-50% hware cov.	1 Exam/yr \$25 AD-50% AD/hware cov.	INN ONLY: \$0 Co-pay	INN: \$0 Co-pay/0% Co-ins AD
	Adult	\$20 Exam/12 mo; hware disc pgm	\$50 AD Exam/12 mo; hware disc pgm	\$40 Exam AD /12 mos; hware disc pgm	\$40 AD Exam/12 mo; hware disc pgm	\$50 AD Exam/12 mo; hware disc pgm	INN: \$0 Co-pay/0% Co-ins AD
Prescription	Medications****	\$4G/\$30NB/\$60NF/\$60 Spec Rx	\$10G/\$50NB/\$80NF/\$80 Spec Rx NO DD	\$10G/\$35NB/\$70NF/\$70 Spec Rx No DD	\$10G/\$50NB/\$80NF/\$80 Spec Rx AD	\$10G/\$40NB/\$60NF/\$60 Spec Rx AD	INN: \$0 Co-pay/0% Co-ins AD /Prev Rx NO DD
Additional Benefits	Wellness Benefits	\$180 Life Points per contract	\$180 Life Points per contract	\$180 Life Points per contract	\$180 Life Points per contract	\$180 Life Points per contract	\$180 Life Points per contract
	Worldwide Coverage	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only
	Deps/Domestic Ptnrs	Deps to 26/DP Covd	Deps to 26/DP Covd	Deps to 26/DP Covd	Deps to 26/DP Covd	Deps to 26/DP Covd	Deps to 26/DP Covd
Monthly Premiums	Single	\$795.28	\$693.73	\$685.78	\$602.69	\$479.02	\$420.66
	Employee/Child (ren)	\$1,346.38	\$1,173.74	\$1,160.22	\$1,018.97	\$808.73	\$709.52
	Employee/Spouse	\$1,582.56	\$1,379.46	\$1,363.55	\$1,197.38	\$950.04	\$833.31
	Family	\$2,251.75	\$1,962.34	\$1,939.66	\$1,702.87	\$1,350.41	\$1,184.07
Important NOTES:	Aggregate deductible: In policies insuring more than one person, one or more persons must meet the full <i>family</i> deductible before co-pays/co-insurance goes into effect for any insured person.						
	Embedded Deductible: A deductible where each person must satisfy the <i>individual</i> deductible amount; before co-pays & co-insurance will be in effect.						
	*Copayment waived if a preferred provider or center. ** PT/OT/ST = 60 visits combined therapies, per condition, per <i>plan year</i>						
	**** Oral Chemotherapy: Members will pay the lesser of the chemotherapy cost-share or the specific drug's cost-share on the CDPHP formulary."						
All plans that have a deductible, that deductible will now apply to durable medical equipment.					This is a general overview of benefits available in these plans; <i>it is not a contract</i> .		