



COLONIE CHAMBER OF COMMERCE 2019 MVP SMALL GROUP (LIBERTY) MEDICAL PLAN OPTIONS



Network Type		Platinum 1	Gold 3	Gold 4	Silver 1	Silver 3	Bronze 2-New for 2019
EPO		EPO	EPO	EPO	EPO	EPO	EPO (Replaces Bronze 1)
Abbreviations used below: N/A=Non applicable/ INN=In Network/ OON=Out of network/ AD=After deductible/ S=Single/ F=Family/ Cov=Coverage/ Covd=Covered/ CIF=Covered in full / RX: G=Generic, NB=Name Brand & NF = Non formulary/OV = Office Visit							
IN	Annual Deductible	\$0	\$800 S/\$1,600 F (Embedded)	\$0	\$2,100S/\$4,200F (Embedded)	\$2,200S/\$4,400F (Aggregate)	\$5,000 S / \$10,000 F (Embedded)
Network (INN)	Out of Pocket Max	\$2,450 S/\$ 4,900 F (Embedded)	\$4,400 S/\$8,800 F (Embedded)	\$6,750S/\$13,500F (Embedded)	\$6,550S/\$13,100F (Embedded)	\$4,800S/\$9,600F (Embedded)	\$7,150 S/\$14,300F (Embedded)
	Co-insurance split	N/A	N/A	N/A	20%	N/A	
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: 3@ \$0, then \$5/\$45	INN:\$10 AD/\$40 AD	\$40/\$50	INN:\$30 PCP No DD/\$50 AD	INN:\$25 AD/\$50 AD	INN ONLY:3 visits \$0, then \$35/\$60 AD
	Preventive Services	INN ONLY:\$0	INN ONLY:\$0	INN ONLY: \$0	INN ONLY: \$0	INN ONLY: \$0	INN ONLY: \$0
	Laboratory	INN:\$5/\$45	INN:\$10/\$40 AD	INN:\$40/\$50	INN:\$30 No DD/\$50 AD	INN:\$25 AD/\$50 AD	INN: \$40 PCP/\$80 Spec AD
	Chiropractic Care	INN:\$45	INN:\$40 AD	INN:\$50	INN:\$50 AD	INN:\$50 AD	INN: \$60 AD
	Maternity-OV/Dr/Hosp	INN: OV-CIF/\$100 Dr/\$300 Hosp	INN: Office-CIF/\$50 Delivery	INN:OV & Dr CIF/\$1,000 Hosp	INN:Office-CIF/Delivery 20% AD	INN: Office-CIF/\$100 AD Delivery	INN:OV-CIF/\$300 Dr/\$1,500 Hosp AD
	Imaging, X-rays*	INN:\$5/\$50/\$150/\$150*	INN:\$10/\$50/ \$150* AD	INN:\$40/\$50/\$150/\$150*	INN:\$30 No DD/\$125 AD/\$225 AD*	INN:\$25 AD/\$50 AD/\$150 AD*	INN:\$40/\$100/\$200/\$200*
	ADVANCED (CT,PET, MRI)*	INN: \$100 co-pay	INN: Spec & Free Stndng: \$140 AD	INN: Spec & Free Stndg: \$150	INN: Spec & Free Stndg: \$225 AD	INN: Spec & Free Stndg: \$150 AD	INN: \$200 AD
	Therapies: PT/OT/ST **	INN:\$45	INN:\$40 AD	INN:\$50	INN:\$50 AD	INN:\$50 AD	INN:\$80 AD **
	Telemedicine	INN: \$5	INN:\$10 AD	INN:\$10	INN:\$30 NO DD	INN: \$25 AD	INN:\$35 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. Pediatric dental premium is embedded in all plans.					
Hospital Services	Hosp Inpt & Inpt Rehab	INN:\$300	INN:\$800 AD	INN:\$1000	INN:20% AD	INN:\$500 AD	INN: 30% co-ins each AD
	OutPatient Surgery	INN:\$100	INN:\$100 AD	INN:\$300	INN:\$300 AD	INN:\$200 AD	INN:\$300 co-pay AD
	ER & Ambulance	INN:\$200 each	INN:\$300 AD	INN:\$500	INN:\$350 AD	INN: \$300 AD	INN:\$350 each AD
	Urgent Care	INN:\$45	INN:\$40 AD	INN:\$60	INN:\$50 AD	INN:\$50 AD	INN:\$60 AD
Vision	Pediatric	1 Exam/yr-\$40/hardware cov.	1 Exam/yr-\$40/hardware cov.	1 Exam/yr-\$50/hardware cov.	1 Exam/yr-\$50/hardware cov.	1 Exam/yr-\$40/hardware cov.	1 Exam/yr-\$40/hardware cov.
	Adult	Medical necessity	Medical necessity	Medical necessity	Medical necessity	Medical necessity	Medical necessity only
	Note:	APPLIES TO ALL PLANS: OOP pediatric vision costs now apply to OOP maximum totals.					
Prescription Medications	In network	\$5G/\$30NB/\$50NF	\$10G/\$35NB/50%NF	\$10G/\$40NB/\$60NF	\$100S/\$200F Ded NB Meds Only / \$8G/\$35NB/\$70NF AD	\$10G/\$40NB/\$60NF AD	Integrated with Medical Deductible \$10G/\$40NB/\$60 AD
Additional Benefits	Wellness Benefits	Up to \$125 in Benefits/Contract	Up to \$125 in Benefits/Contract	Up to \$125 in Benefits/Contract	Up to \$125 in Benefits/Contract	Up to \$125 in Benefits/Contract	Up to \$125 in Benefits/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 Ptrns	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
2018 Monthly Premiums	Single	\$803.68	\$667.08	\$702.53	\$587.86	\$533.83	\$456.51
	Employee/Child (ren)	\$1,360.66	\$1,128.44	\$1,188.70	\$993.76	\$901.91	\$770.47
	Employee/Spouse	\$1,599.36	\$1,320.16	\$1,397.06	\$1,167.72	\$1,059.66	\$905.02
	Family	\$2,104.69	\$1,886.38	\$1,987.41	\$1,660.60	\$1,506.62	\$1,286.25

Important NOTES: ALL plans above include routine preventive care covered in full IN NETWORK ONLY. **NEW FOR 2018:** Preferred Provider facilities (PPFs); once applicable deductibles are met, services at PPFs are provided at no co-pay or co-insurance to the patient. All subscribers in above plans have access to the NATIONAL Cigna HealthCare Network. Subscribers in all plans above have access to 12 acupuncture visits annually & 1 adult vision exm every two years with a \$60 allowance toward hardware or contacts. DEDUCTIBLES: AGGREGATE: One or more persons must meet the FULL FAMILY deductible amount before co-pays/co-insurance goes into effect for anyone insured. EMBEDDED: Each person must meet the individual amount then their co-pays & co-ins begin.

* The 4 copays are: PCP/Specialist/Advanced Specialist/Free Standing facility. Higher co-pays apply to Advanced Imaging Services (CT/PET scans and MRI's) & Free Standing facilities in all plans. To be HSA eligible, a plan OOP MAX can't be more than \$6,650 S/ \$13,300F
 ** PT/OT/ST visits combined at 54 visits total per LIFETIME Shaded areas above denote information presented needs to be confirmed. This is a general overview of benefits available in these plans; *it is not a contract.*