



**COLONIE CHAMBER OF COMMERCE  
2024 SMALL GROUP MEDICAL PLAN OPTIONS**



		<b>!!NEW FOR 2024!!</b>					
		<b>Gold 220</b>	<b>Gold 221</b>	<b>Gold 224</b>	<b>Silver 324</b>	<b>Silver 332</b>	<b>Bronze 421</b>
<b>Network Type</b>	<b>EPO Co-payment'</b>	<b>EMBRACE HEALTH EPO</b>	<b>HMO</b>	<b>HDHMO \</b>	<b>HDEPO EPC (1)</b>	<b>HDEPO</b>	
<b>Is plan HSA Qualified?</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	
<b>Abbreviations:</b> AD=After Deductible; NoDD Not subj to deductible N/A=Non applicable; INN=In Network; S=Single; F=Family; Cov=Coverage; CIF=Covered in full; Co-ins=Coinsurance;EPC=Enhanced Primary Care; Non-EPC=NONenhanced primary care							
<b>In Network (INN)</b>	<b>Annual Deductible (2)</b>	\$750 S/\$1,500 F (Embedded)	\$250 S/\$500 F (Embedded)	\$0	\$2,500S/\$5,000F (Aggregate)	\$5,000S/\$10,000F (Embedded)	\$7,050 S/\$14,100F (Embedded)
	<b>Out of Pocket Max</b>	\$8,700 S/\$17,400 F (Embedded)	\$9,100 S/\$18,200 F (Embedded)	\$7,900 S/\$15,800 F (Embedded)	\$6,500 S/\$13,000 (Aggregate)	\$8,750 S/\$17,500 F (Embedded)	\$7,050 S/\$14,100F (Embedded)
	<b>Co-insurance split</b>	N/A	N/A	N/A	N/A	N/A	0% AD
<b>OUT of Ntwk (OON)</b>	<b>Annual Deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Out of Pocket Max</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Co-insurance split</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Medical Services</b>	<b>Office Visit PCP/Spec</b>	INN:\$25 AD /\$40 AD	INN:\$30/\$50 AD	EPC:\$0 / Non-EPC & Sp:\$50 ea	INN: \$25/\$50 AD	INN:\$0 EPC-\$40 Non-EPC AD/Sp \$60 AD	INN: \$0 Co-pay/Co-ins AD
	<b>Preventive Services</b>	INN ONLY: \$0 Co-pay	INN ONLY:\$0 Co-pay	INN ONLY: \$0 Co-pay	INN ONLY: \$0 Co-pay	INN ONLY:Covered in Full	INN ONLY: \$0 Co-pay NO DD
	<b>Laboratory*</b>	INN:\$40 AD*	INN:\$50 AD*	INN:\$50 Waived for Preferred Provider	INN:\$50 AD	INN:\$60 AD	INN: \$0 Co-pay/Co-ins AD
	<b>Chiropractic Care</b>	INN:\$40 AD*	INN:\$50 AD*	INN:\$50 Waived for Preferred Provider	INN:\$50 AD	INN:\$60 AD	INN: \$0 Co-pay/Co-ins AD
	<b>Maternity-Dr</b>	INN:DED then Covered in Full	INN:DED then Covered In Full	INN: Covered in Full	INN:\$50 AD	OV & Nursery \$0/Inpt: Ded + \$750 co-pay	INN: \$0 Co-pay/Co-ins AD
	<b>Imaging, X-rays*</b>	INN:\$40 AD*	INN:\$50 AD*	INN:\$50 Waived for Preferred Provider	INN:\$50 AD	INN:\$60 AD	INN: \$0 Co-pay/Co-ins AD
	<b>ADVANCED (CAT,PET,MRI)</b>	INN: \$40 co-pay AD - PRE AUTH REQD	INN: \$50 co-pay AD-PRE AUTH REQD	INN: \$50 co-pay - PRE AUTH REQD	INN: \$50 co-pay AD - PRE AUTH REQD	INN: \$50 co-pay - PRE AUTH REQD	INN: \$0 co-pay AD - PRE AUTH REQD
	<b>Therapies: PT/OT/ST</b>	INN:\$40 AD*	INN:\$50 AD	INN:\$50 Waived for Preferred Provider	INN:\$50 AD	INN:\$60 AD	INN: \$0 Co-pay/Co-ins AD
<b>TeleHealth</b>	INN: \$0	INN: \$0	INN: \$0	INN:\$0 AD	INN: Prfd Provs \$0 AD	INN: \$0 Co-pay/Co-ins AD	
<b>Pediatric Dental</b>	<b>Pediatric Dental</b>	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
	<b>Note:</b>	<i>APPLIES TO ALL PLANS: The ACA <u>REQUIRES</u> Pediatric dental. If you insure children under age 19 &amp; DO NOT provide a dental waiver, coverage will be automatically added &amp; billed to you.</i>					
<b>Hospital Services</b>	<b>Hospital Inpatient</b>	INN:\$800 AD	INN:\$1,500 AD	INN:\$1,500.00 AD	INN:\$500 AD	INN:\$750 AD	INN: \$0 Co-pay/Co-ins AD
	<b>OutPatient Surgery</b>	INN:\$100 AD	INN:\$150 AD	INN:\$200 AD	INN:\$200 AD	INN:\$200 AD	INN: \$0 Co-pay/Co-ins AD
	<b>ER &amp; Ambulance</b>	INN:\$100 each AD	INN:\$200 each AD	INN:\$500 each	INN:\$300 AD	INN:\$500 each AD	INN: \$0 Co-pay/Co-ins AD
	<b>Urgent Care</b>	INN:\$60 AD Non-par fac. NOT covd	INN:\$70 AD Non-par fac NOT covd	INN:\$100 Non-par fac NOT covd	INN:\$60 AD Non-par fac. NOT covd	AD: INN:\$100 - Non-par fac NOT covd	INN: \$0 Co-ins AD /Non par fac NOT covd
<b>Vision</b>	<b>Pediatric</b>	1 Exam/yr \$25 AD - 50% hware cov.	1 Exam/yr\$30 AD-50% hware cov.	1 Exam/yr \$50-50% AD/hware cov.	INN ONLY: \$0 Co-pay	AD: 1 Exam/yr-\$40/50% co-ins hware cov.	INN: \$0 Co-pay/Co-ins AD
	<b>Adult</b>	\$40 AD 1Ex/12 mos; hdw disc pgm	\$50 AD 1Ex/12 mos; hdw disc pgm	\$50 1Ex/12 mos; hdw disc pgm	\$50 AD 1Ex/12 mos; hdw disc pgm	AD: \$60 Exam/12 mo; hware disc pgm	INN: \$0 Co-pay/Co-ins AD
<b>Prescription Medications See (3),(4),(5) &amp; (6)</b>	<b>Prfd/Non-Prfd Rx Tiers 1-3</b>	P/NP: 1: \$4/50%; 2:\$30/50%, 3:\$60/50%	P/NP: 1:\$10/50%, 2:\$50/50%, 3: \$80/50%	P/NP: 1:\$0/50%, 2:\$50/50%, \$80/50%	P/NP: \$10/50%, 2:\$40/50%, 3: \$60/50%	P/NP: 1: \$15/50%, 2:\$50/50%, 3:\$80/50%	P \$0 / NP 50% for Rx Tiers 1, 2 & 3 AD
	<i>(P/NP =pharmacy, see (5) below)</i>	\$60 Specialty Rx	\$80 Specialty Rx	\$80 Specialty Rx	\$60 Specialty Rx <b>AD</b>	\$80 Co-pay Specialty Rx	0% co-ins for Specialty Rx
	<b>Rx for Members under age 19</b>	Tier 1 meds cost share waived	Tier 1 meds cost share waived	N/A	Tier 1 meds cost share waived	Tier 1 meds cost share waived	N/A
	<b>Does medical plan ded apply?</b>	Not to Rx meds	Not to Rx meds	N/A	& yes, plan ded applies for mbrs under 19	Not to Rx meds	Preventive Rx NO DD
<b>Additional Benefits</b>	<b>Wellness Benefits</b>	\$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
	<b>Worldwide Coverage</b>	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only
	<b>Deps/Domestic Ptrns</b>	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
<b>Monthly Premiums</b>	<b>Single</b>	\$888.30	\$888.15	\$849.64	\$721.97	\$738.93	\$671.62
	<b>Employee/Child (ren)</b>	\$1,504.51	\$1,504.26	\$1,438.79	\$1221.75	\$1,250.58	\$1136.15
	<b>Employee/Spouse</b>	\$1,768.60	\$1,768.30	\$1,691.28	\$1,435.94	\$1,469.86	\$1335.24
	<b>Family</b>	\$2,516.86	\$2,516.43	\$2,406.67	\$2,042.81	\$2,091.15	\$1,898.32

(1) EPC = Enhanced Provider Care plan; when utilizing EPC providers/centers you save - see summary/SBC for details.

\* Copayment may be waived if utilizing a preferred provider/center.

(2) DED: **Aggregate:** When 2 or more persons are insured, 1 or more must meet the full family ded amt before co-pays/co-ins go into effect for anyone insured.

**Embedded:** once an insured person meets the individual ded amount, then the carrier begins payments for that person.

(3) Tier 1=Generics, Tier 2=Name Brand, Tier 3=Non=formulary. These plans use CDPHP Formulary 2: www.cdphp.com/-/media/files/pharmacy/formulary-2.pdf

All newer drugs are excluded from the formulary & require pre-auth until reviewed/approved by the CDPHP P&T cmte..

(4) Oral Chemotherapy: Members will pay the lesser of the chemotherapy cost-share or the specific drug's cost-share on the CDPHP formulary."

**This is a general overview of benefits available in these plans; it is not a contract.**

(5) Prescriptions administered in office or OP facility may incur deductibles and/or co-insurance of up to 20%.

Shading = awaiting confirmation or benefit change from prior year.

(6) Preferred Pharmacies include: Hannaford, RiteAid, Market 32/Price Chopper, Walgreens, Walmart, multiple independent pharmacies & more. Go to www.cdphp.com/members/rx-corner/rx-for-details. 50% Co-insurance is imposed at NON preferred pharmacy purchaes.