



COLONIE CHAMBER OF COMMERCE 2024 MVP SMALL GROUP MEDICAL PLAN OPTIONS



		Gold 1	Gold 3	Gold 4	Gold 6	Silver 3	Bronze 2	
Network Type		REGIONAL HMO NETWORK	National Network EPO	National Network EPO	National Network EPO	National Network EPO	National Network EPO	
Abbreviations used below: N/A=Non applicable/No DD=No deductible/ INN=In Network/OON=Out of network/ AD=After deductible/S=Single/F=Family/Cov=Coverage/CIF=Covered in full /Rx: G=Generic/NB=Name Brand/NF = Non formulary/OV = Office Visit								
IN Network (INN)	Annual Deductible	\$850 S / \$1700 F (Embedded)	\$1,000 S/\$2,000 F (Embedded)	\$0	\$350/\$700 F (Embedded)	\$2,550S/\$5,100F (Aggregate)	\$6,150 S / \$12,300 F (Embedded)	
	Out of Pocket Max	\$7,000 S/\$14,000 F (Embedded)	\$5,000 S/\$10,000 F (Embedded)	\$6,750S/\$13,500F (Embedded)	\$6,550 S/\$13,100 F (Embedded)	\$6,350S/\$12,700 F (Embedded)	\$8,900 S/\$17,800F (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	P NoDD 3-\$0 then \$15 / Sp:\$50 AD	INN:\$20 AD/\$40 AD	\$40/\$50	\$40 NoDD / \$50 NoDD	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:PCP \$15/Spec/OP Hos \$50	INN:\$10/\$40 AD	INN:\$60/\$60	NoDD: PCP \$30 /Spec & Hosp \$50 AD	INN:\$25 AD/\$50 AD	INN: \$40 PCP/\$80 Spec AD	
	Chiropractic Care	INN:\$50	INN:\$40 AD	INN:\$50	INN:\$50	INN:\$50 AD	INN: \$60 AD	
	Maternity-OV/Dr/Hosp	OV-\$0/\$100 Dr/\$500 Hos both AD	INN: Office-CIF/\$50 Delivery	INN:OV & Dr CIF/\$1,000 Hosp	INN:OV-CIF/Dr \$100, Hosp \$1,000 AD	INN: Office-CIF/\$100 AD Delivery	INN:OV-CIF/\$300 Dr/\$1,500 Hosp AD	
	Imaging, X-rays* **	PCP \$15 / Spec \$50 AD	INN:\$40/\$50/ \$150* AD	INN:\$60/\$60/\$150/\$150*	INN: OV \$30/Spec & Hosp OP \$50	INN:\$25 AD/\$50 AD/\$150 AD*	INN:\$40/\$100/\$200/\$200*	
	CT,PET, MRI* **	\$100 co-pay AD	INN: Spec & Free Stndng: \$140 AD	INN: Spec & Free Stndg: \$150	INN: \$100 co-pay	INN: Spec & Free Stndg: \$150 AD	INN: \$200 AD	
	Therapy: PT/OT/ST ***	\$50 co-pay AD	INN:\$40 AD	INN:\$50	INN:\$50	INN:\$50 AD	INN:\$80 AD **	
Virtual Care Gia	For all plans: Gia Virtual Care is \$0 co-pay for all plans EXCEPT Silver 3, which is a Qualified High Deductible Health Plan. In the Silver 3 the deductible applies first then Gia benefit is activated at no co-pay/co-insurance.							
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 for all children age 19 & younger - even infants. If you insure children under age 19 & DO NOT provide a dental waiver, coverage will be automatically added & billed.							
Hospital Services	Inpt Hosp & Rehab	INN:\$500 AD each	INN:\$800 AD	INN:\$1000	INN: \$1,000 co-pay each AD	INN:\$500 AD	INN: 30% co-ins each AD	
	OutPatient Surgery	INN:\$200	INN:\$100 AD	INN:\$300	INN: \$300 co-pay AD	INN:\$200 AD	INN:\$300 co-pay AD	
	ER & Ambulance	INN: \$300 NODD	INN:\$300 AD	INN:\$500	INN: \$100 co-pay each NoDD	INN: \$300 AD	INN:\$350 each AD	
	Urgent Care	INN:\$50 NoDD	INN:\$40 AD	INN:\$60	INN:\$50 NoDD	INN:\$50 AD	INN:\$60 AD	
Vision	Pediatric	\$50 co-pay; 1 Exam/yr	1 Exam/yr-\$40 co-pay	1 Exam/yr-\$50co-pay	1 Exam/yr \$50 co-pay	1 Exam/yr-\$40 co-pay	1 Exam/yr-\$40co-pay	
	Note: APPLIES TO ALL PLANS: OOP pediatric vision costs now apply to OOP maximum totals.							
	Adult	Medical necessity only	Medical necessity only	Medical necessity only	Medical necessity only	Medical necessity only	Medical necessity only	
Prescription Medications	In network	Name Rx ded: \$200 S/\$400 F \$10G NoDD/\$35NB/\$70NF AD	NoDD: \$10G / \$35NB / 50%NF	\$10G / \$40NB / \$60NF	All tiers: NoDD: \$10G / \$40NB / \$60NF	Integrated w/Medical Deductible \$15G / \$40NB / \$60NF AD	Integrated w/Medical Deductible \$10G / \$40NB / \$60 AD	
Additional	Well-Being Benefits	\$600/Contract/Yr.	\$600/Contract/Yr.	\$600/Contract/Yr.	\$600/Contract/Yr.	\$600/Contract/Yr.	\$600/Contract/Yr.	
	APPLIES TO ALL : Purchase \$600/contract/year of approved Well-Being goods (examples: gym/club memberships, home/life organization tools, activity tracking devices, home BP cuffs, massage therapy) & file for reimbursement using the form linked on this site.							
	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 Pttrs	Depos to 26-Opt to age 30/DP Covd	Depos to 26-Opt to age 30/DP Covd	Depos to 26-Opt to age 30/DP Covd	Depos to 26-Opt to age 30/DP Covd	Depos to 26-Opt to age 30/DP Covd	Depos to 26-Opt to age 30/DP Covd	Depos to 26-Opt to age 30/DP Covd	
Monthly	Single	\$965.03	\$939.20	\$993.56	\$994.97	\$805.90	\$658.28	
	Employee/Child (ren)	\$1,634.95	\$1,591.04	\$1,683.45	\$1,685.85	\$1,583.80	\$1,308.56	
	Employee/Spouse	\$1,922.06	\$1,870.40	\$1,979.12	\$1,981.94	\$1,347.43	\$1,113.48	
	Family	\$2,735.54	\$2,661.92	\$2,893.85	\$2,820.86	\$2,253.52	\$1,861.30	

The 4 copays are: 1. 07 Specialist/Advanced Specialist/Free Standing facility. Higher co-pays apply to Advanced Imaging Services (CT/MRI scans and MRSA) & Free Standing facilities in all plans.

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