

COLONIE CHAMBER OF COMMERCE 2024 MVP SMALL GROUP MEDICAL PLAN OPTIONS



used below: N/A=Non applicable/No DD=h uctible \$850 S / \$1700 F (Embed) iset Max \$7,000 S/\$14,000 F (Embed) iset Max \$7,000 S/\$14,000 F (Embed) iset Max \$7,000 S/\$14,000 F (Embed) uctible N/A uctible N/A iset Max N/A ce split N/A ce split N/A PCP/Spec P NoDD 3-\$0 then \$15 / Sp:\$ Services INN ONLY:\$0 * INN:PCP \$15/Spec/OP Host c Care INN:\$50 V/Dr/Hosp OV-\$0/\$100 Dr/\$500 Hos bc rays* ** PCP \$15 / Spec \$50 Al PET, MRI* ** \$100 co-pay AD t/OT/ST *** \$50 co-pay AD	Cce split N/A N/A Nuctible N/A N/A N/A N/A N/A N/A N/A N/A Ce split N/A N/A PCP/Spec P NoDD 3-\$0 then \$15 / Sp:\$50 AD INN:\$20 AD/\$40 AD Services INN ONLY:\$0 INN ONLY:\$0 t** INN:PCP \$15/Spec/OP Hos \$50 INN:\$10/\$40 AD c Care INN:\$50 INN:\$40 AD V/Dr/Hosp OV-\$0/\$100 Dr/\$500 Hos both AD INN: Office-CIF/\$50 Delivery IN rays *** PCP \$15 / Spec \$50 AD INN:\$40/\$50/\$150* AD INN:\$40/\$50/\$150* AD PET, MRI* ** \$100 co-pay AD INN: Spec & Free Stndng: \$140 AD IN	National Network EPO AD=After deductible/S=Single/F=- \$0 6,750S/\$13,500F (Embedded) N/A N/A	\$350/\$700 F (Embedded) \$6,550 S/\$13,100 F (Embedded) 20% N/A N/A N/A \$40 NoDD / \$50 NoDD INN ONLY: \$0 NoDD: PCP \$30 /Spec & Hosp \$50 AD INN:\$50	National Network EPO : G=Generic/NB=Name Brand/NF = Nor \$2,550S/\$5,100F (Aggregate) \$6,350/S/\$12,700 F (Embedded) N/A N/A N/A N/A INN:\$25 AD/\$50 AD	\$6,150 S / \$12,300 F (Embedded) \$8,900 S/\$17,800F (Embedded) N/A N/A N/A INN ONLY:3 visits \$0, then \$35/\$60 AI INN ONLY: \$0
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rays*** PCP \$15 / Spec \$50 Al PET, MRI*** \$100 co-pay AD T/OT/ST *** \$50 co-pay AD	rays*** PCP \$15 / Spec \$50 AD INN:\$40/\$50/ \$150* AD PET, MRI*** \$100 co-pay AD INN: Spec & Free Stndng: \$140 AD IN			ΠΑ ΠΟΦ.ΝΙΝΙΙ	INN: \$60 AD
PET, MRI* ** \$100 co-pay AD r/OT/ST *** \$50 co-pay AD	PET, MRI* ** \$100 co-pay AD INN: Spec & Free Stndng: \$140 AD IN	ININI-¢60/¢60/¢150/¢150*	INN:OV-CIF/Dr \$100, Hosp \$1,000 AD	INN: Office-CIF/\$100 AD Delivery	INN:OV-CIF/\$300 Dr/\$1,500 Hosp AD
T/OT/ST *** \$50 co-pay AD		UCT¢/UCT¢/UO¢/UO¢.vini	INN: OV \$30/Spec & Hosp OP \$50	INN:\$25 AD/\$50 AD/\$150 AD*	INN:\$40/\$100/\$200/\$200*
		NN: Spec & Free Stndg: \$150	INN: \$100 co-pay	INN: Spec & Free Stndg: \$150 AD	INN: \$200 AD
-		INN:\$50	INN:\$50	INN:\$50 AD	INN:\$80 AD **
Gia For all plans: Gia Virtua	Gia For all plans: Gia Virtual Care is \$0 co-pay for all plans EXCEPT Silver 3, wh	nich is a Qualified High Deductiby	le Health Plan. In the Silver 3 the deductible a	pplies first then Gia benefit is activated	at no co-pay/co-insurance.
INN Cov ONLY;see dental	ental INN Cov ONLY;see dental info INN Cov ONLY;see dental info IN	NN 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: 1	Note: APPLIES TO ALL PLANS: The ACA REQUIRES Pediatric dental for all children a	age 19 & younger - even infants.	If you insure children under age 19 & DO NOT	provide a dental waiver, coverage will	be automatically added & billed.
Rehab INN:\$500 AD each	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
Surgery INN:\$200	Surgery INN:\$200 INN:\$100 AD	INN:\$300	INN: \$300 co-pay AD	INN:\$200 AD	INN:\$300 co-pay AD
INN: \$300 NODD	lance INN: \$300 NODD INN: \$300 AD	INN:\$500	INN: \$100 co-pay each NoDD	INN: \$300 AD	INN:\$350 each AD
INN:\$50 NoDD	e INN:\$50 NoDD INN:\$40 AD	INN:\$60	INN:\$50 NoDD	INN:\$50 AD	INN:\$60 AD
\$50 co-pay; 1 Exam/yi	\$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: O	Note: APPLIES TO ALL PLANS: OOP pediatric vision costs now apply to OOP maximum	m totals.			
Medical necessity only	Medical necessity only Medical necessity only	Medical necessity only	Medical necessity only	Medical necessity only	Medical necessity only
	Name Rx ded: \$200 S/\$400 F NoDD: \$10G / \$35NB / 50%NF \$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
Benefits \$600/Contract/Yr.	Benefits \$600/Contract/Yr. \$600/Contract/Yr.	\$600/Contract/Yr.	\$600/Contract/Yr.	\$600/Contract/Yr.	\$600/Contract/Yr.
			Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only
stic Ptnrs Deps to 26-Opt to age 30/DF	stic Ptnrs Deps to 26-Opt to age 30/DP Covd Deps to 26-Opt to age 30/DP Covd Dep	ps to 26-Opt to age 30/DP Covd	Deps to 26-Opt to age 30/DP Covd	Deps to 26-Opt to age 30/DP Covd	Deps to 26-Opt to age 30/DP Covd
	Single \$965.03 \$939.20	\$993.56	\$994.97	\$805.90	\$658.28
Single \$965.03		\$1,683.45		\$1,583.80	\$1,308.56
Single \$965.03 ee/Child (ren) \$1.634.95		. ,			\$1,113.48
ee/Child (ren) \$1,634.95		\$2,893.85	\$2,820.86	\$2,253.52	\$1,861.30
IES TO Cover	IES TO Cover estic P	O ALL : Purchase \$600/contract/year of approved Well-Being goods (examples: gym/club member age age Urgent & emergency care only Urgent & emergency care only thrs Deps to 26-Opt to age 30/DP Covd Deps to 26-Opt to age 30/DP Covd Deps to 26-Opt to age 30/DP Covd Single \$965.03 \$939.20 Id (ren)	D ALL : Purchase \$600/contract/year of approved Well-Being goods (examples: gym/club memberships, home/life organization tools, age Urgent & emergency care only Urgent & emergency care only thrs Deps to 26-Opt to age 30/DP Covd Deps to 26-Opt to age 30/DP Covd Deps to 26-Opt to age 30/DP Covd Single \$965.03 \$939.20 \$993.56 Id (ren) \$1,634.95 \$1,591.04 \$1,683.45 Spouse \$1,922.06 \$1,870.40 \$1,979.12	DALL: Purchase \$600/contract/year of approved Well-Being goods (examples: gym/club memberships, home/life organization tools, activity tracking devices, home BP cuffs, massage the age age Urgent & emergency care only thrs Deps to 26-Opt to age 30/DP Covd Single \$965.03 \$939.20 \$993.56 \$994.97 Id (ren) \$1,634.95 \$1,591.04 \$1,683.45 \$1,685.85 Spouse \$1,922.06 \$1,870.40 \$1,979.12 \$1,981.94	its\$600/Contract/Yr.\$600/Contract/Yr.\$600/Contract/Yr.\$600/Contract/Yr.O ALL :Purchase \$600/contract/Yr.\$600/Contract/Yr.\$600/Contract/Yr.\$600/Contract/Yr.ageUrgent & emergency care onlyUrgent & emergency care onlyUrgent & emergency care onlyUrgent & emergency care onlythrsDeps to 26-Opt to age 30/DP CovdDeps to 26-Opt to age 30/DP CovdDeps to 26-Opt to age 30/DP CovdDeps to 26-Opt to age 30/DP CovdSingle\$965.03\$939.20\$993.56\$994.97\$805.90Id (ren)\$1,634.95\$1,591.04\$1,683.45\$1,685.85\$1,583.80Spouse\$1,922.06\$1,870.40\$1,979.12\$1,981.94\$1,347.43

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

יוופ - נטףמאש מופ. ד טר וסףפטמושירת אמונים טףפטמושיר דפפ טומוזעוווען זמטוווע. דוערופי טייףמאש מאטון נע תעאמוטפע ווומעוועש ספו אופש (טדור ב ד שטמוש מוע אווידש) עד דפפ טומועוווען זמטווונפ ווד מון אומוש.