

**PLAN COMPARISON FOR APOLLO - CDPHP ASSOCIATION OPTIONS**

RATES FOR GROUPS 2+  
JAN - MARCH 2015



**HUDSON VALLEY REGION** Delaware, Dutchess, Orange and Ulster

<b>Benefit</b>	<b>NESBG Plan 1 In Ntwk Only</b>	<b>NESBG Plan 2 In/Out Ntwk</b>	<b>NESBG Plan 3 In Ntwk Only</b>	<b>NESBG Plan 4 In Ntwk Only</b>	<b>NESBG Plan 5 In Ntwk Only</b>	<b>NESBG Plan 6 In Ntwk Only</b>	<b>NESBG Plan 7 In Ntwk Only</b>	<b>NESBG Plan 8 In Ntwk Only</b>
Deductible - Individual	\$5,000	\$4500/\$5000	\$2,000	\$3,000	\$2,000	\$500	\$250	\$0
Family	\$10,000	\$10000/\$10000	\$4,000	\$6,000	\$3,000	\$1,000	\$500	\$0
Coinsurance	n/a	90/10 - 50/50	n/a	n/a	20%	20%	n/a	n/a
Max out-of-pocket** Individ	\$6,450	\$6350/\$10000	\$4,500	\$3,000	\$6,000	\$2,000	\$6,350	\$6,600
<b>(includes ded.) Family</b>	\$12,900	\$12700/\$20000	\$9,000	\$6,000	\$12,000	\$4,000	\$12,700	\$13,200
<b>Bonus Account</b>	n/a	n/a	n/a	n/a	\$200/ Max Roll Over \$400	n/a	\$200/ Max Roll Over \$400	n/a
Inpatient Hospital (newborn in ntw coin waived)	Ded/0%	Ded/Coins	Ded/0%	Ded/0%	Ded/20%	Ded/20%	Ded/\$1000	\$500
Outpatient Surgery	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	Ded/20%	Ded/\$100	\$100
Diagnostic Office Visit	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$25 PCP \$50 Spec.	Ded/\$30 PCP Ded/\$50 Spec	\$15 PCP \$15 Spec.
Annual Adult Physical	Paid in Full	In Full/Ded	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Well Child	Paid in Full	In Full/Ded	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Annual GYN Physical	Paid in Full	In Full/Ded	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Diagnostic Prevent Test (mammogram, prostate, cervical cytology etc.	Paid in Full	In Full/Ded	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Diagnostic Testing Lab	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20% then waive for preferred site	Ded/\$25 PCP Ded/\$50 Spec \$0 preferred	Ded/\$30 PCP Ded/\$50 Spec	\$15 waived at preferred site
Diagnostic Testing Radiology	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	Rad Ded/\$25 PCP Rad Ded/\$50 Spec	Ded/\$30 PCP Ded/\$50 Spec	Lab & Rad
Physical Therapy (limit 60v lifetime)	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$50		
Occupational Therapy (limit 60v lifetime)	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	not subject to deductible. All Categories	Ded/\$50 All Categories	\$15 All Categories
Speech Therapy (limit 60v lifetime)	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%			
Urgent Care	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$35 no deductible	Ded/\$40	\$40
Emergency Room	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	Ded/20%	Ded/\$100	\$100
Ambulance	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	Ded/20%	Ded/\$100	\$100

**Please Note Abbreviations Used:** Ded - Deductible Coins - Coinsurance In Ntwk - In Network Out Ntwk - Out of Network v- visits Rad -Radiology

Plan 1 HDEPO403 Plan 2 HDPP0 408 Plan 3 HDEPO 301, Plan 4 HDEPO 302 Plan 5 EMBRACE HEALTH 311 Plan 6 EPO 204

Plan 7 EMBRACE HEALTH 205 Plan 8 EPO 105

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**Benefit**

	<b>NESBG Plan 1 In Ntwk Only</b>	<b>NESBG Plan 2 In/Out Ntwk</b>	<b>NESBG Plan 3 In Ntwk Only</b>	<b>NESBG Plan 4 In Ntwk Only</b>	<b>NESBG Plan 5 In Ntwk Only</b>	<b>NESBG Plan 6 In Ntwk Only</b>	<b>NESBG Plan 7 In Ntwk Only</b>	<b>NESBG Plan 8 In Ntwk Only</b>
Outpatient Subst. Abuse	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$25 not subject to deductible	\$30	\$15
Inpatient Rehab Services	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	Ded/20%	\$1,000	\$500
Outpatient Mental Health	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$25 no deductible	\$30	\$15
Inpatient Mental Health	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	Ded/20%	\$1,000	\$500
Home Health Care	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$25 no deductible	Ded/\$50	\$30
Durable Medical Equip	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	50% Coins not subject to deductible	50% Coins not subject to deductible	50% Coins not subject to deductible	50%
Diabetic Supplies	Ded/0%	Ded/\$15 Ded/50%	Ded/0%	Ded/0%	\$15 not subject to deductible	\$15 not subject to deductible	\$15 not subject to deductible	\$15
Chiropractor	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$50 not subject to deductible	Ded/\$50	\$15
<b>Prescription Drugs Covered In Ntwk only</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>	<b>No Deductible</b>	<b>No Deductible</b>	<b>No Deductible</b>	<b>No Deductible</b>
Generic	\$4	\$4	50%	\$10	10%	\$4	\$10	\$4
Preferred Brand	\$30	50%	50%	\$50	25%	50%	\$50	\$30
Non Preferred Brand	\$60	50%	50%	\$80	40%	50%	\$80	\$60
<b>RATES</b>								
<b>INDIVIDUAL</b>	\$422.65	\$433.91	\$508.51	\$502.92	\$514.34	\$599.19	\$595.29	\$690.16
<b>EMPLOYEE/SPOUSE</b>	\$845.30	\$867.82	\$1,017.02	\$1,005.84	\$1,028.69	\$1,198.38	\$1,190.58	\$1,380.32
<b>EMPLOYEE/CHILDREN</b>	\$718.50	\$737.65	\$864.47	\$854.97	\$874.38	\$1,018.62	\$1,011.99	\$1,173.27
<b>FAMILY</b>	\$1,204.55	\$1,236.65	\$1,449.26	\$1,433.33	\$1,465.88	\$1,707.69	\$1,696.57	\$1,966.96
<b>Dependents covered</b>	26	26	26	26	26	26	26	26

**Comparison is for illustration and highlights - the terms, limitations, conditions and exclusions of the insurance contract & certificate govern**

**\*Please Note Abbreviations Used:** Ded - Deductible Coins - Coinsurance In Ntwk - In Network Out Ntwk - Out of Network v- visits

**Please Note that Plans 1-4 have aggregate deductibles while Plans 5-8 have an embedded deductible**

11/4/2014