

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

RATES FOR GROUPS 2+  
OCT - DEC 2015



NY, Inc.



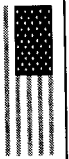
CAPITAL REGION: Albany, Columbia, Fulton, Greene, Montg.  
Saratoga, Schenectady, Schoharie, Rensselaer, Warren & Washington

Benefit	NESBG	NESBG	NESBG	NESBG	NESBG	NESBG	NESBG	NESBG	NESBG
	Plan 1 In Ntwk Only	Plan 2 In/Out Ntwk	Plan 3 In Ntwk Only	Plan 4 In Ntwk Only	Plan 5 In Ntwk Only	Plan 6 In Ntwk Only	Plan 7 In Ntwk Only	Plan 8 In Ntwk Only	
Deductible - Individual	\$5,000	\$4500/\$5000	\$2,000	\$3,000	\$2,000	\$500	\$250	\$0	
Family	\$10,000	\$9000/\$10000	\$4,000	\$6,000	\$4,000	\$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 (includes ded.) Family	\$6,450 \$12,900	\$6450/\$10000 \$12900/\$20000	\$4,500 \$9,000	\$3,000 \$6,000	\$6,000 \$12,000	\$2,000 \$4,000	\$6,600 \$13,200	\$6,600 \$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%	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 not subject to deductible. All Categories	Ded/\$50 All Categories	\$15 All Categories	
Occupational Therapy (limit 60v lifetime)	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$35 no deductible	Ded/\$40	\$40	
Speech Therapy (limit 60v lifetime)	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$35 no deductible	Ded/\$100	\$100	
Urgent Care	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$35 no deductible	Ded/\$100	\$100	
Emergency Room	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$35 no deductible	Ded/\$100	\$100	
Ambulance	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$35 no deductible	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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	NESBG Plan 1 In Ntwk Only	NESBG Plan 2 In/Out Ntwk	NESBG Plan 3 In Ntwk Only	NESBG Plan 4 In Ntwk Only	NESBG Plan 5 In Ntwk Only	NESBG Plan 6 In Ntwk Only	NESBG Plan 7 In Ntwk Only	NESBG Plan 8 In Ntwk Only
Outpatient Subst. Abuse	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	Ded/20% not subject to deductible	\$30	\$15
Inpatient Rehab Services	Ded/0%	Ded/10% Ded/50%	Ded/0%	Ded/0%	Ded/20%	\$25 not subject to deductible	\$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%	not subject to deductible	Ded/\$50	\$15
Prescription Drugs Covered In Ntwk only	Deductible	Deductible	Deductible	Deductible	No Deductible	No Deductible	No Deductible	No Deductible
Generic	\$4	\$4	50%	50%	10%	\$4	\$4	\$4
Preferred Brand	\$30	50%	50%	50%	25%	50%	\$30	\$30
Non Preferred Brand	\$60	50%	50%	50%	40%	50%	\$60	\$60
<b>RATES</b>								
<b>INDIVIDUAL</b>	\$373.21	\$383.15	\$449.03	\$444.09	\$454.17	\$529.09	\$525.65	\$609.43
<b>EMPLOYEE/SPOUSE</b>	\$746.41	\$766.30	\$898.05	\$888.18	\$908.35	\$1,058.19	\$1,051.30	\$1,218.85
<b>EMPLOYEE/CHILDREN</b>	\$634.45	\$651.36	\$763.34	\$754.95	\$772.10	\$899.46	\$893.61	\$1,036.02
<b>FAMILY</b>	\$1,063.64	\$1,091.98	\$1,279.72	\$1,265.65	\$1,294.40	\$1,507.92	\$1,498.11	\$1,736.86
Dependents covered	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