

Greater Rochester Chamber & Better Business Bureau CTA Healthcare Plan Comparison - MVP EPO HSA Qualified Options - January 1, 2023



Employee Benefit Proposal Summary

always beneficial

| Financial Analysis  | MVP EPO Gold 2 (HDHP - Aggregate/ Embedded) <sup>1</sup>  | MVP EPO Silver 3 (HDHP - Aggregate/ Embedded) <sup>1</sup>  | MVP EPO Silver 8 (HDHP - Embedded) <sup>1</sup>   | MVP EPO Bronze 3 (HDHP - Embedded) <sup>1</sup>   | MVP EPO Bronze 5 (HDHP - Embedded) <sup>1</sup>  | MVP EPO Bronze 6 (HDHP - Embedded) <sup>1</sup>  | MVP EPO Bronze 7 (HDHP - Embedded) <sup>1</sup>  |
|---|---|---|---|---|--|--|--|
|   | Rates Effective: 1/1/23-12/31/23  | Rates Effective: 1/1/23-12/31/23  | Rates Effective: 1/1/23-12/31/23  | Rates Effective: 1/1/23-12/31/23  | Rates Effective: 1/1/23-12/31/23   | Rates Effective: 1/1/23-12/31/23   | Rates Effective: 1/1/23-12/31/23   |
| Single  | 815.56  | 697.33  | 675.09  | 591.45  | 578.46   | 614.70   | 586.76   |
| Employee/Spouse   | 1,631.12  | 1,394.66  | 1,350.18  | 1,182.90  | 1,156.92   | 1,229.40   | 1,173.52   |
| Family w/no Spouse  | 1,386.45  | 1,185.46  | 1,147.65  | 1,005.47  | 983.38   | 1,044.99   | 997.49   |
| Family  | 2,324.35  | 1,987.39  | 1,924.01  | 1,685.63  | 1,648.61   | 1,751.90   | 1,672.27   |
| <b>In-Network Services</b>                                  |   |   |   |   |  |  |  |
| <b>Metal Level</b>  | Gold  | Silver  | Silver  | Bronze  | Bronze   | Bronze   | Bronze   |
| Annual Deductible   | \$1,600 Single/ \$3,200 Family  | \$2,500 Single/ \$5,000 Family  | \$4,400 Single/ \$8,800 Family  | \$6,200 Single/ \$12,400 Family   | \$6,250 Single/ \$12,500 Family  | \$6,900 Single/ \$13,800 Family  | \$6,200 Single/ \$12,400 Family  |
| Annual Out-of-Pocket Maximum                                | \$5,000 Single/ \$10,000 Family   | \$5,900 Single/ \$11,800 Family   | \$6,900 Single/ \$13,800 Family   | \$6,900 Single/ \$13,800 Family   | \$6,900 Single/ \$13,800 Family  | \$6,900 Single/ \$13,800 Family  | \$6,900 Single/ \$13,800 Family  |
| Diagnostic Primary Care Visit / Diagnostic Specialist Visit | \$10 Copay; Subject to Deductible/ \$20 Copay; Subject to Deductible                                      | \$25 Copay; Subject to Deductible / \$50 Copay; Subject to Deductible                                     | Covered at 100%; Subject to Deductible  | \$30 Copay; Subject to Deductible / \$50 Copay; Subject to Deductible                                     | \$5 Copay; Subject to Deductible / Covered at 50/50 Coinsurance; Subject to Deductible                 | Covered at 100%; Subject to Deductible   | Covered at 60/40 Coinsurance; Subject to Deductible  |
| Prescription Rx   | \$10 Tier 1/ \$30 Tier 2/ \$50 Tier 3; Subject to Deductible. Preventive drugs not Subject to Deductible. | \$15 Tier 1/ \$40 Tier 2/ \$60 Tier 3; Subject to Deductible. Preventive drugs not Subject to Deductible. | \$15 Tier 1/ \$40 Tier 2/ \$60 Tier 3; Subject to Deductible. Preventive drugs not Subject to Deductible. | \$10 Tier 1/ \$40 Tier 2/ \$60 Tier 3; Subject to Deductible. Preventive drugs not Subject to Deductible. | \$5 Tier 1/ \$30 Tier 2/ 50% Tier 3; Subject to Deductible; Preventive drugs not Subject to Deductible | Covered at 100%; Subject to Deductible. Preventive drugs not Subject to Deductible         | \$10 Tier 1/ \$40 Tier 2/ \$60 Tier 3; Subject to Deductible. Preventive drugs not Subject to Deductible |
| Inpatient Hospital  | \$200 Copay; Subject to Deductible  | \$500 Copay; Subject to Deductible  | Covered at 100%; Subject to Deductible  | Covered at 70/30 Coinsurance; Subject to Deductible   | Covered at 50/50 Coinsurance; Subject to Deductible  | Covered at 100%; Subject to Deductible   | Covered at 60/40 Coinsurance; Subject to Deductible  |
| Outpatient Surgery (Facility Copay)                         | \$200 Copay; Subject to Deductible  | \$200 Copay; Subject to Deductible  | Covered at 100%; Subject to Deductible  | \$100 Copay; Subject to Deductible  | Covered at 50/50 Coinsurance; Subject to Deductible  | Covered at 100%; Subject to Deductible   | Covered at 60/40 Coinsurance; Subject to Deductible  |
| Emergency Room  | \$75 Copay; Subject to Deductible   | \$300 Copay; Subject to Deductible  | Covered at 100%; Subject to Deductible  | \$300 Copay; Subject to Deductible  | \$100 Copay; Subject to Deductible   | Covered at 100%; Subject to Deductible   | Covered at 60/40 Coinsurance; Subject to Deductible  |
| Urgent Care Center  | \$20 Copay; Subject to Deductible   | \$50 Copay; Subject to Deductible   | Covered at 100%; Subject to Deductible  | \$50 Copay; Subject to Deductible   | Covered at 50/50 Coinsurance; Subject to Deductible  | Covered at 100%; Subject to Deductible   | Covered at 60/40 Coinsurance; Subject to Deductible  |
| Diagnostic X-Ray (Office / Facility)                        | \$20 Copay; Subject to Deductible   | \$50 Copay; Subject to Deductible   | Covered at 100%; Subject to Deductible  | \$50 Copay; Subject to Deductible   | Covered at 50/50 Coinsurance; Subject to Deductible  | Covered at 100%; Subject to Deductible   | Covered at 60/40 Coinsurance; Subject to Deductible  |
| Diagnostic Lab  | \$20 Copay; Subject to Deductible   | \$50 Copay; Subject to Deductible   | Covered at 100%; Subject to Deductible  | \$50 Copay; Subject to Deductible   | Covered at 50/50 Coinsurance; Subject to Deductible  | Covered at 100%; Subject to Deductible   | Covered at 60/40 Coinsurance; Subject to Deductible  |
| Out of Network Coverage                                     | n/a   | n/a   | n/a   | n/a   | n/a  | n/a  | n/a  |
| Part D Creditability  | Creditable  | Creditable  | Creditable  | Creditable  | Creditable   | Creditable   | Creditable   |
| Additional Benefits   | Domestic Partner; Family Planning; Pediatric Dental; WellBeing Reimbursement; Telemedicine                | Domestic Partner; Family Planning; Pediatric Dental; WellBeing Reimbursement; Telemedicine                | Domestic Partner; Family Planning; Pediatric Dental; WellBeing Reimbursement; Telemedicine                | Domestic Partner; Family Planning; Pediatric Dental; WellBeing Reimbursement; Telemedicine                | Domestic Partner; Family Planning; Pediatric Dental; WellBeing Reimbursement; Telemedicine             | Domestic Partner; Family Planning; Pediatric Dental; WellBeing Reimbursement; Telemedicine | Domestic Partner; Family Planning; Pediatric Dental; WellBeing Reimbursement; Telemedicine               |

<sup>1</sup> Underwriting and Participation Guidelines Apply  
 \*Pediatric Dental is a mandatory benefit in NYS unless the group qualifies to waive the benefit under NY CLS INS § regulation(s); Rates shown include Pediatric Dental  
 Prepared: 11/22/23

This carrier is not rated by the A.M. Best Company because it does not meet Best's minimum standard for rating or has chosen not to participate in the A.M. Best rating process.

Accordingly, you should be aware that we are unable to adequately evaluate this insurance company under our carrier financial standard (A.M. Best A- or higher)

An alternate quotation through an A.M. Best-rated carrier may have been provided. Your choice of carrier should be made by weighing the positives and negatives of pricing, service, and carrier financial condition.

We will provide any additional available information you may request to assist you in this decision. Please let us know if you have any questions.

This is not a contract or binding agreement. The above information is provided in summary for ease of comparison only. Refer to your plan booklet for actual details.

In the event there is a discrepancy between the information presented here and the actual plan document, the plan document controls.

All benefits subject to medical necessity. Plan may be subject to Underwriting Guidelines. 2023 Rates