



# 2019 Health Care Plan Comparison

| Plan Feature                             | Empire Blue Cross Traditional PPO | Empire Blue Cross Deductible PPO <sup>1</sup> | Capital District Physicians' Health Plan (CDPHP) | Independent Health Association (IHA) | MVP        | Plan Feature   | UMR <sub>2</sub> |
|--|-----------------------------------|---|--|--------------------------------------|------------|----------------|------------------|
| Individual                               | \$431.93                          | \$396.74                                      | \$355.23   | \$323.00                             | \$416.93   | Individual     | \$130.49         |
| Individual + Spouse/<br>Domestic Partner | \$902.60                          | \$832.21                                      | \$710.47   | \$775.21                             | \$940.45   | Individual + 1 | \$284.58         |
| Individual + Child(ren)                  | \$764.43                          | \$701.08                                      | \$674.95   | \$581.40                             | \$752.07   | Family         | \$374.97         |
| Family                                   | \$1,292.53                        | \$1,187.05                                    | \$994.65   | \$904.41                             | \$1,073.23 |                |                  |

## What You Pay

| Plan Feature       | Empire Blue Cross Traditional PPO | Empire Blue Cross Deductible PPO <sup>1</sup> | Capital District Physicians' Health Plan (CDPHP) | Independent Health Association (IHA) | MVP        | Plan Feature       | UMR <sub>2</sub> |
|--------------------|-----------------------------------|---|--|--------------------------------------|------------|--------------------|------------------|
| Preventive Care    | \$0                               | \$0   | \$0  | \$0                                  | \$0        | Preventive Care    | \$0              |
| Office Visit       | \$20                              | \$30  | \$20   | \$20                                 | \$20       | Office Visit       | \$10             |
| Lab                | \$20                              | deductible and coinsurance                    | \$20   | \$0-\$20                             | \$20       | Lab                | \$15             |
| X-ray              | \$20                              | deductible and coinsurance                    | \$20   | \$20                                 | \$20       | X-ray              | \$15             |
| Emergency Room     | \$50                              | \$50  | \$50   | \$125                                | \$50       | Emergency Room     | \$25             |
| Outpatient Surgery | \$0                               | deductible and coinsurance                    | \$75   | \$15                                 | \$75       | Outpatient Surgery | \$15             |
| Generic Rx         | \$10                              | \$10  | \$10   | \$10                                 | \$10       | Generic Rx         | \$5              |
| Preferred Rx       | \$25                              | \$25  | \$25   | \$30                                 | \$25       | Preferred Rx       | \$25             |
| Nonpreferred Rx    | \$45                              | \$45  | \$45   | \$50                                 | \$40       | Nonpreferred Rx    | \$45             |
| Mail Order Rx      | \$10/\$50/\$90                    | \$10/\$50/\$90                                | 2.5 copays                                       | 2.5 copays                           | 2.5 copays | Mail Order Rx      | \$55/\$50/\$90   |

## Deductibles

|                             |       |                            |       |       |       |                             |       |
|-----------------------------|-------|----------------------------|-------|-------|-------|-----------------------------|-------|
| Inpatient Hospital Services | \$100 | deductible and coinsurance | \$100 | \$100 | \$240 | Inpatient Hospital Services | \$200 |
|-----------------------------|-------|----------------------------|-------|-------|-------|-----------------------------|-------|

## 2019 Dental & Vision Plan Rates

1 This plan has a \$500 in-network deductible and 10 percent coinsurance for services other than an office, urgent care or emergency room visit

2 This plan includes dental and vision plan plus insurance

3 Dental insurance through UMR has a \$1,000 annual benefit and does not include a child orthodontic benefit. Dental insurance elected outside of UMR has a \$2,000 annual benefit along with a child orthodontic benefit.

### Dental Plan<sup>3</sup>

### Regular Vision Plan

### Vision Plan Plus

#### Coverage Level Bi-Weekly Rates

#### Coverage Level Bi-Weekly Rates

#### Coverage Level Bi-Weekly Rates

|            |         |            |        |            |         |
|------------|---------|------------|--------|------------|---------|
| Individual | \$15.93 | Individual | \$1.96 | Individual | \$6.02  |
| Family     | \$37.68 | Family     | \$4.66 | Family     | \$14.32 |

This document is intended to provide a brief overview of changes taking effect. It is not meant to be all-inclusive. If there are any conflicts between the information presented in this document and the legal plan documents, the legal plan documents will govern. The Research Foundation reserves the right to change or terminate the plans at its discretion.