



2019 Health Care Plan Comparison

Plan Feature	Empire Blue Cross Traditional PPO	Empire Blue Cross Deductible PPO ¹	Capital District Physicians' Health Plan (CDPHP)	Independent Health Association (IHA)	MVP	UMR
Individual	\$64.79	\$29.60	\$53.28	\$48.45	\$62.54	\$17.62
Individual + Spouse/ Domestic Partner	\$205.99	\$135.60	\$159.86	\$184.11	\$243.84	Individual + 1 (Your Spouse/ Domestic Partner OR 1 Child) \$54.84
Individual + Child(ren)	\$164.54	\$101.19	\$149.20	\$125.97	\$163.08	
Family	\$322.97	\$217.49	\$245.11	\$222.87	\$259.43	\$77.14
What You Pay						
Preventive Care	\$0 (gym reimbursement up to \$300)	\$0 (gym reimbursement up to \$300)	\$0	\$0	\$0	\$0
Office Visit	\$20	\$30	\$20	\$20	\$20	\$10
Lab	\$20	deductible and coinsurance	\$20	\$0-\$20	\$20	\$15
X-ray	\$20	deductible and coinsurance	\$20	\$20	\$20	\$15
Emergency Room	\$50	\$50	\$50	\$125	\$50	\$25
Outpatient Surgery	\$0	deductible and coinsurance	\$75	\$15	\$75	\$15
Durable Medical Equipment	\$0 covered in full	deductible and coinsurance	20%	50%	20%	\$0 covered in full
Generic Rx	\$10	\$10	\$10	\$10	\$10	\$5
Preferred Rx	\$25	\$25	\$25	\$30	\$25	\$25
Nonpreferred Rx	\$45	\$45	\$45	\$50	\$40	\$45
Mail Order Rx	\$10/\$50/\$90	\$10/\$50/\$90	2.5 copays	2.5 copays	2.5 copays	\$5/\$50/\$90
Deductibles						
Inpatient Hospital Services	\$100	deductible and coinsurance	\$100	\$100	\$240	\$200

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.

Detailed plan information can be found at www.rfsuny.org/benefits