

# 2023 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        |
|--|--|---|--|--------------------------------------|------------|
| <b>ACTIVE EMPLOYEES BIWEEKLY RATES</b>   |  |   |  |                                      |            |
| Individual                               | \$87.29                                | \$37.08                                       | \$66.78  | \$58.37                              | \$71.07    |
| Individual + Spouse/<br>Domestic Partner | \$273.88                               | \$173.45                                      | \$200.35   | \$221.79                             | \$256.81   |
| Individual + Child(ren)                  | \$222.90                               | \$132.52                                      | \$186.99   | \$151.75                             | \$201.23   |
| Family                                   | \$435.42                               | \$284.95                                      | \$307.20   | \$268.48                             | \$299.98   |
| <b>WHAT YOU PAY</b>                      |  |   |  |                                      |            |
| Preventive Care                          | \$0<br>(gym reimbursement up to \$300) | \$0<br>(gym reimbursement up to \$300)        | \$0  | \$0                                  | \$0        |
| Office Visit                             | \$20                                   | \$30  | \$20   | \$20                                 | \$20       |
| Lab                                      | \$20                                   | deductible and coinsurance                    | \$20   | \$0-\$20                             | \$20       |
| X-ray                                    | \$20                                   | deductible and coinsurance                    | \$20   | \$20                                 | \$20       |
| Emergency Room                           | \$50                                   | \$50  | \$50   | \$125                                | \$50       |
| Outpatient Surgery                       | \$0                                    | deductible and coinsurance                    | \$75   | \$15                                 | \$75       |
| Durable Medical Equipment                | \$0 covered in full                    | deductible and coinsurance                    | 20%  | 50%                                  | 20%        |
| Generic Rx                               | \$10                                   | \$10  | \$10   | \$10                                 | \$10       |
| Preferred Rx                             | \$25                                   | \$25  | \$25   | \$30                                 | \$25       |
| Nonpreferred Rx                          | \$45                                   | \$45  | \$45   | \$50                                 | \$40       |
| Mail Order Rx                            | \$10/\$50/\$90                         | \$10/\$50/\$90                                | 2.5 copays                                       | 2.5 copays                           | 2.5 copays |
| <b>DEDUCTIBLES</b>                       |  |   |  |                                      |            |
| Inpatient Hospital Services              | \$100                                  | deductible and coinsurance                    | \$100  | \$100                                | \$240      |

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

**Due to rising healthcare costs, inflation, and the COVID-19 pandemic, you will notice higher than normal increases in health insurance premiums for the 2023 plan year.**

## 2023 Dental Plan Rates

| COVERAGE LEVEL | BIWEEKLY RATES |
|----------------|----------------|
| Individual     | \$1.59         |
| Family         | \$7.03         |

## 2023 Vision Plan Plus Rates

| COVERAGE LEVEL | BIWEEKLY RATES |
|----------------|----------------|
| Single         | \$4.85         |
| Family         | \$11.31        |

For full detail, please refer to the RF Benefits Handbook or visit [www.rfsuny.org/benefits](http://www.rfsuny.org/benefits).

Due to federal regulations, all health insurance carriers will be issuing new cards for the 2023 plan year. New cards should be mailed to your home prior to 1/1/2023.