

# Greenwich Chamber of Commerce

Effective January 1, 2018



		CURRENT CDPHP	RENEWAL CDPHP	Option #1 CDPHP		CURRENT CDPHP	RENEWAL CDPHP	Option #4 BSNENY
Metal Tier		Platinum	Platinum	Platinum		Gold	Gold	Gold
Plan Number		120	120	130		221	221	6301
Product		EPO Copayment	EPO Copayment	EPO Copayment		EPO Copayment Embrace Health \$200 Bonus Account	EPO Copayment Embrace Health \$200 Bonus Account	POS/PPO Wrap In Network Benefits
Aggregate / Embedded		Embedded	Embedded	Embedded		Embedded	Embedded	Embedded
Deductible (Single/Family)		\$0 / \$0	\$0 / \$0	\$0 / \$0		\$250 / \$500	\$250 / \$500	\$0 / \$0
Office Visit		\$15	\$15	\$15		\$30	\$30	3 visits at \$0 then \$25
Specialist Visit		\$15	\$15	\$35		\$50	\$50	\$40
Inpatient Hospital		\$750	\$500	\$500		\$1,000	\$1,000	\$500
Outpatient Surgery		\$100	\$100	\$75		\$100	\$100	\$200
ER		\$100	\$100	\$100		\$100	\$100	\$100
Prescription Drugs		\$4/\$30/\$60	\$4/\$30/\$60	\$4/\$30/\$60		\$10/\$50/\$80	\$10/\$50/\$80	\$4/\$35/\$70
OOP Max (Single/Family)		\$7,150 / \$14,300	\$7,350 / \$14,700	\$4,000 / \$8,000		\$7,150 / \$14,300	\$7,150 / \$14,300	\$6,600/\$13,200
Single	2	\$718.22	\$792.99	\$758.93	8	\$638.63	\$670.23	\$670.68
Husband & Wife	0	\$1,436.44	\$1,585.98	\$1,517.86	1	\$1,277.26	\$1,340.46	\$1,341.36
Parent & Child(ren)	0	\$1,220.97	\$1,348.08	\$1,290.18	1	\$1,085.67	\$1,139.39	\$1,140.15
Family	0	\$2,046.93	\$2,260.02	\$2,162.95	0	\$1,820.10	\$1,910.15	\$1,911.44
Annual Cost		\$17,237.28	\$19,031.76	\$18,214.32		\$89,663.64	\$94,100.28	\$94,163.40
Annual Increase			\$1,794.48	\$977.04			\$4,436.64	\$4,499.76
Annual % of Increase			10.4%	5.7%			4.9%	5.0%

NOTE: DEDUCTIBLE APPLIES PRIOR TO COST SHARE

PEDIATRIC DENTAL RATES:

	Price Per Child
CDPHP	\$16.44 per Child (Max of 3)
BSNENY	\$21.41 per Child

This brief summary of benefits is for comparative purposes only, in the event of a discrepancy the carrier documents will prevail.  
Rates were based on current enrollment; final costs are based on underwriting and final enrollment.

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## Dental Plan Analysis January 1, 2018 Renewal

	<b>CURRENT CDPHP PPO Essential</b>	<b>Renewal CDPHP PPO Essential</b>
<b>Benefits</b>		In-Network
<b>Cost Sharing</b>	Negotiated Fee Schedule	Negotiated Fee Schedule
Deductible Individual	\$50	\$50
Deductible Family	\$150	\$150
Deductible Applies to Classes	2 & 3	2 & 3
Annual Plan Maximum	\$1,500	\$1,500
<b>Class 1 - Diagnostic &amp; Preventive</b>	100%	100%
<b>Class 2 - Basic Services</b>	50%	50%
<b>Class 3 - Major Services</b>	50%	50%
<b>Class 4 - Orthodontic Services</b>	N/A	N/A
<b>Rates</b>	<b>CURRENT</b>	<b>RENEWAL</b>
Employee Only 1	\$26.26	\$26.26
Employee/Spouse 1	\$55.95	\$55.95
Employee/Child(ren) 0	\$49.99	\$49.99
Family 1	\$81.39	\$81.39
<b>Estimated Monthly Premium</b>	\$163.60	\$163.60
<b>Estimated Annual Premium</b>	\$1,963.20	\$1,963.20
<b>Percentage Change From Current</b>		<b>0.00%</b>
<b>Annual Dollar Change From Current</b>		<b>\$0.00</b>

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