

Greenwich Chamber of Commerce

Effective January 1, 2016 to December 31, 2016*



NEW GROUPS - QUARTERLY RATES

	OPTION 1	OPTION 2	OPTION 3
Metal Tier	Platinum	Gold	Silver
3 digit	120	221	320
Product	EPO Copayment	EPO Copayment Embrace Health \$200 Bonus Account	HDEPO Qualified
Aggregate / Embedded	Embedded	Embedded	Aggregate
Deductible (Single/Family)	\$0 / \$0	\$250 / \$500	\$1,500 / \$3,000
Office Visit	\$15	\$30	\$25
Specialist Visit	\$15	\$50	\$40
Inpatient Hospital	\$500	\$1,000	\$0
Outpatient Surgery	\$100	\$100	\$100
ER	\$100	\$100	\$50
Prescription Drugs	\$4/\$30/\$60	\$10/\$50/\$80	\$10/50%/50%
OOP Max (Single/Family)	\$6,850 / \$13,700	\$6,850 / \$13,700	\$6,550 / \$13,100
Single	\$2,083.44	\$1,722.06	\$1,464.72
Husband & Wife	\$4,166.91	\$3,444.12	\$2,929.44
Parent & Child(ren)	\$3,541.86	\$2,927.52	\$2,490.00
Family	\$5,937.84	\$4,907.88	\$4,174.44

NOTE:** PURPLE INDICATES - DEDUCTIBLE APPLIES PRIOR TO COST SHARE

Pediatric Dental is automatically added if child is under age 19*

	Price Per child
Family will not be charged for more than 3 Children	\$49.32

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.