

CDPHP SMALL GROUP PLAN GRID
Off-Exchange

	PLATINUM #120	GOLD #221	GOLD #224	SILVER #320	SILVER #324	SILVER #425	BRONZE #428	BRONZE #421
	Platinum EPO	Gold EPO EMBRACE	Gold HMO (Triple Zero)	HDEPO Qualified	Silver HMO (HSA Qualified)	Silver HDEPO Co-Pay First	BRONZE HDHMO (HSA Qualified)	Bronze QHDEPO (HSA Qualified)
Single	\$935.50	\$821.26	\$727.09	\$747.82	\$633.19	\$693.91	\$536.47	\$621.35
Double	\$1,871.00	\$1,642.53	\$1,454.19	\$1,495.64	\$1,266.39	\$1,387.82	\$1,072.94	\$1,242.70
Employee/Child(ren)	\$1,590.35	\$1,396.15	\$1,236.06	\$1,271.29	\$1,076.43	\$1,179.65	\$912.00	\$1,056.30
Family	\$2,666.17	\$2,340.60	\$2,072.22	\$2,131.29	\$1,804.60	\$1,977.65	\$1,528.94	\$1,770.85
Deductible (Single / Family)	\$0 / \$0	\$250/\$500 (Embedded)	\$0/\$0	\$2,200/\$4,400 (Aggregate)	\$2,500/\$5,000 (Aggregate)	\$6,000/\$12,000 (Embedded) Copays apply for first \$3,000 Single/\$6,000 Family in services	\$6,350 Single/\$12,700 Family (Aggregate)	\$6,900/\$13,800 (Aggregate)
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	20%	N/A
Out of Pocket/Coinsurance Maximum	\$7,500/\$15,000 Embedded	\$9,100/\$18,200 Embedded	\$8,700 Single /\$17,400 Family (Embedded)	\$7,050 Single/\$14,100 Family (Embedded)	\$6,500 Single/\$13,000 Family (Embedded)	\$6,000 Single/\$12,000 Family (Embedded)	\$7,000 Single/\$14,000 Family (Embedded)	\$6,900 Single/\$13,800 Family (Aggregate)
Preventive Care	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Bonus Card	N/A	\$200 per subscriber	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care	\$15	Deductible then \$30	\$0 Enhanced Primary Care Physician/\$50 Non-EPC	Deductible then \$30	Deductible then \$25	Phase 1; \$30 Copay Phase 2; Deductible	Deductible then Covered In Full	Deductible then Covered In Full
Specialist Visit	\$20	Deductible then \$50	\$50	Deductible then \$40	Deductible then \$50	Phase 1; \$50 Copay Phase 2; Deductible	Deductible then 20%	Deductible then Covered In Full
Inpatient Hospitalization	\$500	Deductible then \$1,500	\$1,500	Deductible then \$1,500	Deductible then \$500	Phase 1; \$500 Copay Phase 2; Deductible	Deductible then 20%	Deductible then Covered In Full
Outpatient Surgery	\$100	Deductible then \$200	\$250	Deductible then \$300	Deductible then \$200	Phase 1; \$75 Copay Phase 2; Deductible	Deductible then 20%	Deductible then Covered In Full
Emergency Room/Ambulance	\$100	Deductible then \$200	\$500	Deductible then \$500	Deductible then \$300	Phase 1; \$75 Copay Phase 2; Deductible	Deductible then 20%	Deductible then Covered In Full
Urgent Care	\$35	Deductible then \$70	\$100	Deductible then \$60	Deductible then \$60	Phase 1; \$60 Copay Phase 2; Deductible	Deductible then 20%	Deductible then Covered In Full
Telemedicine	\$15	Deductible then \$30	Covered in Full	Deductible then \$0	Deductible then \$25	\$0.00	Deductible then 20%	Deductible then Covered In Full
Vision	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric
Drug Benefit: Generic/Brand Name/Specialty	\$4 / \$30 / \$60	\$10/\$50/\$80, not subject to deductible	\$0/\$50/\$80	Deductible then \$10/\$50/\$80, preventive drugs not subject to deductible	Deductible then \$10/\$40/\$60, Preventive drugs not subject to deductible	Phase 1; \$10/\$30/\$50 Phase 2; Deductible preventive drugs not subject to deductible	Deductible then 20%/20%/20%, preventive drugs not subject to deductible	Deductible then Covered In Full, preventive drugs not subject to deductible
CDPHP Network	EPO (National)	EPO (National)	HMO	EPO (National)	HMO	EPO (National)	HMO	EPO (National)
HSA Qualified Plan	No	No	No	Yes	Yes	No	Yes	Yes

2023 PLAN HIGHLIGHTS

<p>Eligibility For Small Group eligibility, there must be at least one * Common Law Employee (CLE) enrolled. An employee does not include the sole owner or the spouse of the owner. If you do not qualify for a Small Group product, please contact our office for INDIVIDUAL plan options available to Members without a CLE.</p>	<p>Open Enrollment During the month of November for January 1st coverage. All applications must be received in our office by Wednesday, December 1st, 2022</p>	<p>Pediatric Dental Required by the ACA for dependents under the age of 19. Monthly premium is \$16.49 per child, \$32.98 for 2 children and \$49.47 for 3 or more children. (EPC) Enhanced Primary Care doctors can be found on the CDPHP portal.</p>	<p>Embrace Paths Select 1 of 3 paths Fitness Medical Nutrition allowing members to use Bonus Points for any IRS qualified health expenses regardless of whether it is covered by your health plan. This is for the medical path.</p>	<p>CDPHP Health Hub powered by Virgin Pulse Give employees programs, support, and guidance they need to take control of their health. Make personalized programs based on your health goals. Go Mobile-get the CafeWell app for mobile devices in your app store! Classes & Events available. Earn LifePoints for participating.</p>	<p>Life Points Register with CafeWell to Participate in activities to earn Life Points. Domestic Partner Coverage included for Same or Opposite Sex Preferred Lab LabCorp</p>	<p>Embedded Deductible For non-single contract tiers, each member will pay towards, but never exceed the individual deductible before the plan pays. Aggregate Deductible For non-single contract tiers, the family deductible must be met before the plan pays.</p>	<p>Price Check Cost estimator allows HD plan subscribers to get cost estimates for many common health care services.</p>	<p>HSA Contribution Limits Single \$3,850 Family: \$7,750 Catch-up Contributions (Age 55 or older) \$1,000 Doctor on Demand - \$0 No-cost video doctor visits from the comfort of home. (deductible applies on HSA Qualified high deductible plans)</p>
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Monthly premium rates shown do not include administrative fees - Plan summaries available upon request.

This comparison is a guide to assist you in evaluating the program and is not a complete comparison or contract and in no way details all the benefits, limitations or exclusions. Rates and terms subject to change.

Provider Networks for all covered services can change at times throughout the plan year. It is strongly recommended that you search the provider network on each plan before submitting your enrollment and using the plan throughout the year to ensure that your provider of choice is participating in the plan you select. All plans include Emergency service 24/7, anywhere in the world. Point of Service (POS) networks include Out-of-Network providers, but at a higher cost share than In-Network. HMO networks do not include Out-of-Network providers. Exclusive Provider Organizations (EPO) typically includes comprehensive national provider networks.