



2016 Rates - Region 3 Mid-Hudson

Includes counties of Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster

Plan Type	Off-Exchange Plans			
	Platinum	Gold	Silver	Bronze
Network	HMO	HMO	HMO	HMO
Medical				
Deductible				
Individual	None	\$600	\$2,000	\$4,000
Family	None	\$1,200	\$4,000	\$8,000
Coinsurance	N/A	N/A	N/A	50% after deductible
Out of Pocket Maximum				
Individual	\$2,000	\$4,000	\$5,500	\$6,450
Family	\$4,000	\$8,000	\$11,000	\$12,900
Preventive Care	Covered in full	Covered in full	Covered in full	Covered in full
Primary Care Physician Visit	\$15	\$25 after deductible	\$30 after deductible	50% after deductible
Specialist Visit	\$35	\$40 after deductible	\$50 after deductible	50% after deductible
Inpatient Hospital Services	\$500	\$1,000 after deductible	\$1,500 after deductible	50% after deductible
Outpatient Hospital Services	\$100	\$100 after deductible	\$100 after deductible	50% after deductible
Emergency Room	\$100	\$150 after deductible	\$150 after deductible	50% after deductible
Urgent Care Center	\$55	\$60 after deductible	\$70 after deductible	50% after deductible
Pediatric Dental	Required	Required	Required	Required
Dependent Children to 29	Available	Available	Available	Available
Prescription Drugs				
Rx Deductible	None	None	None	Integrated with Medical
Preferred Generic copay	\$10	\$10	\$10	\$10 after deductible
Preferred Brand copay	\$30	\$35	\$35	\$35 after deductible
Non Preferred copay	\$60	\$70	\$70	\$70 after deductible
Monthly Premium Rates by Carrier				
MVP				
Individual	\$787.15	\$676.47	\$575.41	\$460.04
Husband/Wife	\$1,574.30	\$1,352.94	\$1,150.82	\$920.08
Parent/Children	\$1,338.16	\$1,150.00	\$978.20	\$782.07
Family	\$2,243.38	\$1,927.94	\$1,639.92	\$1,311.11
Empire Blue Cross				
Individual	\$824.46	\$709.05	\$607.73	\$487.00
Husband/Wife	\$1,648.92	\$1,418.10	\$1,215.46	\$974.00
Parent/Children	\$1,401.58	\$1,205.39	\$1,033.14	\$827.90
Family	\$2,349.71	\$2,020.79	\$1,732.03	\$1,387.95
Oxford Metro (not available in Delaware county)				
Individual	\$774.51	\$656.30	\$555.99	\$454.10
Husband/Wife	\$1,549.02	\$1,312.60	\$1,111.98	\$908.20
Parent/Children	\$1,316.67	\$1,115.71	\$945.18	\$771.97
Family	\$2,207.35	\$1,870.46	\$1,584.57	\$1,294.19

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carrier.

To search for participating providers:

<http://mvp.prismisp.com/index.php#guest>

<https://www.empireblue.com/>

https://www.oxhp.com/secure/providerSearch/content_doctor.html

and select **Premier HMO - NY Individuals** under MVP He; and select **Empire HMO, Gold** under Select a Plan/Network and select **Metro** under Network