



Greater Amsterdam CSD - 01/01/2021 - 12/31/2021 - MAP Renewal

	Empire PPO \$0 Premier	MVP USACare PPO Premier \$0	CDPHP
Benefit Summary			
In-Network Benefits			
Deductible	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A
OOP Max	\$6,350/\$12,700	\$3,000	\$3,000
Inpatient Hospital	Covered in Full	Covered in Full	Covered in Full
Out Patient Facility	Covered in Full	Covered in Full	Covered in Full
PCP/Specialist Visit	Covered in Full	Covered in Full	Covered in Full
Prescription Drugs	\$2/\$7/\$7	\$0/\$2/\$7/\$7/\$7	\$0/\$2/\$7/\$7/\$7
Vision	Eyewear allowance \$175 every 24 months.	Eyewear allowance \$175 every 2 years.	Eyewear allowance \$100 every year.
Hearing Aids	\$500 annual benefit	Hearing Aid \$500 annual allowance. (also TruHearing discounts)	Hearing Aid \$600 allowance every 3 years.
Dental	\$75 annual allowance	\$300 annual allowance	\$250 annual allowance
Census			
Employee	428	428	428
Monthly Rates			
Employee	Renewal Rates* \$482.90	Alternative \$395.00	Alternative \$335.60
Difference in Rate (%):		-18.2%	-30.5%

*Rates pending DFS approval. 2% estimated based on filing of 0% medical and 5% Rx.

This plan overview is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage, Schedule and any applicable Rider(s), your Certificate of Coverage, Schedule and Rider(s) will be controlling.