



## CESA #3 Insurance Purchasing Cooperative Health Insurance Benefit Comparison

Effective Date: 9/1/2017



Health Carrier	Unity Health Plan		Unity Health Plan	
Insurance Type	HMO1-1		HMO1-2	
Provider Network:	Unity Health Plan		Unity Health Plan	
Deductible	Single	Family	Single	Family
In Network	\$500	\$1,000	\$2,000	\$4,000
Out of Network	Does Not Apply		Does Not Apply	
Co-Insurance				
In Network	100% after Deductible		100% after Deductible	
Out of Network	Does Not Apply		Does Not Apply	
Maximum Out-of-Pocket	Single	Family	Single	Family
In Network	\$1,500	\$3,000	\$3,000	\$6,000
Out of Network	Does Not Apply		Does Not Apply	
ACA Maximum Out-of-Pocket	Single	Family	Single	Family
In Network				
Out of Network	Does Not Apply		Does Not Apply	
Office Visits	PCP	Specialist	PCP	Specialist
In Network	\$10 Copay		\$25 Copay	
Out of Network	No Coverage		No Coverage	
Routine/Preventive Care				
In Network	Select Services Covered in Full		Select Services Covered in Full	
Out of Network	No Coverage		No Coverage	
Urgent Care				
In Network	\$25 Copay		\$25 Copay	
Out of Network	No Coverage		No Coverage	
Emergency Room				
In Network	\$100 Copay		\$100 Copay	
Hospital Services				
In Network	Deductible Applies		Deductible Applies	
Out of Network	No Coverage		No Coverage	
Prescription Drugs				
In Network	\$5 / \$20 / \$40		\$5 / \$20 / \$40	
Out of Network	\$2,000 / \$4,000 Rx Max OOP		\$2,000 / \$4,000 Rx Max OOP	
Optional Benefits				
Vision Benefit	NA		NA	
Extraction/Replacement of Teeth	NA		NA	
Waiver of Premium	NA		NA	
<b>Rates</b>				
Employee	182	\$656.60	\$530.36	
Family	568	\$1,739.99	\$1,405.45	
<b>Monthly Totals</b>	<b>\$1,107,815.52</b>		<b>\$894,821.12</b>	
<b>Annual Totals</b>	<b>\$13,293,786.24</b>		<b>\$10,737,853.44</b>	

*While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply*



# CESA #3 Insurance Purchasing Cooperative

## Health Insurance Benefit Comparison

Effective Date: 9/1/2017



Health Carrier	Unity Health Plan		Unity Health Plan	
Insurance Type	HMO1-3		HMO1-4	
Provider Network:	Unity Health Plan		Unity Health Plan	
Deductible	Single	Family	Single	Family
In Network	\$2,000	\$4,000	\$1,000	\$2,000
Out of Network	Does Not Apply		Does Not Apply	
Co-Insurance				
In Network	100% after Deductible		100% after Deductible	
Out of Network	Does Not Apply		Does Not Apply	
Maximum Out-of-Pocket	Single	Family	Single	Family
In Network	\$3,000	\$6,000	\$2,000	\$4,000
Out of Network	Does Not Apply		Does Not Apply	
ACA Maximum Out-of-Pocket	Single	Family	Single	Family
In Network				
Out of Network	Does Not Apply		Does Not Apply	
Office Visits	PCP	Specialist	PCP	Specialist
In Network	Deductible Applies		\$10 Copay	
Out of Network	No Coverage		No Coverage	
Routine/Preventive Care				
In Network	Select Services Covered in Full		Select Services Covered in Full	
Out of Network	No Coverage		No Coverage	
Urgent Care				
In Network	Deductible Applies		\$25 Copay	
Out of Network	No Coverage		No Coverage	
Emergency Room				
In Network	Deductible Applies		\$100 Copay	
Hospital Services				
In Network	Deductible Applies		Deductible Applies	
Out of Network	No Coverage		No Coverage	
Prescription Drugs				
In Network	Deductible Applies		\$5 / \$20 / \$40	
Out of Network	Rx Applies to Above Max OOP		\$2,000 / \$4,000 Rx Max OOP	
Optional Benefits				
Vision Benefit	NA		NA	
Extraction/Replacement of Teeth	NA		NA	
Waiver of Premium	NA		NA	
<b>Rates</b>				
Employee	0	\$524.62	\$630.78	
Family	0	\$1,390.24	\$1,671.57	
<b>Monthly Totals</b>	<b>\$0.00</b>		<b>\$0.00</b>	
<b>Annual Totals</b>	<b>\$0.00</b>		<b>\$0.00</b>	

*While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply*



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## Health Insurance Benefit Comparison

Effective Date: 9/1/2017

Health Carrier	Unity Health Plan		Unity Health Plan	
Insurance Type	POS1-1		POS1-2	
Provider Network:	Unity Health Plan		Unity Health Plan	
Deductible	Single	Family	Single	Family
In Network	\$500	\$1,000	\$2,500	\$5,000
Out of Network	\$1,000	\$2,000	\$4,000	\$8,000
Co-Insurance	100% after Deductible		100% after Deductible	
In Network	100% after Deductible		100% after Deductible	
Out of Network	80/20 to Out of Pocket Max		80/20 to Out of Pocket Max	
Maximum Out-of-Pocket	Single	Family	Single	Family
In Network	\$1,000	\$2,000	\$3,000	\$6,000
Out of Network	\$3,000	\$6,000	\$6,000	\$12,000
ACA Maximum Out-of-Pocket	Single	Family	Single	Family
In Network	Does Not Apply		Does Not Apply	
Out of Network	Does Not Apply		Does Not Apply	
Office Visits	PCP	Specialist	PCP	Specialist
In Network	\$10 Copay		Deductible Applies	
Out of Network	Deductible & Coinsurance		Deductible & Coinsurance	
Routine/Preventive Care	Select Services Covered in Full		Select Services Covered in Full	
In Network	Select Services Covered in Full		Select Services Covered in Full	
Out of Network	Deductible & Coinsurance		Deductible & Coinsurance	
Urgent Care	\$25 Copay		\$25 Copay	
In Network	\$25 Copay		\$25 Copay	
Out of Network	Deductible & Coinsurance		Deductible & Coinsurance	
Emergency Room	\$100 Copay		\$100 Copay	
Hospital Services	Deductible Applies		Deductible Applies	
In Network	Deductible Applies		Deductible Applies	
Out of Network	Deductible & Coinsurance		Deductible & Coinsurance	
Prescription Drugs	\$5 / \$20 / \$40 \$2,000 / \$4,000 Rx Max OOP		\$5 / \$20 / \$40 \$2,000 / \$4,000 Rx Max OOP	
Optional Benefits	NA		NA	
Vision Benefit	NA		NA	
Extraction/Replacement of Teeth	NA		NA	
Waiver of Premium	NA		NA	
<b>Rates</b>				
Employee	0	\$736.20	\$581.37	
Family	0	\$1,950.93	\$1,540.63	
<b>Monthly Totals</b>	<b>\$0.00</b>		<b>\$0.00</b>	
<b>Annual Totals</b>	<b>\$0.00</b>		<b>\$0.00</b>	

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier will comply with state and/or federal requirements with regard to nervous and mental benefits.



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## Health Insurance Benefit Comparison

Effective Date: 9/1/2017

Health Carrier		Unity Health Plan		Unity Health Plan	
Insurance Type		POS1-3		POS1-4	
Provider Network:		Unity Health Plan		Unity Health Plan	
Deductible		Single	Family	Single	Family
In Network		\$2,000	\$4,000	\$1,000	\$2,000
Out of Network		\$2,000	\$4,000	\$2,000	\$4,000
Co-Insurance		100% after Deductible		100% after Deductible	
In Network		100% after Deductible		100% after Deductible	
Out of Network		80/20 to Out of Pocket Max		80/20 to Out of Pocket Max	
Maximum Out-of-Pocket		Single	Family	Single	Family
In Network		\$3,000	\$6,000	\$2,000	\$4,000
Out of Network		\$6,000	\$12,000	\$4,000	\$8,000
ACA Maximum Out-of-Pocket		Single	Family	Single	Family
In Network					
Out of Network		Does Not Apply		Does Not Apply	
Office Visits		PCP	Specialist	PCP	Specialist
In Network		Deductible Applies		\$10 Copay	
Out of Network		Deductible & Coinsurance		Deductible & Coinsurance	
Routine/Preventive Care		Select Services Covered in Full		Select Services Covered in Full	
In Network		Select Services Covered in Full		Select Services Covered in Full	
Out of Network		Deductible & Coinsurance		Deductible & Coinsurance	
Urgent Care		Deductible Applies		\$25 Copay	
In Network		Deductible Applies		\$25 Copay	
Out of Network		Deductible & Coinsurance		Deductible & Coinsurance	
Emergency Room		Deductible Applies		\$100 Copay	
In Network		Deductible Applies		Deductible Applies	
Out of Network		Deductible & Coinsurance		Deductible & Coinsurance	
Prescription Drugs		Deductible Applies		\$5 / \$20 / \$40	
		Rx Applies to Above Max OOP		\$2,000 / \$4,000 Rx Max OOP	
Optional Benefits		NA		NA	
Vision Benefit		NA		NA	
Extraction/Replacement of Teeth		NA		NA	
Waiver of Premium		NA		NA	
<b>Rates</b>					
Employee	0	\$563.97		\$678.09	
Family	0	\$1,494.52		\$1,796.94	
<b>Monthly Totals</b>		<b>\$0.00</b>		<b>\$0.00</b>	
<b>Annual Totals</b>		<b>\$0.00</b>		<b>\$0.00</b>	

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# CESA #3 Insurance Purchasing Cooperative

## Health Insurance Benefit Comparison

Effective Date: 9/1/2017

Health Carrier		Unity Health Plan	
Insurance Type		POS2-1	
Provider Network:		Unity Health Plan	
Deductible		Single	Family
In Network		\$2,000	\$4,000
Out of Network		\$5,000	\$10,000
Co-Insurance		100% after Deductible	
In Network		100% after Deductible	
Out of Network		80/20 to Out of Pocket Max	
Maximum Out-of-Pocket		Single	Family
In Network		\$3,000	\$6,000
Out of Network		\$10,000	\$20,000
ACA Maximum Out-of-Pocket		Single	Family
In Network			
Out of Network		Does Not Apply	
Office Visits		PCP	Specialist
In Network		Deductible Applies	
Out of Network		Deductible & Coinsurance	
Routine/Preventive Care		Select Services Covered in Full	
In Network		Select Services Covered in Full	
Out of Network		Deductible & Coinsurance	
Urgent Care		\$25 Copay	
In Network		\$25 Copay	
Out of Network		Deductible & Coinsurance	
Emergency Room		\$100 Copay	
Hospital Services		Deductible Applies	
In Network		Deductible Applies	
Out of Network		Deductible & Coinsurance	
Prescription Drugs		\$5 / \$20 / \$40 \$2,000 / \$4,000 Rx Max OOP	
Optional Benefits		NA	
Vision Benefit		NA	
Extraction/Replacement of Teeth		NA	
Waiver of Premium		NA	
<b>Rates</b>			
Employee	0	\$570.13	
Family	0	\$1,510.84	
<b>Monthly Totals</b>		<b>\$0.00</b>	
<b>Annual Totals</b>		<b>\$0.00</b>	