



Albany Group, 1/01/2023

Insurance Carrier	CDPHP- Current Plan		CDPHP- RENEWAL		CDPHP - CURRENT PLAN		CDPHP - RENEWAL		
Plan Name	CDPHP Triple Zero HMO Copay (224) "Exchange Certified Plan"	CDPHP Triple Zero HMO Copay (224) "Exchange Certified Plan"	CDPHP HDHP HMO HSA Qualified (324) "Exchange Certified Plan"	CDPHP HDHP HMO HSA Qualified (324) "Exchange Certified Plan"	CDPHP Gold Embrace Health EPO Copayment \$200 (221) "Exchange Certified Plan"	CDPHP Gold Embrace Health EPO Copayment \$200 (221) "Exchange Certified Plan"	CDPHP Gold Embrace Health EPO Copayment \$200 (221) "Exchange Certified Plan"	CDPHP Gold Embrace Health EPO Copayment \$200 (221) "Exchange Certified Plan"	
Metal Level	Gold	Gold	Silver	Silver	Gold	Gold	Gold	Gold	
Ded. Type	Embedded	Embedded	Aggregate/Embedded	Aggregate/Embedded	Embedded	Embedded	Embedded	Embedded	
Plan Type	HMO	HMO	HDHP HMO	HDHP HMO	EPO	EPO	EPO	EPO	
Annual INN Ded. Individual	N/A	N/A	\$2,200	\$2,500	\$250	\$250	\$250	\$250	
Annual INN Ded. Family	N/A	N/A	\$4,400	\$5,000	\$500	\$500	\$500	\$500	
Coinsurance (In-Network)	N/A, 50% (DME), 20%(RX in PCP/Specialist Office/OP Facility)	N/A, 50% (DME), 20%(RX in Office)	Ded Then 50% (DME), Ded Then 20%(RX in PCP/Specialist Office/OP Facility)	Ded Then 50% (DME), Ded Then 20%(RX in Office)	Ded Then 50% (DME), Ded Then 20%(RX in PCP/Specialist Office/OP Facility)	Ded Then 50% (DME), Ded Then 20%(RX in PCP/Specialist Office/OP Facility)	Ded Then 50% (DME), Ded Then 20%(RX in PCP/Specialist Office/OP Facility)	Ded Then 50% (DME), Ded Then 20%(RX in PCP/Specialist Office/OP Facility)	
Annual INN OOP Limits	\$7,900/\$15,800	\$8,700/\$17,400	\$5,500/\$11,000	\$6,500/\$13,000	\$7,150/\$14,300	\$7,150/\$14,300	\$7,150/\$14,300	\$7,150/\$14,300	
Annual OON Ded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Coinsurance (Out-of-Network)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Annual OUT OOP Limits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Primary Care Visit	\$0 EH PCP/\$50 Non-EH PCP	\$0 EH PCP/\$50 Non-EH PCP	\$25 copay after ded.	\$25 copay after ded.	\$30 copay after ded.	\$30 copay after ded.	\$30 copay after ded.	\$30 copay after ded.	
Specialist Visit	\$50 copay	\$50 copay	\$50 copay after ded.	\$50 copay after ded.	\$50 copay after ded.	\$50 copay after ded.	\$50 copay after ded.	\$50 copay after ded.	
Inpatient Hospital	\$1,500 copay	\$1,500 copay	\$500 copay after ded.	\$500 copay after ded.	\$1,000 copay after ded.	\$1,000 copay after ded.	\$1,000 copay after ded.	\$1,500 copay after deductible	
Outpatient Surgery	\$250 copay;Cost Share may be less-Preferred Center	\$250 copay;Cost Share may be less-Preferred Center	\$200 copay after ded.;Cost Share may be less-Preferred Center	\$200 copay after ded.;Cost Share may be less-Preferred Center	\$100 copay after ded.;Cost Share may be less-Preferred Center	\$100 copay after ded.;Cost Share may be less-Preferred Center	\$100 copay after ded.;Cost Share may be less-Preferred Center	\$200 copay after ded.;Cost Share may be less-Preferred Center	
Emergency Room	\$500 copay	\$500 copay	\$300 copay after ded.	\$300 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	\$100 copay after ded.	\$200 copay after ded.	
Outpatient Lab	No charge-Preferred Lab; \$50 copay-OP Hospital/Office	No charge-Preferred Lab; \$50 copay-OP Hospital/Office	100% after ded.-Preferred Lab; \$50 after ded.-OP Hospital/Office	100% after ded.-Preferred Lab; \$50 after ded.-OP Hospital/Office	No charge-Preferred Lab; \$50 after ded.-OP Hospital/Office	No charge-Preferred Lab; \$50 after ded.-OP Hospital/Office	No charge-Preferred Lab; \$50 after ded.-OP Hospital/Office	No charge-Preferred Lab; \$50 after ded.-OP Hospital/Office	
Outpatient X-Ray	No charge-Preferred Center; \$50 copay-OP Hospital/Office	No charge-Preferred Center; \$50 copay-OP Hospital/Office	100% after ded.-Preferred Center; \$50 after ded.-OP Hospital/Office	100% after ded.-Preferred Center; \$50 after ded.-OP Hospital/Office	100% after ded.-Preferred Center; \$50 after ded.-OP Hospital/Office	100% after ded.-Preferred Center; \$50 after ded.-OP Hospital/Office	100% after ded.-Preferred Center; \$50 after ded.-OP Hospital/Office	100% after ded.-Preferred Center; \$50 after ded.-OP Hospital/Office	
Rx Ded.	N/A	N/A	Integrated ded.	Integrated ded.	N/A	N/A	N/A	N/A	
Tier 1 / Tier 2 / Tier 3	0/50/80	0/50/80	10/40/60	10/40/60	10/50/80	10/50/80	10/50/80	10/50/80	
Creditable Coverage	YES	YES	YES	YES	YES	YES	YES	YES	
AM Best Rating***	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed	
RATES									
Single Plan Rate	1	\$659.97	\$727.09	0	\$563.56	\$633.19	0	\$734.00	\$821.26
Employee/Spouse Plan Rate	0	\$1,319.93	\$1,454.19	0	\$1,127.11	\$1,266.39	2	\$1,468.00	\$1,642.53
Employee/Child(ren) Plan Rate	0	\$1,121.94	\$1,236.06	0	\$958.04	\$1,076.43	0	\$1,247.80	\$1,396.15
Family Plan Rate	0	\$1,880.90	\$2,072.22	0	\$1,606.13	\$1,804.60	0	\$2,091.90	\$2,340.60
Monthly Total		\$659.97	\$727.09		\$563.56	\$633.19		\$734.00	\$821.26
Annual Total		\$7,919.64	\$8,725.08		\$6,762.72	\$7,598.16		\$8,808.00	\$9,855.12
Annual Difference		\$805.44	\$805.44		\$805.44	\$805.44		\$805.44	\$805.44
Pediatric Dental		Additional cost added to dependents under age 19: \$16.49 x max 3 dependents per family unit.	Additional cost added to dependents under age 19: \$16.49 x max 3 dependents per family unit.		Additional cost added to dependents under age 19: \$16.49 x max 3 dependents per family unit.	Additional cost added to dependents under age 19: \$16.46 x max 3 dependents per family unit.		Additional cost added to dependents under age 19: \$16.49 x max 3 dependents per family unit.	Additional cost added to dependents under age 19: \$16.49 x max 3 dependents per family unit.

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment.



Albany Group, 1/0'

Insurance Carrier	CDPHP - CURRENT PLAN	CDPHP -RENEWAL
Plan Name	CDPHP HDHP EPO Qualified (HSA) (320) "Exchange Certified Plan"	CDPHP HDHP EPO Qualified (HSA) (320) "Exchange Certified Plan"
Metal Level	Silver	Silver
Ded. Type	Aggregate/Embedded	Aggregate/Embedded
Plan Type	HDHP EPO	HDHP EPO
Annual INN Ded. Individual	\$1,800	\$2,200
Annual INN Ded. Family	\$3,600	\$4,400
Coinsurance (In-Network)	Ded Then 50% (DME), Ded Then 20%(RX in PCP/Specialist Office/OP Facility)	Ded Then 50% (DME), Ded Then 20%(RX in PCP/Specialist Office/OP Facility)
Annual INN OOP Limits	\$6,900/\$13,800	\$7,050/14,100
Annual OON Ded.	N/A	N/A
Coinsurance (Out-of-Network)	N/A	N/A
Annual OUT OOP Limits	N/A	N/A
Primary Care Visit	\$30 copay after ded.	\$30 copay after ded.
Specialist Visit	\$40 copay after ded.	\$40 copay after ded.
Inpatient Hospital	\$1,000 copay after ded.	\$1,500 copay after ded.
Outpatient Surgery	\$150 copay after ded.;Cost Share may be less-Preferred Center	\$150 copay after ded.;Cost Share may be less-Preferred Center
Emergency Room	\$200 copay after ded.	\$500 copay after ded.
Outpatient Lab	100% after ded.-Preferred Lab; \$40 after ded.-OP Hospital/Office	100% after ded.-Preferred Lab; \$40 after ded.-OP Hospital/Office
Outpatient X-Ray	100% after ded.-Preferred Center; \$40 after ded.- OP Hospital/Office	100% after ded.-Preferred Center; \$40 after ded.- OP Hospital/Office
Rx Ded.	Integrated ded.	Integrated ded.
Tier 1 / Tier 2 / Tier 3	10/50/80	10/50/80
Creditable Coverage	YES	YES
AM Best Rating***	Not Listed	Not Listed
RATES		
Single Plan Rate	0 \$636.80	\$747.82
Employee/Spouse Plan Rate	0 \$1,273.60	\$1,495.64
Employee/Child(ren) Plan Rate	0 \$1,082.56	\$1,271.29
Family Plan Rate	0 \$1,814.89	\$2,131.29
Monthly Total	\$636.80	\$747.82
Annual Total	\$7,641.60	\$8,973.84
Annual Difference	\$1,782.72	\$3,114.96
Pediatric Dental	Additional cost added to dependents under age 19: \$16.49 x max 3 dependents per family unit.	Additional cost added to dependents under age 19: \$16.49 x max 3 dependents per family unit.

2023 Rates	Total Monthly Premium	Monthly Employer Cost	Monthly Employee Cost	Weekly Employee Cost
Delta Dental				
EE	\$ 34.83	\$ 26.12	\$ 8.71	\$ 2.18
EE/Spouse	\$ 73.76	\$ 55.32	\$ 18.44	\$ 4.61
EE/Children	\$ 70.48	\$ 52.86	\$ 17.62	\$ 4.41
Family	\$ 112.24	\$ 84.18	\$ 28.06	\$ 7.02
Empire Vision				
EE	\$ 8.33	\$ 6.25	\$ 2.08	\$ 0.52
EE/Spouse	\$ 16.68	\$ 12.51	\$ 4.17	\$ 1.04
EE/Children	\$ 15.37	\$ 11.53	\$ 3.84	\$ 0.96
Family	\$ 24.14	\$ 18.11	\$ 6.04	\$ 1.51
CDPHP - Triple Zero				
EE	\$ 727.09	\$ 545.32	\$ 181.77	\$ 45.44
EE/Spouse	\$ 1,454.19	\$ 1,090.64	\$ 363.55	\$ 90.89
EE/Children	\$ 1,236.06	\$ 927.05	\$ 309.02	\$ 77.25
Family	\$ 2,072.22	\$ 1,554.17	\$ 518.06	\$ 129.51
CDPHP - HDHP HMO				
EE	\$ 633.19	\$ 474.89	\$ 158.30	\$ 39.57
EE/Spouse	\$ 1,266.39	\$ 949.79	\$ 316.60	\$ 79.15
EE/Children	\$ 1,076.43	\$ 807.32	\$ 269.11	\$ 67.28
Family	\$ 1,804.60	\$ 1,353.45	\$ 451.15	\$ 112.79
CDPHP - Gold Embrace EPO				
EE	\$ 821.26	\$ 615.95	\$ 205.32	\$ 51.33
EE/Spouse	\$ 1,642.53	\$ 1,231.90	\$ 410.63	\$ 102.66
EE/Children	\$ 1,396.15	\$ 1,047.11	\$ 349.04	\$ 87.26
Family	\$ 2,340.60	\$ 1,755.45	\$ 585.15	\$ 146.29
CDPHP - HDHP EPO				
EE	\$ 747.82	\$ 560.87	\$ 186.96	\$ 46.74
EE/Spouse	\$ 1,495.64	\$ 1,121.73	\$ 373.91	\$ 93.48
EE/Children	\$ 1,271.29	\$ 953.47	\$ 317.82	\$ 79.46
Family	\$ 2,131.29	\$ 1,598.47	\$ 532.82	\$ 133.21



POLICY ON FRAUD PREVENTION AND RESPONSE PROTOCOLS

FRAUD PREVENTION MEASURES

1. Keep contact information with banks up to date
 - CFO is the primary administrator and point of contact for all EDC bank accounts.
 - When staff/board/committee members turnover, updating this information is a priority
2. Create strong passwords, change them periodically and do not share them.
3. Enable alerts for bank activity.
4. Use only protected devices for online banking activity.
5. When eligible, enable 2-factor identification to log into accounts and to approve transactions.
6. Use internal 2-person approval for all transactions.
7. Know which third parties have access to our account information.
8. Stay current with bank activity - log into online bank accounts twice (2x) per week.
9. Meet annually with bank reps both to update contact information and be educated about the latest scam schemes and fraud protection services.

POLICY ON FRAUD PREVENTION AND RESPONSE PROTOCOLS (CONT'D)

FRAUD ACTIVITY RESPONSE PROTOCOLS:

1. Prepare a hard copy (directly printed from online banking platform) of suspicious transactions making sure to include a record of the last legitimate transactions.
2. Confirm with other account administrators that activity is unfounded.
3. Contact bank rep (@GFNB Megan Bohan 518-415-4519) to conduct an immediate investigation in the activity.
4. Have accounts frozen until nature of the suspicious activity is identified.
5. Contact EDC-CEO (Jim Siplon) and EDC Board Chair (Mitch Amado) to inform them of the situation and continue to keep them updated with developments.
6. If fraud activity is conclusive, close accounts and have funds transferred to new accounts.
7. Notify vendors – all outstanding checks will need to be voided and re-issued.
8. Debrief with bank reps and relay information to EDC Board of Directors.
9. Complete necessary paperwork and orders for new checks and deposit slips.