

# The Otsego County Chamber

## High Deductible Options for 2010 (Small Group)

	Option # 5 EMBLEM 2500/5000		Option # 6 EMBLEM 5800/11600					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Platform</b>	EPO		EPO					
<b>Gated or Non-Gated</b>	Non-Gated		Non-Gated					
Single Deductible	\$2,500	N/A	\$5,800	N/A				
Family Deductible	\$5,000	N/A	\$11,600	N/A				
Coinsurance	None	N/A	None	N/A				
Single Out Of Pocket	\$2,500	N/A	\$5,800	N/A				
Family Out Of Pocket	\$5,000	N/A	\$11,600	N/A				
Lifetime Maximum	N/A	N/A	N/A	N/A				
Full Time Dependent	23		23					
<b>IN-PATIENT CARE</b>								
Hospital	100% after Ded.	N/A	100% after Ded	N/A				
Mental Health	100% after Ded.	N/A	100% after Ded	N/A				
Maximum Day/Visits	30		30					
<b>OUTPATIENT CARE</b>								
Physician Office Visits	100% after Ded.	N/A	100% after Ded	N/A				
Specialist Office Visits	100% after Ded.	N/A	100% after Ded	N/A				
Hospital	100% after Ded.	N/A	100% after Ded	N/A				
Emergency Room	100% after Ded.	N/A	100% after Ded	N/A				
Adult Physicals	Covered in Full	N/A	Coverd in Full	N/A				
Well Child Care	Covered in Full	N/A	Coverd in Full	N/A				
Mental Health	100% after Ded.	N/A	100% after Ded	N/A				
Maximum Day/Visits	30		30					
<b>PRESCRIPTIONS</b>								
Generic	100% after Ded.		100% after Ded.					
Preferred Brand	100% after Ded.		100% after Ded.					
Non-Preferred Brand	100% after Ded.		100% after Ded.					
Deductible	\$2,500/\$5,000		\$5,800/\$11,600					
Maximum	None		None					
	<b>CDPHP</b>		<b>EMBLEM 5800/11600</b>					
Single	216.92	\$650.76	144.85	\$434.55				
Employee + Spouse	477.22	\$1,431.66	318.63	\$955.89				
Employee + Child(ren)	412.15	\$1,236.45	275.19	\$825.57				
Family	639.91	\$1,919.73	427.24	\$1,281.72				





I have placed an "X" in the red box above the plan I have chosen & checked off whether I was a Single, Employee + Spouse, or Family.

Please accept this completed form as acknowledgment of my 2010 plan election:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Company Name \_\_\_\_\_