

# The Otsego County Chamber

## High Deductible Options for 2010 (Small Group)

	Option # 1 Excellus 1300/2600		Option#2 Excellus 5500/11000		Option # 3 CDPHP 2700/5400		Option # 4- EMBLEM 1500/3000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Platform</b>	PPO		PPO		PPO		EPO	
<b>Gated or Non-Gated</b>	Non-Gated		Non-Gated		Non-Gated		Non-Gated	
Single Deductible	\$1,300	\$1,300	\$5,500	Same	\$2,700	\$5,000	\$1,500	N/A
Family Deductible	\$2,600	\$2,600	\$11,000	Same	\$5,400	\$10,000	\$3,000	N/A
Coinsurance	80%	60%	None	None	10%	50%	None	N/A
Single Out Of Pocket	\$3,000	\$3,000	\$5,000	Same	\$4,000	\$10,000	\$1,500	N/A
Family Out Of Pocket	\$6,000	\$6,000	\$11,000	Same	\$8,000	\$20,000	\$3,000	N/A
Lifetime Maximum	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Full Time Dependent	26		26		25		23	
<b>IN-PATIENT CARE</b>								
Hospital	Ded/Coins	Ded/Coins	100% after Ded.	100% after Ded.	Ded/Coins	Ded/Coins	100% after Ded.	N/A
Mental Health	Ded/Coins	Ded/Coins	100% after Ded.	100% after Ded.	Ded/Coins	Ded/Coins	100% after Ded.	N/A
Maximum Day/Visits	30	30	30	30	30	30	30	N/A
<b>OUTPATIENT CARE</b>								
Physician Office Visits	Ded/Coins	Ded/Coins	100% after Ded.	100% after Ded.	Ded/Coins	Ded/Coins	100% after Ded.	N/A
Specialist Office Visits	Ded/Coins	Ded/Coins	100% after Ded.	100% after Ded.	Ded/Coins	Ded/Coins	100% after Ded.	N/A
Hospital	Ded/Coins	Ded/Coins	100% after Ded.	100% after Ded.	Ded/Coins	Ded/Coins	100% after Ded.	N/A
Emergency Room	Ded/Coins	Ded/Coins	100% after Ded.	100% after Ded.	Ded/Coins	Ded/Coins	100% after Ded.	N/A
Adult Physicals	Covered in Full	Ded./Coins	Covered in Full	100% after Ded.	Covered in Full	Ded/Coins	Covered in Full	N/A
Well Child Care	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	N/A
Mental Health	Ded/Coins	Ded/Coins	100% after Ded.	100% after Ded.	Ded/Coins	Ded/Coins	100% after Ded.	N/A
Maximum Day/Visits	20	20	20	20	20	20	30	
<b>PRESCRIPTIONS</b>								
Generic	\$5 no copay for kids to age 19		100% after Deductible		50% after Deductible		100% after Deductible	
Preferred Brand	\$35		100% after Deductible		50% after Deductible		100% after Deductible	
Non-Preferred Brand	\$70		100% after Deductible		50% after Deductible		100% after Deductible	
Deductible	Subject to Deductible		\$5,500 /\$11,000		\$2,700/\$5,400		\$1,500/\$3,000	
Maximum	None		None		None		None	
<b>Summary</b>								
Single	Excellus		Excellus 5500/11000		CDPHP		Emblem	
		\$864.03		\$523.56		\$875.61	261.1	\$783.30
Employee + Spouse		\$1,713.06		\$1,032.12		\$1,736.22	574.44	\$1,723.32
Employee + Child(ren)		\$1,742.85		\$1,050.51		N/A	496.1	\$1,488.30
Family		\$2,398.56		\$1,443.48		\$2,302.47	770.25	\$2,310.75



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 \_\_\_\_\_