

The Otsego County Chamber High Deductible Options for 2010 (Sole Prop)

Platform Gated or Non-Gated	Option # 1 Excelsus 1300/2600		Option # 2 - Excelsus 5500/11000		Option # 3 - CDPHP 270/5400		Option # 4 - EMBLEM 5800/11600	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
		PPO		PPO		PPO		EPO
	Non-Gated		Non-Gated		Non-Gated		Non-Gated	
Single Deductible	\$1,300	\$1,300	\$5,500	\$5,000	\$2,700	\$5,000	\$5,800	N/A
Family Deductible	\$2,600	\$2,600	\$11,000	\$11,000	\$5,400	\$10,000	\$11,600	N/A
Coinsurance	80%	60%	None	None	10%	50%	100%	N/A
Single Out Of Pocket	\$3,000	\$3,000	\$5,500	\$5,000	\$4,000	\$10,000	\$5,800	N/A
Family Out Of Pocket	\$6,000	\$6,000	\$11,000	\$11,000	\$8,000	\$20,000	\$11,600	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			
IN-PATIENT CARE								
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	
OUTPATIENT CARE								
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	
PRESCRIPTIONS								
Generic	\$5 copay for kids to age 19		Covered in Full after Deductible		50% Coinsurance after Deductible		100% after Deductible	
Preferred Brand	\$35		Covered in Full after Deductible		50% Coinsurance after Deductible		100% after Deductible	
Non-Preferred Brand	\$70		Covered in Full after Deductible		50% Coinsurance after Deductible		100% after Deductible	
Deductible	Subject to Policy Deductible First		\$5,500/\$11,000		\$2,700/\$5,400		\$5,800/\$11,600	
Maximum	None		None		None		None	
	Excelsus 1300/2600		Excelsus		CDPHP		Excelsus	
Single		\$948.93		\$577.41		\$996.09	166.52	\$499.56
Employee + Spouse		\$1,882.86		\$1,133.85		\$1,977.21		
Employee + Child(ren)		\$1,915.68		\$1,154.04		N/A		
Family		\$2,636.94		\$1,586.37		\$2,622.75	424.66	\$1,273.96



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