

**The Otsego County Chamber**  
**MEDICARE PLANS For 2010**

Platform Gated or Non-Gated	CDPHP Medicare Choices CDPHP		Excdllus Supplement "C" EXCELLUS BCBS		Option #	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	PPO		Traditional Indemnity			
	Non - Gated		Non-Gated			
Annual Out of Pocket	\$3,350	\$3,350	None	None		
Family Deductible	N/A	N/A	N/A	N/A		
Coinsurance	None	None	N/A	N/A		
Single Out Of Pocket	\$3,350	\$3,350	None	None		
Family Out Of Pocket	N/A	N/A	N/A	N/A		
Lifetime Maximum	None	None	None	None		
Full Time Dependent	N/A		N/A			
<b>IN-PATIENT CARE</b>						
Hospital	\$250 Copay	\$750 Copay	Full Coverage	Full Coverage		
Mental Health	\$250 Copay	\$750 Copay	Full Coverage	Full Coverage		
Maximum Day/Visits	365	365	365	365		
<b>OUTPATIENT CARE</b>						
Physician Office Visits	\$12 Copay	\$12 Copay	Full Coverage	Full Coverage		
Specialist Office Visits	\$20 Copay	\$20 Copay	Full Coverage	Full Coverage		
Hospital	\$125 Copay	\$125 Copay	Full Coverage	Full Coverage		
Emergency Room	\$50 Copay	\$50 Copay	Full Coverage	Full Coverage		
Adult Physicals	Full Coverage	Full Coverage	Full Coverage	Full Coverage		
Well Child Care	N/A	N/A	N/A	N/A		
Mental Health	\$10 & \$25 Copay	\$10 & \$25	Full Coverage	Full Coverage		
Maximum Day/Visits	190	190	190	190		
<b>PRESCRIPTIONS</b>						
Generic	\$3.00		\$10			
Preferred Brand	\$5.00		\$30			
Non-Preferred Brand	\$35		\$50			
Doughnut Hole	Full Coverage		Full Coverage			
Maximum	None		None			
	<b>CDPHP</b>		<b>EXCELLUS BCBS</b>		<b>Excellus</b>	
Single		\$721.20		\$1,016.55		
Employee + Spouse		N/A		N/A		
Employee + Child(ren)		N/A		N/A		
Family		N/A		N/A		



Signature

Print Name