

CDPHP & Excellus Options 13-17 Effective January 1, 2012 - Small Group & Sole Prop

	30/50/750 Excellus		Option #13 - 40774001 Excellus HMO Blue 25		SB HDHP -15 Excellus 5500/11000		SB-HPHD-13 Excellus 2600/5200		SB-HDHP-2E Excellus 1300/2600			
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
Platform	HMO		HMO		PPO		PPO		PPO			
PCP Required	Yes		Yes		No		NO		NO			
Single Deductible	N/A	N/A	N/A	N/A	\$5,500	\$5,500	\$2,600	\$2,600	\$1,300	\$1,300		
Family Deductible	N/A	N/A	N/A	N/A	\$11,000	\$11,000	\$5,200	\$5,200	\$2,600	\$2,600		
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80/20	60/40		
Single Out Of Pocket	N/A	N/A	N/A	N/A	\$5,500	\$5,500	\$2,600	\$2,600	\$3,000	\$3,000		
Family Out Of Pocket	N/A	N/A	N/A	N/A	\$11,000	\$11,000	\$5,200	\$5,200	\$6,000	\$6,000		
Lifetime Maximum	N/A	N/A	N/A	N/A	N/A		N/A		N/A			
Full Time Dependent	23		23		26		26		26			
IN-PATIENT CARE												
Hospital	\$750 Copay	N/A	\$500 Copay	N/A	100% after Ded.	100% after Ded.	100% after Ded.	100% after Ded.	Ded+Co-Ins.	Ded+Co-Ins.		
Mental Health	\$750 Copay	N/A	\$500 Copay	N/A	100% after Ded.	100% after Ded.	100% after Ded.	100% after Ded.	Ded+Co-Ins.	Ded+Co-Ins.		
Maximum Day/Visits	30	N/A	30	N/A	30		30		30			
OUTPATIENT CARE												
Physician Office Visits	\$30 Copay	N/A	\$25 Copay	N/A	100% after Ded.	100% after Ded.	100% after Ded.	100% after Ded.	Ded+Co-Ins.	Ded+Co-Ins.		
Specialist Office Visits	\$50 Copay	N/A	\$40 Copay	N/A	100% after Ded.	100% after Ded.	100% after Ded.	100% after Ded.	Ded+Co-Ins.	Ded+Co-Ins.		
Hospital	\$200 Copay	N/A	\$75 Copay	N/A	100% after Ded.	100% after Ded.	100% after Ded.	100% after Ded.	Ded+Co-Ins.	Ded+Co-Ins.		
Emergency Room	\$150 Copay	N/A	\$100 Copay	N/A	100% after Ded.	100% after Ded.	100% after Ded.	100% after Ded.	Ded+Co-Ins.	Ded+Co-Ins.		
Adult Physicals	\$30 Copay	N/A	\$25 Copay	N/A	Covered in Full	100% after Ded.	Covered in Full	100% after Ded.	Covered in Full	Ded+Co-Ins.		
Well Child Care	\$0	N/A	\$0	N/A	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full		
Mental Health	\$50 Copay	N/A	\$40 Copay	N/A	100% after Ded.	100% after Ded.	100% after Ded.	100% after Ded.	Ded+Co-Ins.	Ded+Co-Ins.		
Maximum Day/Visits	30	N/A	20	N/A	20		20		20			
PRESCRIPTIONS												
Generic	\$10 Copay		\$10 Copay		100% after Deductible		\$5 Copay		\$5 after Deductible (\$0 for kids to 19)			
Preferred Brand	\$30 Copay		\$30 Copay		100% after Deductible		\$35 Copay		\$35 Copay			
Non-Preferred Brand	\$50 Copay		\$50 Copay		100% after Deductible		\$70 Copay		\$70 Copay			
Deductible	\$0		\$0		\$5,500 /\$11,000		\$2600/\$5200		\$1,3000/\$2,600			
Maximum	N/A		N/A		N/A		N/A		N/A			
	Excellus HMO Blue 25		Excellus HMO Blue 25		Excellus 5500/11000		HDHP		Excellus 1300/2600			
	Small Group	Sole Prop	Small Group	Sole Prop	Small Group	Sole Prop	Small Group	Sole Prop	Small Group	Sole Prop		
Single	\$1,790.73	\$1,968.39	\$1,851.45	\$2,035.14	\$676.44	\$742.59	\$963.96	\$1,058.85	\$1,115.70	\$1,225.77		
Employee + Spouse	\$3,566.34	\$3,921.48			\$1,337.94	\$1,470.24	\$1,912.98	\$2,102.79	\$2,216.43	\$2,436.66		
Employee + Child(ren)	\$3,602.55	\$3,961.32			\$1,363.74	\$1,498.62	\$1,950.27	\$2,143.80	\$2,257.35	\$2,481.60		
Family	\$4,963.92	\$5,458.80	\$4,752.18	\$5,225.88	\$1,875.57	\$2,061.63	\$2,684.67	\$2,951.64	\$3,108.30	\$3,417.63		

x above the plan I have chosen & checked off whether I was a Sing

Please accept this completed form as acknowledgment of my 2009 plan election:

Signature _____ Date _____ Company Name _____

Print Name _____

