

# The Otsego County Chamber

CDPHP, Excellus, GHI, & MVP Options 1-4, Effective April 1, 2010 (Small Group)

	Option # 1 CDPHP FOX FIRST		Option # 2 - 40/100/500/250 Emblem		Option # 3 - E3050215 MVP Hybrid		Option # 4-EPOCHAMB CDPHP	
	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		EPO		EPO	
<b>Gated or Non-Gated</b>	Non-Gated		Non-Gated		Non-Gated		Non-Gated	
Single Deductible	N/A	N/A	N/A	N/A	\$1,000	N/A	\$500	N/A
Family Deductible	N/A	N/A	N/A	N/A	\$2,500	N/A	\$1,250	N/A
Coinsurance	N/A	N/A	N/A	N/A	80%	N/A	80%	N/A
Single Out Of Pocket	N/A	N/A	N/A	N/A	\$2,000	N/A	\$2,000	N/A
Family Out Of Pocket	N/A	N/A	N/A	N/A	\$5,000	N/A	\$5,000	N/A
Lifetime Maximum	N/A	N/A	N/A	N/A	Unlimited	N/A	\$1 Million	N/A
Full Time Dependent	25		23		26		25	
<b>IN-PATIENT CARE</b>								
Hospital	\$240 Copay	N/A	\$500 Copay	N/A	Ded.+ Co-Ins.	N/A	Ded.+ Co-Ins.	N/A
Mental Health	\$240 Copay	N/A	\$500 Copay	N/A	Ded.+ Co-Ins.	N/A	Ded.+ Co-Ins.	N/A
Maximum Day/Visits	30	N/A	30	N/A	30	N/A	30	N/A
<b>OUTPATIENT CARE</b>								
Physician Office Visits	\$25 Copay	N/A	\$40 Copay	N/A	\$30 Copay	N/A	\$25 Copay	N/A
Specialist Office Visits	\$25 Copay	N/A	\$40 Copay	N/A	\$50 Copay	N/A	\$25 Copay	N/A
Hospital	\$200 Copay	N/A	\$250 Copay	N/A	Ded.+ Co-Ins.	N/A	Ded.+ Co-Ins.	N/A
Emergency Room	\$75 Copay	N/A	\$100 Copay	N/A	\$200 Copay	N/A	Ded.+ Co-Ins.	N/A
Adult Physicals	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A
Well Child Care	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A
Mental Health	\$25 Copay	N/A	\$40 Copay	N/A	\$50 Copay	N/A	\$25 Copay	N/A
Maximum Day/Visits	20	N/A	30	N/A	20	N/A	20	N/A
<b>PRESCRIPTIONS</b>								
Generic	50%		\$0		\$10 Copay		\$4 Copay	
Preferred Brand	N/A		\$30 Copay		\$30 Copay		\$30 Copay	
Non-Preferred Brand	N/A		\$50 Copay		\$50 Copay		\$60 Copay	
Deductible	N/A		\$50		N/A		N/A	
Maximum	N/A		\$3,000		N/A		\$2,000	
<b>CDPHP</b>								
Single		\$961.62	391.79	\$1,175.37		\$1,153.92		\$1,159.80
Employee + Spouse		\$1,810.95	861.87	\$2,045.61		\$2,292.81		\$2,304.60
Employee + Child(ren)		N/A	747.81	\$2,243.43		N/A		N/A
Family		\$2,548.32	1160.34	\$3,481.02		\$3,093.27		\$3,057.81



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 \_\_\_\_\_