

The Otsego County Chamber

CDPHP, Excellus, GHI, & MVP Options 5-8, Effective January 1, 2010 (Small Group)

	Option # 5-408608001 Excellus Healthy Blue 1000		Option # 6 - E3050127 MVP		Option # 7 - 20/50/0/0 Emblem		Option # 8 -408607001 Excellus Healthy Blue 500	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	PPO		EPO		EPO		PPO	
Platform	PPO		EPO		EPO		PPO	
Gated or Non-Gated	Non-Gated		Non-Gated		Non-Gated		Non-Gated	
Single Deductible	\$1,000	\$1,000	N/A	N/A	N/A	N/A	\$500	\$500
Family Deductible	\$3,000	\$3,000	N/A	N/A	N/A	N/A	\$1,500	\$1,500
Coinsurance	80%	60%	N/A	N/A	N/A	N/A	80%	60%
Single Out Of Pocket	\$3,000	\$3,000	N/A	N/A	N/A	N/A	\$1,500	\$1,500
Family Out Of Pocket	\$9,000	\$9,000	N/A	N/A	N/A	N/A	\$4,500	\$4,500
Lifetime Maximum	Unlimited	Unlimited	Unlimited	N/A	Unlimited	N/A	Unlimited	Unlimited
Full Time Dependent	26		23		23		26	
IN-PATIENT CARE								
Hospital	Ded.+ Co-Ins.	Ded.+ Co-Ins.	\$500 Copay	N/A	\$0	N/A	Ded.+ Co-Ins.	Ded.+ Co-Ins.
Mental Health	Ded.+ Co-Ins.	Ded.+ Co-Ins.	\$500 Copay	N/A	\$0	N/A	Ded.+ Co-Ins.	Ded.+ Co-Ins.
Maximum Day/Visits	30	30	30	N/A	30	N/A	30	30
OUTPATIENT CARE								
Physician Office Visits	\$15 Copay	Ded.+ Co-Ins.	\$30	N/A	\$20 Copay	N/A	\$15 Copay	Ded.+ Co-Ins.
Specialist Office Visits	\$25 Copay	Ded.+ Co-Ins.	\$50	N/A	\$20 Copay	N/A	\$25 Copay	Ded.+ Co-Ins.
Hospital	Ded.+ Co-Ins.	Ded.+ Co-Ins.	\$150 Copay	N/A	\$0	N/A	Ded.+ Co-Ins.	Ded.+ Co-Ins.
Emergency Room	\$150 Copay	\$150 Copay	\$100 Copay	N/A	\$50 Copay	N/A	\$150 Copay	\$150 Copay
Adult Physicals	\$0	Ded.+ Co-Ins.	\$0	N/A	\$0	N/A	\$0	Ded.+ Co-Ins.
Well Child Care	\$0	\$0	\$0	N/A	\$0	N/A	\$0	\$0
Mental Health	\$25 Copay	Ded.+ Co-Ins.	\$40 Copay	N/A	\$20 Copay	N/A	\$25 Copay	Ded.+ Co-Ins.
Maximum Day/Visits	20	20	20	N/A	30	N/A	20	20
PRESCRIPTIONS								
Generic	\$5 Copay		\$10 Copay		\$0		\$5 Copay	
Preferred Brand	\$25 Copay		\$30 Copay		\$30 Copay		\$25 Copay	
Non-Preferred Brand	\$50 Copay		\$50 Copay		\$50 Copay		\$50 Copay	
Deductible	N/A		N/A		N/A		N/A	
Maximum	N/A		N/A		N/A		N/A	
Excellus								
Single		\$1,286.31	MVP			\$1,671.00	Emblem	
Employee + Spouse		\$2,557.62		\$1,485.69		\$3,676.17		\$1,363.77
Employee + Child(ren)		\$2,580.51		\$2,956.41		\$3,185.19		\$2,712.54
Family		\$3,554.10		\$3,986.85		\$4,943.10		\$2,738.34
								\$3,771.81



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 _____