

The Otsego County Chamber

CDPHP, Excellus, GHI, & MVP Options 9-12, Effective January 1, 2010 (Small Group)

Platform	Option # 9 -404999001 Excellus EPO Balance		Option # 10 - HA6S07 CDPHP		Option # 11 - HA6S07 CDPHP		Option # 12 -407740001 Excellus HMO BLUE 25	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	EPO		HMO		HMO		HMO	
Gated or Non-Gated	Non-Gated		Gated		Gated		Gated	
Single Deductible	\$500	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family Deductible	\$1,500	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	85%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Single Out Of Pocket	\$1,500	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family Out Of Pocket	\$4,500	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lifetime Maximum	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Full Time Dependent	23		25		25		23	
IN-PATIENT CARE								
Hospital	Ded.+ Co-Ins.	N/A	\$500 Copay	N/A	\$500 Copay	N/A	\$500 Copay	N/A
Mental Health	Ded.+ Co-Ins.	N/A	\$500 Copay	N/A	\$500 Copay	N/A	\$500 Copay	N/A
Maximum Day/Visits	30	N/A	30	N/A	30	N/A	30	N/A
OUTPATIENT CARE								
Physician Office Visits	\$15 Copay	N/A	\$25 Copay	N/A	\$25 Copay	N/A	\$25 Copay	N/A
Specialist Office Visits	\$15 Copay	N/A	\$25 Copay	N/A	\$25 Copay	N/A	\$40 Copay	N/A
Hospital	Ded.+ Co-Ins.	N/A	\$75 Copay	N/A	\$75 Copay	N/A	\$75 Copay	N/A
Emergency Room	\$50 Copay	N/A	\$100 Copay	N/A	\$100 Copay	N/A	\$100 Copay	N/A
Adult Physicals	\$15 Copay	N/A	\$0	N/A	\$0	N/A	\$25 Copay	N/A
Well Child Care	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A
Mental Health	\$15 Copay	N/A	\$25 Copay	N/A	\$25 Copay	N/A	\$40 Copay	N/A
Maximum Day/Visits	20	N/A	20	N/A	20	N/A	20	N/A
PRESCRIPTIONS								
Generic	\$10 Copay		50%		\$4 Copay		\$10 Copay	
Preferred Brand	\$30 Copay		N/A		\$30 Copay		\$30 Copay	
Non-Preferred Brand	\$50 Copay		N/A		\$60 Copay		\$50 Copay	
Deductible	N/A		N/A		N/A		N/A	
Maximum	N/A		N/A		\$2,000		N/A	
Excellus								
Single		\$1,416.30	CDPHP			\$1,400.88	Excellus	
Employee + Spouse		N/A		\$1,396.59		\$2,786.70		N/A
Employee + Child(ren)		N/A		N/A		N/A		N/A
Family		\$3,575.49		\$3,686.91		\$3,698.28		\$3,706.68



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 _____