

The Otsego County Chamber

CDPHP, Excellus, GHI, & MVP Options 13-15, Effective January 1, 2010 (Small Group)

Platform	Option # 13 - 30/0/1000/70%		Option # 14 - HA8S07		Option # 15 - HA8S07	
	Emblem		CDPHP		CDPHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Gated or Non-Gated	PPO		HMO		HMO	
	Non-Gated		Gated		Gated	
Single Deductible	N/A	\$1,000	N/A	N/A	N/A	N/A
Family Deductible	N/A	\$3,000	N/A	N/A	N/A	N/A
Coinsurance	N/A	70%	N/A	N/A	N/A	N/A
Single Out Of Pocket	N/A	\$3,000	N/A	N/A	N/A	N/A
Family Out Of Pocket	N/A	\$9,000	N/A	N/A	N/A	N/A
Lifetime Maximum	N/A	Unlimited	N/A	N/A	N/A	N/A
Full Time Dependent	23		25		25	
IN-PATIENT CARE						
Hospital	\$0	Ded.+ Co-Ins.	\$500 Copay	N/A	\$500 Copay	N/A
Mental Health	\$0	Ded.+ Co-Ins.	\$500 Copay	N/A	\$500 Copay	N/A
Maximum Day/Visits	30	30	30	N/A	30	N/A
OUTPATIENT CARE						
Physician Office Visits	\$30 Copay	Ded.+ Co-Ins.	\$15 Copay	N/A	\$15 Copay	N/A
Specialist Office Visits	\$30 Copay	Ded.+ Co-Ins.	\$15 Copay	N/A	\$15 Copay	N/A
Hospital	\$0	Ded.+ Co-Ins.	\$75 Copay	N/A	\$75 Copay	N/A
Emergency Room	\$100 Copay	\$100 Copay	\$50 Copay	N/A	\$50 Copay	N/A
Adult Physicals	\$0	Ded.+ Co-Ins.	\$0	N/A	\$0	N/A
Well Child Care	\$0	Ded.+ Co-Ins.	\$0	N/A	\$0	N/A
Mental Health	\$30 Copay	Ded.+ Co-Ins.	\$15 Copay	N/A	\$15 Copay	N/A
Maximum Day/Visits	30	30	20	N/A	20	N/A
PRESCRIPTIONS						
Generic	\$0		50%		\$4 Copay	
Preferred Brand	\$25 Copay		N/A		\$30 Copay	
Non-Preferred Brand	\$40 Copay		N/A		\$60 Copay	
Deductible	\$100		N/A		N/A	
Maximum	N/A		N/A		\$2,000	
Emblem						
Single	705.3	\$2,115.90		\$1,482.90		\$1,484.28
Employee + Spouse	1551.21	\$4,653.63		\$2,950.80		\$2,953.56
Employee + Child(ren)	1343.43	\$4,030.29		N/A		N/A
Family	2085.09	\$6,255.27		\$3,930.75		\$3,934.47



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 _____