

The Otsego County Chamber

CDPHP, Excellus, & MVP Options 1-4, Effective January 1, 2010 (Sole Prop)

Platform Gated or Non-Gated	Option # 1 CDPHP FOX FIRST		Option # 2 - E3050215 MVP Hybrid		Option # 3 - EPOCHAMB CDPHP		Option # 4 - 408608002 Excellus Healthy Blue 1000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	EPO		EPO		EPO		PPO	
	Non-Gated		Non-Gated		Non-Gated		Non-Gated	
Single Deductible	N/A	N/A	\$1,000	N/A	\$500	N/A	\$1,000	\$1,000
Family Deductible	N/A	N/A	\$2,500	N/A	\$1,250	N/A	\$3,000	\$3,000
Coinsurance	N/A	N/A	80%	N/A	80%	N/A	80%	60%
Single Out Of Pocket	N/A	N/A	\$2,000	N/A	\$2,000	N/A	\$3,000	\$3,000
Family Out Of Pocket	N/A	N/A	\$5,000	N/A	\$5,000	N/A	\$9,000	\$9,000
Lifetime Maximum	N/A	N/A	Unlimited	N/A	\$1 Million	N/A	Unlimited	Unlimited
Full Time Dependent	25		26		25		26	
IN-PATIENT CARE								
Hospital	\$240 Copay	N/A	Ded.+ Co-Ins.	N/A	Ded.+ Co-Ins.	N/A	Ded.+ Co-Ins.	Ded.+ Co-Ins.
Mental Health	\$240 Copay	N/A	Ded.+ Co-Ins.	N/A	Ded.+ Co-Ins.	N/A	Ded.+ Co-Ins.	Ded.+ Co-Ins.
Maximum Day/Visits	30	N/A	30	N/A	30	N/A	30	30
OUTPATIENT CARE								
Physician Office Visits	\$25 Copay	N/A	\$30 Copay	N/A	\$25 Copay	N/A	\$15 Copay	Ded.+ Co-Ins.
Specialist Office Visits	\$25 Copay	N/A	\$50 Copay	N/A	\$25 Copay	N/A	\$25 Copay	Ded.+ Co-Ins.
Hospital	\$200 Copay	N/A	Ded.+ Co-Ins.	N/A	Ded.+ Co-Ins.	N/A	Ded.+ Co-Ins.	Ded.+ Co-Ins.
Emergency Room	\$75 Copay	N/A	\$200 Copay	N/A	Ded.+ Co-Ins.	N/A	\$150 Copay	\$150 Copay
Adult Physicals	\$0	N/A	\$0	N/A	\$0	N/A	\$0	Ded.+ Co-Ins.
Well Child Care	\$0	N/A	\$0	N/A	\$0	N/A	\$0	\$0
Mental Health	\$25 Copay	N/A	\$50 Copay	N/A	\$25 Copay	N/A	\$25 Copay	Ded.+ Co-Ins.
Maximum Day/Visits	20	N/A	20	N/A	20	N/A	20	20
PRESCRIPTIONS								
Generic	50%		\$10 Copay		\$4 Copay		\$5 Copay	
Preferred Brand	N/A		\$30 Copay		\$30 Copay		\$25 Copay	
Non-Preferred Brand	N/A		\$50 Copay		\$60 Copay		\$50 Copay	
Deductible	N/A		N/A		N/A		N/A	
Maximum	N/A		N/A		\$2,000		N/A	
CDPHP								
Single	\$1,081.73		MVP		CDPHP		Excellus	
Employee + Spouse	\$2,163.45		\$1,324.77		\$1,320.09		\$1,413.45	
Employee + Child(ren)	N/A		\$2,634.45		\$2,625.15		\$2,811.90	
Family	\$2,866.56		N/A		N/A		\$2,837.10	
	\$2,866.56		\$3,555.03		\$3,483.84		\$3,908.07	

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