

The Otsego County Chamber

CDPHP, Excellus, & MVP Options 5-8, Effective January 1, 2010 (Sole Prop)

	Option # 5 - 408607002 Excellus Healthy Blue 500		Option # 6 - 404999002 Excellus EPO Balance		Options # 7 - E3050127 MVP		Options # 8 - HA6S07 CDPHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Platform	PPO		EPO		EPO		HMO
Gated or Non-Gated	Non-Gated		Non-Gated		Non-Gated		Gated	
Single Deductible	\$500	\$500	\$500	N/A	N/A	N/A	N/A	N/A
Family Deductible	\$1,500	\$1,500	\$1,500	N/A	N/A	N/A	N/A	N/A
Coinsurance	80%	60%	85%	N/A	N/A	N/A	N/A	N/A
Single Out Of Pocket	\$1,500	\$1,500	\$1,500	N/A	N/A	N/A	N/A	N/A
Family Out Of Pocket	\$4,500	\$4,500	\$4,500	N/A	N/A	N/A	N/A	N/A
Lifetime Maximum	Unlimited	Unlimited	N/A	N/A	Unlimited	N/A	N/A	N/A
Full Time Dependent	26		23		23		25	
IN-PATIENT CARE								
Hospital	Ded.+ Co-Ins.	Ded.+ Co-Ins.	Ded.+ Co-Ins.	N/A	\$500 Copay	N/A	\$500 Copay	N/A
Mental Health	Ded.+ Co-Ins.	Ded.+ Co-Ins.	Ded.+ Co-Ins.	N/A	\$500 Copay	N/A	\$500 Copay	N/A
Maximum Day/Visits	30	30	30	N/A	30	N/A	30	N/A
OUTPATIENT CARE								
Physician Office Visits	\$15 Copay	Ded.+ Co-Ins.	\$15 Copay	N/A	\$30	N/A	\$25 Copay	N/A
Specialist Office Visits	\$25 Copay	Ded.+ Co-Ins.	\$15 Copay	N/A	\$50	N/A	\$25 Copay	N/A
Hospital	Ded.+ Co-Ins.	Ded.+ Co-Ins.	Ded.+ Co-Ins.	N/A	\$150 Copay	N/A	\$75 Copay	N/A
Emergency Room	\$150 Copay	\$150 Copay	\$50 Copay	N/A	\$100 Copay	N/A	\$100 Copay	N/A
Adult Physicals	\$0	Ded.+ Co-Ins.	\$15 Copay	N/A	\$0	N/A	\$0	N/A
Well Child Care	\$0	\$0	\$0	N/A	\$0	N/A	\$0	N/A
Mental Health	\$25 Copay	Ded.+ Co-Ins.	\$15 Copay	N/A	\$40 Copay	N/A	\$25 Copay	N/A
Maximum Day/Visits	20	20	20	N/A	20	N/A	20	N/A
PRESCRIPTIONS								
Generic	\$5 Copay		\$10 Copay		\$10 Copay		50%	
Preferred Brand	\$25 Copay		\$30 Copay		\$30 Copay		N/A	
Non-Preferred Brand	\$50 Copay		\$50 Copay		\$50 Copay		N/A	
Deductible	N/A		N/A		N/A		N/A	
Maximum	N/A		N/A		N/A		N/A	
Excelsus								
Single		\$1,498.68		\$1,556.46		\$1,706.31		\$1,590.00
Employee + Spouse		\$2,982.36		N/A		\$3,397.62		\$3,164.94
Employee + Child(ren)		\$3,101.71		N/A		N/A		N/A
Family		\$4,147.59		\$3,931.56		\$4,582.65		\$4,201.20



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 _____