

The Otsego County Chamber

CDPHP, Excellus, & MVP Options 9-12, Effective January 1, 2010 (Sole Prop)

Platform Gated or Non-Gated	Options # 9 - HA6S07 CDPHP		Option # 10 - 407740002 Excellus HMO BLUE 25		Option # 11 - HA8S07 CDPHP		Option # 12 - HA8S07 CDPHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	HMO		HMO		HMO		HMO	
	Gated		Gated		Gated		Gated	
Single Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Single Out Of Pocket	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family Out Of Pocket	N/A	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	25		23		25		25	
IN-PATIENT CARE								
Hospital	\$500 Copay	N/A	\$500 Copay	N/A	\$500 Copay	N/A	\$500 Copay	N/A
Mental Health	\$500 Copay	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	\$25 Copay	N/A	\$25 Copay	N/A	\$15 Copay	N/A	\$15 Copay	N/A
Specialist Office Visits	\$25 Copay	N/A	\$40 Copay	N/A	\$15 Copay	N/A	\$15 Copay	N/A
Hospital	\$75 Copay	N/A	\$75 Copay	N/A	\$75 Copay	N/A	\$75 Copay	N/A
Emergency Room	\$100 Copay	N/A	\$100 Copay	N/A	\$50 Copay	N/A	\$50 Copay	N/A
Adult Physicals	\$0	N/A	\$25 Copay	N/A	\$0	N/A	\$0	N/A
Well Child Care	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A
Mental Health	\$25 Copay	N/A	\$40 Copay	N/A	\$15 Copay	N/A	\$15 Copay	N/A
Maximum Day/Visits	20		20	N/A	20		20	N/A
PRESCRIPTIONS								
Generic	\$4 Copay		\$10 Copay		50%		\$4 Copay	
Preferred Brand	\$30 Copay		\$30 Copay		N/A		\$30 Copay	
Non-Preferred Brand	\$60 Copay		\$50 Copay		N/A		\$60 Copay	
Deductible	N/A		N/A		N/A		N/A	
Maximum	\$2,000		N/A		N/A		\$2,000	
CDPHP								
Single		\$1,594.89		\$1,613.49		Termed		Termed
Employee + Spouse		\$3,174.69		N/A		Termed		Termed
Employee + Child(ren)		N/A		N/A				
Family		\$4,214.16		\$4,075.86		Termed		Termed

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 _____