

The Otsego County Chamber

Health Insurance Offerings 2009

The Otsego County Chamber is pleased to offer the insurance plans listed below. You will find them listed in order from least expensive to most expensive. All plans reflect the quarterly premium. Please feel free to contact Rob Robinson, our President & CEO who would be pleased to assist you in selecting the plan that best fits your needs and budget. You may contact us at 877-5-OTSEGO or use our on-line contact form.

CDPHP - FOX FIRST (EPO)

This policy is an EPO (Exclusive Provider Organization) with no out-of-network coverage and no referrals needed. It has a \$25 primary and specialist office visit copay with a \$240 in-patient hospital copay and a \$75 copay for an emergency room visit. The prescription coverage is 50% for generic only. Full time dependant coverage to age 25.

	Quarterly	
	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$834.33	\$949.08
Employee + One	\$1,653.66	\$1,883.16
Family	\$2,200.65	\$2,506.74

MVP - Hybrid (EPO) E3050215

This plan is an EPO (Exclusive Provider Organization) Hybrid (includes in-network deductibles) with no out-of-network coverage and no referrals needed. There is a \$1,000 (single) \$2,500 (family) in-network deductible with an 80% coinsurance. It has a \$30 primary and \$50 specialist office visit copay. Inpatient hospital must meet deductible and coinsurance and a \$200 copay for an emergency room visit. The prescription coverage is \$10/\$30/\$50 with no deductible. Full time dependant coverage to age 23.

	Quarterly	
	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$920.61	\$1,056.48
Employee + One	\$1,826.22	\$2,097.90
Family	\$2,436.72	\$2,799.99

Emblem - (EPO) 40/100/500/250

This plan is only available to groups consisting of 2+ employees. This policy is an EPO (Exclusive Provider Organization) with no out-of-network coverage and no referrals needed. This plan has a \$40 primary and specialist office visit copay with a \$500 in-patient hospital copay and \$100 emergency room visit copay. The prescription coverage is \$0/\$30/\$50 with one time \$50 deductible per year and a \$3,000 maximum. Full time dependant coverage to age 23.

Quarterly

	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$970.02	N/A
Employee + Spouse	\$2,133.81	N/A
Employee + Child(ren)	\$1,851.78	N/A
Family	\$2,873.28	N/A

CDPHP - (EPO) EPOCHAMB

This plan is an EPO (Exclusive Provider Organization) with no out-of-network coverage and no referrals needed. There is a \$500 (single) \$1,250 (family) in-network deductible with an 80% coinsurance. It has a \$25 primary and specialist office visit copay. With in-patient hospital you must meet the deductible and coinsurance. There is a \$200 copay for emergency room visits. The prescription coverage is \$4/\$30/\$60 with no deductible but has a \$2,000 maximum. Full time dependant coverage to age 25.

Quarterly

	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$1,007.97	\$1,146.96
Employee + One	\$2,000.94	\$2,278.92
Family	\$2,663.85	\$3,034.62

Excellus - Healthy Blue 500 40860700 1 / 2

This policy is an PPO with both in- and out-of-network coverage, no referrals needed. There is a \$500 (single) \$1,500 (family) in-network deductible with an 80% coinsurance. This plan also has a \$500 (single) \$1,500 (family) out-of-network deductible with a 60% coinsurance. The primary in-network copay is \$15 and specialist copay is \$25 per visit. With inpatient hospital on both in- and out-of-network you must meet the deductible and coinsurance. Emergency room visits are a \$150 copay. The prescription coverage is \$5/\$25/\$50 with no deductible. Full time dependant coverage to age 26.

Quarterly

	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$1,129.50	\$1,320.27
Employee + Spouse	\$2,244.00	\$2,625.54
Employee + Child(ren)	\$2,265.03	\$2,651.67
Family	\$3,118.89	\$3,652.23

MVP - (EPO) E3050127

This plan is an EPO (Exclusive Provider Organization) with no out-of-network coverage and no referrals needed. It has a \$30 primary and \$50 specialist office visit copay. In-patient hospital has a \$500 copay, for an emergency room visit, a \$100 copay. The prescription coverage is \$10/\$30/\$50 with no deductible. Full time dependant coverage to age 23.

Quarterly

	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$1,200.39	\$1,378.20
Employee + One	\$2,385.78	\$2,741.37
Family	\$3,182.46	\$3,657.60

Excellus - Healthy Blue 1000 40860800 1 / 2

This policy is a PPO with both in- and out-of-network coverage, no referrals needed. There is a \$1,000 (single) \$3,000 (family) in-network deductible with an 80% coinsurance. This plan also has a \$1,000 (single) \$3,000 (family) out-of-network deductible with an 60% coinsurance. The primary in-network copay is \$15 and specialist copay is \$25 per visit. With in-patient hospital on both in-and out-of-network you must meet the deductible and coinsurance. Emergency room visits are a \$150 copay. The prescription coverage is \$5/\$25/\$50 with no deductible. Full time dependant coverage to age 26.

Quarterly

	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$1,201.59	\$1,240.98
Employee + Spouse	\$2,388.18	\$2,466.96
Employee + Child(ren)	\$2,411.94	\$2,490.09
Family	\$3,321.54	\$3,429.33

Excellus - EPO Balance 40499900 1 / 2

This policy is an EPO (Exclusive Provider Organization) with no out-of-network coverage and no referrals needed. There is a \$500 (single) \$1,500 (family) in network deductible with an 85% coinsurance. A primary and specialist office visit has a \$15 copay. With the in-patient hospital you must meet the deductible and coinsurance. Emergency room visits have a \$50 copay. The prescription coverage is \$10/\$30/\$50 with no deductible. Full time dependant coverage to age 23.

Quarterly

	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$1,233.24	\$1,355.10
Employee + Spouse	N/A	N/A
Employee + Child(ren)	N/A	N/A
Family	\$3,110.88	\$3,420.60

CDPHP - HMO HA6S07

This plan option is a HMO with no out-of-network coverage and referrals are required. There is a \$25 primary and specialist office visit copay. In-patient hospital is a \$500 copay and an emergency room visit is a \$100 copay. The prescription coverage is 50% for generic only. Full time dependant coverage to age 25.

	Quarterly	
	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$1,264.86	\$1,439.73
Employee + One	\$2,514.72	\$2,864.46
Family	\$3,349.11	\$3,815.61

CDPHP - HMO HA6S07

This plan option is a HMO with no out-of-network coverage and referrals are required. There is a \$25 primary and specialist office visit copay. In-patient hospital is a \$500 copay and an emergency room visit is a \$100 copay. The prescription coverage is \$4/\$30/\$60 with no deductible but has a \$2,000 maximum. Full time dependant coverage to age 25.

	Quarterly	
	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$1,266.24	\$1,441.35
Employee + One	\$2,517.48	\$2,867.70
Family	\$3,352.83	\$3,819.96

Emblem - (EPO) 20/50/0/0

This plan is only available to groups consisting of 2+ employees. This option is an EPO (Exclusive Provider Organization) with no out-of-network coverage and no referrals needed. This plan has a \$20 primary and specialist office visit copay with a \$0 in-patient hospital copay and \$50 emergency room visit copay. The prescription coverage is \$0/\$30/\$50 with no deductible. Full time dependant coverage to age 23.

	Quarterly	
	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$1,307.07	N/A
Employee + Spouse	\$2,875.47	N/A
Employee + Child(ren)	\$2,492.25	N/A
Family	\$3,867.60	N/A

Excellus - HMO 40774000 1 / 2

This policy is an HMO with no out-of-network coverage and referrals are required. This plan is has a \$25 primary and \$40 specialist office visit copay. Inpatient hospital has a \$500 copay and an emergency room visit has a \$100 copay. The prescription coverage is \$10/\$30/\$50 with no deductible. Full time dependant coverage to age 23.

	Quarterly	
	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$1,334.85	\$1,466.85
Employee + Spouse	N/A	N/A
Employee + Child(ren)	N/A	N/A
Family	\$3,367.71	\$3,703.02

CDPHP - HMO HA8S07

This plan option is a HMO with no out-of-network coverage and referrals are required. There is a \$15 primary and specialist office visit copay. Inpatient hospital is a \$500 copay and an emergency room visit is a \$50 copay. The prescription coverage is 50% for generic only. Full time dependant coverage to age 25.

	Quarterly	
	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$1,482.90	\$1,688.31
Employee + One	\$2,950.80	\$3,361.62
Family	\$3,930.75	\$4,478.70

CDPHP - HMO HA8S07

This plan option is a HMO with no out-of-network coverage and referrals are required. There is a \$15 primary and specialist office visit copay. Inpatient hospital is a \$500 copay and an emergency room visit is a \$50 copay. The prescription coverage is \$4/\$30/\$50 with no deductible but has a \$2,000 maximum. Full time dependant coverage to age 25.

	Quarterly	
	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$1,484.28	\$1,689.93
Employee + One	\$2,953.56	\$3,364.86
Family	\$3,934.47	\$4,483.05

Emblem - (PPO) 30/0/1000/70%

This plan is only available to groups consisting of 2+ employees. This plan option is a PPO with both in and out-of-network coverage, no referrals needed. This plan has a \$30 primary and specialist office visit copay with a \$0 in-patient hospital copay and \$100 emergency room visit co-pay. The prescription coverage is \$0/\$25/\$40 with one time \$100 deductible per year. Full time dependent coverage to age 23.

	Quarterly	
	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$1,625.46	N/A
Employee + Spouse	\$3,575.82	N/A
Employee + Child(ren)	\$3,097.14	N/A
Family	\$4,806.84	N/A

AIM Defined Benefit Health Coverage

This plan is not a major medical health insurance policy. There is a \$100 office visit copay with a maximum of 5 visits a year. Inpatient hospital has a \$1,000 copay per day. Full time dependant coverage to age 25.

	Quarterly	
	<u>Small Group</u>	<u>Sole Proprietor</u>
Employee	\$666.00	\$666.00
Employee + One	\$1,065.00	\$1,065.00
Employee + Child(ren)	\$990.00	\$990.00
Family	\$1,332.00	\$1,332.00