



## BETHLEHEM CHAMBER OF COMMERCE 2018 CDPHP Small Group Medical Plan Options



		Platinum 130	Gold 221	GOLD 222	Silver 320	Silver 324	Bronze 421	
Network Type		EPO	EMBRACE HEALTH EPO	EPO HYBRID	HDEPO	HDHMO	HDEPO	
Abbreviations used below: N/A=Non applicable/ INN=In Network/ OON=Out of network/ AD=After deductible/ S=Single/ F=Family/ Cov=Coverage/ Covd=Covered/ CIF=Covered in full								
IN Network (INN)	Annual Deductible	\$0	\$250 S/\$500 F (Embedded)	\$600 S/\$1,200 F (Embedded)	\$1,750 S/\$3,500 F (Aggregate)	\$2,200S/\$4,400F (Embedded)	\$6,550S/\$13,100F (Aggregate)	
	Out of Pocket Max	\$4,000 S/\$8,000 F (Embedded)	\$7,150 S/\$14,300 F (Embedded)	\$6,250S/\$12,500 F (Embedded)	\$6,550 S/\$13,100 F (Embedded)	\$4,800S/\$9,600F (Embedded)	\$6,550 S/\$13,100 F (Embedded)	
	Co-insurance split	N/A	N/A	20%	N/A	N/A	0% AD	
OUT of Network (OON)	Annual Deductible	N/A	N/A	N/A	N/A	N/A	N/A	
	Out of Pocket Max	N/A	N/A	N/A	N/A	N/A	N/A	
	Co-insurance split	N/A	N/A	N/A	N/A	N/A	N/A	
Medical Services	Office Visit PCP/Spec	INN:\$15/\$35/OON:N/A ***	INN:\$30/\$50 AD***	INN:\$20/\$40 ***	INN:\$30/\$40 AD***	INN:\$25/\$50 AD***	INN:0% AD	
	<b>Note:</b>	ALL plans include IN NETWORK preventive care covered in full: examples; routine annual physical, routine lab tests, routine annual well woman exam /cytology, etc. Please refer to plan info for details.						
	Preventive Services	INN ONLY:\$0 Co-pay	INN ONLY:\$0 Co-pay	INN ONLY: \$0 Co-pay	INN ONLY: \$0 Co-pay	INN ONLY: \$0 Co-pay	INN ONLY: \$0 Co-pay	
	Laboratory	INN:\$35*	INN:\$50 AD*	INN:\$40*	INN:\$40 AD*	INN:\$60*	INN:0% AD	
	Chiropractic Care	INN:\$35*	INN:\$50 AD*	INN:\$40	INN:\$40 AD*	INN:\$60	INN:0% AD	
	Maternity-Dr	CIF	INN:DED then CIF	INN:DED then CIF	INN:DED then CIF	INN: DED then CIF	INN: 0% AD	
	Imaging, X-rays	INN:\$35*	INN:\$50 AD*	INN:\$40	INN:\$40 AD*	INN:\$60*	INN:0% AD	
	Therapies: PT/OT/ST **	INN:\$35*	INN:\$50 AD	INN:\$50	INN:\$40 AD*	INN:\$60	INN:0% AD	
Pediatric Dental	Pediatric Dental	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	
	<b>Note:</b>	APPLIES TO ALL PLANS: The ACA REQUIRES Pediatric dental. If you insure children under age 19 & DO NOT provide a dental waiver, an add'l \$16.44/mo/child (up to 3 Children) w/b billed to you.						
Hospital Services	Hospital Inpatient	INN:\$500	INN:\$1,000 AD	INN:20% AD	INN:\$750 AD	INN:\$500 AD	INN:0% AD	
	OutPatient Surgery	INN:\$75	INN:\$100 AD	INN:20% AD	INN:\$150 AD	INN:\$200AD	INN:0% AD	
	ER & Ambulance	INN:\$100	INN:\$100 AD	INN:20% AD	INN:\$150 AD	INN:\$300 AD	INN:0% AD	
	Urgent Care	INN:\$45	INN:\$60 AD	INN:\$50	INN:\$50 AD	INN: \$50	INN:0% AD	
Vision	Pediatric	1 Exam/yr-\$15/50% hardware cov.	1 Exam/yr\$30 AD-50% hardware cov.	1 Exam/yr \$20-50% hardware cov.	1 Exam/yr \$25 AD-50% AD/hardware cov.	1 Exam/yr \$25AD-50% hardware cov.	1 Exam/yr \$0 AD-50% hardware cov.	
	Adult	\$35 Exam/12 mo;\$75 reimbursement	\$50 AD Exam/12 mo ; hardware disc pgm	\$40 Exam/12 mos ; hardware disc pgm	\$40 AD Exam/12 mo ; hardware disc pgm	\$50 Exam AD/12 mos ; \$75 reimb	\$0 AD Exam/12 mos ; hardware disc pgm	
Prescription Medications	\$4G/\$30NB/\$60NF	\$10G/\$50NB/\$80NF NDD	\$10G/\$50NB/\$80NF NDD	\$10G/\$50NB/\$80NF AD	\$10G/\$40NB/\$60NF NDD	0%G/0%NB/0%NF AD		
Additional Benefits	Wellness	\$180 Life Points per contract	\$180 Life Points per contract	\$180 Life Points per contract	\$180 Life Points per contract	\$180 Life Points per contract	\$180 Life Points per contract	
	Worldwide Coverage	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	
	Depths/Domestic Ptnrs	Depths to 26/DP Covd	Depths to 26/DP Covd	Depths to 26/DP Covd	Depths to 26/DP Covd	Depths to 26/DP Covd	Depths to 26/DP Covd	
Monthly Premiums	Single	\$758.93	\$670.28	\$683.69	\$591.56	\$464.63	\$409.85	
	Employee/Child (ren)	\$1,290.18	\$1,139.39	\$1,162.27	\$1,005.65	\$789.88	\$696.74	
	Employee/Spouse	\$1,517.86	\$1,340.46	\$1,367.37	\$1,183.11	\$929.27	\$819.70	
	Family	\$2,162.95	\$1,910.15	\$1,948.50	\$1,685.94	\$1,324.21	\$1,168.07	

**Important NOTES:**  
 Aggregate deductible: In policies insuring more than one person, one or more persons must meet the full FAMILY deductible amount before co-pays/co-insurance goes into effect for any insured person.  
 Embedded Deductible: A deductible where each person must satisfy the individual deductible amount; *not the full family deductible amount*, before co-pays & co-insurance will be in effect.  
 \*Copayment waived if a preferred provider or center.  
 \*\* PT/OT/ST = 60 visits combined therapies, per condition, per year  
 \*\*\* 20% co-insurance for medications administered in office  
 This is a general overview of benefits available under these plans; *it is not a contract*. PLEASE READ GLOSSARY.









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