



BETHLEHEM CHAMBER OF COMMERCE 2019 CDPHP Small Group Medical Plan Options

Network Type		PLATINUM 130	GOLD 221	GOLD 222	SILVER 320	SILVER 324	BRONZE 421
Abbreviations use below:		EPO	EMBRACE HEALTH EPO	EPO HYBRID	HDEPO	HDHMO	HDEPO
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)	\$2,200 S / \$4,400 F (Aggregate)	\$6,650 S / \$13,300 F (Aggregate)
	Out of Pocket Max	\$4,000 S/\$8,000 F (Embedded)	\$7,150 S / \$14,300 F (Embedded)	\$6,250 S / \$12,500 F (Embedded)	\$6,550 S / \$13,100 F (Embedded)	\$4,800 S / \$9,600 F (Embedded)	\$6,650 S / \$13,300 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 AD / \$50 AD***	INN: \$20 / \$40 ***	INN: \$30 / \$40 AD***	INN: \$25 / \$50 AD***	INN: \$0 AD
	<i>Note:</i>	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: \$50*	INN: \$0 AD
	Chiropractic Care	INN: \$35	INN: \$50 AD	INN: \$40	INN: \$40 AD	INN: \$50 AD	INN: \$0 AD
	Maternity-Dr	CIF	INN: CIF AD	INN: CIF AD	INN: CIF AD	INN: CIF AD	INN: \$0 AD
	Imaging, X-rays	INN: \$35*	INN: \$50 AD*	INN: \$40*	INN: \$40 AD*	INN: \$50 AD*	INN: \$0 AD
Therapies: PT/OT/ST **	INN: \$35	INN: \$50 AD	INN: \$40	INN: \$40	INN: \$50 AD	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
	<i>Note:</i>	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: \$200 AD	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 AD	INN: \$0 AD
VISION	Pediatric	1 Exam/yr \$15 / 50% hardware covd	1 Exam/yr \$30 AD / 50% hardware covd	1 Exam/yr \$20 / 50% hardware covd	1 Exam/yr \$30 / 50% hardware covd	1 Exam/yr \$25 AD / 50% hardware covd	1 Exam/yr \$0 AD / 50% hardware covd
	Adult	1 Exam/yr \$35 / \$75 hardware reimb	1 Exam/yr \$50 AD / \$75 hardware reimb	1 Exam/yr \$40 / \$75 hardware reimb	1 Exam/yr \$40 AD / \$75 hardware reimb	1 Exam/yr \$50 AD / \$75 hardware reimb	1 Exam/yr \$0 AD / \$75 hardware reimb
PRESCRIPTION	Medications	\$4G / \$30NB / \$60NF	\$10G / \$50NB / \$80NF (NDD)	\$10G / \$50NB / \$80NF (NDD)	\$10G / \$50NB / \$80NF (NDD)	\$10G / \$40NB / \$60NF (NDD)	\$0G / \$0NB / \$0NF AD
ADDITIONAL BENEFITS	Wellness	\$180 Life Points per contract / Gym reimb	\$180 Life Points per contract / Gym reimb	\$180 Life Points per contract / Gym reimb	\$180 Life Points per contract / Gym reimb	\$180 Life Points per contract / Gym reimb	\$180 Life Points per contract / Gym reimb
	Benefits	Weight Loss reimbursement \$75	Weight Loss reimbursement \$75	Weight Loss reimbursement \$75	Weight Loss reimbursement \$75	Weight Loss reimbursement \$75	Weight Loss reimbursement \$75
	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
	Deps/Domestic Ptrns	Deps to 26 / DP Covd	Deps to 26 / DP Covd	Deps to 26 / DP Covd	Deps to 26 / DP Covd	Deps to 26 / DP Covd	Deps to 26 / DP Covd
MONTHLY PREMIUMS	Single	\$776.27	\$685.73	\$662.07	\$594.69	471.02	\$412.66
	Employee/Child (ren)	\$1,319.66	\$1,165.74	\$1,125.53	\$1,010.97	800.73	\$701.52
	Employee/Spouse	\$1,552.54	\$1,371.46	\$1,324.15	\$1,189.38	942.04	\$825.31
	Family	\$2,212.36	\$1,954.34	\$1,886.91	\$1,694.87	1,342.41	\$1,176.07

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.

*Co-payment 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.

