

Bethlehem Chamber of Commerce 318 Delaware Ave Ste 11 Delmar NY 12054

Phone: 518-439-0512 Fax 518-475-0910

2009 HMO Plans and Guardian Dental Plan

Carrier	BLUE SHIELD OF NENY	CDPHP HEALTH PLANS	MVP HEALTHCARE
Website/Member Services	www.bsny.com/ 1-800-459-7587	www.cdphp.com/ 1-888-258-0477	www.mvphealthcare.com / 1-888-687-6277
Plan & Group #	HMO Small Group 00982376/ Sole Prop 00981055	HMO Small Group 000156/ Sole Prop 012997	HMO Small Group 213956/ Sole Prop 213956 SP01
Office Visit (PCP/Spec)	Choice of \$10/40, \$20/30 or \$25/25	\$30/30– Annual Physical and Gyn covered in full	\$25/40
Well Child/ Sick Child	Well Child covered in full/ Sick child \$0 co-pay	Well Child covered in full/ Sick child \$30 co-pay	Well Child covered in full/ Sick child \$25 co-pay
Rx Coverage	\$15/\$50/50% mandatory mail order on maintenance Rx	50% of carrier's discounted price	\$100 deductible per person then \$10/\$30/\$50
ER/Ambulance Urgent Care	\$100 waived if admitted/ \$100 Specialist co-pay	\$100 waived if admitted/ \$100 \$40	\$100 waived if admitted/ \$100 \$25
OP Surgery/Facility	Spec co-pay for surgery in office or OP facility/\$75	\$30 for surgery done in office or OP facility/\$150	\$100 for surgery done in office or OP facility/\$75
Inpatient Co-pay	\$500	\$1,000	\$500
DME	20% co-insurance/ \$25,000 Lifetime Maximum	50% co-insurance	50% co-insurance/ \$25,000 Lifetime Maximum
Maternity Care	PCP co-pay initial visit/ \$0 inpatient hosp co-pay/ Newborn covered in full	\$30 initial visit/\$1,000 inpatient hosp co-pay/ Newborn covered in full	\$25 initial visit- \$200 Delivery Fee/\$500 inpatient hosp co-pay/ Newborn covered in full
Mental Health Inpatient Outpatient	\$500 Inpatient/limited to 30 days per year \$40- up to 20 visits per year	\$1,000 Inpatient/limited to 30 days per year \$30- up to 20 visits per year	\$500 Inpatient/limited to 30 days per year \$40- up to 20 visits per year
Specialist Referral	No	Yes	No
Vision Care	Specialist co-pay/ 1 exam every 2 years	\$30/ 1 exam covered every 2 years	\$40/ 1 exam covered every 2 years
Chiropractic Care	\$10- 20 visits per year	\$30	\$40 requires PCP prescription
Dental	1 Dental exam & cleaning covered- Specialist co-pay	No	Dental exams & x-rays covered for child up to age 19/\$25
Out of Network	\$1000 Ind. deductible then 30% co-ins/\$5000 OOP Ind.	No	No
Domestic Partners	Yes	Yes	No
Dependents/Student	19/Full time student to age 25	19/Full time student to age 25	Unmarried dependents to age 23
Eligibility Requirements	All groups eligible/tax forms required/ no min hrs/wk	All groups eligible/tax forms required/ 15 hrs/wk/min	All groups eligible/tax forms required/ 20 hrs/wk/min
Enrollment Guidelines	Small Group: 1st of month after 30 days membership/ employment Sole Prop: 60 days after membership enrollment All other enrollments require occurrence of a qualifying event	With prior coverage: 1st of month after membership enrollment No prior coverage: 60 days after membership enrollment New employees: 1st of month after date of hire Sole Prop: 60 days after membership enrollment All other enrollments require occurrence of a qualifying event	Small Group: 1st of month after 30 days membership/ employment Sole Prop: 60 days after membership enrollment All other enrollments require occurrence of a qualifying event
Monthly Rate Individual	Small Group \$443.27/ Sole Prop \$482.62	Small Group \$348.11/ Sole Prop \$395.54	Small Group \$389.59/ Sole Prop \$446.68
Monthly Rate Two Person	Small Group \$899.26/ Sole Prop \$979.91	Small Group \$687.22/ Sole Prop \$782.08	Small Group \$769.18/ Sole Prop \$884.36
Monthly Rate Family	Small Group \$1,194.56/ Sole Prop \$1,301.98	Small Group \$913.59/ Sole Prop \$1,040.14	Small Group \$1,026.89/ Sole Prop \$1,179.57

**Guardian Dental Guard 2000
With Maximum Rollover**

**DENTAL GUARD 2000 BENEFITS
ANNUAL MAXIMUM BENEFIT PER PERSON \$1000**

Preventive Services -100% in accordance with UCR schedule of benefits.
Deductible waived both in and out of network for preventive care. Services covered include 2 cleanings per year/per person, x-rays, oral exam, fluoride treatments, space maintainers, sealants for children and emergency treatment.

Basic Services - 90% for In-network Providers— 80% for Out-of-network providers in accordance with UCR schedule of benefits.

After deductible of \$50/person for in-network providers and \$75/person for out-of-network providers is met. Services covered include fillings, extractions, oral surgery, periodontal services, root canal, anesthesia, repair and maintenance of bridgework, dentures and crowns.

Major Services - 60% for In-network Providers—50% for Out-of-network providers in accordance with UCR schedule of benefits.

After deductible of \$50/person for in-network providers and \$75/person for out-of-network providers is met. No waiting period for major services when enrollment is within guidelines listed below. Services covered include crowns, inlays, bridges, post & cores, **(when medically necessary)** full and partial dentures. **No orthodontia coverage under this policy.**

Dental claims are processed in accordance with usual, customary and reasonable (UCR) schedule of benefits. Other limitations may apply. Please see your contract or contact Guardian at 1-800-541-7846.

Quarterly (Monthly) Premium:

Individual:	\$137.25 (\$45.75)
Employee + 1	\$257.19 (\$85.73)
Family	\$363.18 (\$121.06)

IMPORTANT DETAILS

- New members must enroll within 90 days of establishing membership or during Open Enrollment. Open enrollment is March 1 for an April 1st effective date.
- New employees may enroll for coverage effective the 1st of the month following 30 days of employment or during Open Enrollment.
- Enrollment at any other time will result in **“Late Enrollment Penalties” (1 yr wait on major services)** being applied.
- All employees must work at least 30 hours per week minimum.
- Businesses with 1-4 employees: 100% of those eligible must participate.
- Businesses with 5 or more employees: 75% of those eligible must participate.
- Pre-determination of benefits for all procedures of \$300 or more is recommended.
- All insurance is billed quarterly and includes a \$15 administrative fee and, a one time set up fee of \$10 is charged for each new employee.

For applications or further questions, contact Monique at 439-0512 or email monique@bethlehemchamber.com

IMPORTANT NOTES

1. All employees need not be insured through the same carrier. Employers who choose CDPHP are only allowed one CDPHP plan.
2. This table provides only a brief overview of the benefits available. Specific restrictions may apply; for details, please contact the appropriate Member Services Department.
3. All insurance is billed quarterly, one month in advance of the quarter. All bills must be paid in full by the due date or a \$25 late fee will be assessed. **If payment is not received by the 15th of the month insurance coverage will be cancelled.** A \$50 reinstatement fee will be charged if your coverage has to be reinstated. Reinstatement is at the discretion of the carrier.
4. Eligibility is based on the status of your membership, non-payment of membership dues will result in the cancellation of all health and dental coverage.
5. All requested cancellations **must be** submitted in writing. They can be faxed to 475-0910 or emailed to monique@bethlehemchamber.com.
6. Appropriate tax information must accompany all enrollment applications. Appropriate tax documentation include Schedule C, NYS45 or NYS45ATT, Schedule K-1 or Form 1065. Submit this information with the enrollment form. Please review all Enrollment requirements for each carrier as they do differ.
7. Bills can be paid monthly through an automatic deduction (ACH) from your checking or savings account. Please contact us for more information or to sign up.
8. CDPHP and MVP hold “Open Enrollment” two times per year; June for a July 1 effective date and during November/December for a January 1 effective date. Blue Shield only has one “Open Enrollment” per year. All other enrollments require the occurrence of a qualifying event.
9. NYS Legislation allows carriers to charge Sole Proprietors 15% more than small group rates for medical coverage. The differential is figured into the Sole Proprietor rates shown.
10. All carriers reserve the right to deny coverage.
11. Non-refundable administrative fees of \$27 per quarter, per primary insured, are included in the rates. A one time \$20 set up fee is assessed to all new medical and dental enrollments. Returned checks or ACH payments are assessed a \$30 fee.