

Guardian Dental Plan Summary
High Option Plan With Maximum Rollover
Group # 295675-Div 03
Member Services 1-800-541-7846

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.

Quarterly (Monthly) Premium:

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

IMPORTANT DETAILS

1. 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.
2. New employees may enroll for coverage effective the 1st of the month following 30 days of employment or during Open Enrollment.
3. Enrollment at any other time will result in "Late Enrollment Penalties" (1 yr wait on major services) being applied.
4. All employees must work at least 30 hours per week minimum.
5. Businesses with 1-4 employees: 100% of those eligible must participate.
6. Businesses with 5 or more employees: 75% of those eligible must participate.
7. Pre-determination of benefits for all procedures of \$300 or more is recommended.
8. All insurance is billed quarterly and includes a \$15 administrative fee and, a one time set up fee of \$20 is charged for each new employee.

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.

BETHLEHEM CHAMBER OF COMMERCE

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06/18/2009



2009 Group Health And Dental Plans Summary



Providing Group Health Insurance
 to our members for 20 years

2009 GROUP HEALTH PLAN SUMMARY QUARTERLY (MONTHLY) RATES

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|---|--|--|--|--|--|---|---|
| <p>BLUE SHIELD HMO 206 PLUS Grp 00982376/00981055 1-800-459-7587</p> <p>PCP/ Specialist choice of \$10/40, \$20/30 or \$25/25 \$500 Hospital Co-pay RX-\$15/\$50/50% with mandatory mail order on maintenance medications <u>OUT OF NETWORK</u> \$1000 Ind./\$2000 Family 30% coinsurance Annual Out of Pocket \$5,000 Ind./\$10,000 Family Annual Maximum-\$250,000</p> | <p>BLUE SHIELD POS 7100* Grp 00982376/00981055 1-800-459-7587</p> <p><u>IN NETWORK</u> \$1500 Ind./\$3000 Family 0% coinsurance after deductible met RX-\$15/\$50/50% after deductible with mandatory mail order on maintenance medications Annual Out of Pocket \$5,000 Ind./\$10,000 Fam <u>OUT OF NETWORK</u> \$1,500 Ind./\$3,000 Family 30% coinsurance Annual Out of Pocket \$10,000 Ind./\$20,000 Family Annual Maximum-Unlimited *Eligible for Health Savings Account</p> | <p>CDPHP AVID CARE Grp 000156/012997 1-888-258-0477</p> <p>\$30 Co-pay \$1,000 Hospital Co-pay 50% RX No Out of Network</p> | <p>CDPHP EPO Grp 750830/750831 1-888-258-0477</p> <p>\$25 Co-pay OV \$500/\$1250 Deductible then 20% coinsurance RX \$4 Preferred generic/50% Formulary drugs Annual Out of Pocket Max. \$2,500 Ind. / \$6,250 Family (includes deductible) No Out of Network</p> | <p>CDPHP HDPPPO* Grp 780002/780001 1-888-258-0477</p> <p><u>IN NETWORK</u> \$2,700 Deductible Ind./ \$5,400 Family then 10% coinsurance RX 50% Annual Out of Pocket \$4,000 Ind./\$8,000 Fam. Annual Maximum benefit \$1,000,000 per person (In and Out of Network Combined) <u>OUT OF NETWORK</u> \$5,000 Deductible Ind./ \$10,000 Family then 50% coinsurance Annual Out of Pocket \$10,000 Ind./\$20,000 Family</p> <p>*Eligible for Health Savings Account</p> | <p>MVP HMO Grp 213956 1-888-687-6277</p> <p>\$25 PCP/ \$40 Specialist \$500 Hospital Co-pay RX -\$100 Deductible then \$10/\$30/\$50 Co-pay No Out of Network</p> | <p>MVP EPO \$30/50 Grp 213956 1-888-687-6277</p> <p>\$30 PCP/50 Specialist \$1000/\$2500 Deductible/ 20% coinsurance RX - 100% coverage to \$3000 cap per year \$100 Eyewear allowance every 2 years Up to \$300 in <i>Health Dollar Rewards</i> for Healthy activities per subscriber MVP Preferred Provider Network for out of area doctors Annual Out of Pocket Max. \$3,000 Ind. / \$7500 Family (includes deductible)</p> | <p>MVP EPO \$40 Grp 213956 1-888-687-6277</p> <p>\$40 co-pay \$500 Hospital co-pay RX \$10/\$30/\$50 co-pay \$100 Eyewear allowance every 2 years Up to \$300 in <i>Health Dollar Rewards</i> for Healthy activities per subscriber MVP Preferred Provider Network for out of area doctors</p> |
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TWO OR MORE EMPLOYEES - QUARTERLY (MONTHLY) RATES

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|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Individual \$1,329.81 (\$443.27) | Individual \$759.45 (\$253.15) | Individual \$1,044.33 (\$348.11) | Individual \$943.02 (\$314.34) | Individual \$642.36 (\$214.12) | Individual \$1,168.77 (\$389.59) | Individual \$887.37 (\$295.75) | Individual \$1,101.72 (\$367.24) |
| Two Person \$2,697.78 (\$899.26) | Two Person \$1,528.50 (\$509.50) | Two Person \$2,061.66 (\$687.22) | Two Person \$1,859.04 (\$619.68) | Two Person \$1,257.72 (\$419.24) | Two Person \$2,307.54 (\$769.18) | Two Person \$1,747.74 (\$582.58) | Two Person \$2,176.44 (\$725.48) |
| Family \$3,583.68 (\$1,194.56) | Family \$2,086.92 (\$695.64) | Family \$2,740.77 (\$913.59) | Family \$2,470.59 (\$823.53) | Family \$1,668.54 (\$556.18) | Family \$3,080.67 (\$1,026.89) | Family \$2,323.32 (\$774.44) | Family \$2,896.65 (\$965.55) |

SOLE PROPRIETORS - QUARTERLY (MONTHLY) RATES

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|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Individual \$1,447.86 (\$482.62) | Individual \$759.45 (\$253.15) | Individual \$1,186.62 (\$395.54) | Individual \$1,071.24 (\$357.08) | Individual \$728.52 (\$242.84) | Individual \$1,340.04 (\$446.68) | Individual \$1,016.46 (\$338.82) | Individual \$1,262.94 (\$420.98) |
| Two Person \$2,939.73 (\$979.91) | Two Person \$1,528.50 (\$509.50) | Two Person \$2,346.24 (\$782.08) | Two Person \$2,115.48 (\$705.16) | Two Person \$1,430.04 (\$476.68) | Two Person \$2,653.08 (\$884.36) | Two Person \$2,005.83 (\$668.61) | Two Person \$2,498.85 (\$832.95) |
| Family \$3,905.94 (\$1301.98) | Family \$2,086.92 (\$695.64) | Family \$3,120.42 (\$1,040.14) | Family \$2,812.59 (\$937.53) | Family \$1,898.40 (\$632.80) | Family \$3,538.71 (\$1,179.57) | Family \$2,667.78 (\$889.26) | Family \$3,327.12 (\$1,109.04) |

SEE IMPORTANT NOTES ON NEXT PAGE