

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

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

2010 EPO Plans and HDPPO Plans

Carrier	CDPHP	MVP HEALTHCARE	
Web Site/Member Services	www.cdphp.com / 1-888-258-0477	www.myphealthcare.com/ 1-888-687-6277	
Plan & Group #	EPO Group #10001062	EPO 40 Small Group 213956/ Sole Prop 213956 SP01	EPO 30/50 Small Group 213956/ Sole Prop 213956 SP01
Annual Deductible Out of pocket Co-ins	\$500 single/ \$1250 Aggregate Family \$2500 single/ \$6250 Family (includes deductible)	NONE	\$1000 single/\$2500 Aggregate Family \$3000 single/\$7500 Family (includes deductible)
Office Visit (PCP/Spec)	\$25- Annual Physical and Gyn covered in full	\$40/\$40- Annual Physicals covered in full	\$30/\$50- Annual Physicals covered in full
Well Child/ Sick Child	Well Child covered in full/ Sick child \$25 co-pay	Well Child covered in full/ Sick child \$40 co-pay	Well Child covered in full/ Sick child \$30 co-pay
Rx Coverage	\$4 Generic/ 50% Formulary drugs	\$10/\$30/\$50	100% Rx coverage with \$3,000 cap
ER/Ambulance /Urgent Care	Deductible and 20% co-ins/ Deductible and 20% co-ins/\$35	\$100 waived if admitted/ \$150/\$40	\$200 / Deductible and 20% co-ins/\$30
OP Surgery/Facility	Deductible and 20% co-ins/ Deductible and 20% co-ins	\$40 for surgery done in office or OP facility/\$150	\$50 for office surgery/Deductible and 20% co-ins
Inpatient Co-pay	Deductible and 20% co-ins	\$500, limited to 3 per year per family	Deductible and 20% co-ins
DME	50% co-insurance/ \$25,000 Lifetime Max	50% co-insurance/ \$25,000 Lifetime Maximum	50% co-insurance (no ded.)/ \$25,000 Lifetime Max
Maternity Care	Deductible and 20% co-ins/ Newborn coverage-deductible then covered in full	\$40 initial- \$500 inpt hosp co-pay/ Newborn covered in full	\$30 initial/Delivery-deductible and 20% co-ins// Newborn covered in full
Mental Health Inpatient Outpatient	20% co-insurance only/limited to 30 days per year \$25- up to 20 visits per year	\$500-limited to 30 days per year \$40- up to 20 visits per year	Deductible and 20% co-ins-limited to 30 days per year \$50- up to 20 visits per year
Specialist Referral	No	No	No
Vision Care	Deductible and 20% co-ins/1 exam every 2 years	\$40/ 1 exam every 2 years	\$50/ 1 exam every 2 years
Chiropractic Care	\$25	\$40/ Maintenance care not covered	\$50/ Maintenance care not covered
Dental	No	No	No
Out of Network	No	No/ Use MVP EPO Preferred Network for a listing of covered out of area providers	No/ Use MVP EPO Preferred Network for a listing of covered out of area providers
Domestic Partners	Yes	Yes	Yes
Dependent/Student Cov	19/Full time student to age 25	Unmarried dependents to age 23	Unmarried dependents to age 23
Eligibility Requirements	All groups eligible/tax forms required/ 15 hrs/wk/min	All groups eligible/tax forms required/ 20 hrs/wk/min	All groups eligible/tax forms required/ 20 hrs/wk/min
Enrollment Guidelines	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	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 \$357.72 / Sole Prop \$406.54	Small Group \$467.34 / Sole Prop \$536.10	Small Group \$377.10 / Sole Prop \$432.34
Monthly Rate Two Person	Small Group \$706.44 / Sole Prop \$804.07	Small Group \$925.67 / Sole Prop \$1,063.17	Small Group \$745.21 / Sole Prop \$855.64
Monthly Rate Family	Small Group \$935.83 / Sole Prop \$1065.58	Small Group \$1,233.91 / Sole Prop \$1,417.65	Small Group \$992.63 / Sole Prop \$1,140.18

IMPORTANT NOTES

1. All employees need not be insured through the same carrier. Employers who choose CDPHP are allowed only 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. 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.

Carrier	Blue Shield NENY POS 7100 (HSA eligible)		CDPHP High Deductible PPO (HSA eligible)	
Web Site/Member Services	www.bsneny.com/1-800-459-7887		www.cdphp.com/1-888-258-0477	
Plan & Group#	POS Small Group 00982376 / Sole Prop 00981055		HDPPPO Group #10001062	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Annual Deductible Out of Pocket Co-insurance Annual Maximum	\$1,500 single/ \$3,000 True Family \$5,000 single/ \$10,000 Family (applies to Rx Card only) Unlimited except DME	\$1,500 single/ \$3,000 True Family \$10,000 single/ \$20,000 Family Unlimited except DME	\$2,700 single/ \$5,400 Aggregate Family \$4,000 single/ \$8000 Family \$1,000,000 except DME	\$5,000 single/ \$10,000 Aggregate Family \$10,000 single/ \$20,000 Family \$1,000,000
Explanation of Deductible & Co-insurance	Annual deductible as stated above is satisfied by subscriber, then carrier pays balance in full EXCEPT for Rx charges	Annual deductible as stated above is satisfied by subscriber, then carrier pays 70% of the allowable charges. You are responsible for 30% co-insurance.	Annual deductible as stated above is satisfied by subscriber, then carrier pays 90% of the allowable charges. You are responsible for any remaining balance.	Annual deductible as stated above is satisfied by subscriber, then carrier pays 70% of the allowable charges. You are responsible for any remaining balance.
Office Visit	Deductible and 0% co-ins- Ann. Phys. and Gyn. covered in full not subject to deductible	Deductible and 30% co-ins	Deductible and 10% co-ins- Ann. Phys. and Gyn. covered in full not subject to deductible	Deductible and 50% co-insurance
Well Child/Sick Child visit	All Pediatric office visits covered in full to Age 19	Sick child -Deductible and 30% co-ins	Well Child covered in full/ Sick child Ded. and 10% co-ins	Well child covered in full/Deductible and 50% co-insurance
Rx Coverage	\$15/\$50/50% after deductible with mandatory mail order for maintenance medications	\$15/\$50/50% after deductible/30% co-insurance with mandatory mail order for maintenance medications	\$4 Generic/ 50% Formulary drugs	\$4 Generic/ 50% Formulary drugs
ER/Ambulance /Urgent Care	Deductible and 0% co-insurance	Deductible and 30% co-insurance	Deductible and 10% co-insurance	Deductible and 50% co-insurance
OP Surgery/Facility	Deductible and 0% co-insurance	Deductible and 30% co-insurance	Deductible and 10% co-insurance	Deductible and 50% co-insurance
Inpatient Co-pay	Deductible and 0% co-insurance	Deductible and 30% co-insurance	Deductible and 10% co-insurance	Deductible and 50% co-insurance
DME	Deductible and 0% co-insurance/ \$1,000 Annual Max	Deductible and 30% co-insurance/ \$1,000 Annual Max	Deductible and 50% co-insurance/ \$25,000 Lifetime Max	Covered In Network Only
Maternity Care	Deductible and 0%co-ins/ Newborn coverage-deductible then covered in full	Deductible and 30%co-ins/ Newborn coverage-deductible then covered in full	Deductible and 10% co-ins/ Newborn coverage-deductible then covered in full	Deductible and 50%co-insurance
Mental Health Inpt. Outpatient	Deductible and 0% co-ins/limited to 30 days per year Deductible and 0% co-ins- up to 20 visits per year	Deductible and 30% co-ins/limited to 30 days per year Deductible and 30% co-ins- up to 20 visits per year	Deductible and 10% co-ins/limited to 30 days per year Deductible and 10% co-ins- up to 20 visits per year	Deductible and 50% co-ins/limited to 30 days per year Deductible and 50% co-ins- up to 20 visits per year
Specialist Referral	No	No	No	No
Pre-existing Clause	Yes, Except with prior creditable coverage	Yes, Except with prior creditable coverage	Yes, EXCEPT Pregnancy, newborn & with prior creditable coverage	Yes, Except with prior creditable coverage
Pre-Authorization Required	Call Member services for any non-emergency services to see if they require a pre-authorization.	Call Member services for any non-emergency services to see if they require a pre-authorization.	Yes; All inpatient services except emergencies and birth/ Home health care; cardiac rehab after 36 sessions/ Speech therapy after 1st session/All transplant services/All rented DME/ Prosthetics & all purchased > \$500.00	Yes; same as In Network PLUS: MRI; MRA; Cat Scans; PET Scans Nuclear Medicine Studies
Dep/Student Cov	19/Full time student to age 25	19/Full time student to age 25	19/Full time student to age 25	19/Full time student to age 25
Eligibility Requirements	All groups eligible/tax forms required/ 20 hrs/wk/min	All groups eligible/tax forms required/ 20 hrs/wk/min	All groups eligible/tax forms required/ 15 hrs/wk/min	All groups eligible/tax forms required/ 15 hrs/wk/min
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Monthly Rate Individual	Small Group \$309.81 / Sole Prop \$309.81	Small Group \$309.81 / Sole Prop \$309.81	Small Group \$263.66 / Sole Prop \$299.30	Small Group \$263.66 / Sole Prop \$299.30
Monthly Rate Two Person	Small Group \$625.65 / Sole Prop \$625.65	Small Group \$625.65 / Sole Prop \$625.65	Small Group \$518.31 / Sole Prop \$589.61	Small Group \$518.31 / Sole Prop \$589.61
Monthly Rate Family	Small Group \$854.88 / Sole Prop \$854.88	Small Group \$854.88 / Sole Prop \$854.88	Small Group \$685.86 / Sole Prop \$780.61	Small Group \$685.86 / Sole Prop \$780.61