

## 2012 Health Insurance Plans and Rates



Provision	Co-pay Plans		Transitional/ Hybrid Plans	Health Savings Account Plans
	HMO \$30 (HM1S12)	EPO \$30 (ED9S12)	EPO \$30 (EH3S12)	HDEPO \$2500 (QEPOS2112)
<b>Premium (Monthly)</b>	Small Group \$445.35 Single \$881.68 Two Person \$1,165.31 Family Sole Proprietor \$506.43 Single \$1,003.87 Two Person \$1,327.20 Family	Small Group \$400.98 Single \$792.96 Two Person \$1,047.76 Family Sole Proprietor \$455.86 Single \$902.71 Two Person \$1,193.18 Family	Small Group \$393.74 Single \$778.50 Two Person \$1,028.59 Family Sole Proprietor \$447.64 Single \$886.23 Two Person \$1,171.33 Family	Small Group \$233.20 Single \$449.92 Two Person \$593.21 Family Sole Proprietor \$264.59 Single \$511.64 Two Person \$675.00 Family
<b>Preventive Care</b>	Approved preventive care services covered in full.			
<b>Physician Visit</b>	\$30	\$30	\$30	Deductible then 20%
<b>Specialist Visit</b>	\$30	\$50	\$30	Deductible then 20%
<b>Hospital Stay</b>	\$1,000	\$1,000	Deductible then 20%	Deductible then 20%
<b>Outpt. Surgery</b>	\$150	\$200	Deductible then 20%	Deductible then 20%
<b>ER Room</b>	\$100	\$100	Deductible then 20%	Deductible then 20%
<b>Ambulance</b>	\$100	\$100	Deductible then 20%	Deductible then 20%
<b>Urgent Care</b>	\$40	\$40	\$40	Deductible then 20%
<b>Prescriptions</b>	50% Open Formulary	\$10 Generic Only	\$250 Deductible then \$10/\$50/50%	Deductible then 50% Open Formulary*
<b>Riders</b>	Up to age 26 on all plans regardless of student status; Domestic partners covered.			
<b>Out of Network</b>	Not Covered	Not Covered**	Not Covered**	Not Covered**
<b>Deductible</b>	In-Network: None  Out-of-Network: N/A	In-Network: None  Out-of-Network: N/A	In-Network: Embedded \$750.00 Single \$1,875.00 Family Out-of-Network: N/A	In-Network: Embedded \$2,500.00 Single \$5,000.00 Family Out-of-Network: N/A
<b>Coinsurance</b>	In-Network: N/A Out-of-Network: N/A	In-Network: N/A Out-of-Network: N/A	In-Network: 20% Out-of-Network: N/A	In-Network: 20% Out-of-Network: N/A
<b>Out-of-Pocket Maximum #</b>	In-Network: None Out-of-Network: N/A	In-Network: None Out-of-Network: N/A	In-Network: \$2,000.00 Single /\$5,000 Family Out-of-Pocket: N/A	In-Network: \$5,000.00 Single /\$10,000 Family Out-of-Pocket: N/A

\*Medications on the CDPHP Preventive Drug List are no longer subject to the deductible on High Deductible Plans. Download the list from our website.

Mail Order co-pay is 2.5 times Pharmacy co-pay, contraceptives are covered.

\*\*EPO plans have a National Network of providers. Please check cdphp.com for the National Network of participating providers.

# Out-of-pocket expenses DO NOT include the annual deductible.

Provision	Transitional/ Hybrid Plans	Health Savings Account Plans
	<b>POS 250D SELECT</b>	<b>POS 7100</b>
<b>Premium (Monthly)</b>	Small Group \$360.51 Single \$729.62 Two Person \$1,006.83 Family Sole Proprietor \$360.51 Single \$729.62 Two Person \$1,006.83 Family	Small Group \$345.80 Single \$699.43 Two Person \$964.22 Family Sole Proprietor \$345.80 Single \$699.43 Two Person \$964.22 Family
<b>Preventive Care</b>	Approved preventive care services covered in full in network.	Approved preventive care services covered in full in network.
<b>Physician Visit</b>	\$25	In-network: Ded. then \$25 co-pay Out-of-network: Deductible then 30%
<b>Specialist Visit</b>	\$40	In-network: Ded. then \$25 co-pay Out-of-network: Deductible then 30%
<b>Hospital Stay</b>	In-network: Ded. then 20% Out-of-network: Deductible then 50%	In-network: Ded. then \$500 co-pay Out-of-network: Deductible then 30%
<b>Outpt. Surgery</b>	In-network: Ded. then 20% Out-of-network: Deductible then 50%	In-network: Ded. then \$75 co-pay Out-of-network: Deductible then 30%
<b>ER Room</b>	Deductible then 20%	Deductible then \$50 co-pay
<b>Ambulance</b>	Deductible then 20%	Deductible then \$50 co-pay
<b>Urgent Care</b>	20% coinsurance	In-network: Ded. then \$35 co-pay Out-of-network: Deductible then 30%
<b>Prescriptions</b>	\$15/\$50/50% with \$250 deductible on Tier 2 & Tier 3 drugs only. **	Deductible then co-pays of \$15/\$50/50%. **
<b>Riders</b>	Up to age 26 on all plans regardless of student status; Domestic partners covered.	
<b>Out of Network</b>	Covered	Covered
<b>Deductible</b>	In-Network: \$1,000 Single/\$2,000 Family Out-of-Network: \$2,000 Single/\$4,000 Family	Combined In-Network and Out Of Network: \$1,500 Single/\$3,000 Family
<b>Coinsurance</b>	In-Network: 20% Out-of-Network: 50%	In-Network: None Out-of-Network: 30%
<b>Out-of-Pocket Maximum</b>	In-Network: \$5,000 Single/\$10,000 Family Out-of-Network: \$10,000 Single/\$20,000 Family	In-Network: \$5,000 Single/\$10,000 Family Out-of-Network: \$10,000 Single/\$20,000 Family
<b>Family Deductible-No payments are made until the entire family deductible has been met.</b> Ded. applies to Out-of-Pocket max. & OOP max. includes ded., coinsurance & co-pays. Deductible on Rx applies per member to 2nd & 3rd tier only (if applicable). <b>**Mandatory Mail order on all Maintenance Medications.</b>		The In-network deductible applies to all in-network services except Routine Preventive care. <b>Family Deductible-No payments are made until the entire family deductible has been met.</b> Triple Rx options with coinsurance on the 3rd tier will require at lease the 2nd tier co-pay. Prescription Drug and Mail Order-Co-pay only applies after deductible has been met. <b>**Mandatory Mail order on all Maintenance Medications.</b>

Provision	Transitional/ Hybrid Plans	Health Savings Account Plans	
		HDEPO \$2,000	HDPPO \$2,500
<b>Premium (Monthly)</b>	<b>EPO \$30/50</b> Small Group \$475.55 Single \$942.10 Two Person \$1,222.03 Family Sole Proprietor \$545.52 Single \$1,082.07 Two Person \$1,403.98 Family	Small Group \$341.17 Single \$673.94 Two Person \$872.64 Family Sole Proprietor \$390.99 Single \$772.99 Two Person \$1,002.19 Family	Small Group \$334.35 Single \$659.70 Two Person \$854.91 Family Sole Proprietor \$383.15 Single \$757.31 Two Person \$981.80 Family
<b>Preventive Care</b>	Approved preventive care services covered in full.		In-network: covered in full Out-of-network: coinsurance of 40% allowable
<b>Physician Visit</b>	\$30	Deductible then 20%	In-network: Deductible then 20% Out-of-network: Deductible then 40%
<b>Specialist Visit</b>	\$50	Deductible then 20%	In-network: Deductible then 20% Out-of-network: Deductible then 40%
<b>Hospital Stay</b>	Deductible then 20%	Deductible then 20%	In-network: Deductible then 20% Out-of-network: Deductible then 40%
<b>Outpt. Surgery</b>	Deductible then 20%	Deductible then 20%	In-network: Deductible then 20% Out-of-network: Deductible then 40%
<b>ER Room</b>	\$200	Deductible then 20%	In-network: Deductible then 20% Out-of-network: Deductible then 20%
<b>Ambulance</b>	Deductible then 20%	Deductible then 20%	In-network: Deductible then 20% Out-of-network: Deductible then 40%
<b>Urgent Care</b>	\$30	Deductible then 20%	In-network: Deductible then 20% Out-of-network: Deductible then 40%
<b>Prescriptions</b>	\$4/50%/50% with \$250 ded. on Tier 2 & Tier 3	\$5/\$35/\$70 after deductible is met	20%/20%/40% after deductible is met
<b>Riders</b>	Up to age 26 on all plans regardless of student status; Domestic partners covered.		
<b>Out of Network</b>	National Provider Network		Covered
<b>Deductible</b>	In-Network: Embedded \$1,500.00 Single \$3,750.00 Family Out-of-Network: N/A	In-Network: Aggregate \$2,000.00 Single \$4,000.00 Family Out-of-Network: Aggregate \$4,000.00 Single \$8,000.00 Family	In-Network: Aggregate \$2,500.00 Single \$5,000.00 Family Out-of-Network: Aggregate \$5,000.00 Single \$10,000.00 Family
<b>Coinsurance</b>	In-Network:20% Out-of-Network: N/A	In-Network:20% Out-of-Network: N/A	In-Network:20% Out-of-Network:40%
<b>Out-of-Pocket Maximum (includes Deductible)</b>	In-Network: \$4,500.00 Single \$11,250.00 Family Out-of-Network: N/A	In-Network: \$4,000.00 Single \$8,000.00 Family Out-of-Network: N/A	In-Network: \$5,000.00 Single \$10,000.00 Family Out-of-Network: \$10,000.00 Single \$20,000.00 Family

## IMPORTANT INSURANCE NOTES

1. **Non-refundable** administrative fees of \$9/month per **primary** insured, are included in rates shown.
2. Please return all paperwork (copies of applications, appropriate tax documentation, etc.) **to the Chamber** for processing. Correct tax paperwork is required (Small Group-NYS45ATT, Schedule K-1 for partnerships, Schedule C for Sole Proprietors).
3. Insurance is billed quarterly, one month in advance of the quarter, and **due by the date shown on the invoice**.
4. There is a one-time charge of **\$20** to set up each medical and/or dental account.
5. Eligibility is based on membership: **non-payment of dues will result in cancellation of coverage**.
6. Cancellations must be submitted in "writing"; fax to 475-0910 or email to [monique@bethlehemchamber.com](mailto:monique@bethlehemchamber.com).
7. Payment is due by the date shown on invoices. **A late charge will be assessed to all accounts not paid by due date** shown on invoice.
8. Returned checks are assessed a \$30 fee. Accounts cancelled then reinstated are assessed a \$50 per person reinstatement fee.
9. Credit cards **cannot** be used to pay medical and/or dental insurance invoices.
10. Blue Shield of NENY holds only 1 open enrollment period per year in December for a January 1st effective date. CDPHP & MVP hold open enrollment 2 times per year; December for a January 1 date of coverage annually & during June, for a July 1 effective date of coverage. Guardian Dental open enrollment is March for an April 1 effective date of coverage.
11. All companies enrolling in an MVP plan to be effective January 1, 2012 or later are required that 50% of all eligible employees be enrolled in an MVP plan.
12. In accordance with NYS Insurance Law, coverage for Sole Proprietors cannot be effective until 60 days following membership, except for qualifying loss of coverage. Also, CDPHP & MVP include a 20% differential, also allowed by NYS Insurance Law.
13. All carriers reserve the right to deny coverage.
14. High Deductible plans are eligible for a Health Savings Plan. Please contact your local bank or insurance carrier to find out more about these plans.

**Aggregate Deductible**– An aggregate deductible means that if more than 1 member is covered under the policy than the full amount of the Family Deductible must be met before the insurance will cover any benefits.

**Embedded Deductible**– An embedded deductible is the amount needed by one member to meet their deductible before the insurance company will cover any benefits. For an embedded deductible plan a family deductible can be met by multiple members of the family, but no one family member will be charged more than the single deductible.

**This summary is designed to highlight benefits of plans being offered and does not detail all benefits, limitations or exclusions. It is not a contract and may be subject to change. For more detailed information a membership certificate is available from your insurance carrier.**