

2009 HEALTH INSURANCE PROGRAMS - CDPHP

0 to 1 EMPLOYEE

[PLAN HIGHLIGHTS - Complete BENEFIT SUMMARY SHEETS available upon request]

	CDPHP HMO 25/40 (In Network)	CDPHP HMO 30 (In Network)
PREMIUMS** (Monthly Rates)	Individual: \$479.01 2 Person: \$958.02 Family: \$1,277.81	Individual: \$453.45 2 Person: \$906.90 Family: \$1,209.62
Co-Payments	\$25 per office visit \$40 specialist Well child: no co-pay	\$30 per office visit
Hospital Services (In Patient)	\$500 co-pay Newborn co-pay waived	\$1,000 co-pay
Outpatient Surgery	\$75 co-pay	\$150 co-pay
Drug Coverage	\$10 / \$30 / \$50 \$2,000 per member cap	\$4 / \$30 / \$60 \$2,000 per member cap
Emergency Care	\$100 co-pay per visit	\$100 co-pay per visit
Ambulance	\$100 co-pay per trip	\$100 co-pay
Chiropractic	\$40 co-pay per visit	\$30 co-pay per visit
Mental Health	Outpatient: 20 visits/ \$40 co-pay Inpatient: 30 days per year/ \$500 co-pay	Outpatient: 20 visits / \$30 co-pay Inpatient: 30 days per year / \$1,000 co-pay
Substance Abuse	\$25 co-pay per visit Limit of 60 visits per calendar year	Outpatient: 60 visits / \$30 co-pay Inpatient Detox and Rehab: \$1,000 co-pay
Physical Therapy	\$40 co-pay per visit Limit of 30 visits	\$30 co-pay per visit Limit of 30 visits
Dependents	Dependents to age 19 Full-time students to age 25	Dependents to age 19 Full-time students to age 25
Home Health Care	Covered in full	Covered in full
Eye Exam	No	No
Durable Medical Eqpt	50% co-insurance	50% co-insurance
Urgent Care	\$35 co-pay	\$40 co-pay
Domestic Partners	Yes (with documentation)	Yes (with documentation)
Health Savings A/C	No Health Savings Account	No Health Savings Account
Other	?	Diabetic Supplies - \$15 per item

****Premiums will be billed QUARTERLY and will be due in the Chamber Office on
JANUARY 1st, APRIL 1st, JULY 1st, and OCTOBER 1st.**

**Administrative Fee of \$4.00 per covered individual per month (with a maximum monthly
family fee of \$16) will be added at the time of billing.**

*RATES SUBJECT TO APPROVAL BY THE NYS INSURANCE DEPARTMENT.

CHAMBER OF COMMERCE OF ULSTER COUNTY, INC. [11/14/2008]

2009 HEALTH INSURANCE PROGRAMS - CDPHP

0 to 1 EMPLOYEE

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	CDPHP Hybrid EPO (In Network)	CDPHP High Deductible PPO (In or Out of Network)
PREMIUMS** (Monthly Rates)	Individual: \$395.44 2 Person: \$790.88 Family: \$1,054.87	Individual: \$269.04 2 Person: \$538.08 Family: \$717.69
Annual Deductible	HOSPITAL SETTING: \$500 Single \$1,250 per Family	\$2,700 Single \$5,400 per Family
Coinsurance	OFFICE SETTING: \$25 Office Visit HOSPITAL SETTING: 80%/20% Coinsurance \$2,000/\$5,000 annual co-insurance maximum \$1 million annual maximum benefit	10% in network 50% out of network \$4,000/\$8,000 in network insurance maximum \$10,000/\$20,000 out of network ins. maximum \$1 million annual maximum benefit
Prescription Drugs	OFFICE SETTING: \$4 Generic \$30 Formulary \$60 Non-Formulary \$2,000 Annual Cap	\$4 Generic 50% Coinsurance Brand No Cap
Covered in Full - Not Subject to Deductible	Allergy Injections Adult Physical Newborn Nursery Well Child Gyn Office Visit Preventive Diagnostic Tests	Adult Physical Well Child Care Annual Gyn Visit Mammogram Prostate Screening
Dependents	Full time students to Age 25	Full time students to Age 25
Domestic Partners	Yes (with documentation)	Yes (with documentation)
Health Savings A/C	No Health Savings Account	Health Savings Account participation
Other	?	?

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