

**2009 HEALTH INSURANCE PROGRAMS - CDPHP  
2 OR MORE F/T EMPLOYEES**

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

	<b>CDPHP HMO 25/40 (In Network)</b>	<b>CDPHP HMO 30 (In Network)</b>
<b>PREMIUMS** (Monthly Rates)</b>	Individual: \$420.18 2 Person: \$840.36 Family: \$1,120.87	Individual: \$397.76 2 Person: \$795.52 Family: \$1,061.07
<b>Co-Payments</b>	\$25 per office visit \$40 specialist Well child: no co-pay	\$30 per office visit
<b>Hospital Services (In Patient)</b>	\$500 co-pay Newborn co-pay waived	\$1,000 co-pay
<b>Outpatient Surgery</b>	\$75 co-pay	\$150 co-pay
<b>Drug Coverage</b>	\$10 / \$30 / \$50 \$2,000 per member cap	\$4 / \$30 / \$60 \$2,000 per member cap
<b>Emergency Care</b>	\$100 co-pay per visit	\$100 co-pay per visit
<b>Ambulance</b>	\$100 co-pay per trip	\$100 co-pay
<b>Chiropractic</b>	\$40 co-pay per visit	\$30 co-pay per visit
<b>Mental Health</b>	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
<b>Substance Abuse</b>	\$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
<b>Physical Therapy</b>	\$40 co-pay per visit Limit of 30 visits	\$30 co-pay per visit Limit of 30 visits
<b>Dependents</b>	Dependents to age 19 Full-time students to age 25	Dependents to age 19 Full-time students to age 25
<b>Home Health Care</b>	Covered in full	Covered in full
<b>Eye Exam</b>	No	No
<b>Durable Medical Eqpt</b>	50% co-insurance	50% co-insurance
<b>Urgent Care</b>	\$35 co-pay	\$40 co-pay
<b>Domestic Partners</b>	Yes (with documentation)	Yes (with documentation)
<b>Health Savings A/C</b>	No Health Savings Account	No Health Savings Account
<b>Other</b>	?	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]

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	<b>CDPHP Hybrid EPO (In Network)</b>	<b>CDPHP High Deductible PPO (In or Out of Network)</b>
<b>PREMIUMS** (Monthly Rates)</b>	Individual: \$346.88 2 Person: \$693.76 Family: \$925.34	Individual: \$236.01 2 Person: \$472.02 Family: \$629.57
<b>Annual Deductible</b>	<b>HOSPITAL SETTING:</b> \$500 Single \$1,250 per Family	\$2,700 Single \$5,400 per Family
<b>Coinsurance</b>	<b>OFFICE SETTING:</b> \$25 Office Visit <b>HOSPITAL SETTING:</b> 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
<b>Prescription Drugs</b>	<b>OFFICE SETTING:</b> \$4 Generic \$30 Formulary \$60 Non-Formulary \$2,000 Annual Cap	\$4 Generic 50% Coinsurance Brand No Cap
<b>Covered in Full - Not Subject to Deductible</b>	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
<b>Dependents</b>	Full time students to Age 25	Full time students to Age 25
<b>Domestic Partners</b>	Yes (with documentation)	Yes (with documentation)
<b>Health Savings A/C</b>	No Health Savings Account	Health Savings Account participation
<b>Other</b>	?	?

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