

## SARATOGA COUNTY CHAMBER OF COMMERCE HEALTH CARE OPTIONS SUMMARY 2008

***An initial enrollment fee of \$15.00 payable to the Chamber must accompany each application.  
Chamber membership must be in a current status to remain on any group plan.***

	BLUE SHIELD HMO COMMUNITY BLUE 206 PLUS www.bsny.com		CDPHP HMO 25 www.cdphp.com		MVP HEALTHCARE HMO 25 www.mvphealthcare.com		CDPHP EPO 25 www.cdphp.com	
	Small Business	Sole Proprietor	Small Business	Sole Proprietor	Small Business	Sole Proprietor	Small Business	Sole Proprietor
<b>QUARTERLY RATES</b> <i>Includes \$21Admin. Fee</i>								
Individual	1231.32	1353.21	993.39	1129.53	1114.92	1279.02	816.51	927.93
Two-Person	2502.18	2752.02	1965.78	2238.06	2208.87	2537.04	1612.02	1834.86
Family	3325.20	3658.02	2614.95	2978.13	2967.12	3409.05	2143.11	2440.32
Rate Increase History	2008 – 17%		2008 – 7%		2008 – 6%		N/A	
	2007 – 13%		2007 – 14%		2007 – 4%			
	2006 – 7%		2006 – 7%		2006 – 11%			

Eligibility	Available to Chamber Member Small Business & Sole Proprietors Tax Documentation Required	Available to Chamber Member Small Business & Sole Proprietors Tax Documentation Required	Available to Chamber Member Small Business & Sole Proprietors Tax Documentation Required	Available to Chamber Member Small Business & Sole Proprietors Tax Documentation Required
Effective Date *	First of month following 30 days from membership join date or new employee hire date*	First of month following 30 days from membership join date or new employee hire date*	First of month following 30 days from membership join date or new employee hire date*	First of month following 30 days from membership join date or new employee hire date*
Applications Must Be Received 21 Days Prior to Effective Date				
Open Enrollment	During May for July 1 or during November for January 1	During May for July 1 or during November for January 1	During May for July 1 or during November for January 1	During May for July 1 or during November for January 1
Dependent Coverage	Spouse & Children to Age 19 or Full-time Student to Age 25	Spouse & Children to Age 19 or Full-time Student to Age 25	Spouse & Children to Age 23	Spouse & Children to Age 19 or Full-time Student to Age 25
Coverage Maximum	No Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum	\$1 Million Annual Benefit Maximum No lifetime Maximum
Pre-Existing Conditions	No Waiting Period for Benefits In Network Out of Network Waiting Period Applies	No Waiting Period for Benefits In Network	No Waiting Period for Benefits In Network	Waiting period applies if a lapse in coverage is more than 63 days
Office Visit PCP/Specialist	Copay choice \$25/\$25 - \$10/\$40 or \$20/\$30	\$25/\$25 Copay	\$25/\$25 Copay	\$25/\$25 Copay
In-Patient Hospital	\$500 Copay	\$500 Copay	\$500 Copay	Deductible then 20%
Out-Patient Surgery	\$75 Copay	\$75 Copay	\$75 Copay	Deductible then 20%
Emergency Room	\$100 Copay	\$100 Copay	\$50 Copay	Deductible then 20%
Urgent Care	PCP Copay	\$35 Copay	\$25 Copay	\$35 Copay
Prescription	50% Copay Formulary Generic/Formulary Brand Tier 1 & 2 Drugs Only	\$4 Copay Generic 50% Copay Formulary Brand	\$100 Deductible per member \$10 Copay Formulary Generic \$30 Copay Formulary Brand \$50 Copay Non-Formulary	\$4 Copay Generic 50% Copay Formulary Brand
Vision Exam	Annual exam at specialist copay Low Copays for frames & contacts	Not Covered	Exam every 2 Years/\$25 Copay	Not Covered
Dental Care	1 Cleaning Exam/Year Specialist Copay	Not Covered	Preventive Care for kids to Age 19 \$25 Copay	Not Covered

**\*The effective date for Sole Proprietors is the first of the month after a 60 DAY Waiting Period from Chamber Join Date.**

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	BLUE SHIELD HMO COMMUNITY BLUE 206 PLUS	CDPHP HMO 25	MVP HEALTHCARE HMO 25	CDPHP EPO 25
<b>Maternity Care</b>	Covered in full after initial PCP Copay	Initial \$25 PCP Copay & \$500 inpatient Copay	Initial \$25 PCP Copay & \$500 inpatient Copay	Deductible then 20%
<b>Mental Health Care In-Patient</b>	30 days/year \$500 Copay	30 days/year \$500 Copay	30 Days/year \$500 Hospital Copay \$45 Physician Copay	30 Days/year 20% Copay
<b>Mental Health Care Out-Patient</b>	20 visits/year Specialist Copay	20 visits/year \$25 Copay	20 visits/ year \$35 Copay	20 visits/year \$25 Copay
<b>Hospice Care</b>	210 days covered in full	210 days covered in full	210 days covered in full	210 Days covered in full after deductible
<b>Substance Abuse Care In-Patient</b>	30 days detox, \$500 Copay	7 days detox, \$500 Copay	7 days detox, \$500 Copay	7 days detox Deductible then 20%
<b>Substance Abuse Care Out-Patient</b>	60 visits per year Specialist Copay	60 visits per year \$25 Copay	60 visits per year \$25 Copay	60 Visits per year \$25 Copay
<b>Rehabilitative Therapy</b>	PT 20 visits per year OT & ST 20 visits per year combined Specialist Copay	PT and OT 30 visits per year ST 20 visits per year \$25 Copay	PT, OT, ST30 visits combined \$25 Copay PCP prescription required	PT and OT 30 visits/year \$25 Copay
<b>Chiropractic Care</b>	\$10 Copay No referral required	\$25 copay Prior approval & PCP referral required	\$25 Copay PCP prescription required	\$25 Copay Prior approval & PCP referral required
<b>Out-of-Network Care</b>	30% Copay after \$1000 deductible \$5000 out of pocket max \$250,000 annual max benefit No Lifetime Maximum	Not Covered	Not Covered	Not Covered

THE ABOVE INFORMATION IS A SUMMARY OF SELECTED BENEFITS ONLY FOR COMPARATIVE PURPOSES.  
COVERAGE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE APPLICABLE GROUP CONTRACT AND CERTIFICATE OF INSURANCE.

### RATES AND BENEFITS ARE SUBJECT TO CHANGE

If payment is not received by the 7<sup>th</sup> day following the due date, the policy will be cancelled without further notice.  
Returned checks must be made good within 2 working days or the policy will be cancelled.

**Please contact the Chamber Benefits Office at 584-3255 Ext. 211  
Or [srowland@saratoga.org](mailto:srowland@saratoga.org) for current information.**