

SARATOGA COUNTY CHAMBER OF COMMERCE 2010 HEALTH CARE OPTIONS SUMMARY

**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.bsneny.com		CDPHP HMO 25 www.cdphp.com		MVP HEALTHCARE HMO 25 www.mvphealthcare.com		CDPHP EPO 25 www.cdphp.com	
QUARTERLY RATES <i>Includes \$21 Admin. Fee</i>	Small Business	Sole Proprietor	Small Business	Sole Proprietor	Small Business	Sole Proprietor	Small Business	Sole Proprietor
Individual	1545.21	1683.18	1245.21	1416.81	1437.24	1649.67	1053.96	1198.59
Two-Person	3145.65	3428.55	2469.39	2812.62	2853.51	3278.37	2086.98	2376.21
Family	4182.15	4558.83	3274.83	3731.10	3829.50	4400.79	2766.57	3150.93
	2010 – 17%		2010 – 10%		2010 – 19%		2010 – 13%	
Rate Increase History	2009 – 8%		2009 – 14%		2009 – 8%		2009 – 14%	
	2008 – 17%		2008 – 7%		2008 – 6%		N/A	

Eligibility	Available to Chamber Member Small Businesses & Sole Proprietors Tax Documentation Required	Available to Chamber Member Small Businesses & Sole Proprietors Tax Documentation Required	Available to Chamber Member Small Businesses & Sole Proprietors Tax Documentation Required	Available to Chamber Member Small Businesses & Sole Proprietors Tax Documentation Required
Effective Date	<u>Small Businesses:</u> 1 st of month following 30 days after Chamber Join Date or a Hire Date for New Employees <u>Sole Proprietors:</u> 1 st of month following 60 days following Chamber Join Date	<u>Small Businesses:</u> 1 st of month following 30 days after Chamber Join Date or a Hire Date for New Employees <u>Sole Proprietors:</u> 1 st of month following 60 days following Chamber Join Date	<u>Small Businesses:</u> 1 st of month following 30 days after Chamber Join Date or a Hire Date for New Employees <u>Sole Proprietors:</u> 1 st of month following 60 days following Chamber Join Date	<u>Small Businesses:</u> 1 st of month following 30 days after Chamber Join Date or a Hire Date for New Employees <u>Sole Proprietors:</u> 1 st of month following 60 days following Chamber Join Date
Open Enrollment	Apply in November for January 1 Coverage	Apply in May for July 1 Coverage or in November for January 1 Coverage	Apply in May for July 1 Coverage or in November for January 1 Coverage	Apply in May for July 1 Coverage or in November for January 1 Coverage
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 25	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
Hospital	\$250 In-Patient Copay	\$500 In-Patient Copay	\$500 In-Patient Copay	\$500 Ind/\$1250 Fam Deductible then 20% Copay For All Services Provided by and Billed by a Hospital Either as an In-Patient or Out-Patient Including ER, Radiology, Imaging and Lab Services \$2,000 Ind/\$5000 Fam Out-of-Pocket Maximum
Out-Patient Surgery	\$150 Copay	\$100 Copay	\$75 Copay	
Emergency Room	\$100 Copay	\$100 Copay	\$50 Copay	
Urgent Care	Specialist Copay	\$35 Copay	\$25 Copay	\$35 Copay at a Participating Urgent Care Facility
Prescription	\$15 Copay Formulary Generic \$50 Copay Formulary Brand 50% Copay Non-Formulary Mandatory mail order – maintenance RX	\$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	Exam every 2 Years/\$30 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

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	BLUE SHIELD HMO COMMUNITY BLUE 206 PLUS	CDPHP HMO 25	MVP HEALTHCARE HMO 25	CDPHP EPO 25
Maternity Care – Physician Svcs. Maternity Care – Hospital	Initial Copay, then covered in full \$500 inpatient Copay	Covered in full \$500 inpatient Copay	Initial \$25 PCP Copay \$500 inpatient Copay	Deductible then 20% Deductible then 20%
Mental Health Care In-Patient	30 days/year \$500 Copay	30 days/year \$500 Copay	30 Days/year \$500 Hospital Copay \$45 Physician Copay	30 Days/year 20% Copay
Mental Health Care Out-Patient	20 visits/year Specialist Copay	20 visits/year \$25 Copay	20 visits/ year \$35 Copay	20 visits/year \$25 Copay
Hospice Care	210 days covered in full	210 days covered in full	210 days covered in full	210 Days covered in full after deductible
Substance Abuse Care In-Patient	30 days detox, \$500 Copay	7 days detox, \$500 Copay	7 days detox, \$500 Copay	7 days detox Deductible then 20%
Substance Abuse Care Out-Patient	60 visits per year Specialist Copay	60 visits per year \$25 Copay	60 visits per year \$25 Copay	60 Visits per year \$25 Copay
Rehabilitative Therapy	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, ST 30 visits combined \$25 Copay PCP prescription required	PT and OT 30 visits/year \$25 Copay
Chiropractic Care	\$10 Copay No referral required	\$25 copay w/PCP referral Visits based on medical necessity	\$25 Copay PCP prescription required	\$25 Copay Prior approval & PCP referral required Visits based on medical necessity
Out-of-Network Care	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 Chamber also offers **High Deductible Plans** through Blue Shield and CDPHP eligible for use with a Health Savings Account (HSA)

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

**Please contact the Chamber Benefits Office at 584-3255, Ext. 211
Or srowland@saratoga.org for current information**