

SARATOGA COUNTY CHAMBER OF COMMERCE 2012 HEALTH CARE OPTIONS SUMMARY

	CDPHP HMO 25 www.cdphp.com	
QUARTERLY RATES <i>Includes \$21 Admin. Fee</i>	Small Business	Sole Proprietor
Individual	1422.63	1618.89
Two-Person	2824.26	3216.72
Family	3735.33	4255.32
Eligibility	Business Tax Documentation Required	
<u>When to Apply</u> When will it be effective?	Immediately as a new Chamber member or new hire Small Businesses: 1 st of month following 30 days after Chamber Join Date or Employee Hire Date Sole Proprietors: 1 st of month following 60 days after Chamber Join Date	
Open Enrollment	Apply in November for January 1 Coverage OR in May for July 1 Coverage	
Dependent Coverage	Spouse & Children to Age 26	
Deductible	N/A	
Annual Out-of-Pocket Max	N/A	
PCP/Specialist Office Visit *	\$25/\$25 Copay	
Hospital In Patient	\$500 Copay	
Out-Patient Surgery	\$100 Copay	
Emergency Room	\$100 Copay	
Urgent Care	\$35 Copay	
Prescription	\$4 Copay Generic 50% Copay Formulary 50% Copay Non-Formulary	
Vision Exam	Routine Exam Once Every 24 Months	
Maternity Care – Physician	Covered in full	
Maternity Care – Hospital	\$500 Copay	
Mental Health In-Patient	\$500 Copay 30 Days	
Mental Health Out-Patient	\$25 Copay, 20 Visits	
Rehabilitative Therapy	\$25 Copay PT and OT 30 Visits, ST 20 Visits	
Chiropractic Care	\$25 Copay Visits based on medical necessity	
Out-of-Network Care	Not Covered	

***Preventive Services** – Including Well Baby, Child Care & Immunizations; Adult Annual Physical; Mammography & Prostate Cancer Screening; Annual Pap Test and OB/Gyn Exam; Colonoscopy and Sigmoidoscopy Screening for Adults - are not subject to the deductible with a \$0 Copay

THE ABOVE INFORMATION IS A SUMMARY OF SELECTED BENEFITS FOR COMPARATIVE PURPOSES ONLY. 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.**