

SARATOGA COUNTY CHAMBER OF COMMERCE 2012 HEALTH CARE OPTIONS SUMMARY

OVER

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

QUARTERLY RATES <i>Includes \$21 Admin. Fee</i>	BLUE SHIELD POS 250D www.bsny.com	CDPHP EPO 25 www.cdphp.com		CDPHP EPO 30/50 www.cdphp.com		MVP EPO 30/50 www.mvphealthcare.com		MVP EPO 40 www.mvphealthcare.com	
	Small Business and Sole Proprietor	Small Business	Sole Proprietor	Small Business	Sole Proprietor	Small Business	Sole Proprietor	Small Business	Sole Proprietor
Individual	1063.26	1269.90	1444.74	1371.33	1560.36	1283.10	1472.40	1440.69	1653.66
Two-Person	2157.72	2518.80	2868.48	2721.63	3099.72	2545.20	2923.83	2860.38	3286.29
Family	2981.28	3330.60	3793.95	3599.37	4100.34	3302.46	3794.70	3712.17	4265.85
Eligibility	Business Tax Documentation Required	Business Tax Documentation Required		Business Tax Documentation Required		Business Tax Documentation Required		Business Tax Documentation Required	
When to Apply	Immediately as a new Chamber member/new hire	Immediately as a new Chamber member/new hire		Immediately as a new Chamber member/new hire		Immediately as a new Chamber member/new hire		Immediately as a new Chamber member/new hire	
When will it be effective?	<u>Small Businesses:</u> 1 st of month following 30 days after Chamber Join Date or Employee Hire Date <u>Sole Proprietors:</u> 1 st of month following 60 days after Chamber Join Date	<u>Small Businesses:</u> 1 st of month following 30 days after Chamber Join Date or Employee Hire Date <u>Sole Proprietors:</u> 1 st of month following 60 days after Chamber Join Date		<u>Small Businesses:</u> 1 st of month following 30 days after Chamber Join Date or Employee Hire Date <u>Sole Proprietors:</u> 1 st of month following 60 days after Chamber Join Date		<u>Small Businesses:</u> 1 st of month following 30 days after Chamber Join Date or Employee Hire Date <u>Sole Proprietors:</u> 1 st of month following 60 days after Chamber Join Date		<u>Small Businesses:</u> 1 st of month following 30 days after Chamber Join Date or Employee Hire Date <u>Sole Proprietors:</u> 1 st of month following 60 days after Chamber Join Date	
Open Enrollment	Apply in November for January 1 Coverage	Apply in November for January 1 Coverage OR in May for July 1 Coverage		Apply in November for January 1 Coverage OR in May for July 1 Coverage		Apply in November for January 1 Coverage OR in May for July 1 Coverage		Apply in November for January 1 Coverage OR in May for July 1 Coverage	
Dependent Coverage	Spouse & Children to Age 26	Spouse & Children to Age 26		Spouse & Children to Age 26		Spouse & Children to Age 26		Spouse & Children to Age 26	
Deductible and Out-of-Pocket Maximum	\$1,000 Individual/\$2000 Family In Network \$5000 Individual/\$10,000 Family	\$500 Single/\$1,250 Family \$2,000 Single/\$5,000 Family		Not Applicable Not Applicable		\$1000 Individual/\$2500 Family \$3000 Individual/\$7500 Family		\$1000 Individual/\$2500 Family \$3000 Individual/\$7500 Family	
PCP/Specialist Office Visit *	\$25/\$40 Copay	\$25/\$25 Copay		\$30/\$50 Copay		\$30/\$50 Copay		\$40/\$40 Copay	
Hospital In-Patient	20% Co-insurance after Deductible	Deductible then 10% Co-insurance		\$1000 Copay		20% Co-insurance after Deductible		20% Co-insurance after Deductible	
Out-Patient Surgery	20% Co-insurance	Deductible then 10% Co-insurance		\$200 Copay		20% Co-insurance after Deductible		20% Co-insurance after Deductible	
Emergency Room	20% Co-insurance after Deductible	Deductible then 10% Co-insurance		\$100 Copay		\$200 Copay		\$200 Copay	
Urgent Care	20% Co-Insurance	\$35 Copay at a Participating Urgent Care Facility		\$40 Copay		\$30 Copay		\$40 Copay	
Prescription	\$15 Copay Generic \$50 Copay Formulary after Deductible 50% Co-insurance NonFormulary after Deductible \$250 Deductible/Tier 2 & 3; Mandatory Mail Order	\$4 Copay Generic 50% Copay Formulary 50% Copay Non-Formulary		\$4 Copay Generic 50% Co-insurance Formulary 50% Co-insurance Non-Formulary		\$10 Copay Generic Only		\$10 Copay Generic 50% Co-insurance Formulary 50% Co-insurance NonFormulary	
Routine Vision Exam	Covered in Full Once Every Two Years	Routine Exam Once Every 24 Months		\$50 Copay Once Every 24 Months		\$50 Copay Once Every Two Years \$100 Eyewear Allowance Every Two Years		\$40 Copay Once Every Two Years \$100 Eyewear Allowance Every Two Years	
Maternity Care – Physician Maternity Care – Hospital	Initial \$25 Copay then Covered in Full 20% Co-insurance	Deductible then Covered in Full 10% Copay after \$500 Ind/\$1250 Fam Deductible		Covered in Full \$1000 Copay		Initial \$30 Copay then Covered in Full 20% Co-insurance after Deductible		Initial \$40 Copay then covered in full 20% Co-insurance after Deductible	
Diagnostic Xrays, Lab Testing	20% Co-insurance	\$25 Copay		\$50 Copay		Office \$30/\$50 Copay; Outpatient 20% after deduct		Office \$40 Copay; Outpatient 20% after deduct	
Mental Health In-Patient	20% Co-insurance after Deductible; 30 Days	10% Co-insurance 30 Days		\$1000 Copay; 30 Days		20% Co-insurance after Deductible; 30 Days		20% Co-insurance after Deductible; 30 Days	
Mental Health Out-Patient	\$40 Copay; 20 Visits	\$25 Copay, 20 Visits		\$50 Copay; 20 Visits		\$50 Copay; 20 Visits		\$40 Copay; 20 Visits	
Rehabilitative Therapy Physical, Occupational, Speech	20% Co-insurance; 30 Aggregate Visits; PT, OT, ST	\$25 Copay 30 Visits Combined, PT and OT 20 Visits, ST		\$50 Copay PT-30 Visits; OT-30 Visits; ST-20 Visits		\$50 Copay; 30 Aggregate Visits; PT, OT and ST		\$40 Copay; 30 Aggregate Visits; PT, OT and ST	
Chiropractic Care	\$40 Copay	\$25 Copay Visits based on medical necessity		\$50 Copay		\$50 Copay		\$40 Copay	
Out-of-Network Care	50% Co-insurance after Deductible \$2000 Individual/\$4000 Family	Expanded National Network Available		Expanded National Network Available		Expanded National Network Available		Expanded National Network Available	

***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 and have a \$0 Copay on these plans

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.**