

Saugerties Area Chamber of Commerce Health Insurance Program

October 1, 2010 - September 30, 2011

Plan Comparison - Sole Proprietor (Quarterly Rate)

	CDPHP			
	HMO	EPO	HDPPPO	
			In Network	Out of Network
Office Visit Copays	\$25 PCP/\$40 Specialist	\$25 PCP/\$25 Specialist - Not subject to Deductible	N/A	N/A
Preventative Care	Covered in Full	Covered in Full	Covered in Full	Subject to Deductible & Coinsurance
Deductible	None	\$500 Ind /\$1,250 Fam	\$2,700 Ind/\$5,400 Fam	\$5,000 Ind/\$10,000 Fam
Coinsurance	None	20%	10%	50%
Annual Coinsurance				
Maximum Out of Pocket	None	\$2,000 Ind./\$5,000 Fam	\$4,000 Ind/\$8,000 Fam	\$10,000 Ind/\$20,000 Fam
PCP Referrals Required to Specialists	No	No	No	
In-Patient Hospital Co-pay	\$500 Copay	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	
Prescription Drug Card	\$4 Generic/50% Brand	\$4 Generic/50% Brand	No	
Out of Network Coverage	Not Covered/Emergency Care Only	Not Covered/Emergency Care Only	Not Covered/Emergency Care Only	Yes: Subject to OON Ded. & Coinsurance
Dependent Coverage	Covered to age 26	Covered to age 26	Covered to age 26	
Dependents to Age 29	Covered at Single Rate	Covered at Single Rate	Covered at Single Rate	
Eyewear/Contacts	Eye Exam every 24 Mos./Hardware	Eye Exam every 24 Mos./Hardware	Vision Exam Every 12months; Subject to Deductible & Coinsurance	
Chiropractic Care	\$25 Copay	\$25 Copay	Subject to Deductible & Coinsurance	
Urgent Care	\$35 Copay	\$35 Copay	Subject to Deductible & Coinsurance	
Emergency Room	\$100 Copay	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	
Dental Coverage	Comprehensive Coverage	Not Covered	Not Covered	
Website	www.cdphp.com			

Ind
2P
Family

	\$1,957.11	\$1,570.20	\$1,038.78
	\$3,896.22	\$3,122.37	\$2,059.56
	\$5,156.64	\$4,131.33	\$2,723.07

Rates are Quarterly (every 3 months) and include an \$18 Quarterly Administrative Charge.

This information is for illustrative purposes only. Please refer to the contract for complete benefit information.