

Adirondack Regional Chamber of Commerce

Estimated rates and Plan Offerings Available January 1, 2012

| Company | Blue Shield of Northeastern NY (In Network Benefits Shown) | Blue Shield of Northeastern NY (Benefits are In Network AFTER Deductible) | MVP (Benefits AFTER Deductible) | CDPHP | CDPHP (In Network Benefits Shown AFTER Deductible) | CDPHP | |
|--|--|--|---|---|--|--|-------------|
| Plan/Option | POS 250D | POS 7100 Option 2 | EPO NECHD-31S | EPO ED9S11 | HDPPO | EPO | |
| Dependents/ Students | Age 26/26 | Age 26/26 | Age 26/26 | Age 26/26 | Age 26/26 | Age 26/26 | |
| Deductible | \$1,000 Single/\$2,000 Family INN | \$1500 Single/\$3,000 Family Combined INN & OON | \$1500 Single/\$3,000 Family Combined INN & OON | N/A | \$2,700 Single/\$5,400 Family | \$500 Single/\$1,250 Family | |
| Coinsurance | 20% INN | 0% INN | 0% | N/A | 10% | 20% | |
| Annual Out-of-Pocket Max | \$5,000 Single/\$10,000 Family INN (includes deductible, copays & coinsurance) | \$5,000 Single/\$10,000 Family INN (includes deductible & Rx copays) | \$3,000 Single/\$6,000 Family (includes deductible & Rx copays) | N/A | \$4,000 Single/\$8,000 Family | \$2,000 Single/\$5,000 Family | |
| Primary Care/Specialist Co-Pay | \$25/\$40 | \$25 | \$30/\$50 | \$30/\$50 | 10% | \$25 | |
| Adult Annual Physical | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | |
| Well-Child Visits (To age 19) | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | |
| Mammograms | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | |
| Chiropractic | \$40 | \$25 | \$50 | \$50 | 10% | \$25 | |
| Inpatient Co-pay | 20% after deductible | \$500 | \$250 | \$1,000 | 10% | Deductible & Coinsurance | |
| Outpatient Surgery | 20% | \$75 | \$200 | \$200 | 10% | Deductible & Coinsurance | |
| Laboratory Tests | 20% | \$25 | \$0 | \$50 (Waived when a preferred lab provider used) | 10% (Waived when a preferred lab provider used) | \$25 copay (Copay waived at preferred provider) | |
| X-Rays | 20% | \$25 | \$50 | \$50 (Waived at designated sites) | 10% (Waived at designated sites) | \$25 copay (Copay waived at preferred provider) | |
| MRI/MRA, PET, CT, Nuclear Cardiology | 20% | \$25 | \$50 | | | \$25 copay (Copay waived at preferred provider) | |
| Skilled Nursing | unlimited days ; 20% after deductible | unlimited days; \$500 | 60 visits; \$0 | 365 days; \$1,000 | 365 days; 10% | Not Covered | |
| Emergency Room | 20% after deductible | \$50 | \$150 | \$100 | 10% | Deductible & Coinsurance | |
| Durable Medical Equip. | 50% Coinsurance | 50% Coinsurance | 50% | 50% Coinsurance | 50%; \$25,000 LTM | 50% Coinsurance; \$25,000 LTM | |
| Out Pt. Physical Therapy | 30 visits; 20% | 30 visits; \$25 | 30 visits; \$50 | 30 visits; \$50 | 30 visits; 10% | 30 visits; \$25 | |
| Ambulance | 20% after deductible | \$50 | \$150 | \$100 | 10% | Deductible & Coinsurance | |
| Mental Health Outpatient/Inpatient | 20 visits; \$40/ days; 20% after deductible | 20 visits; \$25/ 30 days; \$500 | 20 visits; \$50/ 30 days; \$250 | 20 visits; \$50/ 30 days; \$1,000 | 20 visits; 10%/ 30 days; 10% | 20 visits; \$25/ 30 days; 20% Coinsurance | |
| Substance Abuse Outpatient/Inpatient | 60 visits; \$40/ 7 days detox; 20% after deductible | 60 visits; \$25/ 7 days detox; \$500 | 60 visits; \$50/ 7 days detox; \$250 | 60 visits; \$30/ 7 days detox; \$1,000 | 60 visits; 10%/ 7 days detox AND 30 days rehab; 10% | 60 visits; \$25/ Not Covered | |
| Drug Card | \$250 deductible per member then \$15/\$50/50% | \$15/\$50/50% | \$5/\$35/\$70 | \$10 Generic Only | \$4/50% | \$4/50% | |
| Routine Vision | Exam | Exam every 2 years Covered in Full | Exam every 2 years Covered in Full | Exam every 2 years; \$50 | Exam every 2 years; \$50 | Not Covered | Not Covered |
| | Eyewear | Discounts Apply | Discounts Apply | \$100 allowance every 2 calendar years | Not Covered | Not Covered | Not Covered |
| Referral Required | No | No | No | No | No | No | |
| Network | Local Area Network | Local Area Network | National Network | National Network | National Network | National Network | |
| Estimated QUARTERLY Rates for Small Groups 2-49 Minus \$20 administration fee | | | | CDPHP rates effective 7/1/2011 through 6/30/2012 | | | |
| Individual | \$1,042.26 | \$1,003.44 | \$1,185.30 | \$1,095.75 | \$813.54 | \$1,160.16 | |
| Two-Person | \$2,136.72 | \$2,057.01 | \$2,370.60 | \$2,191.44 | \$1,626.99 | \$2,320.35 | |
| Family | \$2,960.28 | \$2,846.82 | \$3,081.78 | \$2,903.67 | \$2,155.80 | \$3,074.46 | |
| Estimated QUARTERLY Rates for Sole Proprietors Minus \$20 administration fee | | | | CDPHP rates effective 7/1/2011 through 6/30/2012 | | | |
| Individual | \$1,042.26 | \$1,003.44 | \$1,363.08 | \$1,249.08 | \$927.39 | \$1,322.55 | |
| Two-Person | \$2,136.72 | \$2,057.01 | \$2,726.19 | \$2,498.25 | \$1,854.75 | \$2,645.16 | |
| Family | \$2,960.28 | \$2,846.82 | \$3,544.05 | \$3,310.14 | \$2,457.57 | \$3,504.84 | |
| Created by: CD Capital Financial Group, Inc. | | | | | | | |