



# ARCC's CDPHP Rates effective July 1, 2009

Benefits		CDPHP High Deductible PPO In-Network Benefits Shown	CDPHP EPO
<b>HMO</b>			
Deductible		\$2,700/\$5,400	\$500 Single/\$1,250 Family
Coinsurance		10%	20%
Coinsurance Out-of- Pocket Max		\$4,000/\$8,000	\$2,000 Single/\$5,000 Family
Annual Benefit Maximum		\$1,000,000	\$1,000,000
<b>Medical Home/Office</b>			
Office/ Home Visits PCP/Specialist		Deductible then 10%	Not subject to deductible; \$25
Well Child Care (Including immunizations)		Covered in full, Not subject to deductible	Covered in Full
Maternity Care		Physician and Inpatient hospital services subject to deductible; the 10%; Newborn Nursery deductible then covered in full	Physician services and Inpatient hospital services deductible then 20%; newborn nursery deductible then covered in full
Annual GYN Exam (Self Referred)		Covered in full, Not subject to deductible	Covered in Full
Chiropractic Care		Deductible then 10%	\$25 not subject to deductible
<b>Hospital Inpatient</b>			
Hospital		Deductible then 10%	Deductible then Coinsurance
Routine Nursery		Deductible then 10%	Deductible then Coinsurance
Surgery		Deductible then 10%	Deductible then Coinsurance
Surgical Assistant		Deductible then 10%	Deductible then Coinsurance
Second Surgical Opinion		Deductible then 10%	\$25
Anesthesia		Deductible then 10%	Deductible then Coinsurance
Mental & Nervous		Up to 30 days per benefit period; Deductible then 10%	Up to 30 days per benefit period; 20% coinsurance not subject to deductible
Alcohol/Substance Abuse		30 days IP chemical abuse rehab and 7 days chemical abuse detox	Not Covered
<b>Outpatient</b>			
Laboratory Testing		Deductible then 10%; Coinsurance waived when a designated lab provider is used	Done at lab, \$25 copay; Done in hospital, deductible then coinsurance

Diagnostic Xrays			Done at independent radiology, \$25 copay; Done in hospital, deductible then coinsurance
MRI's		Deductible then 10%; Coinsurance waived at designated sites	Hospital based deductible then coinsurance PRIOR APPROVAL REQUIRED; \$25 office based if done at preferred radiology provider, subject to deductible
Ambulatory surgery		Deductible then 10%	Deductible then Coinsurance
Pre Surgery Testing		Deductible then 10%	Done as outpatient, \$25; Done in hospital, deductible then coinsurance
Chemo & radiation therapy		Deductible then 10%	Done as outpatient, \$25; Done in hospital, deductible then coinsurance
Kidney dialysis		Deductible then 10%	Hospital based \$25 copay; not subject to deductible
Mental Health		Up to 20 visits per benefit period; Deductible then 10%	Up to 20 visits per benefit period; \$25 copay
Alcohol & Substance Abuse		Up to 60 visits per calendar year; Deductible then 10%	Up to 60 visits per calendar year; \$25 copay
Physical Therapy		Up to 30 visits per benefit period in and out-of-network combined; Deductible then 10%	Up to 30 visits per benefit period; not subject to deductible
Emergency Room		Deductible then 10%	Deductible then Coinsurance
Home Health Care		Deductible then 10%	deductible (not to exceed \$50) then 20% coinsurance
Hospice		Subject to deductible then covered in full up to 210 days	Subject to deductible and coinsurance up to 210 days
Skilled Nursing Facility		365 days; Deductible then 10%	Not Covered
<b>Additional Benefits</b>			
Mammography & Diagnostic Screening		Covered in full; Not subject to deductible	Routine covered in full; Diagnostic subject to deductible & coinsurance
Durable Medical Equipment, Prosthetics, Medical Supplies		Deductible then 50% coinsurance; limited to \$25,000 per lifetime	50% coinsurance (not subject to deductible) \$25,000 lifetime max
Ambulance		Deductible then 10%	Deductible then Coinsurance
Prescription Drugs		\$4/50%	\$4/50%

Vision care		Not Covered	One routine exam every 24 months; \$25 copay; \$75 frames & lenses, \$75 contact lenses
Annual Dental Exam & Cleaning		Not Covered	Not Covered
Dependent children/dependent students		Age 19/25	Age 19/25
Out of Area College		Out-of-Network coverage applies	Emergency covered; If urgent care need to contact CDPHP
Out of area Coverage		Out-of-Network coverage applies	Emergency covered; If urgent care need to contact CDPHP
<b>Estimated Rates:</b>		<b>Groups 2-49/Sole Proprietors</b>	<b>Groups 2-49/Sole Proprietors</b>
Individual		\$ 657.03    \$ 748.95	\$ 983.01    \$1120.62
Two-Person		\$1314.06    \$1497.90	\$1966.02    \$2241.24
Family		\$1752.72    \$1997.91	\$2622.27    \$2989.38

\*\*\*\*This is a benefit summary only, and is subject to the terms, conditions, limitations, and exclusions set forth in the contract.  
**Please check with carrier for policies regarding prior authorization.**

Please be sure to verify if your Doctor participates in the plan you are choosing, also ask for a drug formulary if you are currently taking medications.

\*NYS-45 ATT, K-1 or 1120 MUST BE SUBMITTED, plus DBA where required. Quarterly rates shown do not include standard assessed \$20 administrative fee.

### \*CDPHP—SEEKING PRIOR AUTHORIZATION

*An important note regarding your CDPHP Universal Benefits, Inc. plan*

**The AttentiCare™ EPO, AchievaCare™ PPO, and HAS High Deductible PPO plans all have prior authorization requirements.**

This means that you or your physician must contact the CDPHP Universal Benefits, Inc. (CDPHP UBI) resource coordinator department at **1-800-274-2332** at least 72 hours before any inpatient hospital admissions (and certain other types of care, listed below). This enables us to ensure that the care you are receiving is medically necessary and delivered at the appropriate location. If you do not secure authorization before receiving the below-listed types of care, you can be held responsible for an additional payment of 50 percent of the allowed amount, up to \$500 per service, in addition to your usual deductible, copayment, or coinsurance.

**It is your responsibility to call 1-800-274-2332 before receiving AttentiCare EPO *In-Network Only***

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| <ul style="list-style-type: none"> <li>• Inpatient hospital care <i>except</i> for emergency or delivery of baby.</li> <li>• Inpatient physical rehabilitation</li> <li>• Inpatient mental health</li> <li>• Inpatient substance abuse</li> <li>• Skilled nursing facility</li> </ul> | <ul style="list-style-type: none"> <li>• Home health care</li> <li>• Cardiac rehabilitation beyond 36 sessions</li> <li>• Speech therapy beyond first visit</li> <li>• Durable medical equipment/prosthetics/orthotics that are rented or cost more than \$500</li> <li>• All transplant services</li> </ul> |
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**The rates quoted herein were provided by the insurance carriers themselves as of 6/23/09. The Adirondack Regional Chamber of Commerce does not set the insurance rates and assumes no responsibility for their accuracy or any increases that may occur.**

*Please see the enclosed tables for additional information describing each health and dental plan and the 2009 rates for each. Please call 798-1761 to request detailed enrollment materials.*

- *Sole Proprietors must be an ARCC member for 60 days prior to becoming eligible for health insurance.*
- *Groups of 2-49 must be an ARCC member for 30 days prior to becoming eligible for health insurance.*

*Completed applications must be received by the ARCC **no later than the 10th of the month** to be eligible **on the first of the next month**. Application does not guarantee acceptance by the insurance provider. There is a one-time \$15 new enrollment fee for each new health or dental application. **ARCC bills quarterly, in advance.** There is a \$20 quarterly administrative fee per policy holder.*