



2012 CDPHP MEDICAL PLAN OPTIONS

Please direct questions to Catherine @ 785-6995 or catherine@coloniechamber.org



	HM1S12 HMO \$30/\$30	ED9S12 EPO \$30/\$50	EH3S12 EPO \$30/\$30	QEPOS1812 HSA Qualified
Annual deductible	N/A	\$0	\$750 S / \$1,875K F E**	\$3,500 S / \$7,000 F A***
Annual Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Co-insurance split (1)	N/A	N/A	80% / 20%	N/A
Co-ins Maximum (2)	N/A	N/A	\$2,000 S / \$5,000 F	\$4,500 S / \$8,000 F
Dependents Coverage	On ALL Plans: To age 26 regardless of student status. Domestic partners eligible for coverage.			
Diagnostics (x-rays, MRI, lab)	\$30 co-pay waived at preferred site	\$50 co-pay waived at preferred site	No ded; \$30 co-pay waived at preferred site	Annual deductible m/b met then covered in full
Emergency Room	\$100 co-pay; waived if admitted	\$100 co-pay; waived if admitted	Ded then 20% co-ins	Deductible then covd in full
Hospital Svcs	\$1000 co-pay	\$1000 co-pay	Ded then 20% co-ins	Deductible then covd in full
Ofs Visit PCP/Spec	\$30 PCP / \$30 Spec.	\$30 PCP/ \$50 Spec	\$30 PCP / \$30 Spec.	Deductible then covd in full
Mental Health - InPt	\$1K co-pay; Unlimitd days	\$1K co-pay; 30 days/year	Ded; 20%; 30 Days/year	Ded; covd in full; 30 Days/yr/max
Mental Health - OutPt	Unlimited visits @ \$30 each	20 visits/yr @ \$50 each	Ded; 20% 20 visits/year	Ded; covd in full; 20 visits/yr/max
Out Of Pocket Maximum	N/A	N/A	Same as Co-ins Max above	Same as Co-ins Max above
OutPatient Surgery	\$150 Co-pay	\$200 co-payment	Ded then 20% co-ins	Ded then covd in full
Prescription Coverage	Open Formulary; All meds covd at 50% of carriers' discounted price	\$10 co-pay <i>GENERIC ONLY</i>	\$250 Deductible (4) then \$10 G/ \$50 NB / 50% NF (3)	Annual Ded applies then \$10 G / \$50 NB / \$100 NF (3)
Preventive Care (5)	Covered in full	Covered in full	Covered in full	Covered in full
Therapies (PT, ST, OT)	\$30 co-pay; limited visits	\$50 co-pay; limited visits	\$30 co-pay; # visits limited	Ded; covd in full; # visits limited
Urgent Care	\$40 Co-pay	\$40 co-pay	\$40 co-pay	Deductible then covd in full (6)
Worldwide Cov?	Emergencies Only	Emergencies only	Emergencies only	Emergencies only
Network Access	Service Area Specific	National	National	National

This is NOT a contract, it is a summary & may be subject to change.

(3) G = Generic / NB = Name Brand / NF = Non-formulary

MONTHLY PREMIUMS

Small Grp (2+ ees)	Single	\$ 444.35	\$	399.98	\$	392.70	\$	216.92
	2 Person	\$ 880.68	\$	791.96	\$	777.50	\$	408.18
	Family	\$ 1,164.31	\$	1,046.76	\$	1,027.59	\$	538.23
Sole Proprietors	Single	\$ 505.43	\$	454.86	\$	446.61	\$	246.17
	2 Person	\$ 1,002.87	\$	901.71	\$	885.23	\$	464.20
	Family	\$ 1,326.20	\$	1,192.18	\$	1,170.33	\$	612.46

(1) Co-insurance split = once the deductible is satisfied, the carrier pays 80% of the allowed charges & the insured is responsible for the remaining allowed 20%.

** E = *Embedded* deductible which means that the deductible will not exceed the individual deductible amount for any one family member per benefit period.

*** A=Aggregate which means no benefits are paid until the deductible is met in full and it can be met by one or more insured persons.

(4) The \$250 prescription deductible is separate from & in addition to the Annual Deductible reflected above.

(5) Preventive Care includes routine physical & its lab work; annual "well woman" exam & test, etc.. In the 1812 pre-procedure office visits are applied to deductible.

(6) Services received at nonparticipating Urgent Care facilities within the CDPHP UBI service area are not covered.