Health Insurance Plans Summary 2012

Standard Chamber Plans

Fulton County Regional Chamber of Commerce

	#1	#2	#3	#4	#5
3/28/12	**BS HD POS 7100** **$1,500/$3,000** **0%** www.bsneny.com 1-800-459-7587	**MVP HD EPO** **HSA $2,500/$5,000** **0%** www.mvphealthcare.com 1-888-687-6277	**BS POS 250D Select** **$1,000/$2,000** **20%** www.bsneny.com 1-800-459-7587	**MVP HD EPO** **HSA $1,500/$3,000** **0%** www.mvphealthcare.com 1-888-687-6277	**MVP EPO** **$30/50** mvphealthcare.com 1-888-687-6277
Group #	#10717500	#213147-0001	#10717500	#213147-0001	#213147-0001
Monthly Premiums	Group of 2 or More: Individual: $ 334.48 2 Person: $ 685.67 Family: $ 948.94	Group of 2 or More: Individual: $ 332.72 2 Person: $ 665.44 Family: $ 865.07	Group of 2 or More: Individual: $ 347.42 2 Person: $ 712.24 Family: $ 986.76	Group of 2 or More: Individual: $ 396.31 2 Person: $ 792.62 Family: $ 1030.41	Group of 2 or More: Individual: $ 479.15 2 Person: $ 958.30 Family: $ 1245.79
Group #	#960003	#213147-SP01	#960003	#213147-SP01	#213147-SP01
Monthly Premiums	SOLE PROPRIETORS: Individual: $ 334.48 2 Person: $ 685.67 Family: $ 948.94	SOLE PROPRIETORS: Individual: $ 382.62 2 Person: $ 765.26 Family: $ 994.83	SOLE PROPRIETORS: Individual: $ 347.42 2 Person: $ 712.24 Family: $ 986.76	SOLE PROPRIETORS: Individual: $ 455.75 2 Person: $ 911.51 Family: $ 1184.97	SOLE PROPRIETORS: Individual: $ 551.02 2 Person: $ 1102.04 Family: $ 1432.66
Note Below		**$300 WellStyle Rewards NEHD-08**		**$300 WellStyle Rewards NECHD-31**	**$300 WellStyle Reward ECO345**
Annual Deductible	**$1,500/indv & $3,000/family**	**$2,500/indv & $5,000/family**	**$1,000/indv & $2,000/family on select services**	**$1,500/indv & $3,000/family**	**$1000/$2500**
Coinsurance	**Coinsurance 0%-In Network BS covers 100% allow cost**	**Coinsurance of 0%. MVP covers 100% allow cost**	**Coinsurance 20%-In Network BS covers 80% allow cost**	**Coinsurance of 0%. MVP covers 100% allow cost**	**20%**
Max Out of Pocket	**$5,000 Ind / $10,000 Family**	**$3,500 Ind / $7,000 Family**	**$5,000 Ind / $10,000 Family**	**$3,000 Ind / $6,000 Family**	**$3000/$7500**
Office Visit Fee Primary/ Specialist	$25/ $25 after ded	MVP covers 100% after deductible	$25/ $40	$30/$50 after deductible	**$30 copay Primary $50 copay Specialist**
ER Fee	$50 after ded	MVP covers 100% after deductible	20% after ded	$150 after deductible	$200 copay
Hospital IP Co-pay	$500 after ded	MVP covers 100% after deductible	20% after ded	$250 after deductible	20% after ded
Outpatient Surgery	$75 after ded	MVP covers 100% after deductible	20% after ded	$200 after deductible	
Prescription Drug	$15/$50/50% after deductible & No cap	$10/$30/$50 After deductible	$15/$50/50% $250 deductible	$5/$35/$70 After deductible	**$10/50%/50% copay**
Vision & Dental	Vision $0 copay every 2 yrs	N/A	Vision $0 copay every 2 yrs	Vision $50 copay every 2 yrs	Vision $50 copay/2 yrs
Adult Physical Mammogram/Gyn	Covered in full not subject to ded	MVP covers 100% Deductible does not apply	Covered in full not subject to ded	MVP covers 100% Deductible does not apply	Covered 100%
Lab Tests	$25 after ded	MVP covers 100% after deductible	20% after ded	MVP covers 100% after deductible	Covered 100% after ded
Out of Network Coverage	Yes –Max OOP $10k/$20k Same ded & 30% Coinsurance	National Network	$2k/4k Ded – 50% Coins Max OUP $10k/$20k	National Network	National Network

Rates Effective 1/1/12. Valid till 12/31/12. Chamber membership must be current to remain on any group plan.

The above information is a summary of selected benefits only for comparative purposes. Open Enrollments are January 1 and July 1. Rates and benefits are proposed for 2012 and subject to change.

****MVP HD EPO's Require Pre-Certification from MVP for Extensive list of Services including Surgery, DME, IP Mental, IP Substance, IP Rehab, Skilled Nursing, Home Health, Hospice, etc**

A **$6.00 per month Administration Fee** will be charged in addition to the above premiums.

Please contact the Chamber Benefits Administrators, Joe Precopia of The Precopia Agency at 464-0333 Fax 464-0335 . Email precopiaagency@nycap.rr.com for more current information.

Health Insurance Plans Summary 2012

Standard Chamber Plans

Fulton County Regional Chamber of Commerce

		#6	#7	#8	#9
11/21/11		**CDPHP EPO** **$500/$1250** **10%** www.cdphp.com 1-800-777-2273	**CDPHP HD PPO** **$2700/$5400** **10%** www.cdphp.com 1-800-777-2273	**CDPHP HD** **$5000/$10000** **0%** www.cdphp.com 1-800-777-2273	**CDPHP HMO 25** www.cdphp.com 1-800-777-2273
Group #		#10003415	#10003415	#10003415	#10003415
Monthly Premiums		Group of 2 or More: Individual: $ 413.93 2 Person: $ 827.86 Family: $ 1096.91	Group of 2 or More: Individual: $ 241.93 2 Person: $ 474.53 Family: $ 628.74	Group of 2 or More: Individual: $ 97.44 2 Person: $ 194.88 Family: $ 258.22	Group of 2 or More: Individual: $ 465.39 2 Person: $ 930.77 Family: $ 1233.28
Group #		#10003415	#10003415		
Monthly Premiums		SOLE PROPRIETORS: Individual: $ 471.88 2 Person: $ 943.75 Family: $ 1250.48	SOLE PROPRIETORS-: Individual: $ 275.80 2 Person: $ 540.96 Family: $ 716.76	SOLE PROPRIETORS: Individual: $ 111.08 2 Person: $ 222.17 Family: $ 294.37	SOLE PROPRIETORS: Individual: $ 530.55 2 Person: $ 1061.08 Family: $ 1405.93
Note Below		**@Prior Authorization Req**	**@Prior Authorization Req**	**@Prior Authorization Req**	
Annual Deductible		**$500/indv & $1,250/family**	**$2,700/indv & $5,400/family**	**$5000/indv & $10000/family**	
Coinsurance		**Coinsurance of 10%** **CDPHP pays 90% allowed cost**	**Coinsurance of 10%** **CDPHP covers 90% allow cost**	**Coinsurance of 0%** **CDPHP pays 100% allowed cost**	
Max Out of Pocket		**$2,000 Ind / $5,000 Family**	**$4,000 Ind / $8,000 Family**	**$5000/indv & $10000/family**	
Office Visit Fee Primary/ Specialist		**$25/25 copay no deductible**	CDPHP covers 90% after deductible	CDPHP covers 100% after deductible	**$25/25 copay**
ER Fee		CDPHP covers 90% after deductible	CDPHP covers 90% after deductible	CDPHP covers 100% after deductible	$100 copay
Hospital IP Co-pay		CDPHP covers 90% after deductible	CDPHP covers 90% after deductible	CDPHP covers 100% after deductible	$500 copay
Outpatient Surgery		CDPHP covers 90% after deductible	CDPHP covers 90% after deductible	CDPHP covers 100% after deductible	$100 copay
Prescription Drug		**$4 for Generic/50% Brand**	**$4 for Generic/50% Brand** **Prev Rx-No Ded applies**	**None**	**$4/50%**
Vision & Dental		N/A	N/A	N/A	N/A
Adult Physical Mammogram/Gyn		Covered in full not subject to ded	Covered in full not subject to ded	Covered in full not subject to ded	Covered in full not subject to ded
Lab Tests		$25 copay no deductible	CDPHP covers 90% after deductible	CDPHP covers 100% after deductible	$25 copay
Out of Network Coverage		National Network	Yes- $5k/$10k ded 50% Coinsurance	National Network	National Network

Rates Effective 1/1/12. Valid till 12/31/12. Chamber membership must be current to remain on any group plan.

The above information is a summary of selected benefits only for comparative purposes. Open Enrollments are January 1 and July 1. Rates and benefits are proposed for 2012 and subject to change.

@ CDPHP HD PPO - In-patient services require prior authorization.

A **$6.00 per month Administration Fee** will be charged in addition to the above premiums.

Please contact the Chamber Benefits Administrators, Joe Precopia of The Precopia Agency at 464-0333 Fax 464-0335 . Email precopiaagency@nycap.rr.com for more current information.

Health Insurance Plans Summary 2012

Additional Plans Available

Fulton County Regional Chamber of Commerce

These are examples of the Many possible additional plans available to 2+ groups. Contact The Precopia Agency to obtain your customized plan quote.

	#10	#11	#12	#13	#14	#15	#16
3/28/12	**MVP HD EPO** **HSA $5000/$10000** **0%** www.mvphealthcare.com 1-888-687-6277	**BS HMO 109+** **$30/$50** www.bsneny.com 1-800-459-7587	**BS EPO 8200-3** **$5000/10000** **0%** www.bsneny.com 1-800-459-7587	**BS EPO 8000-2** **$2000/4000** **20%** www.bsneny.com 1-800-459-7587	**CDPHP HMO 25** **Good Rx** www.cdphp.com 1-800-777-2273	**MVP EPO** **$30/50** mvphealthcare.com 1-888-687-6277	**MVP COC** **$30/50** mvphealthcare.com 1-888-687-6277
Rates Eff					#10003415		
Monthly Premiums (Rates change Quarterly)	Group of 2 or More: Individual: $ 266.19 2 Person: $ 532.38 Family: $ 692.09	Group of 2 or More: Individual: $ 429.30 2 Person: $ 888.09 Family: $ 1215.28	Group of 2 or More: Individual: $ 186.53 2 Person: $ 382.39 Family: $ 532.05	Group of 2 or More: Individual: $ 260.37 2 Person: $ 533.76 Family: $ 739.28	Group of 2 or More: Individual:$ 497.96 2 Person:$ 995.91 Family: $ 1319.60	Group of 2 or More: Individual: $ 586.12 2 Person: $ 1172.24 Family: $ 1523.91	Group of 2 or More: Individual: $ 542.67 2 Person: $ 1085.34 Family: $ 1410.94
Group #							
Monthly Premiums	SOLE PROPRIETORS: Not Available	SOLE PROPRIETORS: Not Available	SOLE PROPRIETORS: Not Available	SOLE PROPRIETORS: Not Available	SOLE PROPRIETORS: Not Available	SOLE PROPRIETORS: Not Available	SOLE PROPRIETORS: Not Available
Note Below	**$300 WellStyle Rewards**						
Annual Deductible	**$5000/indv &** **$10000/fam**		**$5000/indv &** **$10000/fam**	**$2000/indv &** **$4000/fam**			
Coinsurance	**Coinsurance of 0%.** **MVP covers 100% allowed**		**Coinsurance of 0%.** **BS covers 100% allowed**	**Coinsurance of 20%.** **BS covers 80% allowed**			
Max Out of Pocket	**$5,000 Ind / $10,000 Fam**		**$5,000 Ind / $10,000 Fam**	**$2,000 Ind / $4,000 Fam**			
Office Visit Fee Primary/ Specialist	MVP covers 100% after ded	$30/ $50	BS covers 100% after ded	BS covers 80% after ded	**$25/25 copay**	**$30 copay Primary** **$50 copay Specialist**	**$30 copay Primary** **$50 copay Specialist**
ER Fee	MVP covers 100% after ded	$100	BS covers 100% after ded	BS covers 80% after ded	$100 copay	$125 copay	$125 copay
Hospital IP Co-pay	MVP covers 100% after ded	$1000	BS covers 100% after ded	BS covers 80% after ded	$500 copay	$500 copay	$750 copay
Outpatient Surgery Dr/Hosp	MVP covers 100% after ded	$150	BS covers 100% after ded	BS covers 80% after ded	$100 copay	$30/$150 copay	$150/$150 copay
Prescription Drug	**Prev Rx $10/30/50** **no ded** **Non Prev Rx Ded applies**	**$15/$50/50%** **$500 deductible**	**None**	**Mail Order RX only**	**$4/$30/$60 copay**	**$10/$30/$50 copay**	**$5/$45/$90 copay** $250 deductible
Vision & Dental	N/A	Vision $0 copay every 2 yrs	Vision $0 copay every 2 yrs	Vision $0 copay every 2 yrs	N/A		
Adult Physical Mammogram/Gyn	MVP covers 100% Deductible does not apply	Covered in full not subject to ded	Covered in full not subject to ded	Covered in full not subject to ded	Covered in full not subject to ded	Covered 100%	Covered 100%
Lab Tests	MVP covers 100% after ded				$25 copay		
Out of Network Coverage	National Network	$2k/4k Ded – 30% Coins	Local Network	National Network	National Network	National Network	National Network

Rates Effective 1/1/12.Valid for 12 months. Chamber membership must be current to remain on any group plan.

The above information is a summary of selected benefits only for comparative purposes. Open Enrollments are January 1 and July 1. Rates and benefits are proposed for 2012 and subject to change.

****MVP HD EPO's Require Pre-Certification from MVP for Extensive list of Services including Surgery, DME, IP Mental, IP Substance, IP Rehab, Skilled Nursing, Home Health, Hospice, etc**

A **$6.00 per month Administration Fee** will be charged in addition to the above premiums.

Please contact the Chamber Benefits Administrators, Joe Precopia of The Precopia Agency at 464-0333 Fax 464-0335 . Email precopiaagency@nycap.rr.com for more current information.

3/28/12

Dental, Vision & Medicare Plans & Rates 2012
The Fulton County Regional Chamber of Commerce

	MVP Dental	BlueShield Dental	Empire Vision	Medicare
Dental				
Preventative (Clean, X-rays)	90% no Deductible	80%		
Basic (fillings, root canal)	80%	80%		
Major (Dentures, Bridges,Crowns)	50%	50% after Ded 6 month waiting period		
Basic/Major **Deductible**	**$50**	**$50/$150**		
Annual **Max** Covered per person	**$1,500**	**$1,000**		
Orthodontia	50% to $1000	none		
Dependent	To 19 - Student to 23	To Age 26		
Other:	Can use any Dentist > $200 requires Pre-determination	BS Network Crowns -6 month Waiting period	Open Enrollment 7/1/12	
Monthly rates Effective 1/1/12:				
Individual	**$52.51**	**$39.54**	**$4.77**	**$136.51 MVP Gold**
2 person	**$101.38**		**$9.30**	**$277.30 CDPHP**
Family	**$174.67**	**$107.57**	**$13.83**	
Sole Proprietor % Add on	**not available**	**10.0%**		

Rates Effective 1/1/12 *Chamber membership must be current to remain on any group plan.*

The above information is a summary of selected benefits only for comparative purposes. Open Enrollments are January 1 and July 1. Rates and benefits are proposed for 2012 and subject to change.
A $3.00 per month Administration Fee will be charged in addition to the above premiums.
Please contact the Chamber Benefits Administrators, Joe Precopia of The Precopia Agency at 464-0333 Fax 464-0335 for more current information. Email precopiaagency@nycap.rr.com