

CDPHP SMALL GROUP PLAN GRID
Off-Exchange

	EPO #120	GOLD #221	SILVER #322	SILVER #320	SILVER #324	BRONZE #421	BRONZE #423	BRONZE #425
	Platinum EPO	Gold EPO EMBRACE	Silver EPO Hybrid	Silver QHDEPO (HSA Qualified)	Silver HMO (HSA Qualified)	Bronze QHDEPO (HSA Qualified)	Bronze QHDEPO	Bronze HDEPO
Single	\$792.99	\$670.23	\$525.68	\$591.56	\$464.63	\$409.85	\$396.41	\$454.12
Double	\$1,585.98	\$1,340.46	\$1,051.36	\$1,183.11	\$929.27	\$819.70	\$792.82	\$908.24
Employee/Child(ren)	\$1,348.08	\$1,139.39	\$893.65	\$1,005.65	\$789.88	\$696.74	\$673.90	\$772.00
Family	\$2,260.02	\$1,910.15	\$1,498.19	\$1,685.94	\$1,324.21	\$1,168.07	\$1,129.77	\$1,294.24
Deductible (Single / Family)	\$0 / \$0	\$250/\$500 <i>Embedded</i>	\$2,750/\$5,500 <i>Embedded</i>	\$1,750/\$3,500 <i>Aggregate</i>	\$2,200/\$4,400 <i>Aggregate</i>	\$6,550/\$13,100 <i>Aggregate</i>	\$5,500/\$11,000 <i>Embedded</i>	\$6,000/\$12,000 <i>Embedded</i>
* Deductible applied to this benefit - Member amount after deductible is met								
Coinsurance	N/A	N/A	25%	N/A	N/A	N/A	50%	N/A
Out of Pocket/Coinsurance Maximum	\$7,350/\$14,700 <i>Embedded</i>	\$7,150/\$14,300 <i>Embedded</i>	\$7,350/\$14,700 <i>Embedded</i>	\$6,550/\$13,100 <i>Embedded</i>	\$4,800/\$9,600 <i>Embedded</i>	\$6,550/\$13,100 <i>Embedded</i>	\$7,150/\$14,300 <i>Embedded</i>	\$6,850/\$13,700 <i>Embedded</i>
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bonus Card	N/A	\$200 per subscriber	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care	\$15	\$30 *	\$40	\$30 *	\$25 *	0% *	\$35 *	\$30 *
Specialist Visit	\$15	\$50 *	\$65	\$40 *	\$50 *	0% *	\$80 *	\$50 *
Inpatient Hospitalization	\$500	\$1,000 *	25% *	\$750 *	\$500 *	0% *	50% *	\$500 *
Outpatient Surgery	\$100	\$100 *	25% *	\$150 *	\$200 *	0% *	\$300 *	\$75 *
Emergency Room	\$100	\$100 *	25% *	\$150 *	\$300 *	0% *	50% *	\$75 *
Urgent Care	\$35	\$60 *	\$70	\$50 *	\$50 *	0% *	\$90 *	\$60 *
Ambulance	\$100	\$100 *	25% *	\$150 *	\$300 *	0% *	50% *	\$75 *
Telemedicine	\$15	\$30 *	\$40	\$49, after deductible \$30	\$49, after deductible, \$25	\$49, after deductible 0%	\$49, after deductible \$35	\$30, after deductible \$49
Durable Medicare Equipment	50%	50% *	50%	50% *	50% *	0% *	50% *	50% *
Vision	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric
Drug Coverage	\$4 / \$30 / \$60	\$10 / \$50 / \$80	\$10 / \$50 / 50%	\$10 / \$50 / \$80 *	\$10 / \$40 / \$60 *	\$0 / 0% / 0%	\$10 / 50% / 50% *	\$10 / \$30 / \$50
Preventive Drug List	No	No	No	Yes	Yes	Yes	Yes	Yes

2018 PLAN HIGHLIGHTS

Eligibility	Pediatric Dental	Embrace Paths	Telemedicine	Preferred Labs	Silver #324	Aggregate Plan	Embedded Plan	Bronze #425
To participate in the Chamber's insurance program, businesses must maintain their Chamber Membership. For Small Group eligibility, there must be at least one Common Law Employee (CLE) enrolled. An employee does not include the sole owner or the spouse of the owner. If you do not qualify for a Small Group product, please contact our office for INDIVIDUAL plan options available to Members without a CLE. Open Enrollment is during November for January 1st coverage. All applications must be received in our office by Friday, December 1st.	Required by the ACA for dependents under the age of 19. Monthly premium is \$16.46 per child, \$32.92 for 2 children and \$49.38 for 3 or more children. Domestic Partner Coverage included for Same or Opposite Sex	Select 1 of 3 paths <i>Fitness, Medical or Nutrition</i> allowing members to use Bonus Points for any IRS qualified health expenses regardless of whether it is covered by your health plan.	Employees have the opportunity to consult with a doctor via video chat. Learn more at doctorondemand.com Fee matches PCP cost-share or \$49 for HD plans and once the deductible is met, plan copay.	Using a preferred lab for testing is another way to manage costs. Use Find-a-doc; select a laboratory, type of plan and drop down the list of preferred labs.	An HSA Qualified HMO plan with an HMO physician network Life Points <i>Register with CafeWell</i> <i>Participate in activities</i> <i>Redeem Life Points</i> Maximum point values: \$180/\$365	Out of pocket maximum must be met by any one or any combination of members before the plan will make payments. HSA Contribution Limits Single: \$3,450 Family: \$6,900 HSA Catch-up Contributions (Age 55 or older) \$1,000	Each member will pay towards, but never exceed their individual and/or OOPM until the larger Family deductible is met. Price Check Cost estimator service available to HD plan subscribers to receive cost estimates for many common health care services.	Affordability of a HD plan with the upfront savings offered by a traditional copay plan. CDPHP tracks the total allowed charge for each service until a maximum is reached. Copays apply to first \$3,000 Single/\$6,000 Family in shared costs. Claims are then subject to the deductible.

Monthly premium rates shown do not include administrative fees - Plan summaries available upon request or on our website www.bouchey.com

This comparison is a guide to assist you in evaluating the program and is not a complete comparison or contract and in no way details all the benefits, limitations, or exclusions. Rates and terms are subject to change.