

Cambridge Valley Chamber of Commerce Health Insurance Program

December 1, 2007

Plan Comparison

Groups with 2+ Eligible

Vision Exam Every 12
Mos./Hardware (\$75 toward
Frames/Lenses)

	EPO	HDPO	
		In Network	Out of Network
Office Visit Co-pays	\$25 PCP/\$25 Specialist - Not subject to Deductible	N/A	N/A
Preventative Care	Covered in Full	Covered in Full	Subject to Deductible & Coinsurance
Deductible	\$500 Ind /\$1,200 Fam	\$2,700 Ind/\$5,400 Fam	\$5,000 Ind/\$10,000 Fam
Coinsurance	20%	10%	50%
PCP Referrals Required to Specialists	No	No	
In-Patient Hospital Co-pay	Subject to \$500 Deductible then 20% coinsurance	Deductible & Coinsurance	
Prescription Drug Card	\$4 Generic/50% Brand	\$4 Generic/50% Brand	
Out of Network Coverage	Not Covered	No	Yes
Dependent Coverage	Dependents to Age 19/FTS to 25	Dependents to age 19/FTS to 25	
Eyewear/Contacts	Eye Exam every 24 Mos./Hardware (\$75 toward frames/lenses)	Vision Exam Every 12 Mos./Hardware (\$75 toward Frames/Lenses)	
Chiropractic Care	\$25 Copay	Deductible & Coinsurance	
Emergency Room	Deductible then coinsurance	Deductible & Coinsurance	
Website	www.cdphp.com		
Ind	\$260.47	\$177.87	
2P	\$519.94	\$354.74	
Family	\$693.16	\$472.82	