

Columbia County Chamber of Commerce Health Insurance Program

January 1, 2008

Plan Comparison

	Blue Shield Community Blue 206	CDPHP				MVP	
		AvidCare 25	EPO	HDPPO		COC-20S	COC-25/40S
				In Network	Out of Network		
Office Visit Co-pays	\$25 /\$25 (\$10/\$40 or \$20/\$30) \$0 for Dep to age 19	\$25	\$25 Copay Not subject to Deductible	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	\$20	\$25 PCP/\$40 Specialist
Wellness Visits	Well & Sick Visits for Dep to age 19 covered in full	Adults & Dependents - Covered in Full	Adults & Dependents - Covered in Full	Adults & Dependents - Covered in Full	Adults & Dependents - Covered in Full	Dependents to age 19 Covered in Full	Dependents to age 19 Covered in Full
Deductible	None	None	\$500 Ind./\$1,250 Fam	\$2,700 Ind/\$5,400 Fam	\$5,000 Ind/\$10,000 Fam	None	None
Coinsurance	None	None	20%	10%	50%	None	None
Annual OOP Coinsurance Max	N/A	N/A	\$2,000/Ind/\$6,000 Fam	\$4,000 Ind/\$8,000 Fam	\$10,000 Ind/\$20,000 Fam	N/A	N/A
Referrals Req'd	No	Yes	No	No	No	Yes	Yes
In-Patient Hospital Co-pay	\$500	\$500 Co-pay	Subject to \$500 Deductible then 20% coinsurance	Ded & Coinsurance	Ded & Coinsurance	\$500 Co-pay	\$500 Co-pay
Prescription Drug Card	50% Coinsurance Generic or Brand Only	\$4 Generic /50% Brand	\$4 Generic/50% Brand (Not Subject to Ded)	\$4 Generic/50% Brand (Subject to Ded)	N/A	\$100 Deductible; \$10 Generic, \$30 Brand, \$50 Non Formulary	\$100 Deductible; \$10 Generic, \$30 Brand, \$50 Non Formulary
Out of Network Coverage	\$1000 Deductible 30% co-insurance	Not Covered	Not Covered	No	Yes	Not Covered	Not Covered
Dependent Coverage	Age 19, Full Time Students age 25	Age 19, Full Time Students age 25	Age 19, Full Time Students to age 25	Age 19. Full Time Students to age 25	Age 19. Full Time Students to age 25	Age 19, Full Time Students age 23	Age 19, Full Time Students age 23
Eyewear/Contacts	Exam Every 12 Mos./Specialist Copay Free Lenses;Low copay for frames & Contacts	Eye Exam every 24 Mos./Hardware	Eye Exam every 24 Mos./Hardware	Eye Exam every 24 Mos./Hardware	Eye Exam every 24 Mos./Hardware	Not Covered	Not Covered
Chiropractic Care	\$10 No referral	\$25 Co-pay Referral Req'd	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance	\$20 Co-pay Referral Req'd	\$40 Co-pay Referral Req'd
Emergency Room	\$100 Co-pay	\$100 Co-pay	Deductible then coinsurance	Ded & Coinsurance	Ded & Coinsurance	\$50 Co-pay	\$100 Co-pay
Dental Coverage	Annual Cleaning & Exam/Specialist Copay	Not Covered	Not Covered	Not Covered	Not Covered	Periodic Exams & X-rays (Preventative) for dependents to age 19/\$25 Co-pay	Periodic Exams & X-rays (Preventative) for dependents to age 19/\$25 Co-pay
Website	www.bsny.com	www.cdphp.com				www.mvphealthcare.com	www.mvphealthcare.com

Ind	\$1,350.21	\$1,137.33	\$934.47	\$643.98	\$1,361.79	\$1,218.63
2P	\$2,749.02	\$2,256.66	\$1,850.94	\$1,269.96	\$2,705.61	\$2,419.29
Family	\$3,655.02	\$3,003.33	\$2,462.76	\$1,687.89	\$3,637.14	\$3,251.52