

Schoharie County Chamber of Commerce Health Insurance Program

January 1, 2008 - June 30, 2008

Plan Comparison (Monthly Rates)

	CDPHP				MVP	
	AvidCare 25	EPO	HDPPPO		COC-25S	COC-25/40S
			In Network	Out of Network		
Office Visit Co-pays	\$25 PCP/\$25 Specialist Copay	\$25 Copay Not subject to Deductible	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance	\$25	\$25 PCP/\$40 Specialist
Preventative Care Visits	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	\$500 Ind./\$1,250	\$2,700 Ind/\$5,400 Fam	\$5,000 Ind/\$10,000 Fam	None	None
Coinsurance	None	20%	10%	50%	None	None
Annual OOP Coinsurance Max	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	Yes	No	No	No	Yes	Yes
In-Patient Hospital Co-pay	\$500 Co-pay	Subject to \$500 Deductible then 20% coinsurance	Ded & Coinsurance	Ded & Coinsurance	\$500 Co-pay	\$500 Co-pay
Prescription Drug Card	\$4 Generic/\$30 Brand/\$60 Non Formulary \$2,000 Annual Max Rx	\$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	Not Covered	Not Covered	Yes	Yes	Not Covered	Not Covered
Dependent Coverage	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 23	Age 23
Vision Exam	One Exam every 12 months	One Exam every 24 months	Not Covered	Not Covered	One Exam every 24 months	One Exam every 24 months
Chiropractic Care	\$25 Co-pay Referral Req'd	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance	\$25 Co-pay Referral Req'd	\$40 Co-pay Referral Req'd
Emergency Room	\$100 Co-pay	Deductible then coinsurance	Ded & Coinsurance	Ded & Coinsurance	\$50 Co-pay	\$100 Co-pay
Dental Coverage	Comprehensive Dental Coverage \$1,250 Max Year 1 and \$1,750 Max Year 2	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.cdphp.com				www.mvphealthcare.com	www.mvphealthcare.com
Ind	\$404.69	\$310.92	\$211.25		\$425.93	\$379.61
2P	\$803.38	\$615.84	\$416.50		\$845.88	\$753.23
Family	\$1,069.54	\$819.40	\$553.54		\$1,137.62	\$1,012.80