


CDPHP SMALL GROUP PLAN GRID
Off-Exchange

	PLATINUM #120	GOLD #221	GOLD #223	SILVER #320	SILVER #324	BRONZE #421	BRONZE #423	BRONZE #425
	Platinum EPO	Gold EPO EMBRACE	Gold HDHMO	Silver QHDEPO (HSA Qualified)	Silver HMO (HSA Qualified)	Bronze QHDEPO (HSA Qualified)	Bronze QHDEPO	Bronze HDEPO
Single	\$796.71	\$685.73	\$546.39	\$594.69	\$471.02	\$412.66	\$416.57	\$446.33
Double	\$1,593.43	\$1,371.46	\$1,092.78	\$1,189.38	\$942.04	\$825.31	\$833.14	\$892.66
Employee/Child(ren)	\$1,354.41	\$1,165.74	\$928.86	\$1,010.97	\$800.73	\$701.52	\$708.17	\$758.76
Family	\$2,270.63	\$1,954.34	\$1,557.21	\$1,694.87	\$1,342.41	\$1,176.07	\$1,187.22	\$1,272.04
Deductible (Single / Family)	\$0 / \$0	\$250/\$500 <i>Embedded</i>	\$1,000/\$2,000 <i>Embedded</i>	\$1,750/\$3,500 <i>Aggregate</i>	\$2,200/\$4,400 <i>Aggregate</i>	\$6,650/\$13,300 <i>Aggregate</i>	\$5,500/\$11,000 <i>Embedded</i>	\$6,000/\$12,000 <i>Embedded</i>
An * asterisk next to a benefit means the DEDUCTIBLE must be met before the plan pays or co-pays are applied.								
Coinsurance	N/A	N/A	N/A	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>	\$7,900/\$15,800 <i>Embedded</i>	\$6,550/\$13,100 <i>Embedded</i>	\$4,800/\$9,600 <i>Embedded</i>	\$6,650/\$13,300 <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 *	\$25	\$30 *	\$25 *	0% *	\$35 *	\$30
Specialist Visit	\$20	\$50 *	\$40 *	\$40 *	\$50 *	0% *	\$80 *	\$50
Inpatient Hospitalization	\$500	\$1,000 *	\$500 *	\$750 *	\$500 *	0% *	50% *	\$500
Outpatient Surgery	\$100	\$100 *	\$150 *	\$150 *	\$200 *	0% *	\$300 *	\$75
Emergency Room	\$100	\$100 *	\$150 *	\$150 *	\$300 *	0% *	50% *	\$75 *
Urgent Care	\$35	\$60 *	75 *	\$50 *	\$50 *	0% *	\$90 *	\$60 *
Ambulance	\$100	\$100 *	\$150 *	\$150 *	\$300 *	0% *	50% *	\$75 *
Telemedicine	\$15	\$30 *	\$25	\$30 * or \$49	\$25 * or \$49	Deductible Only	\$35 * or \$49	\$30 *
Durable Medicare Equipment (DME)	50%	50% *	50% *	50% *	50% *	Deductible Only	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 * / \$80 *	\$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
	Platinum #120	Gold #221	GOLD #223	SILVER #320	SILVER #324	BRONZE #421	BRONZE #423	Bronze #425
2019 PLAN HIGHLIGHTS								
Eligibility 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 the month of November for January 1st coverage. All applications must be received in our office by Friday, November 30th .	Pediatric Dental 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.	Embrace Paths Select 1 of 3 paths <i>Fitness</i> <i>Medical</i> <i>Nutrition</i> allowing members to use Bonus Points for any IRS qualified health expenses regardless of whether it is covered by your health plan. This is for the medical path. Gold #223 is a HD HMO plan with an HMO physician network.	CafeWell Give employees programs, support, and guidance they need to take control of their health. Make personalized programs based on your health goals. Go Mobile -get the CafeWell app for mobile devices in your app store! Classes & Events available. Earn LifePoints for participating.	Life Points <i>Register with CafeWell</i> <i>Participate in activities</i> <i>Redeem Life Points</i> Maximum point values: \$180. Domestic Partner Coverage included for Same or Opposite Sex Preferred Labs Use Find-a-doc; select laboratory and type of plan for list of preferred labs to manage costs.	Aggregate Plan Out of pocket maximum must be met by any one or any combination of members before the plan pays. HSA Contribution Limits Single: \$3,500 Family: \$7,000 HSA Catch-up Contributions (Age 55 or older) \$1,000	Embedded Plan Each member will pay towards, but never exceed their individual and/or OOPM until the larger family deductible is met. Price Check Cost estimator allows HD plan subscribers to get cost estimates for many common health care services.	Bronze #425 HD plan with upfront savings with 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.boucheyclarke.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 subject to change.								