

Saugerties Area Chamber of Commerce Health Insurance Program
October 1, 2009 - September 30, 2010
Plan Comparison - Sole Proprietor (Quarterly Rate)

	CDPHP				MVP Healthcare	
	AvidCare 25/40	EPO	HDPPO		EPO	EPO Hybrid
			In Network	Out of Network		
Office Visit Co-pays	\$25 PCP/\$40 Specialist	\$25 PCP/\$25 Specialist - Not subject to Deductible	N/A	N/A	\$30 PCP/\$50 Specialist	\$30 PCP/\$50 Specialist - Not subject to Deductible
Preventative Care	Covered in Full	Covered in Full	Covered in Full	Subject to Deductible & Coinsurance	Covered in Full	Covered in Full
Deductible	None	\$500 Ind /\$1,200 Fam	\$2,700 Ind/\$5,400 Fam	\$5,000 Ind/\$10,000 Fam	None	\$1,000 Ind/\$2,500 Family
Coinsurance					None	20%
Out of Pocket Maximum	None	20%	10%	50%	N/A	\$3,000 Ind/\$7,500 Family
PCP Referrals Required to Specialists	Yes	No	No		No	No
In-Patient Hospital Co-pay	\$500 Co-pay	Subject to \$500 Deductible then 20% coinsurance	Deductible & Coinsurance		\$500	Subject to Deductible then 20% coinsurance
Prescription Drug Card	\$4 Generic/50% Brand	\$4 Generic/50% Brand	No		\$10 Generic/\$30 Brand/\$50 Non Preferred Brand (Not Subject to Deductible)	\$10 Generic/\$30 Brand/\$50 Non Preferred Brand (Not Subject to Deductible)
Out of Network Coverage	Not Covered	Not Covered	No	Yes	Not Covered (but includes Cigna National Network)	Not Covered (but includes Cigna National Network)
Dependent Coverage	Age 19, Full Time Students age 25	Dependents to Age 19	Dependents to age 19		Dependents to Age 19	Dependents to Age 19
Eyewear/Contacts	Eye Exam every 24 Mos./Hardware	Eye Exam every 24 Mos./Hardware	Vision Exam Every 12months		\$50 Copay Eye Exam every 2 Calendar Years	\$50 Copay Eye Exam every 2 Calendar Years
Chiropractic Care	\$25 Co-pay Referral Req'd	Deductible then coinsurance	Deductible & Coinsurance		\$50 Copay	\$50 Copay
Emergency Room	\$100 Co-pay	Deductible then coinsurance	Deductible & Coinsurance		\$100 Copay	\$200 Copay
Dental Coverage	Comprehensive Coverage	Not Covered	Not Covered		Not Covered	Not Covered
Website						www.mvphealthcare.com

Ind	\$1,769.40	\$1,358.49	\$784.68	\$1,486.41	\$1,243.89
2P	\$3,520.80	\$2,698.98	\$1,551.36	\$2,954.88	\$2,469.75
Family	\$4,690.05	\$3,503.28	\$2,011.38	\$3,942.18	\$3,289.47

Rates are Quarterly (every 3 months) and include an \$18 Quarterly Administrative Charge.
This information is for illustrative purposes only. Please refer to the contract for complete benefit information.

For more information: E. P. Nevins
518-464-0400