

Chamber Small Group/Sole Proprietor Health Insurance Programs - 2011 Monthly

	CDPHP HDEPO QEPOS1911 www.cdphp.com		CDPHP HDEPO QEPOS0211 www.cdphp.com		CDPHP HDPPO PK1S11 www.cdphp.com	
	Small Group	Sole Prop	Small Group	Sole Prop	Small Group	Sole Prop
Individual:	\$326.97	\$369.95	\$362.00	\$409.88	\$268.82	\$344.69
2-Person:	\$633.92	\$719.87	\$703.98	\$799.73	\$589.66	\$669.41
Family:	\$833.48	\$947.37	\$926.28	\$1,053.16	\$774.80	\$880.47
Referral Requirement	No Referrals Required		No Referrals Required		No Referrals Required	
Deductible	In-Net: \$4,500/\$9,000		In-Net: \$1,200/\$2,400		In-Net: \$3,500/\$7,000	
	Out-Net: N/A		Out-Net: N/A		Out-Net: \$6,000/\$12,000	
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Coinsurance	In-Net: 100%		In-Net: 90%		In-Net: 90%	
	Out-Net: N/A		Out-Net: N/A		Out-Net: 50%	
Office Co-payments	In-Net: 100% After Deductible		In-Net: \$30 Copay After Deductible		In-Net: 90% After Deductible	
	Out-Net: N/A		Out-Net: N/A		Out-Net: 50% after Deductible	
Hospitals	In-Net: 100% After Deductible		In-Net: 90% After Deductible		In-Net: 90% After Deductible	
	Out-Net: N/A		Out-Net: N/A		Out-Net: 50% after Deductible	
Prescription Benefits	Generic: \$10		Generic: \$10		Generic: 50%	
	Preferred: \$50		Preferred: Member Pays 100% of Discounted Price		Preferred: 50%	
	Non-Preferred: \$100		Non-Preferred: N/A		Non-Preferred: N/A	
	Subject to Deductible		Subject to Deductible		Subject to Deductible	
	Annual Maximum: Unlimited		Annual Maximum: Unlimited		Annual Maximum: Unlimited	
Emergency Room	100% After Deductible		90% After Deductible		90% After Deductible	
Dependents	To Age 26		To Age 26		To Age 26	
Mental Health Inpatient (Biologically based mental health services treated as)	In-Net: 100% After Deductible - 30 Days Max Per Benefit Period		In-Net: 90% After Deductible - 30 Days Max Per Benefit Period		In-Net: 90% After Deductible - 30 Days Max Per Benefit Period	
	Out-Net: N/A		Out-Net: N/A		Out-Net: 50% after Deductible - 30 Days Max Per Benefit Period	
Mental Health Outpatient (Biologically based mental health services treated as any other illness)	In-Net: 100% After Deductible - 20 Visits Max Per Benefit Period		In-Net: 90% After Deductible - 20 Visits Max Per Benefit Period		In-Net: 90% After Deductible - 20 Visits Max Per Benefit Period	
	Out-Net: N/A		Out-Net: N/A		Out-Net: 50% After Deductible - 20 Visits Max Per Benefit Period	
Chiropractic	In-Net: 100% After Deductible		In-Net: \$30 Copay After Deductible		In-Net: 90% After Deductible	
	Out-Net: N/A		Out-Net: N/A		Out-Net: 50% After Deductible	

Please accept this completed form as acknowledgment of my 2010 plan election:

Signature

Date

Print Name

*Rates include a \$20 administrative billing fee

Chamber Small Group/Sole Proprietor Health Insurance Programs - 2011 Quarterly

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	Small Group	Sole Prop	Small Group	Sole Prop	Small Group	Sole Prop
Individual:	\$980.91	\$1,109.85	\$1,086.00	\$1,229.64	\$806.46	\$1,034.07
2-Person:	\$1,901.76	\$2,159.61	\$2,111.94	\$2,399.19	\$1,768.98	\$2,008.23
Family:	\$2,500.44	\$2,842.11	\$2,778.84	\$3,159.48	\$2,324.40	\$2,641.41
Referral Requirement	No Referrals Required		No Referrals Required		No Referrals Required	
Deductible	In-Net: \$4,500/\$9,000		In-Net: \$1,200/\$2,400		In-Net: \$3,500/\$7,000	
	Out-Net: N/A		Out-Net: N/A		Out-Net: \$6,000/\$12,000	
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Coinsurance	In-Net: 100%		In-Net: 90%		In-Net: 90%	
	Out-Net: N/A		Out-Net: N/A		Out-Net: 50%	
Office Co-payments	In-Net: 100% After Deductible		In-Net: \$30 Copay After Deductible		In-Net: 90% After Deductible	
	Out-Net: N/A		Out-Net: N/A		Out-Net: 50% after Deductible	
Hospitals	In-Net: 100% After Deductible		In-Net: 90% After Deductible		In-Net: 90% After Deductible	
	Out-Net: N/A		Out-Net: N/A		Out-Net: 50% after Deductible	
Prescription Benefits	Generic: \$10		Generic: \$10		Generic: 50%	
	Preferred: \$50		Preferred: Member Pays 100% of Discounted Price		Preferred: 50%	
	Non-Preferred: \$100		Non-Preferred: N/A		Non-Preferred: N/A	
	Subject to Deductible		Subject to Deductible		Subject to Deductible	
	Annual Maximum: Unlimited		Annual Maximum: Unlimited		Annual Maximum: Unlimited	
Emergency Room	100% After Deductible		90% After Deductible		90% After Deductible	
Dependents	To Age 26		To Age 26		To Age 26	
Mental Health Inpatient (Biologically based mental health services treated as)	In-Net: 100% After Deductible -30 Days Max Per Benefit Period		In-Net: 90% After Deductible -30 Days Max Per Benefit Period		In-Net: 90% After Deductible - 30 Days Max Per Benefit Period	
	Out-Net: N/A		Out-Net: N/A		Out-Net: 50% after Deductible - 30 Days Max Per Benefit Period	
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	Out-Net: N/A		Out-Net: N/A		Out-Net: 50% After Deductible	

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