

CDPHP SMALL GROUP PLAN GRID

	EPO	EPO STANDARD	EMBRACE	HYBRID	QHDEPO	QHDEPO
	EPO #120	EPO STD #200	GOLD #221	SILVER #322	SILVER #320	BRONZE #421
	Platinum EPO	Gold STANDARD **	Gold EPO EMBRACE	Silver EPO	Silver QHDEPO (HSA Qualified)	Bronze QHDEPO (HSA Qualified)
	EPO NETWORK					
(OFF-EXCHANGE)						
Individual	\$718.22	\$638.24	\$638.63	\$525.47	\$528.18	\$405.33
Employee/Child(ren)	\$1,220.97	\$1,085.01	\$1,085.67	\$893.30	\$897.91	\$689.06
Double	\$1,436.44	\$1,276.48	\$1,277.26	\$1,050.94	\$1,056.36	\$810.66
Family	\$2,046.93	\$1,818.98	\$1,820.10	\$1,497.59	\$1,505.31	\$1,155.19
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0
Deductible (Individual / Family)	\$0/\$0	\$600/\$1,200	\$250/\$500 Embedded	\$2,000/\$4,000	\$1,750/\$3,500	\$6,550/\$13,100
Bonus Card	N/A	N/A	\$200	N/A	N/A	N/A
Out of Pocket/Coinsurance Maximum	\$7,150/\$14,300	\$4,000/\$8,000	\$7,150/\$14,300	\$7,150/\$14,300	\$6,550/\$13,100	\$6,550/\$13,100
Primary Care	\$15	\$25 *	\$30 *	\$40	\$30 *	0% *
Specialist Visit	\$25	\$40 *	\$50 *	\$60	\$40 *	0% *
Inpatient Hospitalization	\$750	\$1,000 *	\$1,000 *	20% *	\$750 *	0% *
Outpatient Surgery	\$100	\$100 *	\$100 *	20% *	\$150 *	0% *
Emergency Room	\$100	\$150 *	\$100 *	20% *	\$150 *	0% *
Ambulance	\$100	\$150 *	\$100 *	20% *	\$150 *	0% *
Urgent Care	\$35	\$60 *	\$60 *	\$70	\$50 *	0% *
Durable Medicare Equipment (DME)	50%	20% *	50% *	50%	50% *	0% *
Telemedicine	N/A					
Vision	Adult & Pediatric	Pediatric Only	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric
Drug Coverage	\$4 / \$30 / \$60	\$10 / \$35 / \$70	\$10 / \$50 / \$80	\$10 / \$50 / 50%	Deductible then \$10 / 50% / 50%	\$0 / 0% / 0%
Preventive Drug List	No	No	No	No	Yes	Yes
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Pediatric Dental is required by the ACA for dependents under the age of 19. Monthly premium is \$16.09 per child (maximum of 3).						
Domestic Partner Rider is included covering Same or Opposite Sex						
Aggregate Plan: Out of pocket maximum must be met by any one or any combination of members before the plan will make payments.						
Embedded Plan: Each member will pay towards, but never exceed their individual and/or OOPM until the larger Family deductible is met.						
* Deductible applied to this benefit - Member amount after deductible is met.						
** STANDARD PLANS: Preferred labs, adult vision, acupuncture and lasik reimbursements are not available						
For Small group eligibility, there must be at least one Common Law Employee (CLE) enrolled. An "employee" does not include the sole owner of a business or a spouse of the business owner.						
To participate in the Chamber's insurance program, businesses must maintain their Chamber Membership.						
Open Enrollment is during the month of November for January 1st coverage. All paperwork must be received by Wednesday, November 30th.						
This comparison has been prepared as a guide to assist you in evaluating the program. This is not a complete comparison or contract and in no way details all the benefits, limitations, or exclusions. Rates and terms are subject to change. Plan summaries available upon request. Monthly premium rates shown do not include administrative fees.						