



## BETHLEHEM CHAMBER OF COMMERCE 2020 CDPHP Small Group Medical Plan Options

Network Type		PLATINUM 130	GOLD 221	GOLD 222	GOLD 224	SILVER 320	SILVER 324	BRONZE 421
Abbreviations use below:		EPO	EMBRACE HEALTH EPO	EPO HYBRID		HDEPO	HDHMO	HDEPO
N/A=Non applicable / INN=In Network / OON=Out of network / AD=After deductible / S=Single / F=Family / Cov=Coverage / Covd=Covered / CIF=Covered in full								
<b>IN NETWORK (INN)</b>	Annual Deductible	\$0	\$250 S/\$500 F (Embedded)	\$600 S/\$1,200 F (Embedded)	\$0	\$1,800 S/\$3,600 F (Aggregate)	\$2,200S/\$4,400F (Embedded)	\$6,750S/\$13,500F (Aggregate)
	Out of Pocket Max	\$4,000 S/\$8,000 F (Embedded)	\$7,150 S/\$14,300 F (Embedded)	\$7,600S/\$15,200 F (Embedded)	\$7,900S/\$15,800	\$6,750 S/\$13,500 F (Embedded)	\$4,800S/\$9,600F (Embedded)	\$6,750S/\$13,500 F (Embedded)
	Co-insurance split	N/A	N/A	20%	N/A	N/A	N/A	0% AD
<b>OUT of NETWORK (OON)</b>	Annual Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Out of Pocket Max	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Co-insurance split	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>MEDICAL SERVICES</b>	Office Visit PCP/Spec	INN:\$15/\$35/OON:N/A ***	INN:\$30/\$50 AD***	INN:\$20/\$40 ***	EPC CIF / NON EPC \$50	INN:\$30/\$40 AD***	INN:\$25/\$50 AD***	INN:0% AD
	<i>Note:</i>	ALL plans include IN NETWORK preventive care covered in full: examples; routine annual physical, routine lab tests, routine annual well woman exam /cytology, etc. Please refer to plan info for details.						
	Preventive Services	INN ONLY:\$0 Co-pay	INN ONLY:\$0 Co-pay	INN ONLY: \$0 Co-pay	CIF	INN ONLY: \$0 Co-pay	INN ONLY: \$0 Co-pay	INN ONLY: \$0 Co-pay
	Laboratory	INN:\$35*	INN:\$50 AD*	INN:\$40*	INN: \$	INN:\$40 AD*	INN:\$60*	INN:0% AD
	Chiropractic Care	INN:\$35*	INN:\$50 AD*	INN:\$40	INN: \$50	INN:\$40 AD*	INN:\$60	INN:0% AD
	Maternity-Dr	CIF	INN:DED then CIF	INN:DED then CIF		INN:DED then CIF	INN: DED then CIF	INN: 0% AD
	Imaging, X-rays	INN:\$35*	INN:\$50 AD*	INN:20% *		INN:\$40 AD*	INN:\$60*	INN:0% AD
Therapies: PT/OT/ST **	INN:\$35*	INN:\$50 AD			INN:\$40 AD*	INN:\$60	INN:0% AD	
<b>PEDIATRIC DENTAL</b>	Pediatric Dental	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info		INN Cov ONLY;see dental info	INN Cov ONLY;see dental info	INN Cov ONLY;see dental info
	<i>Note:</i>	APPLIES TO ALL PLANS: The ACA REQUIRES Pediatric dental. If you insure children under age 19 & DO NOT provide a dental waiver, an add'l \$16.44/mo/child (up to 3 Children) w/b billed to you.						
<b>HOSPITAL SERVICES</b>	Hospital Inpatient	INN:\$500	INN:\$1,000 AD	INN:20% AD	INN: \$1,000	INN:\$750 AD	INN:\$500 AD	INN:0% AD
	OutPatient Surgery	INN:\$75	INN:\$100 AD	INN:20% AD	INN: \$250	INN:\$150 AD	INN:\$200AD	INN:0% AD
	ER & Ambulance	INN:\$100	INN:\$100 AD	INN:20% AD	INN: \$500	INN:\$150 AD	INN:\$300 AD	INN:0% AD
	Urgent Care	INN:\$45	INN:\$60 AD	INN:\$50	INN: \$100	INN:\$50 AD	INN: \$50	INN:0% AD
<b>VISION</b>	Pediatric	1 Exam/yr-\$15/50% hardware cov.	1 Exam/yr\$30 AD-50% hardware cov.	1 Exam/yr \$20-50% hardware cov.	Exam/yr \$25 AD-50% AD/hardware cov	Exam/yr \$25 AD-50% AD/hardware cov	1 Exam/yr \$25AD-50% hardware cov.	1 Exam/yr \$0 AD-50% hardware cov.
	Adult	\$35 Exam/12 mo;\$75 reimbursement	\$50 AD Exam/12 mo ; hardware disc pgm	\$40 Exam/12 mos ; hardware disc pgm		\$40 AD Exam/12 mo ; hardware disc pgm	\$50 Exam AD/12 mos ; \$75 reimb	\$0 AD Exam/12 mos ; hardware disc pgm
<b>PRESCRIPTION</b>	Medications	\$4G/\$30NB/\$60NF	\$10G/\$50NB/\$80NF NDD	\$10G/\$50NB/\$80NF NDD	\$0G/\$50NB/\$80	\$10G/\$50NB/\$80NF NDD	\$10G/\$40NB/\$60NF NDD	0%G/0%NB/0%NF AD
<b>ADDITIONAL BENEFITS</b>	Wellness	\$180 Life Points per contract / Gym reimbursement	\$180 Life Points per contract / Gym reimbursement	\$180 Life Points per contract / Gym reimbursement	\$180 Life Points per contract / Gym reimbursement	\$180 Life Points per contract / Gym reimbursement	\$180 Life Points per contract / Gym reimbursement	\$180 Life Points per contract / Gym reimbursement
	Benefits	Weight Loss reimbursement \$75	Weight Loss reimbursement \$75	Weight Loss reimbursement \$75	Weight Loss reimbursement \$75	Weight Loss reimbursement \$75	Weight Loss reimbursement \$75	Weight Loss reimbursement \$75
	Worldwide Coverage	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only	Urgent & emergency care only
	Deps/Domestic Ptrns	Deps to 26/DP Covd	Deps to 26/DP Covd	Deps to 26/DP Covd	Deps to 26/DP Covd	Deps to 26/DP Covd	Deps to 26/DP Covd	Deps to 26/DP Covd
<b>MONTHLY PREMIUMS</b>	Single	<b>\$805.20</b>	<b>\$720.26</b>	<b>\$713.85</b>	<b>\$581.34</b>	<b>\$595.63</b>	<b>\$480.66</b>	<b>\$447.40</b>
	Employee/Child (ren)	<b>\$1,368.83</b>	<b>\$1,224.44</b>	<b>\$1,213.54</b>	<b>\$988.28</b>	<b>\$1,012.57</b>	<b>\$817.12</b>	<b>\$760.57</b>
	Employee/Spouse	<b>\$1,610.39</b>	<b>\$1,440.52</b>	<b>\$1,427.70</b>	<b>\$1,162.69</b>	<b>\$1,191.26</b>	<b>\$961.32</b>	<b>\$894.79</b>
	Family	<b>\$2,294.81</b>	<b>\$2,052.73</b>	<b>\$2,034.47</b>	<b>\$1,656.83</b>	<b>\$1,697.55</b>	<b>\$1,369.88</b>	<b>\$1,275.08</b>

**IMPORTANT NOTES**

Aggregate deductible: In policies insuring more than one person, one or more persons must meet the full FAMILY deductible amount before co-pays/co-insurance goes into effect for any insured person.

Embedded Deductible: A deductible where each person must satisfy the *individual* deductible amount; *not the full family deductible amount*, before co-pays & co-insurance will be in effect.

\*Copayment waived if a preferred provider or center.

\*\* PT/OT/ST = 60 visits combined therapies, per condition, per year

\*\*\* 20% co-insurance for medications administered in office

This is a general overview of benefits available under these plans; *it is not a contract*. PLEASE READ GLOSSARY.

