



BETHLEHEM CHAMBER OF COMMERCE 2023 CDPHP Small Group Medical Plan Options

Network Type		PLATINUM 130	GOLD 221	GOLD 220	GOLD 224	SILVER 320	SILVER 324	BRONZE 421
Abbreviations use below:		EPO	EMBRACE HEALTH EPO	EPO HYBRID	HMO	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								
IN NETWORK (INN)	Annual Deductible	\$0	\$250 S/\$500 F (Embedded)	\$700S/\$1,400 F (Embedded)	\$0	\$2,200 S/\$4,400 F (Aggregate)	\$2,500S/\$5,000F (Embedded)	\$6,900S/\$13,800F (Aggregate)
	Out of Pocket Max	\$4,000 S/\$8,000 F (Embedded)	\$9,100S/\$18,200 F (Embedded)	\$8,700S/\$14,400 F (Embedded)	\$8,700S/\$17,400F	\$7,050 S/\$14,100F (Embedded)	\$6,500S/13,000F (Embedded)	\$6,900S/\$13,800F (Embedded)
	Co-Insurance split	N/A	N/A	N/A	N/A	N/A	N/A	0% AD
OUT of NETWORK (OON)	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
MEDICAL SERVICES	Office Visit PCP/Spec	INN:\$15/\$35/OON:N/A ***	INN:\$30/\$50 AD***	INN:\$25/\$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: 20%	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: \$1,500.00	INN:DED then CIF	INN: DED then CIF	INN: 0% AD
	Imaging, X-rays	INN:\$35*	INN:\$50 AD*	INN:20% *	Call price check	INN:\$40 AD*	INN:\$60*	INN:0% AD
Therapies: PT/OT/ST **	INN:\$35*	INN:\$50 AD	INN: \$40	INN: \$50	INN:\$40 AD*	INN:\$60	INN:0% AD	
PEDIATRIC DENTAL	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	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.						
HOSPITAL SERVICES	Hospital Inpatient	INN:\$500	INN:\$1,500 AD	INN:\$800AD	INN: \$1,500	INN:\$1,500 AD	INN:\$500 AD	INN:0% AD
	OutPatient Surgery	INN:\$75	INN:\$200 AD	INN:\$150AD	INN: \$250	INN:\$300 AD	INN:\$200 AD	INN:0% AD
	ER & Ambulance	INN:\$100	INN:\$200 AD	INN:\$100	INN: \$500	INN:\$500 AD	INN:\$300 AD	INN:0% AD
	Urgent Care	INN:\$60	INN:\$70 AD	INN:\$60	INN: \$100	INN:\$60 AD	INN: \$60 AD	INN:0% AD
VISION	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
PRESCRIPTION	Medications	\$4G/\$30NB/\$60NF	\$10G/\$50NB/\$80NF NDD	\$4G/\$30NB/\$60NF NDD	\$0G/\$50NB/\$80	\$10G/\$50NB/\$80NF	\$10G/\$40NB/\$60NF NDD	0%G/0%NB/0%NF AD
ADDITIONAL BENEFITS	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
MONTHLY PREMIUMS	Single	\$930.23	\$821.26	\$830.48	\$727.09	\$747.82	\$633.19	\$621.35
	Employee/Child (ren)	\$1,581.39	\$1,396.15	\$1,411.82	\$1,236.06	\$1,271.29	\$1,076.43	\$1,056.30
	Employee/Spouse	\$1,860.46	\$1,642.53	\$1,660.97	\$1,454.19	\$1,495.64	\$1,266.39	\$1,242.70
	Family	\$2,651.16	\$2,340.60	\$2,366.88	\$2,072.22	\$2,131.29	\$1,804.60	\$1,770.85

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 / 20 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.