

Chamber of Commerce Plan Benefits/Rates  
January - December 2021

\* Common Law employee  
(CLE) must be enrolled

CDPHP SMALL GROUP PLAN GRID  
Off-Exchange

	PLATINUM #120	GOLD #221	GOLD #224	SILVER #320	SILVER #324	SILVER #330	Silver #425	BRONZE #421
	Platinum EPO	Gold EPO EMBRACE	Gold HMO (Triple Zero)	HDEPO Qualified	Silver HMO (HSA Qualified)	Silver EPO EMBRACE NEW	Silver HDEPO Co-Pay First	Bronze QHDEPO (HSA Qualified)
<b>Single</b>	\$819.64	\$699.60	\$611.97	\$588.74	\$524.97	\$597.99	\$544.10	\$463.20
<b>Double</b>	\$1,639.29	\$1,399.21	\$1,223.93	\$1,177.48	\$1,049.95	\$1,195.97	\$1,088.21	\$926.40
<b>Employee/Child(ren)</b>	\$1,393.40	\$1,189.33	\$1,040.34	\$1,000.85	\$892.46	\$1,016.58	\$924.98	\$787.44
<b>Family</b>	\$2,335.99	\$1,993.87	\$1,744.10	\$1,677.90	\$1,496.18	\$1,704.26	\$1,550.70	\$1,320.12
<b>Deductible (Single / Family)</b>	\$0 / \$0	\$250/\$500 (Embedded)	\$0/\$0	\$1,800/\$3,600 (Aggregate)	\$2,200/\$4,400 (Aggregate)	\$2,200/\$4,400 (Embedded)	\$6,000/\$12,000 (Embedded) Copays apply for first \$3,000 Single/\$6,000 Family in services	\$6,900/\$13,800 (Aggregate)
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket/Coinsurance Maximum	\$7,500/\$15,000 Embedded	\$7,150/\$14,300 Embedded	\$7,900 Single /\$15,800 Family (Embedded)	\$6,900 Single/\$13,800 Family (Embedded)	\$5,500 Single/\$11,000 Family (Embedded)	\$7,500/\$15,000 Embedded	\$6,000 Single/\$12,000 Family (Embedded)	\$6,900 Single/\$13,800 Family (Aggregate)
Preventive Care	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Bonus Card	N/A	\$200 per subscriber	N/A	N/A	N/A	\$200 per subscriber	N/A	N/A
Primary Care	\$15	Deductible then \$30	\$0 EPC/\$50 Non-EPC	Deductible then \$30	Deductible then \$25	Deductible then \$30	Phase 1; \$30 Copay Phase 2; Deductible	Ded then Covered In Full
Specialist Visit	\$20	Deductible then \$50	\$50	Deductible then \$40	Deductible then \$50	Deductible then \$50	Phase 1; \$50 Copay Phase 2; Deductible	Ded then Covered In Full
Inpatient Hospitalization	\$500	Deductible then \$1,000	\$1,500	Deductible then \$1,000	Deductible then \$500	Deductible then \$1,500	Phase 1; \$500 Copay Phase 2; Deductible	Ded then Covered In Full
Outpatient Surgery	\$100	Deductible then \$100	\$250	Deductible then \$150	Deductible then \$200	Deductible then \$100	Phase 1; \$75 Copay Phase 2; Deductible	Ded then Covered In Full
Emergency Room/Ambulance	\$100	Deductible then \$100	\$500	Deductible then \$200	Deductible then \$300	Deductible then \$250	Phase 1; \$75 Copay Phase 2; Deductible	Ded then Covered In Full
Urgent Care	\$35	Deductible then \$70	\$100	Deductible then \$60	Deductible then \$60	Deductible then \$70	Phase 1; \$60 Copay Phase 2; Deductible	Ded then Covered In Full
Telemedicine	\$15	Deductible then \$30	Covered in Full	Deductible then \$30	Deductible then \$25	Deductible then \$30	Phase 1; \$30 Copay Phase 2; Deductible	Ded then Covered In Full
Vision	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric	Adult & Pediatric
Drug Benefit: Generic/Brand Name/Specialty	\$4 / \$30 / \$60	\$10/\$50/\$80, not subject to deductible	\$0/\$50/\$80	Deductible then \$10/\$50/\$80, preventive drugs not subject to deductible	Deductible then \$10/\$40/\$60, Preventive drugs not subject to deductible	\$10/\$35/\$70, not subject to deductible	Phase 1; \$10/\$30/\$50 Phase 2; Deductible preventive drugs not subject to deductible	Deductible then Covered In Full, preventive drugs not subject to deductible
Preventive Drug List	No	No	No	Yes	Yes	No	Yes	Yes

2021 PLAN HIGHLIGHTS

<p><b>Eligibility</b> For Small Group eligibility, there must be at least one * <b>Common Law Employee (CLE)</b> enrolled. An employee does not include the sole owner or the spouse of the owner. If you do not qualify for a Small Group product, please contact our office for INDIVIDUAL plan options available to Members without a CLE.</p>	<p><b>Open Enrollment</b> During the month of November for January 1st coverage. All applications must be received in our office by <b>Tuesday, 12/01/20</b>.</p>	<p><b>Pediatric Dental</b> Required by the ACA for dependents under the age of 19. Monthly premium is \$16.46 per child, \$32.92 for 2 children and \$49.38 for 3 or more children. <b>(EPC) Enhanced Primary Care</b> doctors can be found on the CDPHP portal.</p>	<p><b>Embrace Paths</b> Select 1 of 3 paths Fitness Medical Nutrition allowing members to use Bonus Points for any IRS qualified health expenses regardless of whether it is covered by your health plan. This is for the medical path.</p>	<p><b>CafeWell</b> Give employees programs, support, and guidance they need to take control of their health. Make personalized programs based on your health goals. <b>Go Mobile</b>-get the CafeWell app for mobile devices in your app store! Classes &amp; Events available. Earn LifePoints for participating.</p>	<p><b>Life Points</b> Register with CafeWell Participate in activities Redeem Life Points Maximum point values: \$180. <b>Domestic Partner</b> Coverage included for Same or Opposite Sex <b>Preferred Lab</b> LabCorp</p>	<p><b>Aggregate Deductible</b> For non-single contract tiers, the family deductible must be met before the plan pays. <b>HSA Contribution Limits</b> Single: \$3,600 Family: \$7,200 <b>HSA Catch-up Contributions</b> (Age 55 or older) \$1,000</p>	<p><b>Embedded Deductible</b> For non-single contract tiers, each member will pay towards, but never exceed the individual deductible before the plan pays. <b>Price Check</b> Cost estimator allows HD plan subscribers to get cost estimates for many common health care services.</p>	<p><b>Silver #425</b> Change from Bronze in 2020 HD plan with upfront savings with a traditional copay plan. CDPHP tracks the total allowed charge for each service until a maximum is reached. Copays apply to first \$3,000 Single/\$6,000 Family in shared costs. Claims are then subject to the deductible.</p>
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Plan summaries available upon request or on our website [www.boucheyclarke.com](http://www.boucheyclarke.com)

This comparison is a guide to assist you in evaluating the program and is not a complete comparison or contract and in no way details all the benefits, limitations or exclusions. Rates and terms subject to change.

PO Box 1616 Troy NY 12181-1616  
For assistance call 518-720-8888