

HMO Rates Effective January 1- December 31, 2010

	CDPHP HMO 25/25	MVP HMO 25/40	BSNENY HMO 206
2010 MONTHLY PREMIUMS FOR EMPLOYER GROUPS OF 2+ - Rate includes \$5.00 monthly administrative fee			
Individual	\$405.90	\$458.87	\$513.07
2-Person	\$806.81	\$912.76	\$1,046.55
Family	\$1,070.57	\$1,219.19	\$1,392.05
2010 MONTHLY PREMIUMS FOR SOLE PROPRIETORS (NO PAID EMPLOYEES) - Rate includes \$5.00 monthly administrative fee			
Individual	\$462.03	\$526.95	\$559.06
2-Person	\$919.06	\$1,048.92	\$1,140.85
Family	\$1,219.75	\$1,401.32	\$1,517.61
PCP copay	\$25	\$25	\$25/10/20
Specialist copay	\$25	\$40	\$25/40/30
Well baby and child care	No charge	No charge	No charge
Annual adult physical	No charge	\$25 copay	\$25/10/20
Pharmacy	50% generic or brand	\$10/30/50 w/\$100 ded per person	\$15/50/50%
Mail order Rx (Maintenance drugs)	50% copay (90 days)	2 copays (90 days) Subject to ded	Mandatory mail-order for maintenance Rx 2.5 x copay for 90 day supply
Inpatient hospital (IP)	\$500 copay (3x agg)	\$500 copay (no agg)	\$250 copay
Inpatient surgery	\$500 copay	\$500 copay	\$0 copay
Outpatient surgery	\$100 copay	\$75 copay	\$150 copay
Maternity/Physician	One time \$25 OV copay	\$25 copay	PCP copay
Hospital	\$500 copay	\$500 copay	No charge
Nursery	No charge	Delivery/\$200 copay	No charge
Ambulance	\$100 copay	\$100 copay	\$100 copay
Emergency room	\$100 copay	100 copay	\$100 copay
Urgent care	\$35 copay	\$25 copay	\$35 copay
Chiropractic care	\$25 copay	\$40 copay/Med nec	Specialist copay
Prosthetic/durable medical	50%/25K Lifetime max	50%/25K Lifetime max	50% w/\$1000 max
Mental Health In-patient	\$500 copay - 30 Days	\$500 copay - 30 Days	\$250 IP 30 days
Mental Health Out-patient	\$25 copay- 20 visit max	\$40 copay - 20 visit max	\$40 visits 1-20
Skilled nursing facility	\$500 copay-limit 45 days	Covered in Full / 60 day max	\$250 copay
Out-of-network (OON)	N/A	N/A	\$1K ded - 30% co-ins \$5K OOP \$250K OON Max
Coinsurance	N/A	N/A	N/A
Annual deductible	N/A	N/A	N/A
Annual out-of-pocket max	N/A	N/A	N/A
Student/dependent	Full-time Student to 25	Unmarried dep to 23 \$2500 annual allow.	Full-time Student to 25
Dental	N/A	Preventive Dental to age 19	Spec copay annual exam/cleaning
Vision Exam	N/A	\$40 copay	\$30 copay/Lenses covered in full Frames/Contacts - low copays
Domestic partner coverage	Yes	N/A	Yes
Annual max	N/A	Unlimited	N/A

TERMS OF THE CONTRACT PREVAIL IN THE EVENT OF INCONSISTENCIES

Bouchey & Clarke Benefits, Inc. PO Box 1616 Troy NY 12181-1616 (p) 518.272.9866 (f) 518.874.5002

Updated: 05/03/10

MEDICARE

MVP GOLD

Monthly Premium includes \$3.50
Administrative fee:
\$140.56

Group Retiree member must
be enrolled in
Medicare Part A and B
to be eligible to join
MVP Gold

Co-Pay \$10/15

Hospital Inpatient
\$0 Deductible

Eyewear
\$100 Allowance

Skilled Nursing Facility
Copay
\$0 day 1-15 \$65 day 16-100

Dental - N/A

RX \$10/35/85/33%/33% with full
gap coverage - No brand
deductible

Hearing Aids
\$600 Allowance/3 years

Rates approved 01/01/10-12/31/10

Visit us at www.bouchey.com

OR

Contact our office
for MVP Medicare Gold information