

**November Open Enrollment for January 1st coverage**

Rates do not include \$5 monthly administrative fee.	CDPHP HMO 25 HA6S12 #10005628	CDPHP EPO 30/50 ED9S12 #10005628	CDPHP HDPP0 PJ1S12 #10005628	
			IN-NETWORK	OUT-OF-NETWORK
Monthly Premium for	\$459.03 Single	\$391.98 Single	\$234.76 Single	\$234.76 Single
<b>2+ Employer Groups</b>	\$918.05 2-Person	\$783.96 2-Person	\$461.21 2-Person	\$461.21 2-Person
<i>(With Paid Employees)</i>	\$1216.43 Family	\$1,038.76 Family	\$611.09 Family	\$611.09 Family
Monthly Premium for	\$523.30 Single	\$446.86 Single	\$267.62 Single	\$267.62 Single
<b>(SP) Sole Proprietors</b>	\$1,046.59 2-Person	\$893.71 2-Person	\$525.78 2-Person	\$525.78 2-Person
<i>(Without Paid Employees)</i>	\$1,386.73 Family	\$1,184.18 Family	\$696.65 Family	\$696.65 Family
<b>Preventive Care</b> (Physical, Well-Child Visit, Mammogram, Pap Smear, Colonoscopy)	Covered in Full	Covered in Full	Covered in Full	Ded then Coin
<b>Physician Visit</b>	\$25.00	\$30.00	Ded then 10%	Ded then Coin
<b>Specialist Visit</b>	\$25.00	\$50.00	Ded then 10%	Ded then Coin
<b>Hospital Stay</b>	\$500.00	\$1,000.00	Ded then 10%	Ded then Coin
<b>Outpatient Surgery</b>	\$100.00	\$200.00	Ded then 10%	Ded then Coin
<b>Emergency Room</b>	\$100.00	\$100.00	Ded then 10%	Ded then Coin
<b>Ambulance</b>	\$100.00	\$100.00	Ded then 10%	Ded then Coin
<b>Urgent Care</b>	\$35.00	\$40.00	Ded then 10%	Ded then Coin
<b>Prescriptions</b>	50%	10 Copay Tier 1 Only	50% Open Formulary	50% Open Formulary
<b>Dependent Rider</b>	26/26	26/26	26/26	26/26
<b>Out-of-Network</b>	None	None	\$,5000	\$10,000
<b>Annual Benefit Max</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Deductible</b>	None	None	\$2,700/\$5,400	\$5,000/\$10,1000
<b>Coinsurance (In-Network/Out-of-Network)</b>	None	None	10% INN	50% OON
<b>Out-of-Pocket Maximum (In-Network/Out-of-network)</b>	None	None	\$4,000/8,000 INN	\$10,000/\$20,000 OON

TERMS OF THE CONTRACT PREVAIL IN THE EVENT OF INCONSISTENCIES.

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