

HEALTH INSURANCE PROGRAMS- 1st QUARTER 2005

Chamber Benefits Group	AETNA OPEN ACCESS POS MC 22 OA www.aetna.com	AETNA OPEN ACCESS Basic Hospital Plan www.aetna.com
PREMIUMS	Individual: \$344.00	Individual: \$169.00
Monthly Rates	Emp & Spouse: \$732.00	Emp & Spouse: \$360.00
	Emp/Child(ren): \$619.00	Emp/Child (ren): \$304.00
	Family: \$1,007.00	Family: \$495.00
Referral Requirement	No referrals required	No referrals required
Deductible	In-Net: \$1000/\$3000	In-Net: \$3000/\$6000
	Out-Net: \$2000/\$6000	Out-Net: \$3000/\$6000
Lifetime Maximum	unlimited	unlimited
Coinsurance	In-Net: 100% after deductible	In-Net: 80% of \$45,000
	Out-Net: 80% to \$15,000	Out-Net: 50% of \$18,000
Office Co-payments	In-Net: \$25/\$50 Copay	In-Net: \$25 Copay, 3 visits/yr
	Out-Net: 80% after Ded.	Out-Net: 50% after Ded.
Hospitals	In-Net: 100% after Ded	In-Net: 80% after Ded.
	Out-Net: 80% after Ded.	Out-Net: 50% after Ded.
Prescription Benefits	Generic: \$10	n/a
	Preferred: \$20	n/a
	Non-Preferred: \$35	n/a
	\$0 annual ded	n/a
Emergency Room	\$50 Copay	80% after Ded
Maternity	In-Net: \$25 Copay, 1 st visit	In-Net: see office copays
	Out-Net: 80% after Ded	Out-Net: 80% after Ded
Dependents	19/23 yrs	19/23 yrs
Mental Health Inpatient	In-Net: 100% after Ded, 30 days/yr	In-Net: 80% after deductible
	Out-Net: 80% after Ded, 30 days/yr	Out-Net: 50% after Deductible
Mental Health Outpatient	In-Net: 100% after \$50 copay, 30 visits/yr	In-Net: see office copays
	Out-Net: 80% after Ded 30 visits/yr	Out-Net: see office copays
Chiropractic	In-Net: \$50 Copay	In-Net: see office copays
	Out-Net: 80% after Ded	Out-Net: see office copays

EMPIRE BCBS 1. HMO -9 2. DIRECT 9 HMO www.empireblue.com	EMPIRE POS OPT 15- 25/40 www.empireblue.com	OXFORD METRO POS 25/40 Freedom www.oxhp.com	OXFORD EPO 25/50 Liberty www.oxhp.com
1. Individual \$300.77	Individual \$351.26	Individual: \$349.88	Individual \$295.56
1. Family \$782.00	Emp & Spouse: \$702.52	Emp & Spouse: \$769.74	Emp & Spouse: \$650.23
2. Individual \$308.24	Emp/Child (ren): \$632.28	Emp/Child (ren): \$647.28	Emp/Child (ren): \$546.79
2. Family \$801.41	Family: \$1,053.78	Family: \$1,084.62	Family: \$916.24
No referrals for option 2	No referrals required	Referrals required	No referrals required
In-Net: N/A	In-Net: N/A	In-Net: N/A	In-Net: N/A
Out-Net: N/A	Out-Net: \$2000/\$5000	Out-Net: \$2000/\$6000	Out-Net: N/A
unlimited	Out-Net: \$1,000,000	unlimited	unlimited
In-Net: 100%	In-Net: 100%	In-Net: 100%	In-Net: 100%
Out-Net: N/A	Out-Net: 60% of \$20,000	Out-Net: 70% of \$10,000	Out-Net: N/A
In-Net: \$25/40 Copay	In-Net: \$25/40 Copay	In-Net: \$25/40 Copay	In-Net: \$25/50 Copay
Out-Net: N/A	Out-Net: 60% after Ded	Out-Net: 70% after Ded	Out-Net: N/A
In-Net: \$500 copay/day, \$1250 max	In-Net: \$0 Copay	In-Net: \$350 per day, max 5 days	In-Net: \$300 Copay per day, 5 day max
Out-Net: N/A	Out-Net: 60% after Ded	Out-Net: 70% after Ded	Out-Net: N/A
Generic: \$10	Generic: \$10	Generic: \$10	Generic: \$10
Preferred: \$25	Preferred: \$25	Preferred: \$25	Preferred: \$25
Non-Preferred: \$50	Non-Preferred: \$50	Non-Preferred: \$50	Non-Preferred: \$50
\$0 annual ded	\$0 annual ded	\$50 annual ded.	\$50 annual ded
\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay
In-Net: Hospital Copay	In-Net: \$0 Copay	In-Net: \$250 per day, max 5 days	In-Net: \$300 Copay per day, 5 day max
Out-Net: N/A	Out-Net: 60% after Ded	Out-Net: 70% after Ded	Out-Net: N/A
19/23 yrs	19/23 yrs	19/23 yrs	19/23 yrs
In-Net: Hospital copay, 30 days/yr	In-Net: \$0 copay, 30 days/yr	In-Net: Hospital Copay, 30 days/yr	In-Net: \$300 copay per day, 5 days max
Out-Net: N/A	Out-Net: 50% after Ded, 30 days/yr	Out-Net: 50% after Ded, 30 days/yr	Out-Net: N/A
In-Net: \$25 Copay per visit, 20 visits/yr	In-Net: 50% Copay, 30 visits/yr	In-Net: 50% Copay, 30 visits/yr	In-Net: 50% Copay, 30 visits/yr
Out-Net: N/A	Out-Net: \$25 copay, 20 visits/cal. Year	Out-Net: After Ded \$25 max benefit per visit	Out-Net: N/A
In-Net: Office visit Copay	In-Net: \$25 Copay	In-Net: \$40 Copay	In-Net: \$50 Copay
Out-Net: N/A	Out-Net: 60% after Ded	Out-Net: 70% after Ded	Out-Net: N/A

OXFORD METRO POS 15/25 Freedom www.oxhp.com	GHI EPO www.ghi.com	GHI PPO www.ghi.com
Individual \$384.17	Individual \$305.48	Individual \$369.27
Emp & Spouse: \$845.17	Emp & Spouse: n/a	Emp & Spouse: n/a
Emp/Child (ren): \$710.71	Emp/Child (ren): n/a	Emp/Child(ren): n/a
Family: \$1,190.92	Family: \$781.38	Family: \$944.01
Referrals required	No referrals required	No referrals required
In-Net: N/A	In-Net: N/A	In-Net: N/A
Out-Net: \$1000/\$3000	Out-Net: N/A	Out-Net: \$1000/\$3000
unlimited	unlimited	unlimited
In-Net: 100%	In-Net: 100%	In-Net: N/A
Out-Net: 70% of \$10,000	Out-Net: N/A	Out-Net: 70% of \$3,000
In-Net: \$15/25 Copay	In-Net: \$30 Copay	In-Net: \$30 Copay
Out-Net: 70% after Ded	Out-Net: N/A	Out-Net: 70% after ded
In-Net: \$100 Copay	In-Net: \$500 copay	In-Net: 100% after ded
Out-Net: 70% after Ded	Out-Net: N/A	Out-Net: 70% after Ded
Generic: \$10	Generic: \$15	Generic: \$15
Preferred: \$25	Preferred: \$25	Preferred: \$25
Non-Preferred: \$50	Non-Preferred: \$40	Non-Preferred: \$40
\$50 annual ded	\$0 annual deductible	\$0 annual deductible
\$75 Copay	\$100 Copay	\$100 Copay
In-Net: \$100 Copay	In-Net: \$30 Copay	In-Net: \$30 Copay
Out-Net: 70% after Ded	Out-Net: N/A	Out-Net: 70% after Ded
19/23 yrs	19/23 yrs	19/23 yrs
In-Net: \$100 copay, 30 days/yr	In-Net: \$500 copay, 30 days/yr	In-Net: 70% after ded., 30 days/yr
Out-Net: 50% after Ded, 30 days/yr	Out-Net: N/A	Out-Net: not covered
In-Net: 50% Copay, 30 visits/yr	In-Net: \$30 copay, 30 visits/yr	In-Net: \$30 Copay, 30 visits/yr
Out-Net: After Ded \$25 max benefit per visit	Out-Net: N/A	Out-Net: not covered
In-Net: \$25 Copay	In-Net: \$30 Copay	In-Net: \$30 Copay
Out-Net: 70% after Ded	Out-Net: N/A	Out-Net: 70% after Ded

FOR GROUPS OF 2-50 EMPLOYEES, ONLY ONE EMPLOYEE MUST PARTICIPATE

**We specialize in providing Employers with
benefits options to match their specific needs**

**PAYROLL PROCESSING AND TAX FILING, SPECIAL DISCOUNTED RATES
FOR CHAMBER MEMBERS**

- *flexible payroll reporting options including phone, fax, PC or Internet
- *automated calculations, depositing, filing and reconciling of payroll taxes
- *check signing, stuffing and delivery by bonded courier or direct deposit
- *50 years experience in payroll processing and business services

**DENTAL INSURANCE PLANS FOR SOLE PROPRIETORS AND SMALL
GROUPS, SPECIAL DISCOUNTED RATES FOR CHAMBER MEMBERS**

- *in and out of network benefits
- *orthodontia benefit options
- *exclusive plan offerings from the Guardian and Oxford Benefit Management
- *vision, hearing and work/life services also available

**COMPETITIVE RATES FOR WORKERS' COMPENSATION AND NYS
DISABILITY PLANS- PAID THROUGH PAYROLL**

RECEIVE CUSTOMIZED QUOTES ON ANY OF THE FOLLOWING BENEFIT PLANS

- MEDICAL INSURANCE PLANS
- DENTAL INSURANCE PLANS
- SECTION 125 PLANS (CAFETERIA PLANS)
- GROUP LIFE INSURANCE
- INDIVIDUAL LIFE INSURANCE
- NYS DISABILITY INSURANCE
- GROUP SHORT TERM DISABILITY INSURANCE
- GROUP LONG TERM DISABILITY INSURANCE
- RETIREMENT PLANS
- INDIVIDUAL LONG TERM DISABILITY INSURANCE
- HEALTHCARE FLEXIBLE SPENDING ACCOUNT
- DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT
- (SECTION 125 PLAN REQUIRED FOR FLEXIBLE SPENDING ACCOUNTS)

AFLAC PRODUCTS INCLUDING:

- SHORT TERM DISABILITY
- ACCIDENT INSURANCE
- CANCER INDEMNITY INSURANCE
- DENTAL INSURANCE
- PERSONAL SICKNESS INDEMNITY
- PERSONAL LONG TERM CARE

MEDICAL PLANS AVAILABLE FOR SOLE PROPRIETORS

	Oxford Freedom Metro POS	Oxford Freedom Metro POS	Oxford Freedom Direct POS	Oxford Liberty EPO	GHI EPO
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
IN NETWORK BENEFITS					
Gatekeeper	Gatekeeper	Gatekeeper	Non-Gated	Non-Gated	Non-Gated
OFFICE VISIT COPAY					
PRIMARY	\$15.00	\$25.00	\$15.00	\$25.00	\$30.00
SPECIALIST	\$25.00	\$40.00	\$25.00	\$50.00	\$30.00
DEDUCTIBLE					
SINGLE	N/A	N/A	\$500.00	N/A	N/A
FAMILY	N/A	N/A	\$1,000.00	N/A	N/A
COINSURANCE	N/A	N/A	90%	N/A	N/A
OUT OF POCKET MAXIMUM					
SINGLE	N/A	N/A	\$1,500.00	N/A	N/A
FAMILY	N/A	N/A	\$3,000.00	N/A	N/A
HOSPITALIZATION	\$100 COPAY	\$250 per day, 5 day max	Ded & Coins.	\$300 per day, 5 day max	\$1000 Cobay
OUT OF NETWORK BENEFITS					
OFFICE VISIT COPAY					
PRIMARY	Ded & Coins.	Ded & Coins.	Ded & Coins.	N/A	N/A
SPECIALIST	Ded & Coins.	Ded & Coins.	Ded & Coins.	N/A	N/A
DEDUCTIBLE					
SINGLE	\$1,000.00	\$1,000.00	\$1,000.00	N/A	N/A
FAMILY	\$3,000.00	\$3,000.00	\$2,000.00	N/A	N/A
COINSURANCE	70% of \$10,000	70% of \$10,000	70% of \$10,000	N/A	N/A
OUT OF POCKET MAXIMUM					
SINGLE	\$4,000.00	\$4,000.00	\$4,000.00	N/A	N/A
FAMILY	\$12,000.00	\$12,000.00	\$8,000.00	N/A	N/A
PRESCRIPTION BENEFIT					
ANNUAL DEDUCTIBLE (WAIVED FOR GENERIC)	\$50.00	\$50.00	\$50.00	\$50.00	\$15.00
GENERIC	\$10.00	\$10.00	\$10.00	\$10.00	\$25.00
PREFERRED BRAND NAME	\$25.00	\$25.00	\$25.00	\$25.00	\$40.00
NON-PREFERRED BRAND NAME	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00 generic mandatory
Monthly Rates:					
Employee	\$461.00	\$427.76	\$387.48	\$354.67	\$346.06
Employee/Spouse	\$1,014.20	\$941.08	\$852.46	\$780.28	N/A
Employee/Children	\$852.85	\$791.36	\$716.83	\$656.15	N/A
Family	\$1,429.10	\$1,326.06	\$1,201.19	\$1,099.49	\$885.31

*Payment is due quarterly in advance to TriState Special Marketing Corporation

*a \$5.00 billing fee is applied to all quarterly bills

* Rates are guaranteed through January 1, 2006

Chamber Benefits Group

FOR LARGE OR SMALL GROUPS
& SOLE PROPRIETORS

- Group Insurance
- Employee Benefits
- Payroll Services
- Benefit Administration
- Workers Compensation
- Pension Plans
- HR Consulting



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