



SHENENDEHOWA CENTRAL SCHOOLS -- 2010 BENEFIT COMPARISON

Benefit Category	CDPHP EPO \$15 (1/1/10 - 12/31/10) In-Network Only (with National Network)	MVP HMO \$15 (1/1/10 - 12/31/10) In-Network Only	Empire Matrix (1/1/10 - 12/31/10) In- and Out-of-Network
	Deductibles & Coinsurance		
Deductible	None	N/A	Extended Medical Only -- \$200 / \$400
Coinsurance	None	N/A	Extended Medical Only -- 20% Coinsurance
Annual Out-of-Pocket Maximum	None	N/A	\$6,250 (excl Deductible)
Coinsurance Stop Loss			Extended Medical Only (20% of UCR. After Empire has paid \$25,000 for you, payments increase to 100% of UCR for the remainder of your life as long as you remain active on the group. Provider may balance bill over UCR.
Annual Benefit Maximum	Unlimited	Unlimited	Unlimited
Physician Services / Office Visits			
Specialist Referrals	Not Required	Not Required	Not Required
Office Visits - Primary Care Physician	\$15 Copay	\$15 copay	Extended Medical Only - Deductible and 20% Coinsurance
Office Visits - Specialists	\$15 Copay	\$15 copay	Extended Medical Only - Deductible and 20% Coinsurance
Periodic Physical Exams	Covered in Full	\$15 copay	Not Covered
Well Baby & Child Care (including Immunizations and Innoculations)	Covered in Full	Covered In Full	Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.
Periodic Gynecological Exams & PAP Test	Covered in Full	\$15 copay	Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.
Chiropractor	\$15 Copay	\$15 copay	Extended Medical Only - Deductible and 20% Coinsurance
Second Surgical Opinion	\$15 Copay	\$15 copay	Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.
Diagnostic Testing			
Laboratory & Testing	Covered in Full (at participating facility), otherwise subject to \$15 copay	Covered in Full	Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.
X-Ray Services	Covered in Full (at participating facility), otherwise subject to \$15 copay	\$15 copay	Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.



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	Diagnostic Testing (Continued)		
Prostate Cancer Screening	Covered in Full	\$15 copay	Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.
Maternity			
Inpatient Hospitalization	Covered in Full	Covered in Full	Covered in Full
Physician's Visitations/ Consultations	Covered in Full, when billed separately	Covered in Full	Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C. (Covered in Full for Inpatient Hospitalization). Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.
Newborn Nursery	Covered in Full	Covered in Full	Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.
Hospital Services			
Inpatient Hospitalization	Covered in Full	Covered in Full	Covered in Full
Inpatient Surgery	Covered in Full	Covered in Full	Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.
Anesthesiology	Covered in Full	Covered in Full	Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.
Radiology	Covered in Full	Covered in Full	Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.
Physician's Visitations/ Consultations	Covered in Full, when billed separately	Covered in Full	Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C. (Covered in Full for Participating Facility). Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.
Outpatient Surgery	\$15 copay	\$15 copay	Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.



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	In-Network Only (with National Network)	In-Network Only	In- and Out-of-Network
Emergency Hospital Care			
In- Area Emergency Care	\$50 Copay	\$50 Copay	Covered in Full
Out of Area Emergency Care (24 hour notification)	\$50 Copay	\$50 Copay	Covered in Full
Ambulance Coverage	\$50 copay	Covered in Full	Covered for trips under 200 miles for licensed professional ambulances. Volunteer ambulance limited to \$25 per trip.
Urgent Care	\$25 copay (non-participating Urgent Care facilities within the CDPHP UBI service area are not covered)	\$15 copay	Extended Medical Only - Deductible and 20% Coinsurance
Diabetic Services			
Insulin & Oral Medication (up to a 30 day supply)	\$15 copay	\$15 copay	Extended Medical Only - Deductible and 20% Coinsurance
Diabetic Supplies (Needles & Syringes) - up to a 30 day supply	\$15 copay	\$15 copay	Extended Medical Only - Deductible and 20% Coinsurance
Glucometers	\$15 copay	\$15 copay	Extended Medical Only - Deductible and 20% Coinsurance
Diabetic Durable Medical Equipment (DME)	\$15 copay	20% coinsurance	Extended Medical Only - Deductible and 20% Coinsurance (waived when obtained through Preferred Provider Program)
Mental Health			
Inpatient Hospital Services	Covered in Full, unlimited days	(Covered in Full, up to 30 days) NEW: Covered in Full, unlimited days (change due to Federal Mental Health Parity Act)	Covered in Full (unlimited)
Inpatient Physician Visit/ Consultations	Covered in Full (unlimited days), when billed separately	(Covered in Full, up to 30 days) NEW: Covered in Full, unlimited days (change due to Federal Mental Health Parity Act)	Covered in Full for Participating Provider. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.
Outpatient Services	\$15 copay, unlimited visits	(\$15 copay, 20 visits) NEW: \$15 copay, unlimited visits (change due to Federal Mental Health Parity Act)	No Visit Limit. Extended Medical Only - Deductible and 20% Coinsurance
Substance Abuse / Diagnosis & Treatment			
Detoxification - Inpatient	Covered in Full (No day maximum)	Covered in Full (No day maximum)	Covered in Full (unlimited)
Rehabilitation - Inpatient	Covered in Full (No day maximum)	(Not Covered) NEW: Covered in Full (60 days) (change due to Federal Mental Health Parity Act)	Covered in Full (unlimited)
Rehabilitation - Outpatient	\$15 copay, unlimited visits	(\$15 copay, up to 60 visits) NEW: \$15 copay, unlimited visits (change due to Federal Mental Health Parity Act)	Covered in Full (unlimited)
Vision Care			
Eye Exams	\$15 copay once every 24 months	\$15 copay once every 24 months	Not Covered
Eye Wear	Not Covered	Not Covered	Not Covered



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Wellness	<p>CDPHP offers a variety of innovative wellness classes and web-based educational offerings to members, including over 400 community wellness classes per year in such subject areas as health education, fitness, nutrition, stress management and healthy families. CDPHP also offers a Health Promotion and Wellness Program that includes Weigh 2 Be Program (offering education material and a 50% rebate on the completion of a 10-week Weight Watcher's session). Additionally, effective 1/1/10, CDPHP will be offering Life Points (an Incentive Program) to members. Members will be eligible to earn points worth up to \$365 per year, per contract for taking everyday steps to stay healthy such as joining a gym, getting a flu shot and participating in free CDPHP Wellness Classes. Members may redeem their points for merchandise or gift cards to such retailers as LL Bean, GNC, Dicks Sporting Goods, CVS Caremark and more.</p>	<p>Members enjoy savings on a wide range of health & wellness products and services through MVP's online store. Discounts included for chiropractors, fitness clubs, nutrition & weight loss programs, acupuncture, massage and other complementary therapies, along with savings on items such as vitamins & fitness DVD's. Additionally with the MVP EPO members get \$300 for fun and fitness. Members can earn up to \$300 WellStyle Rewards (per contract) for completing healthy activities online or participating in one of our lifestyle coaching programs. Members can redeem WellStyle Rewards online for reward checks, or shop for gift cards from hundreds of popular restaurants, retailers, movie theaters and more!</p>	<p>Empire offers their 360° health program to empower and engage members so they can take control of their health. This innovative program takes a proactive approach to help members get healthy, stay healthy and live better lives by surround them with the resources, tools, guidance and support they need to make better health care decisions.. SpecialOffers@Empire provides discounts directly from participating providers of alternative medicine such as chiropractors and acupuncturists, wellness products, laser vision correction and vision care, fitness club memberships and weight-loss programs.</p>
Wellness			
Periodic Exams and X-rays to Age 19	Not Covered	\$25 copay	Not Covered
Preventative Dental for Children			
Durable Medical Equipment (DME)	20% Coinsurance	20% Coinsurance	Deductible and 20% Coinsurance (waived when obtained through Preferred Provider Program)
Prosthetics	20% Coinsurance	20% Coinsurance	Extended Medical Only - Deductible and 20% Coinsurance
Physical Therapy	\$15 copay. (One course of 120 days or less of short term therapy for each diagnosis per benefit period)	\$15 copay. (Up to 30 visits per member, per calendar year, combined benefit for outpatient & office settings). Requires PCP prescription	Unlimited Outpatient Facility - Covered in Full. Unlimited Visits Home or Office - Covered in Full. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.



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Miscellaneous (Continued)			
Speech Therapy	\$15 copay. (One course of 60 days or less of short term therapy for each diagnosis per benefit period)	\$15 copay. (Up to 30 visits per member, per calendar year; combined benefit for outpatient & office settings). Requires PCP prescription	Unlimited Outpatient Facility - Covered in Full. Unlimited Visits Home or Office - Covered in Full. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.
Occupational Therapy	\$15 copay. (One course of 120 days or less of short term therapy for each diagnosis per benefit period)	\$15 copay. (Up to 30 visits per member, per calendar year; combined benefit for outpatient & office settings). Requires PCP prescription	Unlimited Outpatient Facility - Covered in Full. Unlimited Visits Home or Office - Covered in Full. Non-Participating Provider paid participating Schedule of Allowance; balance charge subject to Deductible and Coinsurance and charges above U&C.
Home Health Care	Covered in Full (requires pre-authorization)	\$15 copay (60 visit maximum)	Covered in Full (40 visits per calendar year)
Skilled Nursing Facility	Covered in Full (up to 90 days per benefit period)	Covered in Full (up to 90 days per benefit period)	Extended Medical Only. Covered in Full at 100% U&C. Not subject to Deductible and 20% Coinsurance
Foot Orthotics	Not Covered	Not Covered	Not Covered
Prescription Drugs	Prescription Drugs		
	NA	NA	N/A
Student Benefit	Dependent / Student Benefit		
	19/25	19/25	Dependents to age 19. Full-time Students are covered through the end of the month in which they graduate.
Dependents To Age 29	NEW! Dependents to 29 (NYS law. Dependent may purchase independently as an individual policy, at group individual rate.	NEW! Dependents to 29 (NYS law. Dependent may purchase independently as an individual policy, at group individual rate.	NEW! Dependents to 29 (NYS law. Dependent may purchase independently as an individual policy, at group individual rate.
Rates	Renewal Rates (1/1/10 - 12/31/10)		
Employee	\$348.92	\$439.32	\$523.07
Two Person	\$697.84	\$878.64	\$1,247.17
Family	\$930.78	\$1,182.22	\$1,375.73
Medicare (Empire Matrix Only)			\$419.62

This is only a high level outline of the most common plan specifications and not a complete benefit description. The carrier proposal/contract details plan specifications. The actual rates and contract provisions will be determined by the carrier. We should bring to your attention that we represent many insurance companies, such as the one(s) proposed here and that these companies often have agreements with us for additional incentive compensation beyond the compensation specific to this proposal. These agreements are often based on volume, profit and other criteria. However, these incentives generally may not be attributable to any one account, and hence, may not be counted on based on factors beyond our control.

Additional notes:

CDPHP EPO: It is the member's responsibility to contact CDPHP UBI Resource Coordination Department at least 72 hours BEFORE any inpatient hospital admissions including, Inpatient Hospital Care except for emergency or delivery of baby; Inpatient Physical Rehabilitation; Inpatient MentalHealth; Inpatient Substance Abuse; Skilled Nursing Facility; Home Health Care; Treatment of Accidental Dental Injuries, beyond care delivered in Hospital ER; Cardiac Rehabilitation beyond 36 sessions; Speech Therapy beyond first visit; Durable Medical Equipment/prosthetics/orthotics that are rented or cost more than \$500; All Transplant Services; Bariatric Surgery; Repairs or Replacements of Covered DME and Prosthetic Devices and High Tech Radiology.



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In- and Out-of-Network