

**CDPHP GOSHEN CHAMBER OF COMMERCE**  
**ENROLLMENT PROCEDURES**

1. Complete the appropriate Chamber application with a check to Goshen Chamber Of Commerce for membership (\$95).
2. Complete and sign the CDPHP Member Enrollment Form.
3. Provide proof of business and/or employment (Schedule C and Schedule SE forms from your tax return; or applicable tax documentation). All taxes documents must be signed and dated.
4. Submit check made payable to Jannotti Insurance for the first month's premium.
5. Return all of the above documents to this office for processing.



Sole Proprietors

AvidCare 25/40	Single: \$473.81	Employee +1: N/A	Family: \$1,160.30
PPO HSA	Single: \$329.17	Employee +1: \$623.34	Family: \$819.73
EPO	Single: \$397.19	Employee +1: \$759.38	Family: \$1,001.17

Small Group (2-50 Employees)

AvidCare 25/40	Single: \$419.91	Employee +1: N/A	Family: \$1,022.30
PPO HSA	Single: \$293.05	Employee +1: \$551.10	Family: \$723.37
EPO	Single: \$352.72	Employee +1: \$670.44	Family: \$882.55

**PLEASE NOTE THAT IT TAKES APPROXIMATELY 2-4 WEEKS FROM THE DATE APPLICATION IS SUBMITTED BEFORE YOU WILL RECEIVE YOUR IDENTIFICATION CARDS.**



## **GOSHEN CHAMBER OF COMMERCE**

44 Park Place - P. O. Box 506 Goshen, NY 10924

(845) 294-7741 Fax: (845) 294-3998

Web Site: [www.goshenchamber.com](http://www.goshenchamber.com)

E-mail: [goshench@warwick.net](mailto:goshench@warwick.net)

### **IMPORTANT CHAMBER FACTS**

Our monthly open community meeting feature interesting speakers or panel discussions. You will meet other Goshen and area business leaders in a relaxed atmosphere that is certain to be rewarding to your business. The breakfasts are an excellent opportunity for networking.

The breakfasts are usually scheduled at 8 A.M. on the third Wednesday of the month. There is no breakfast in August since so many people are on vacation. In December the Goshen Chamber of Commerce usually holds an early evening holiday mixer instead of a breakfast. All members receive notices of Goshen Chamber of Commerce events.

We now have a Web site on the Internet, which is still in its infancy stage. All business members are listed by category. A hot link from the Goshen Chamber site to a member's site is available.

There are many opportunities to participate in events the Goshen Chamber sponsors including Goshen's Great American Weekend. Our Board of Directors meets monthly on the second Friday of the month. If you have any concerns you would like to bring to the Board's attention, please call or write to the Goshen Chamber in advance of the meeting dates.

If there are any concerns you have, please feel free to visit the office, conveniently located under the grandstand at Goshen Historic Track, or call the office at 294-7741. Lynn Hoins, our executive secretary, will be happy to assist you and notify the Board of Directors of your questions, interests and concerns.

**The Goshen Chamber of Commerce is conveniently located at the Historic Track.**

**GOSHEN CHAMBER OF COMMERCE  
MEMBERSHIP APPLICATION**

Membership Type:       Business     Individual      Date: \_\_\_\_\_

**BUSINESS:**

Dues based on the number of employees as follows:

0-5 \$95.00    6-15 \$175.00    16+ \$275.00

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web site: \_\_\_\_\_

Nature of Business \_\_\_\_\_

No. of Employees: \_\_\_\_\_

**INDIVIDUAL:**

Dues \$35.00

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Please make checks payable to:      Goshen Chamber of Commerce  
P.O. Box 506, Goshen, NY 10924

For Information please call:              (845) 294-7741

Please send me information regarding the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Health Care Plans      | <input type="checkbox"/> Membership Committee                 |
| <input type="checkbox"/> Great American Weekend | <input type="checkbox"/> Governmental/Environmental Committee |
| <input type="checkbox"/> Business Recognition   | <input type="checkbox"/> Activities/speakers/events           |



# Goshen Chamber of Commerce 2008 Chamber EPO \$25 Transitional Plan Benefit Summary

	<b>Your Out-of-Pocket Responsibility</b>
<b>Annual Deductible</b>	\$500 single, \$1,250 family
<b>Coinsurance</b>	20%
<b>Coinsurance Maximum</b>	\$2,000 single, \$5,000 family
<b>Visit Copayment</b>	\$25
<b>Annual Benefit Maximum</b>	\$1,000,000
<b>Physician Services</b> (not subject to the deductible)	
Office visits for illness or injury, or second opinion	\$25 copayment
Well-baby and well-child care, including immunizations/inoculations	Covered in full
Annual adult exam	Covered in full
Annual gynecological exam	Covered in full
<b>Hospital Services</b>	
Inpatient hospital (semi-private room, anesthesia, X-ray, lab tests, etc.)	Deductible then 20%
Physician visits during inpatient stay	Deductible then covered in full
Outpatient surgery	Deductible then 20%
<b>Diagnostic Testing</b> (not subject to the deductible)	
Laboratory services ( <i>copayment waived if provider is a designated laboratory</i> )	\$25 copayment
Radiology and imaging (X-rays, ultrasounds, CT scans, etc.) ( <i>copayment waived at designated sites</i> )	\$25 copayment
Mammogram	Covered in full
Cytology screening	Covered in full
Prostate cancer screening	Covered in full
<b>Maternity</b>	
Physician services	Deductible then 20%
Inpatient hospital services	Deductible then 20%
Newborn nursery	Deductible then covered in full
<b>Emergency Care</b>	
Worldwide emergency room care	Deductible then 20% ( <i>coinsurance waived if admitted</i> )
Ambulance	Deductible then 20%
<b>Urgent care</b> – nonparticipating Urgent Care facility services within the CDPHP UBI service area are not covered	Visit copayment plus \$10 (not subject to the deductible)
<b>Physical Therapy</b> (up to 30 visits per benefit period)	\$25 ( <i>not subject to the deductible</i> )
<b>Speech Therapy</b>	Not covered
<b>Occupational Therapy</b> (up to 30 visits each per benefit period)	\$25 ( <i>not subject to the deductible</i> )
<b>Chiropractic Benefits</b>	\$25 ( <i>not subject to the deductible</i> )

<b>Home Health Care</b>	Deductible (not to exceed \$50) then 20%
<b>Skilled Nursing Facility</b>	Not covered
<b>Prosthetic Devices and Durable Medical Equipment (DME)</b> (not subject to deductible)	50% coinsurance \$25,000 lifetime maximum
<b>Diabetic Care</b> (not subject to deductible)	
Insulin and oral medications – up to 30 day supply	\$15 copayment
Diabetic supplies (needles, syringes, etc.) – up to 30 day supply	\$15 copayment
Glucometers	\$15 copayment
Diabetic DME	\$15 copayment
<b>Mental Health Services</b> ( <i>not subject to deductible</i> )	
Outpatient mental health, up to 20 visits per benefit period	\$25 copayment
Inpatient mental health, up to 30 days per benefit period	20% coinsurance
<i>Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond those limits for outpatient and inpatient services</i>	
<b>Chemical Abuse and Dependency Treatment Services</b> ( <i>not subject to deductible</i> )	
Outpatient services, up to 60 visits per calendar year	\$25 copayment
Inpatient detoxification services	Not covered
Inpatient rehabilitation services	Not covered
<b>Dependent Coverage</b>	Up to age 19

CDPHP UBI gives you access to more than 8,000 participating practitioners and providers, many of the major hospitals, and a variety of value-added services to help you and your family stay healthy. If you have a question or wish to receive additional information, please contact the CDPHP UBI marketing department at (518) 641-5000 or 1-800-993-7299 or visit our Web site at [www.cdphp.com](http://www.cdphp.com).

All benefits of this Plan are subject to coordination of benefits. This summary is designed to highlight the benefits of the plan being offered and does not detail all benefits, limitations, or exclusions. It is not a contract and may be subject to change. For more detailed information, a membership certificate is available for your review upon request. Please note: All non-emergency health services must be provided by a CDPHP Universal Benefits, Inc. (CDPHP UBI) participating physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP UBI.

# **Goshen Chamber of Commerce**

## **2008 EPO RIDERS**

### **Dependent**

Extends eligibility to full-time student dependents until age 25, including out-of-area coverage of prior approved, non-routine covered services.

### **Domestic Partner**

Provides coverage for an eligible same or opposite sex domestic partner and his or her eligible dependent children. Supporting documentation is required.

### **Chemical Abuse**

Adds 7 days per benefit period for inpatient detoxification and 30 days rehabilitation per benefit period for chemical abuse and dependency treatment, including all facility, diagnostic and physicians' charges, subject to deductible then coinsurance. Inpatient chemical abuse and dependency detoxification and rehabilitation services are not covered Out-of-Network.

### **Prescription** -drug benefits as follows:

- \$4 copayment for 30-day supply of covered generic drugs.
- \$30 copayment for 30-day supply of covered formulary brand drugs.
- \$60 copayment for 30-day supply of non-formulary brand drugs.
- Mail order: 2.5 copayments for a 90-day supply.
- Prescriptions must be written by a duly licensed health care provider and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP.
- Specialty drugs require preauthorization and must be obtained at CDPHP's participating specialty vendors.
- Prescription drug benefit is capped at \$2,000 per benefit period.

*This summary does not detail all benefits, limitations or exclusions. This is not a contract and may be subject to change. Membership Certificate is available for your review upon request. All benefits are subject to coordination of benefits (COB).*

# Goshen Chamber of Commerce

## 2008 CDPHP HMO \$25/\$40 Benefit Summary

<b>Services</b>	<b>Copayment</b>
<b>Physician Services</b>	
Office visits for illness or injury, or second opinion	\$25 per visit
Physician visits during inpatient stay	Covered in Full
Well baby and child care, including immunizations/inoculations	Covered in Full
Annual adult exam	Covered in Full
Annual gynecological exam	Covered in Full
<b>Hospital Services</b>	
Inpatient hospital (semi-private room, anesthesia, X-ray, lab tests, etc.)	\$500
Outpatient surgery	\$75
<b>Diagnostic Testing</b>	
Laboratory services ( <i>copayment waived if provider is a designated laboratory</i> )	\$40
Radiology and imaging (X-rays, ultrasounds, CT scans, etc.) ( <i>copayment waived at designated sites</i> )	\$40
Mammogram	Covered in Full
Cytology Screening	Covered in Full
Prostate cancer screening	Covered in Full
<b>Maternity</b>	
Physician services	Covered in Full
Inpatient hospital services	\$500
Newborn nursery	Covered in Full
<b>Emergency Care</b>	
Worldwide emergency room care	\$100 (waived if admitted)
Ambulance	\$100
<b>Urgent care – Non participating Urgent Care facility services within CDPHP's service area not covered</b>	<b>\$25 plus \$10</b>
<b>Physical Therapy</b> (up to 30 visits per benefit period)	<b>\$40</b>
<b>Speech Therapy</b> (up to 20 visits benefit period)	<b>\$40</b>
<b>Occupational Therapy</b> (up to 30 visits each per benefit period)	<b>\$40</b>
<b>Chiropractic Benefits</b>	<b>\$40</b>
<b>Home Health Care</b>	<b>Covered in Full</b>
<b>Skilled Nursing Facility</b> – up to 45 days per benefit period	<b>\$500</b>
<b>Prosthetic Devices and Durable Medical Equipment (DME)</b>	<b>50%</b>
<b>Diabetic Care</b>	
Insulin and oral medications - up to 30 day supply	\$15
Diabetic supplies (needles, syringes, etc.) - up to 30 day supply	\$15
Glucometers	\$15
Diabetic DME	\$15
<b>Mental Health Services</b>	
Outpatient Mental Health, up to 20 visits per benefit period	\$30
Inpatient Mental Health, up to 30 days per benefit period	\$500
<b>Chemical Abuse and Dependency Treatment Services</b>	
Outpatient Services, up to 60 visits per calendar year	\$25 per visit
Inpatient Detoxification Services, Up to 7 days per benefit period	\$500
Inpatient Rehabilitation Services, up to 30 days per benefit period	\$500

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**Dependent Coverage****Up to age 19**

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CDPHP gives you access to more than 9,000 participating practitioners and providers, many of the major hospitals, and a variety of value-added services to help you and your family stay healthy. If you have a question or wish to receive additional information, please contact CDPHP's marketing department at (518) 641-5000 or 1-800-993-7299 or visit our Web site at [www.cdphp.com](http://www.cdphp.com).

**All benefits of this Plan are subject to coordination of benefits. This summary is designed to highlight the benefits of the plan being offered and does not detail all benefits, limitations, or exclusions. It is not a contract and may be subject to change. For more detailed information, a membership certificate is available for your review upon request. Please note: All non-emergency health services must be provided by a Capital District Physicians' Health Plan, Inc. (CDPHP) participating physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP.**

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# Goshen Chamber of Commerce

## 2008 HMO RIDERS

**Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as a CDPHP member:**

### **Dependent Eligibility**

Extends eligibility to full-time student dependents until age 25, including out-of-area coverage of prior approved, non-routine covered services.

### **Domestic Partner**

Provides coverage for an eligible same or opposite sex domestic partner and his or her eligible dependent children. Supporting documentation is required.

### **Prescription Rx**

Prescription drug benefits as follows:

- \$10 copayment for 30-day supply of covered generic drugs.
- \$30 copayment for 30-day supply of covered brand-name drugs.
- \$50 copayment for 30-day supply of non-formulary drugs.
- Mail order: 2.5 copayments for 90-day supply
- Prescriptions must be written by a participating practitioner and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP.
- Prescription drug benefit is capped at \$2,000 annually.

### **Modify Subscriber Criteria**

(Medicare Split Family)

# 2008 High Deductible PPO Benefit Summary P11S07

(HSA Qualified Plan)

	In-Network	Out-of-Network
<b>Annual Deductible</b> (All services are subject to the deductible including those covered under any additional riders, except as otherwise noted. The family deductible must be met in full by any combination of family members before any benefits will be paid)	\$1,500 single, \$3,000 family	\$5,000 single, \$10,000 family
<b>Coinsurance</b>	10% (See also DME below)	30%
<b>Annual Out-of-Pocket Maximum</b>	\$4,000 single, \$8,000 family	\$10,000 single, \$20,000 family
<b>Annual Benefit Maximum</b> – combined total of all in and out of network services		
<b>Pre-existing Condition Waiting Period</b> – Not applicable to pregnancy or newborns	Pre-existing Condition Waiting Period Applies	
Services	Your Out-of-Pocket Responsibility	Your Out-of-Pocket Responsibility
<b>Physician Services</b>		
Office visits for illness or injury, or second opinion	Deductible then 10%	Deductible then 30%
Well-baby and well-child care including immunizations/inoculations	Covered in full	Deductible then 30%
Annual adult exam	Covered in full	Deductible then 30%
Annual gynecological exam	Covered in full	Deductible then 30%
<b>Hospital Services</b>		
Inpatient hospital (semi-private room, anesthesia, x-ray, lab tests, etc.)	Deductible then 10%	Deductible then 30%
Outpatient surgery	Deductible then 10%	Deductible then 30%
<b>Diagnostic Testing</b>		
Laboratory services	Deductible then 10% <i>(coinsurance waived when a designated laboratory provider is used)</i>	Deductible then 30%
Radiology and imaging <i>(X-rays, ultrasounds, CT scans, etc.)</i>	Deductible then 10% <i>(coinsurance waived at designated sites)</i>	Deductible then 30%
Mammogram	Covered in full	Deductible then 30%
Cytology screening,	Covered in full	Deductible then 30%
Prostate Cancer screening	Covered in full	Deductible then 30%
<b>Maternity</b>		
Physician services	Deductible then 10%	Deductible then 30%
Inpatient Hospital Services	Deductible then 10%	Deductible then 30%
Newborn nursery	Deductible then covered in full	Deductible then 30%
<b>Emergency Care</b>		
Worldwide emergency room care	Deductible then 10%	All emergency care is considered in-network.
Ambulance	Deductible then 10%	
<b>Urgent Care</b> - non participating Urgent Care facility services within CDPHP's UBI service area not covered	Deductible then 10%	Deductible then 10%

<b>Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
	<b>Your Out-of-Pocket Responsibility</b>	<b>Your Out-of-Pocket Responsibility</b>
<b>Physical Therapy</b> - limit 30 visits per benefit period in and out of network combined	Deductible then 10%	Deductible then 30%
<b>Speech Therapy</b> - limit 20 visits per benefit period in and out of network combined	Deductible then 10%	Deductible then 30%
<b>Occupational Therapy</b> - limit 30 visits per benefit period in and out of network combined	Deductible then 10%	Deductible then 30%
<b>Chiropractic Benefits</b>	Deductible then 10%	Deductible then 30%
<b>Home Health Care</b>	Deductible then 10%	Deductible then 30%
<b>Skilled Nursing Facility</b> – Up to 45 days per benefit period	Deductible then 10%	Deductible then 30%
<b>Prosthetic Devices and Durable Medical Equipment (DME)</b>	Deductible then 50% <i>Limited to \$25,000 per lifetime</i>	Covered in network only
<b>Mental Health Services</b>		
Outpatient mental health services - up to 20 visits per benefit period	Deductible then 10%	Deductible then 30%
Inpatient mental health services - up to 30 days per benefit period	Deductible then 10%	Deductible then 30%
<i>Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond those limits for outpatient and inpatient services</i>		
<b>Chemical Abuse and Dependency</b>		
Outpatient Services - Up to 60 visits per calendar year	Deductible then 10%	Deductible then 30%
Inpatient detoxification - Up to 7 days per benefit period	Deductible then 10%	Not Covered
Inpatient rehabilitation - Up to 30 visits per benefit period	Deductible then 10%	Not Covered
<b>Diabetic Care</b>		
Insulin and oral medications – Up to 30 day supply	<b>\$15</b>	Deductible then 30%
Diabetic supplies (needles, syringes, etc.) – Up to 30 day supply	<b>\$15</b>	Deductible then 30%
Glucometers	<b>\$15</b>	Deductible then 30%
Diabetic DME	<b>\$15</b>	Deductible then 30%

### **Dependent Coverage**

To age 19

The High Deductible PPO is underwritten by CDPHP Universal Benefits, Inc. (CDPHP UBI). CDPHP UBI gives you access to a wide range of physicians, specialists, and hospitals in addition to the option to access physicians and providers outside the network. You also have access to a variety of value-added services to help you and your family stay healthy. If you have a question about CDPHP UBI, please contact the marketing department at (518) 641-5000 or 1-800-993-7299 or visit our Web site at [www.cdphp.com](http://www.cdphp.com).

You must comply with CDPHP UBI's managed benefits program as set forth in the contract to receive the maximum benefits for all services. Failure to do so will result in your being responsible for an additional payment of 50 percent of the allowed amount up to a maximum of \$500 for each service otherwise payable, in addition to the applicable deductible and/or coinsurance. Additional payments for failure to comply with CDPHP UBI's managed benefits program do not apply to the annual Out-of-Pocket Maximum. All benefits of this Plan are subject to coordination of benefits. This summary is designed to highlight the benefits of the plan being offered and does not detail all benefits, limitations, or exclusions. It is not a contract and may be subject to change. For more detailed information, a membership certificate is available for your review upon request.

The insurance evidenced by this benefit summary meets the minimum standards for basic hospital and basic medical insurance as defined by the New York State Insurance Department. It does not provide major medical insurance.

# Goshen Chamber of Commerce

## 2008 HDPPO PLAN RIDERS

**Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as a CDPHP member:**

### **Dependent Eligibility**

Extends eligibility to full-time student dependents until age 25, including out-of-area coverage of prior approved, non-routine covered services.

### **Medicare Split**

A dependent spouse of a Medicare-eligible subscriber may enroll as a subscriber providing he or she is not Medicare-eligible.

### **Domestic Partner**

Provides coverage for an eligible same or opposite sex domestic partner and his or her eligible dependent children. Supporting documentation is required.

### **Prescription Rx(subject to Plan Deductible)**

Prescription drug benefits as follows:

- \$10 copayment for 30-day supply of covered generic drugs.
- \$30 copayment for 30-day supply of covered formulary brand drugs.
- \$50 copayment for 30-day supply of non-formulary brand drugs.
- Mail order: 2.5 copayments for a 90-day supply.
- Prescriptions must be written by a duly licensed health care provider and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP.
- Specialty drugs require preauthorization and must be obtained at CDPHP's participating specialty vendors.
- Prescription drug benefit is capped at \$1,000 annually.

**\*\*Benefits and Riders Pending Department of Insurance Approval\*\***