

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

PAYROLL PROCESSING AND TAX FILING

- *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

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

COMPETITIVE RATES FOR WORKERS' COMPENSATION AND NYS DISABILITY PLANS

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/COLONIAL PRODUCTS INCLUDING:

- SHORT TERM DISABILITY
- ACCIDENT INSURANCE
- CANCER INDEMNITY INSURANCE
- DENTAL INSURANCE

MEDICAL PLANS AVAILABLE FOR SMALL GROUPS

FOUR PLAN DESIGNS OFFERED THROUGH OXFORD HEALTH PLANS

	MVP-HMO	MVP-EPO	CDPHP-HMO	CDPHP- PPO
	Plan 1	Plan 2	Plan 3	Plan 4
IN NETWORK BENEFITS				
OFFICE VISIT CO-PAY				
PRIMARY	\$25.00	\$30.00	\$25.00	\$20.00
SPECIALIST	\$40.00	\$50.00	\$25.00	\$20.00
DEDUCTIBLE				
SINGLE	N/A	N/A	N/A	\$200.00
FAMILY	N/A	N/A	N/A	\$500.00
COINSURANCE				
SINGLE	N/A	N/A	N/A	N/A
FAMILY	N/A	N/A	N/A	N/A
HOSPITALIZATION	\$500.00	\$500.00	\$500.00	\$240 After Ded.
EMERGENCY CO-PAY	\$100.00	\$100.00	\$100.00	\$75 After Ded.
OUT OF NETWORK BENEFITS				
OFFICE VISIT COPAY				
PRIMARY	N/A	N/A	N/A	70% After Ded.
SPECIALIST	N/A	N/A	N/A	70% After Ded.
DEDUCTIBLE				
SINGLE	N/A	N/A	N/A	\$1,000.00
FAMILY	N/A	N/A	N/A	\$2,500.00
COINSURANCE				
SINGLE	N/A	N/A	N/A	70%
FAMILY	N/A	N/A	N/A	\$3,000.00
FAMILY	N/A	N/A	N/A	\$7,500.00
PRESCRIPTION BENEFIT				
ANNUAL DEDUCTIBLE (WAIVED FOR GENERIC)	\$100.00	N/A	N/A	\$250.00
GENERIC	\$10.00	\$10.00	50%	\$10.00
PREFERRED BRAND NAME	\$30.00	\$30.00	50%	\$30.00
NON-PREFERRED BRAND NAME	\$50.00	\$50.00	50%	\$50.00
Annual Max	Unlimited	Unlimited	Unlimited	Unlimited
Monthly Rates:				
Employee	\$420.43	\$429.00	\$386.16	\$388.86
Employee/Spouse	N/A	N/A	N/A	N/A
Employee/Children	N/A	N/A	N/A	N/A
Family	\$1,094.22	\$1,121.14	\$990.51	\$997.44

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

*A \$5.00 billing fee is applied to all monthly bills

* Rates are guaranteed through January 1, 2009



FOR EMPLOYERS WITH 2 ~ 50 EMPLOYEE



Greater Southern Dutchess Chamber of Commerce
 The Nussbickel Building
 2582 South Avenue
 Wappingers Falls, NY 12590
 Phone: 845-296-0001 Fax: 845-296-0006
 sharonm@gsdcc.org



ES



Small Group Medical Plan Options for Employers with 2-50 eligible employees - Effective March 1, 2008

	Option # 1 Aetna Health Inc. EPO	Option # 2 Empire Prism EPO	Option # 3 GHI EPO	Option # 4 GHI EPO	Option # 5 Health Net Outlook EPO	Option # 6 MVP Health Care EPO	Option # 7 Oxford Health Plan Freedom Metro EPO	Option # 8 Oxford Health Plan Freedom Metro POS	Option # 9 Oxford Health Plan Freedom Direct POS	Option # 10 Oxford Health Plan Freedom Ease EPO
Monthly Rates	Individual: \$ 328.00 EE & Spouse: \$ 757.00 EE & Child(ren): \$ 640.00 Family: \$ 990.00	Individual: \$ 363.94 EE & Spouse: \$ 727.88 EE & Child(ren): \$ 655.08 Family: \$ 1,091.82	Individual: \$ 353.16 EE & Spouse: \$ 776.88 EE & Child(ren): \$ 673.63 Family: \$ 1,045.34	Individual: \$ 334.51 EE & Spouse: N/A EE & Child(ren): N/A Family: \$ 856.15	Individual: \$ 347.38 EE & Spouse: \$ 773.64 EE & Child(ren): \$ 642.69 Family: \$ 1,034.11	Individual: \$ 433.59 EE & Spouse: \$ 867.18 EE & Child(ren): \$ 852.66 Family: \$ 1,256.55	Individual: \$ 334.41 EE & Spouse: \$ 735.71 EE & Child(ren): \$ 618.66 Family: \$ 1,036.67	Individual: \$ 394.68 EE & Spouse: \$ 868.30 EE & Child(ren): \$ 730.16 Family: \$ 1,223.51	Individual: \$ 350.50 EE & Spouse: \$ 771.11 EE & Child(ren): \$ 648.42 Family: \$ 1,086.55	Individual: \$ 290.95 EE & Spouse: \$ 640.09 EE & Child(ren): \$ 538.25 Family: \$ 901.95
Referrals Required	No	No	No	No	No	No	No	No	No	No
Deductible Ind/Fam	In-Net: N/A Out-Net: N/A	In-Net: N/A Out-Net: N/A	In-Net: N/A Out-Net: N/A	In-Net: N/A Out-Net: N/A	In-Net: N/A Out-Net: N/A	In-Net: N/A Out-Net: N/A	In-Net: N/A Out-Net: N/A	In-Net: N/A Out-Net: \$3,000/\$9,000	In-Net:\$1,000/\$2,000 Out-Net:\$2,000/\$4,000	In-Net: N/A Out-Net: N/A
Co-Insurance	In-Net: 100% Out-Net: N/A	In-Net: 100% Out-Net: N/A	In-Net: 100% Out-Net: N/A	In-Net: 100% Out-Net: N/A	In-Net: 100% Out-Net: N/A	In-Net: 100% Out-Net: N/A	In-Net: 100% Out-Net: N/A	In-Net: 100% Out-Net: 70% of \$10,000	In-Net: 100% Out-Net: 70% of \$10,000	In-Net: 100% Out-Net: N/A
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Office Co-pay	In-Net: \$25 Copay Out-Net: N/A	In-Net:\$35 Copay Out-Net: N/A	In-Net:\$30 Copay Out-Net: N/A	In-Net:\$40 Copay Out-Net: N/A	In-Net:\$30 Copay Out-Net: N/A	In-Net:\$25 Copay Out-Net: N/A	In-Net:\$20 Copay Out-Net: N/A	In-Net: \$30 Copay Out-Net:Ded & Co-Ins	In-Net: \$25 Copay Out-Net:Ded & Co-Ins	In-Net:\$50 Copay Out-Net: N/A
Specialist Co-pay	In-Net: \$40 Copay Out-Net: N/A	\$35 Copay Out-Net: N/A	\$30 Copay Out-Net: N/A	\$40 Copay Out-Net: N/A	\$50 Copay Out-Net: N/A	\$25 Copay Out-Net: N/A	\$40 Copay Out-Net: N/A	\$50 Copay Out-Net: Ded & Co-Ins	\$40 Copay Out-Net: Ded & Co-Ins	\$50 Copay Out-Net: N/A
DXL/Lab Fees	In-Net: \$40 Copay Out-Net: N/A	In-Net: No Charge Out-Net: N/A	In-Net:\$30 Copay Out-Net: N/A	In-Net:\$40 Copay Out-Net: N/A	In-Net:No Cost Out-Net: N/A	In-Net: \$25 Copay Out-Net: N/A	In-Net:No Charge Out-Net: N/A	In-Net:No Charge Out-Net: Ded & Co-Ins	In-Net:No Charge; Xray- Ded & Co-Ins Out-Net: Ded & Co-Ins	In-Net:No Charge Out-Net: N/A
Hospital In-Patient	\$300 Per Day/Up to 5 days Out-Net: N/A	\$500 copay	\$500 Copay Out-Net: N/A	\$500 Copay Out-Net: N/A	\$300 per day / \$1,500 Out-Net: N/A	\$250 copay Out-Net: N/A	\$200/incident Out-Net: N/A	In-Net: \$500 Copay Out-Net: Ded & Co-Ins	In-Net: Ded & Co-Ins Out-Net: Ded & Co-Ins	\$500/incident Out-Net: N/A
Hospital Out-Patient	\$250 Copay Out-Net: N/A	\$300 Copay Out-Net: N/A	\$250 Copay Out-Net: N/A	\$250 Copay Out-Net: N/A	No Charge Out-Net: N/A	\$75 copay (Surgery) Out-Net: N/A	\$200/incident Out-Net: N/A	\$500 Copay Out-Net: Ded & Co-Ins	In-Net: Ded & Co-Ins Out-Net: Ded & Co-Ins	\$500/incident Out-Net: N/A
Emergency Room	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$50 copay	\$75 Copay	\$150 Copay	\$100 Copay	\$150 Copay
Private Nursing	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Benefits	Generic: \$15 Brand: \$35 Non-Preferred: \$50 Annual Deductible: N/A Annual Maximum: N/A	Generic: \$10 Brand: \$35 Non-Preferred: \$70 Annual Deductible: \$50 Annual Maximum: N/A	Generic: \$0 Brand: \$30 Non-Preferred: \$50 Annual Deductible: \$50 Annual Retail Maximum: \$3,000	Generic: \$0 Brand: \$30 Non-Preferred: \$50 Annual Deductible: \$50 Annual Retail Maximum: \$3,000	Generic: \$15 Brand: \$25 Non-Preferred: \$40 Annual Deductible: \$100 Annual Maximum: N/A	Generic: \$10 Brand: \$30 Non-Preferred: \$50 Annual Deductible: N/A Annual Maximum: N/A	Generic: \$10 Brand: \$25 Non-Preferred: \$50 Annual Deductible: \$100 Annual Maximum: N/A	Generic: \$10 Brand: \$25 Non-Preferred: \$50 Annual Deductible:\$100 Annual Maximum: N/A	Generic: \$10 Brand: \$25 Non-Preferred: \$50 Annual Deductible:\$100 Annual Maximum: N/A	Generic: \$15 Brand: \$35 Non-Preferred: \$75 Annual Deductible: \$100 Annual Maximum: N/A
Surgical In-Patient	In-Net: \$300/Day/5d/admin Out-Net: N/A	In-Net: No Charge Out-Net: N/A	In-Net: Incl in Hospital Copay Out-Net: N/A	In-Net: Incl in Hospital Copay Out-Net: N/A	In-Net: No Charge Out-Net: N/A	In-Net: Same as Hospital In-Patient Out-Net: N/A	In-Net: \$200 Out-Net: N/A	In-Net: No Charge Out-Net: Ded & Co-Ins	In-Net: Ded & Co-Ins Out-Net: Ded & Co-Ins	In-Net: \$500 Out-Net: N/A
Surgical Out-Patient	In-Net: \$250 Copay Out-Net: N/A	\$300 Copay Out-Net: N/A	\$250 Copay Out-Net: N/A	\$250 Copay Out-Net: N/A	\$75 Co-pay Out-Net: N/A	\$75 copay Out-Net: N/A	\$200/incident Out-Net: N/A	\$500 Copay Out-Net: Ded & Co-Ins	Ded & Co-Ins Out-Net: Ded & Co-Ins	\$500/incident Out-Net: N/A
Mental Health Inpatient	In-Net: \$300/Day/5d/admin/30 days max/yr Out-Net: N/A	In-Net:\$500 copay/30 days max/yr Out-Net: N/A	In-Net:\$500 Copay/30 days max/yr Out-Net: N/A	In-Net:\$500 Copay/30 days max/yr Out-Net: N/A	In-Net: No Charge/30 Days/Cal.Yr Out-Net: N/A	In-Net: \$250 Copay/30 days/year Out-Net: N/A	In-Net: \$200/incident/30 days/calendar year Out-Net: N/A	In-Net: \$500 Copay/30 days/max Out-Net: Ded & Co-Ins/30	In-Net: No Charge After Ded/30 Days max/yr Out-Net: Ded & Co-Ins/30	In-Net: \$500/incident/30 days/calendar year Out-Net: N/A
Mental Health Outpatient	In-Net:\$40 Copay/30 visits max/yr Out-Net: N/A	In-Net:\$35 Copay/20 visits max/yr Out-Net: N/A	In-Net:\$30 Copay/\$0 dep/30 visits max/yr Out-Net: N/A	In-Net:\$40 Copay/\$0 dep/30 visits max/yr Out-Net: N/A	In-Net: \$50 Co-pay/20 Visits/Cal.Yr. Out-Net: N/A	In-Net:\$25 copay/20 visits max/yr Out-Net: N/A	In-Net: \$40 Copay/30 visits/calendar year Out-Net: N/A	In-Net: \$50 Copay 30 visits per year Out-Net: Ded & Co-Ins/30 Visits/Year	In-Net: \$40 Copay/30 visits per year Out-Net: Ded & Co-Ins/30 Visits/Year	In-Net: \$50 Copay/30 visits/calendar year Out-Net: N/A
Dependents	19/23 Yrs	19/23 Yrs	19/23 Yrs	19/23 Yrs	19/23 Yrs	19/23 Yrs	19/23 Yrs	19/23 Yrs	19/23 Yrs	19/23 Yrs
Chiropractic Care	In-Net:\$40 Copay Out-Net: N/A	In-Net: \$35 Copay Out-Net: N/A	In-Net: \$30 Copay Out-Net: N/A	In-Net: \$40 Copay Out-Net: N/A	In-Net: \$50 Copay Out-Net: N/A	In-Net: \$50 Copay Out-Net: N/A	In-Net: \$40 Copay Out-Net: N/A	In-Net: \$50 Copay Out-Net: Ded & Co-Ins	\$40 Copay Ded & Co-Ins	In-Net: \$50 Copay Out-Net: N/A