CBG
Chamber Benefits Group

CBG Small Group Health Insurance Programs Monthly Rates *

Current Plans 2022	Plan # 5 (AET_P1 ST) Aetna Network Low Cost POS Plan † PCP Lookup: www.aetna.com	Plan # 6 (AET_P2 CA) Aetna Network High Cost POS Plan †† PCP Lookup: www.aetna.com
Single:	**INQUIRE FOR RATES**	**INQUIRE FOR RATES**
Parent/Child(ren):	**INQUIRE FOR RATES**	**INQUIRE FOR RATES**
Couple:	**INQUIRE FOR RATES**	**INQUIRE FOR RATES**
Family:	**INQUIRE FOR RATES**	**INQUIRE FOR RATES**
Referrals	No Referrals Required	No Referrals Required
Deductible (Ind/Fam)	In-Net: NO Deductible Out-Net: NO Deductible	In-Net: NO Deductible Out-Net: NO Deductible
Coinsurance	In-Net & Out-Net: None	In-Net & Out-Net: None
Out Of Pocket Max (Ind/Fam)	In-Net: None Out-Net: None	In-Net: None Out-Net: None
Office Visit Co-payments	In-Net: PCP $5 / Spec $50	In-Net: PCP $5 / Spec $30
	Out-Net: PCP $5 / Spec $50 + any amount over Medicare rate	Out-Net: PCP $5 / Spec $30 + any amount over Medicare rate
Hospitals	In-Net: Inpatient or Outpatient- $500 Copay	In-Net: Inpatient or Outpatient- $250 Copay
	Out-Net: Inpatient or Outpatient $500 Copay + any amount over Medicare rate	Out-Net: Inpatient or Outpatient $250 Copay + any amount over Medicare rate
Prescription Benefits	Generic: $5 Copay	Generic: $5 Copay
	Brand: $30 Copay	Brand: $30 Copay
	$3000 Annual Limit	$5000 Annual Limit
	NO Annual Deductible	NO Annual Deductible
Mental Health	Not Covered	Not Covered
Emergency Room	In-Net: $300 (waived if admitted) Out-Net: $300 Copay + any amount over Medicare rate	In-Net: $200 (waived if admitted) Out-Net: $200 Copay + any amount over Medicare rate
Dependents	To Age 26	To Age 26
Urgent Care	In-Net: $50 Copay Out-Net: $50 Copay + any amount over Medicare rate	In-Net: $50 Copay Out-Net: $50 Copay + any amount over Medicare rate
Lab and X-rays	In-Net: $5 Copay per visit Out-Net: $5 Copay + any amount over Medicare rate	In-Net: $5 Copay per visit Out-Net: $5 Copay + any amount over Medicare rate
Free Standing Outpatient Facility	Non-surgical: Covered 100% up to plan max, 60% thereafter(participating providers) Surgical: $500 copay per occurrence up to plan max, 60% thereafter(participating providers)	Non-surgical: Covered 100% up to plan max, 60% thereafter(participating providers) Surgical: $250 copay per occurrence up to plan max, 60% thereafter(participating providers)
Hospital Based Outpatient Facility	Non-surgical: Covered 100% up to plan max, 60% thereafter (participating providers) Surgical: $500 copay per occurrence up to plan max, 60% thereafter (participating providers)	Non-surgical: Covered 100% up to plan max, 60% thereafter (participating providers) Surgical: $250 copay per occurrence up to plan max, 60% thereafter (participating providers)
Major Diagnostic at Freestanding Facility	$5 copay per occurrence up to plan max, 60% thereafter (participating providers) †††	$30 copay per occurrence up to plan max, 60% thereafter (participating providers) †††
Major Diagnostic at Hospital	Covered 100% up to plan max, 60% thereafter (participating providers) †††	Covered 100% up to plan max, 60% thereafter (participating providers) †††
	*** Employee + 1 Child	*** Employee + 1 Child

† PLAN 5: "Annually, medical claims are paid at 100% of the plan's allowed amount until plan max of $30,000 in claims are paid. Thereafter, claims are paid at 60% of the plan's allowed amount and you are responsible for the remaining costs."

†† PLAN 6: "Annually, medical claims are paid at 100% of the plan's allowed amount until plan max of $100,000 in claims are paid. Thereafter, claims are paid at 60% of the plan's allowed amount and you are responsible for the remaining costs."

††† PLANS 5 & 6: "MRI's must be performed by a Participating Provider on an outpatient basis unless it is Medically Necessary to perform the procedure in a Hospital or the procedure is deemed Medically Necessary and performed while the Covered Person is otherwise hospitalized."

I elect Plan # _____ [CIRCLED ABOVE]. My desired start date is _____/01/2022.
My new premium is $_____ and a check in this amount is enclosed.
Please accept this completed form as acknowledgment of my 2022 plan election:

Signature **Date** **Print Name**

Email Address - Required **Phone Number - Required**

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