

**Convo Communications Plan Election Form**

Plan Features	United Health Care		United Health Care	
	PPO AGZP	PPO AGZY	PPO AGZZ	
Plan ID				
Plan Cost Sharing Highlights				
Network	In Network Benefits Choice Plus	In Network Benefits Choice Plus	In Network Benefits Choice Plus	
Deductible (In Network)	\$250 Single / \$500 Family	\$500 Single / \$1,000 Family	\$1,000 Single / \$2,000 Family	
Co-Insurance	100%	80%	80%	
Primary Care Office Visit	\$20	\$25	\$25	
Specialist Office Visit	\$40	\$50	\$50	
Out of pocket max	\$1,750 Single / \$3,500 Family	\$3,500 Ind / \$7,000 Fam	\$4,000 Single / \$8,000 Family	
Lifetime Max	Unlimited	Unlimited	Unlimited	
Preventative Healthcare Svcs	covered in full	covered in full	covered in full	
Physician Office Services				
Diagnostic X-rays	\$0	\$0	\$0	
Lab / Pathology	\$0	\$0	\$0	
MRI / CT Scans / PET etc.	\$0 after deductible	Deductible & Coinsurance	Deductible & Coinsurance	
Inpatient Hospital Benefits				
Hospital Benefits Inpatient Stay	\$0 after Deductible	Deductible & Coinsurance	Deductible & Coinsurance	
Emergency Care				
Emergency Room Care	\$300 Copay	\$250 Copay + 20% Coinsurance	\$250 Copay + 20% Coinsurance	
Freestanding Urgent Care	\$75 Copay	\$75	\$75	
Ambulance	\$0 Copay after Deductible	Deductible & Coinsurance	Deductible & Coinsurance	
Outpatient Surgery	\$0 after Deductible	Deductible & Coinsurance	Deductible & Coinsurance	
Ortho Devices / Prosthetic Devices Arms & Legs	\$0 after Deductible	Deductible & Coinsurance	Deductible & Coinsurance	

	United Health Care	United Health Care	United Health Care
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Therapeutic Treatments - Outpatient	\$0 after Deductible	Deductible & Coinsurance	Deductible & Coinsurance
Hearing Aids - limited to a single purchase every 3 years	\$0 after Deductible	Deductible & Coinsurance	Deductible & Coinsurance
Home Health Care	\$0 after deductible	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health and Chemical Dep.			
Inpatient Mental Health	\$0 after the deductible	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Hospital Benefits	\$20 copay	\$25 Copay	\$25 Copay
Partial Hospitalization / Intensive Treatment	\$0 after the deductible	Deductible & Coinsurance	Deductible & Coinsurance
Substance Use Disorder Services			
Inpatient	\$0 after the deductible	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient	\$20 Copay	\$25 Copay	\$25 Copay
Partial Hospitalization / Intensive treatment	\$0 after the deductible	Deductible & Coinsurance	Deductible & Coinsurance
Neurobiological Disorders - Autism Spectrum Disorder Svcs.			
Inpatient	\$0 after deductible	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient	\$20 copay	\$25 copay	\$25 copay
Partial Hospitalization / Intensive treatment	\$0 after deductible	Deductible & Coinsurance	Deductible & Coinsurance
Physician Fees for Surgical & Medical Svcs	\$0 after deductible	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drug Coverage	\$10 / \$25 / \$50	\$10 / \$35 / \$60	\$10 / \$35 / \$60

\* please refer to summary of benefits for full list of benefits and out of network coverage.

\* All Plans have \$0 Copay for office visits for Children to age 19

\* All plans now offer coverage for hearing aids

Current NG2 Members will find similar benefits with the High Level Option.

Current NG3 Members will find similar benefits with the Middel Level Option

Current NG5 Members will find similar benefits with the Low Level Option

If you have any direct questions please contact our broker: Joseph M. Courcy

315-552-5347

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# Convo Communications Medical Renewal - Effective July 1, 2016

Plan ID:

Total Monthly Cost

Single:

Employee / Spouse:

Employee / (Child)ren

Family

Employee Cost

Single

Employee / Spouse

Employee / Child(ren)

Family

Plan Election: Please Circle the Employee Cost

Signature:

Print Employee Name:

United Health Care  
AGZP PPO  
United Health Care  
AGZY PPO  
United Health Care  
AGZZ PPO

Monthly Cost	Monthly Cost	Monthly Cost
\$721.53	\$614.21	\$593.96
\$1,379.98	\$1,174.72	\$1,135.99
\$1,352.00	\$1,150.90	\$1,112.96
\$2,010.45	\$1,711.42	\$1,654.99

Bi-Weekly Cost	Bi-Weekly Cost	Bi-Weekly Cost
\$99.90	\$85.04	\$82.24
\$191.07	\$162.65	\$157.29
\$187.20	\$159.36	\$154.10
\$278.37	\$236.97	\$229.15