



Region 1 Rates - 1.01.12 - 3.15.12
Manhattan, Staten Island, Bronx, Suffolk & Westchester

Four Tier					
In-Network Only Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth EPO+ 40-1000 1K/50%-New	\$40 OV COPAY HOSPITAL COPAY: \$1000, Rx: \$10/30/50 (\$50 DED, \$1,000 RETAIL THRESHOLD THEN 50% COINS),	\$539.54	\$1,290.65	\$1,000.23	\$1,628.44
CompreHealth HMO+ 30/50-1000	\$30 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY \$1000, Rx: \$15/35/75 (\$100 ded)	\$369.64	\$864.98	\$707.01	\$1,144.61
CompreHealth HMO+ 30/50-1000 G	\$30 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY \$1000, Rx: \$15 GENERIC ONLY	\$319.97	\$747.88	\$611.63	\$989.94
Oxford Freedom Ease EPO 50-500 (2500max)	\$50 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY: \$500 PER DAY TO A MAX OF \$2,500, Rx: \$15/35/75 (\$100 DED)	\$594.69	\$1,301.96	\$1,101.25	\$1,840.44
Oxford Liberty HMO 30/50-500 (1000max)	\$30 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY \$500, PER DAY TO A MAX OF \$1,000, Rx: \$15/35/75 (\$100 DED)	\$485.91	\$1,062.65	\$900.12	\$1,503.43
Cost Sharing Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth EPOcs+ 40-2500 1K/50%	\$40 PHYSICIAN COPAY, HOSPITAL: DED & COINS, DED \$2,500, COINS: 80/20, MAX OOP \$2,000, RX: \$10/30/50 (\$50 DED, \$1,000 RETAIL THRESHOLD THEN 50% COINS)	\$461.36	\$1,102.99	\$855.57	\$1,429.83
HIP EPOcs 30/50-1500-New	\$30 PRIMARY/ \$50 SPECIALIST COPAY, HOSPITAL DED & COINS, DED \$1,500, COINS: 90/10 MAX OOP: \$1,000, Rx: \$20/30/50 (\$50 DED)	\$441.32	\$1,044.61	\$844.92	\$1,369.44
HIP PPOcs 30/50-2000/2500	\$30 PRIMARY/ \$50 SPECIALIST COPAY, HOSPITAL DED & COINS, DED \$2,000, COINS: 80/20 MAX OOP: \$3,500, Rx: \$20/30/50 (\$50 DED)	\$579.74	\$1,376.82	\$1,110.74	\$1,800.50
Oxford Liberty EPOcs 25/50-2000	\$25 PRIMARY/ \$50 SPECIALIST, HOSPITAL DED & COINS, DED \$2,000, COINS: 90/10, MAX OOP \$1,000, Rx: \$15/35/75 (\$100 DED)	\$466.86	\$1,020.74	\$864.76	\$1,444.16
Oxford Liberty PPOcs 25/40-1000/2000	\$25 PRIMARY/ \$40 SPECIALIST, HOSPITAL DED & COINS, DED \$1,000, COINS: 80/20, MAX OOP \$2,000, Rx: \$15/50%/50% (\$100 DED)	\$624.93	\$1,368.49	\$1,157.41	\$1,970.99
Out-of-Area Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford USA PPOcs 25/40-1000/2000	\$25 PRIMARY/ \$40 SPECIALIST, HOSPITAL: DED & COINS, DED \$1,000, COINS: 80/20 MAX OOP: \$2,000, Rx: \$15/50%/50% (\$100 DED)	\$651.37	\$1,426.65	\$1,206.32	\$2,054.54

These rates are subject to final verification at time of enrollment. EmblemHealth "+" plans waive physician copays for dependent child(ren). Domestic Partner Coverage through all carriers. The CompreHealth and Oxford HMO plans are gated. All rates include \$3.05 for HealthPass Program benefits that are not included as a part of normal carrier or agent services. Oxford plans include an additional billing and administrative fee as follows: EE \$14.75, EE/Spouse \$29.75, EE+Child(ren) \$27.50, Family \$43.25