



## Region 3 Rates - 1.01.12 - 3.15.12

### Rockland

<b>Mixed Tier</b>					
<b>In-Network Only Plans</b>		<b>Employee</b>	<b>Emp/Spouse</b>	<b>Emp/Child(ren)</b>	<b>Family</b>
<b>EmblemHealth EPO+ 40-1000 1K/50%-New</b>	\$40 OV COPAY HOSPITAL COPAY: \$1000, Rx: \$10/30/50 (\$50 DED, \$1,000 RETAIL THRESHOLD THEN 50% COINS),	\$539.54	N/A	N/A	\$1,564.07
<b>Oxford Freedom Ease EPO 50-500 (2500max)</b>	\$50 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY: \$500 PER DAY TO A MAX OF \$2,500, Rx: \$15/35/75 (\$100 DED)	\$570.24	\$1,248.17	\$1,056.02	\$1,764.64
<b>Oxford Liberty HMO 30/50-500 (1000max)</b>	\$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
<b>Cost Sharing Plans</b>		<b>Employee</b>	<b>Emp/Spouse</b>	<b>Emp/Child(ren)</b>	<b>Family</b>
<b>EmblemHealth EPOcs+ 40-2500 1K/50%</b>	\$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	N/A	N/A	\$1,337.27
<b>HIP EPOcs 30/50-1500-New</b>	\$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	N/A	N/A	\$1,298.97
<b>HIP PPOcs 30/50-2000/2500</b>	\$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	N/A	N/A	\$1,712.03
<b>Oxford Liberty EPOcs 25/50-2000</b>	\$25 PRIMARY/ \$50 SPECIALIST, HOSPITAL DED & COINS, DED \$2,000, COINS: 90/10, MAX OOP \$1,000, Rx: \$15/35/75 (\$100 DED)	\$448.80	\$981.01	\$831.35	\$1,388.18
<b>Oxford Liberty PPOcs 25/40-1000/2000</b>	\$25 PRIMARY/ \$40 SPECIALIST, HOSPITAL DED & COINS, DED \$1,000, COINS: 80/20, MAX OOP \$2,000, Rx: \$15/50%/50% (\$100 DED)	\$599.53	\$1,312.61	\$1,110.42	\$1,890.72
<b>Out-of-Area Plans</b>		<b>Employee</b>	<b>Emp/Spouse</b>	<b>Emp/Child(ren)</b>	<b>Family</b>
<b>Oxford USA PPOcs 25/40-1000/2000</b>	\$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 CompleteHealth 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