



Region 1 Rates - 7.01.11 - 9.15.11
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),	\$515.30	\$1,232.49	\$955.21	\$1,554.76
CompreHealth HMO+ 30/50-1000	\$30 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY \$1000, Rx: \$15/35/75 (\$100 ded)	\$342.82	\$801.51	\$655.51	\$1,061.09
CompreHealth HMO+ 30/50-1000 G	\$30 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY \$1000, Rx: \$15 GENERIC ONLY	\$296.00	\$691.48	\$565.60	\$915.30
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)	\$630.14	\$1,379.95	\$1,165.18	\$1,946.96
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)	\$459.47	\$1,004.47	\$849.30	\$1,417.68
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)	\$426.82	\$1,020.11	\$791.50	\$1,322.54
HIP EPOcs 30/50-1500	\$30 PRIMARY/ \$50 SPECIALIST COPAY, HOSPITAL DED & COINS, DED \$1,500, COINS: 90/10 MAX OOP: \$1,000, Rx: \$20/30/50	\$429.05	\$1,015.13	\$821.37	\$1,331.21
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)	\$560.80	\$1,331.35	\$1,074.39	\$1,741.51
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)	\$494.45	\$1,081.43	\$914.15	\$1,526.32
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)	\$623.37	\$1,365.05	\$1,152.65	\$1,962.31
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)	\$649.73	\$1,423.04	\$1,201.41	\$2,045.61

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