



**Region 1 Rates - 10.01.11 - 12.15.11**  
**Manhattan, Staten Island, Bronx, Suffolk & Westchester**

<b>Four 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),	\$535.79	\$1,281.66	\$993.30	\$1,616.83
<b>CompreHealth HMO+ 30/50-1000</b>	\$30 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY \$1000, Rx: \$15/35/75 (\$100 ded)	\$352.98	\$825.47	\$612.79	\$1,092.81
<b>CompreHealth HMO+ 30/50-1000 G</b>	\$30 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY \$1000, Rx: \$15 GENERIC ONLY	\$304.76	\$712.15	\$582.47	\$942.65
<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)	\$587.28	\$1,285.66	\$1,087.50	\$1,817.40
<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)	\$472.72	\$1,033.63	\$875.62	\$1,462.37
<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)	\$443.77	\$1,060.78	\$823.03	\$1,375.31
<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)	\$438.88	\$1,038.74	\$840.25	\$1,361.83
<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)	\$576.47	\$1,368.96	\$1,104.48	\$1,790.32
<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)	\$461.09	\$1,008.04	\$854.05	\$1,426.21
<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)	\$611.86	\$1,339.73	\$1,133.15	\$1,929.55
<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)	\$637.73	\$1,396.64	\$1,181.01	\$2,010.30

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 includes \$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