



## Region 5 Rates - 10.01.11 - 12.15.11

Ulster & Sullivan

Four Tier					
In-Network Only Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
<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),	\$532.61	\$1,274.00	\$987.36	\$1,607.24
<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)	\$490.72	\$1,073.23	\$908.87	\$1,518.06
Cost Sharing Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
<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)	\$440.31	\$1,052.48	\$816.63	\$1,364.58
Out-of-Area Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
<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