



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

Mixed 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),	\$535.79	N/A	N/A	\$1,553.21
CompreHealth HMO+ 30/50-1000	\$30 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY \$1000, Rx: \$15/35/75 (\$100 ded)	\$352.98	N/A	N/A	\$1,025.77
CompreHealth HMO+ 30/50-1000 G	\$30 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY \$1000, Rx: \$15 GENERIC ONLY	\$304.76	N/A	N/A	\$884.85
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)	\$587.28	\$1,285.66	\$1,087.50	\$1,817.40
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)	\$472.72	\$1,033.63	\$875.62	\$1,462.37
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)	\$443.77	N/A	N/A	\$1,286.27
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)	\$438.88	N/A	N/A	\$1,291.68
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)	\$576.47	N/A	N/A	\$1,702.28
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)	\$461.09	\$1,008.04	\$854.05	\$1,426.21
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)	\$611.86	\$1,339.73	\$1,133.15	\$1,929.55
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)	\$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 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