



## Region 3 Rates - 10.01.11 - 12.15.11

Rockland

Mixed 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),	\$535.79	N/A	N/A	\$1,553.21
<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)	\$563.14	\$1,232.55	\$1,042.84	\$1,742.57
<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
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)	\$443.77	N/A	N/A	\$1,286.27
<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)	\$438.88	N/A	N/A	\$1,291.68
<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	N/A	N/A	\$1,702.28
<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)	\$443.26	\$968.81	\$821.06	\$1,370.94
<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)	\$587.01	\$1,285.06	\$1,087.18	\$1,851.02
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 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