



Region 1 Rates 1/1/2012 - 3/15/2012

Manhattan, Staten Island, Bronx, Suffolk, Westchester

One Life Groups - New

IN-NETWORK ONLY PLANS	Mixed Tier Rates				Four Tier Rates			
	EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
CompreHealth HMO+ 30/50-1000 EmblemHealth	<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY: \$1,000, Rx: \$15/35/75 (\$100 ded)</i>							
	\$369.64	N/A	N/A	\$1,074.35	\$369.64	\$864.98	\$707.01	\$1,144.61
CompreHealth HMO+ 30/50-1000 G EmblemHealth	<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY: \$1,000, Rx: \$15 GENERIC ONLY</i>							
	\$319.97	N/A	N/A	\$929.20	\$319.97	\$747.88	\$611.63	\$989.94
Oxford Freedom Ease EPO 50-500 (2500 max) Oxford	<i>PHYSICIAN COPAY: \$50, HOSPITAL COPAY: \$500 PER DAY TO A MAX OF \$2,500, Rx: \$15/35/75 (\$100 ded)</i>							
	\$594.69	\$1,301.96	\$1,101.25	\$1,840.44	\$594.69	\$1,301.96	\$1,101.25	\$1,840.44
Oxford Liberty HMO 30/50-500 (1000 max) Oxford	<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY: \$500 PER DAY TO A MAX OF \$1,000, Rx: \$15/35/75 (\$100 ded)</i>							
	\$485.91	\$1,062.65	\$900.12	\$1,503.43	\$485.91	\$1,062.65	\$900.12	\$1,503.43
COST-SHARING PLANS	EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
Oxford Liberty EPOcs 25/50-2000 Oxford	<i>PHYSICIAN COPAY: \$25 PRIMARY/\$50 SPECIALIST, HOSPITAL: DED & COINS, DED: \$2,000, COINS: 90/10, MAX OOP: \$1,000, Rx: \$15/35/75 (\$100 ded)</i>							
	\$466.86	\$1,020.74	\$864.76	\$1,444.16	\$466.86	\$1,020.74	\$864.76	\$1,444.16
Oxford Liberty PPOcs 25/40-1000/2000 Oxford	<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL: DED & COINS, DED: \$1,000, COINS: 80/20, MAX OOP: \$2,000, OON DED: \$2,000, OON COINS: 60/40, OON MAX OOP: \$4,000, Rx: \$15/50%/50% (\$100 ded)</i>							
	\$624.93	\$1,368.49	\$1,157.41	\$1,970.99	\$624.93	\$1,368.49	\$1,157.41	\$1,970.99

These rates are subject to final verification at time of enrollment. Domestic Partner Coverage through all carriers. 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