Region 5 Rates 7/01/11 - 9/15/11

Ulster, Sullivan

	Mixed Tier Rates				Four Tier Rates			
IN-NETWORK ONLY PLANS	**EE**	**EE/Spouse**	**EE/Child(ren)**	**Family**	**EE**	**EE/Spouse**	**EE/Child(ren)**	**Family**
EmblemHealth EPO+ 20-0-New Rx	*PHYSICIAN COPAY: $20, HOSPITAL COPAY: $0, Rx: $0/30/50 ($100 ded)*							
EmblemHealth	$863.56	N/A	N/A	$2,503.41	$863.56	$2,068.26	$1,599.43	$2,590.44
EmblemHealth EPO+ 30-1000	*PHYSICIAN COPAY: $30, HOSPITAL COPAY: $1,000, Rx: $0/30/50*							
EmblemHealth	$606.36	N/A	N/A	$1,757.46	$606.36	$1,450.89	$1,123.55	$1,818.75
EmblemHealth EPO+ 30-500-New Rx	*PHYSICIAN COPAY: $30, HOSPITAL COPAY: $500, Rx: $0/30/50*							
EmblemHealth	$648.65	N/A	N/A	$1,880.16	$648.65	$1,552.44	$1,201.83	$1,945.68
EmblemHealth EPO+ 30-1000 1K/50%	*PHYSICIAN COPAY: $30, HOSPITAL COPAY: $1,000, Rx: $0/30/50 ($50 ded, $1,000 retail threshold then 50% coins), VOLUNTARY AND UNLIMITED MAIL ORDER*							
EmblemHealth	$546.89	N/A	N/A	$1,585.05	$546.89	$1,308.21	$1,013.56	$1,640.39
EmblemHealth EPO+ 30-1000 D	*PHYSICIAN COPAY: $30, HOSPITAL COPAY: $1,000, Rx: DISCOUNT Rx*							
EmblemHealth	$462.95	N/A	N/A	$1,341.63	$462.95	$1,106.76	$858.27	$1,388.57
EmblemHealth EPO+ 40-0	*PHYSICIAN COPAY: $40, HOSPITAL COPAY: $0, Rx: $0/30/50*							
EmblemHealth	$645.98	N/A	N/A	$1,872.38	$645.98	$1,546.02	$1,196.88	$1,937.67
EmblemHealth EPO+ 40- 500-New Rx	*PHYSICIAN COPAY: $40, HOSPITAL COPAY: $500, Rx: $0/30/50*							
EmblemHealth	$606.66	N/A	N/A	$1,758.40	$606.66	$1,451.68	$1,124.16	$1,819.74
EmblemHealth EPO+ 40-1000-New Rx	*PHYSICIAN COPAY: $40, HOSPITAL COPAY: $1,000, Rx: $0/30/50*							
EmblemHealth	$565.62	N/A	N/A	$1,639.38	$565.62	$1,353.18	$1,048.23	$1,696.62
EmblemHealth EPO+ 40-1000 1K/50%	*PHYSICIAN COPAY: $40, HOSPITAL COPAY: $1,000, Rx: $0/30/50 ($50 ded, $1,000 retail threshold then 50% coins), VOLUNTARY AND UNLIMITED MAIL ORDER*							
EmblemHealth	$506.15	N/A	N/A	$1,466.97	$506.15	$1,210.50	$938.24	$1,518.26
EmblemHealth EPO+ 40-1000 1K/50%-New	*PHYSICIAN COPAY: $40, HOSPITAL COPAY: $1,000, Rx: $10/30/50 ($50 ded, $1,000 retail threshold then 50% coins), VOLUNTARY AND UNLIMITED MAIL ORDER*							
EmblemHealth	$512.24	N/A	N/A	$1,484.64	$512.24	$1,225.13	$949.51	$1,545.54
EmblemHealth EPO+ 40-1000 D	*PHYSICIAN COPAY: $40, HOSPITAL COPAY: $1,000, Rx: DISCOUNT Rx*							
EmblemHealth	$422.21	N/A	N/A	$1,223.55	$422.21	$1,009.05	$782.95	$1,266.44
Oxford Freedom Ease EPO 50-500 (2500 max)	*PHYSICIAN COPAY: $50, HOSPITAL COPAY: $500 PER DAY TO A MAX OF $2,500, Rx: $15/35/75 ($100 ded)*							
Oxford	$526.31	$1,151.52	$973.10	$1,625.09	$526.31	$1,151.52	$973.10	$1,625.09
IN & OUT-OF-NETWORK PLANS	**EE**	**EE/Spouse**	**EE/Child(ren)**	**Family**	**EE**	**EE/Spouse**	**EE/Child(ren)**	**Family**
EmblemHealth PPO+ 30-500-1000	*PHYSICIAN COPAY: $30, HOSPITAL COPAY: $500, OON DED: $1,000, OON COINS: 70/30 of $10,000, Rx: $0/$25/$50*							
EmblemHealth	$991.61	$2,375.58	$1,836.33	$2,974.62	$991.61	$2,375.58	$1,836.33	$2,974.62
EmblemHealth PPO+ 40-500 (1500 max)-3000	*PHYSICIAN COPAY: $40, HOSPITAL COPAY: $500 PER DAY TO A MAX OF $1,500, OON DED $3,000, OON COINS: 70/30, OON MAX OOP: $3,000, Rx: $0/25/50 ($100 ded.)*							
EmblemHealth	$828.08	$1,983.07	$1,533.79	$2,483.98	$828.08	$1,983.07	$1,533.79	$2,483.98
COST-SHARING PLANS	**EE**	**EE/Spouse**	**EE/Child(ren)**	**Family**	**EE**	**EE/Spouse**	**EE/Child(ren)**	**Family**
EmblemHealth EPOcs+ 30-1000 G	*PHYSICIAN COPAY: $30, HOSP: DED & COINS, DED $1,000, COINS: 90/10, MAX OOP: $500, Rx: $15 GENERIC ONLY*							
EmblemHealth	$419.84	N/A	N/A	$1,214.55	$419.84	$1,000.50	$779.37	$1,258.66
EmblemHealth EPOcs+ 30-2000 1K/50%	*PHYSICIAN COPAY: $30, HOSP: DED & COINS, DED $2,000, COINS: 80/20, MAX OOP: $3,000, Rx: $0/30/50 ($50 ded, $1,000 retail threshold then 50% coins), VOLUNTARY AND UNLIMITED MAIL ORDER*							
EmblemHealth	$432.42	N/A	N/A	$1,253.15	$432.42	$1,033.54	$801.85	$1,297.04
EmblemHealth EPOcs+ 40-1000 G	*PHYSICIAN COPAY: $40, HOSP: DED & COINS, DED $1,000, COINS: 90/10, MAX OOP: $500, Rx: $15 GENERIC ONLY*							
EmblemHealth	$400.25	N/A	N/A	$1,157.69	$400.25	$953.46	$743.08	$1,199.83
EmblemHealth EPOcs+ 40-1000 1K/50%	*PHYSICIAN COPAY: $40, HOSP: DED & COINS, DED $1,000, COINS: 80/20, MAX OOP: $3,000, Rx: $0/30/50 ($50 ded, $1,000 retail threshold then 50% coins). VOLUNTARY AND UNLIMITED MAIL ORDER*							
EmblemHealth	$445.23	N/A	N/A	$1,290.31	$445.23	$1,064.28	$825.54	$1,335.46
EmblemHealth EPOcs+ 40-2500 1K/50%	*PHYSICIAN COPAY: $40, HOSP: 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), VOLUNTARY AND UNLIMITED MAIL ORDER*							
EmblemHealth	$423.49	N/A	N/A	$1,227.26	$423.49	$1,012.12	$785.34	$1,312.22
EmblemHealth EPOcs+ 40-2000 G	*PHYSICIAN COPAY: $40, HOSP: DED & COINS, DED: $2,000, COINS: 80/20, MAX OOP: $3,000, Rx: $15 GENERIC ONLY*							
EmblemHealth	$343.44	N/A	N/A	$992.91	$343.44	$817.09	$637.98	$1,029.40
HSA PLANS	**EE**	**EE/Spouse**	**EE/Child(ren)**	**Family**	**EE**	**EE/Spouse**	**EE/Child(ren)**	**Family**
EmblemHealth HSA EPO 2500	*HDHP EPO DED: $2,500, COINS: 100%, Rx: COVERED IN FULL AFTER DEDUCTIBLE*							
EmblemHealth	$426.86	N/A	N/A	$1,232.10	$426.86	$1,020.22	$787.12	$1,274.48
EmblemHealth HSA EPO 3000	*HDHP EPO DED: $3,000, COINS: 100%, Rx: COVERED IN FULL AFTER DEDUCTIBLE*							
EmblemHealth	$388.92	N/A	N/A	$1,122.04	$388.92	$929.11	$716.89	$1,160.62
EmblemHealth HSA EPO 5800	*HDHP EPO DED: $5,800, COINS: 100%, Rx: COVERED IN FULL AFTER DEDUCTIBLE*							
EmblemHealth	$286.04	N/A	N/A	$823.72	$286.04	$682.22	$526.60	$852.02

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

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		Mixed Tier Rates				Four Tier Rates			
EmblemHealth HSA PPO 2500/5000	*HDHP PPO IN DED: $2,500, COINS: 100%, OON DED: $5,000, COINS: 80%, COINS MAX OOP: $2,000, Rx: COVERED IN FULL AFTER DEDUCTIBLE*								
EmblemHealth		$527.29	N/A	N/A	$1,523.38	$527.29	$1,261.25	$972.91	$1,575.80
EmblemHealth HSA PPO 2500/2500	*HDHP PPO IN DED: $2,500, COINS: 100%, OON DED: $2,500, COINS: 70%, COINS MAX OOP $3,000, Rx COVERED IN FULL AFTER DEDUCTIBLE*								
EmblemHealth		$513.88	N/A	N/A	$1,484.44	$513.88	$1,229.05	$948.08	$1,535.54
EmblemHealth HSA PPO 5000/5000	*HDHP PPO IN DED: $5,000, COINS: 100%, OON DED: $5,000, COINS: 70%, COINS MAX OOP: $3,000 , Rx COVERED IN FULL AFTER DEDUCTIBLE*								
EmblemHealth		$371.57	N/A	N/A	$1,071.76	$371.57	$887.51	$684.81	$1,108.61
OUT-OF-AREA PLANS		**EE**	**EE/Spouse**	**EE/Child(ren)**	**Family**	**EE**	**EE/Spouse**	**EE/Child(ren)**	**Family**
Oxford USA PPOcs 25/40-1000/2000	*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)*								
Oxford		$649.73	$1,423.04	$1,201.41	$2,045.61	$649.73	$1,423.04	$1,201.41	$2,045.61

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