HealthPass NEW YORK

Region 5 Rates December 2011

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	$897.98	N/A	N/A	$2,603.42	$897.98	$2,150.86	$1,663.29	$2,693.94
EmblemHealth EPO+ 30-500-New Rx	*PHYSICIAN COPAY: $30, HOSPITAL COPAY: $500, Rx: $0/30/50*							
EmblemHealth	$674.48	N/A	N/A	$1,955.24	$674.48	$1,614.41	$1,249.78	$2,023.39
EmblemHealth EPO+ 30-1000	*PHYSICIAN COPAY: $30, HOSPITAL COPAY: $1,000, Rx: $0/30/50*							
EmblemHealth	$630.50	N/A	N/A	$1,827.63	$630.50	$1,508.80	$1,168.37	$1,891.38
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	$568.65	N/A	N/A	$1,648.33	$568.65	$1,360.41	$1,053.98	$1,705.88
EmblemHealth EPO+ 30-1000 D	*PHYSICIAN COPAY: $30, HOSPITAL COPAY: $1,000, Rx: DISCOUNT Rx*							
EmblemHealth	$481.35	N/A	N/A	$1,395.17	$481.35	$1,150.90	$892.48	$1,443.99
EmblemHealth EPO+ 40-0	*PHYSICIAN COPAY: $40, HOSPITAL COPAY: $0, Rx: $0/30/50*							
EmblemHealth	$671.71	N/A	N/A	$1,947.15	$671.71	$1,607.73	$1,244.63	$2,015.06
EmblemHealth EPO+ 40- 500-New Rx	*PHYSICIAN COPAY: $40, HOSPITAL COPAY: $500, Rx: $0/30/50*							
EmblemHealth	$630.81	N/A	N/A	$1,828.61	$630.81	$1,509.62	$1,169.00	$1,892.41
EmblemHealth EPO+ 40-1000-New Rx	*PHYSICIAN COPAY: $40, HOSPITAL COPAY: $1,000, Rx: $0/30/50*							
EmblemHealth	$588.13	N/A	N/A	$1,704.83	$588.13	$1,407.18	$1,090.03	$1,764.37
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	$526.28	N/A	N/A	$1,525.53	$526.28	$1,258.79	$975.64	$1,578.87
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	$532.61	N/A	N/A	$1,543.90	$532.61	$1,274.00	$987.36	$1,607.24
EmblemHealth EPO+ 40-1000 D	*PHYSICIAN COPAY: $40, HOSPITAL COPAY: $1,000, Rx: DISCOUNT Rx*							
EmblemHealth	$438.98	N/A	N/A	$1,272.37	$438.98	$1,049.28	$814.14	$1,316.98
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	$490.72	$1,073.23	$908.87	$1,518.06	$490.72	$1,073.23	$908.87	$1,518.06
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	$1,031.16	$2,470.47	$1,909.66	$3,093.48	$1,031.16	$2,470.47	$1,909.66	$3,093.48
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	$861.09	$2,062.26	$1,595.02	$2,583.22	$861.09	$2,062.26	$1,595.02	$2,583.22
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	$436.51	N/A	N/A	$1,263.01	$436.51	$1,040.40	$810.42	$1,308.88
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	$449.60	N/A	N/A	$1,303.16	$449.60	$1,074.76	$833.80	$1,348.79
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	$416.14	N/A	N/A	$1,203.88	$416.14	$991.48	$772.68	$1,247.70
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	$462.92	N/A	N/A	$1,341.80	$462.92	$1,106.73	$858.44	$1,388.75
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	$440.31	N/A	N/A	$1,276.22	$440.31	$1,052.48	$816.63	$1,364.58
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	$357.05	N/A	N/A	$1,032.51	$357.05	$849.65	$663.38	$1,070.45
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	$443.81	N/A	N/A	$1,281.26	$443.81	$1,060.91	$818.48	$1,325.34
EmblemHealth HSA EPO 3000	*HDHP EPO DED: $3,000, COINS: 100%, Rx: COVERED IN FULL AFTER DEDUCTIBLE*							
EmblemHealth	$404.35	N/A	N/A	$1,166.80	$404.35	$966.15	$745.44	$1,206.92
EmblemHealth HSA EPO 5800	*HDHP EPO DED: $5,800, COINS: 100%, Rx: COVERED IN FULL AFTER DEDUCTIBLE*							
EmblemHealth	$297.36	N/A	N/A	$856.55	$297.36	$709.39	$547.54	$885.98

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		$548.26	N/A	N/A	$1,584.19	$548.26	$1,311.58	$1,011.70	$1,638.71
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		$534.31	N/A	N/A	$1,543.70	$534.31	$1,278.09	$985.88	$1,596.84
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		$386.31	N/A	N/A	$1,114.51	$386.31	$922.89	$712.08	$1,152.83
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		$637.73	$1,396.64	$1,181.01	$2,010.30	$637.73	$1,396.64	$1,181.01	$2,010.30

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