



Region 1 Rates 10/01/11 - 12/15/11

Manhattan, Staten Island, Bronx, Suffolk, Westchester

One Life Groups - Renewal

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+ 20/25-200 EmblemHealth	PHYSICIAN COPAY: \$20 PRIMARY/\$25 SPECIALIST, HOSPITAL COPAY: \$200, Rx: \$0/30/50							
	\$510.44	N/A	N/A	\$1,485.83	\$510.44	\$1,195.40	\$915.11	\$1,583.02
CompreHealth HMO+ 30/50-500 EmblemHealth	PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY: \$500, Rx: \$25/35							
	\$356.29	N/A	N/A	\$1,035.38	\$356.29	\$833.22	\$619.12	\$1,103.08
CompreHealth HMO+ 30/50-1000 EmblemHealth	PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY: \$1,000, Rx: \$15/35/75 (\$100 ded)							
	\$352.98	N/A	N/A	\$1,025.77	\$352.98	\$825.47	\$612.79	\$1,092.81
CompreHealth HMO+ 30/50-1000 G EmblemHealth	PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY: \$1,000, Rx: \$15 GENERIC ONLY							
	\$304.76	N/A	N/A	\$884.85	\$304.76	\$712.15	\$582.47	\$942.65
Oxford Freedom Ease EPO 50-500 (2500 max) Oxford	PHYSICIAN COPAY: \$50, 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	\$587.28	\$1,285.66	\$1,087.50	\$1,817.40
Oxford Liberty HMO 30/50-500 (1000 max) Oxford	PHYSICIAN COPAY: \$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	\$472.72	\$1,033.63	\$875.62	\$1,462.37
COST-SHARING PLANS	EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
Oxford Liberty EPOcs 25/50-2000 Oxford	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)							
	\$461.09	\$1,008.04	\$854.05	\$1,426.21	\$461.09	\$1,008.04	\$854.05	\$1,426.21
Oxford Liberty PPOcs 25/40-1000/2000 Oxford	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)							
	\$611.86	\$1,339.73	\$1,133.15	\$1,929.55	\$611.86	\$1,339.73	\$1,133.15	\$1,929.55

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