



Region 5 Rates 1/1/2012 - 3/1/2012
Ulster, Sullivan

Region 5 - Renewal Business Rates

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		\$536.36	N/A	N/A	\$1,554.76	\$536.36	\$1,282.99	\$994.29	\$1,618.85
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		\$496.88	\$1,086.78	\$920.30	\$1,537.23	\$496.88	\$1,086.78	\$920.30	\$1,537.23
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		\$457.76	N/A	N/A	\$1,326.82	\$457.76	\$1,094.36	\$848.91	\$1,418.67
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 3000 - New	HDHP EPO DED: \$3,000, COINS: 80/20, COINS MAX OOP: \$2,000, Rx: \$15/35/75 AFTER DEDUCTIBLE								
EmblemHealth		\$420.61	N/A	N/A	\$1,213.97	\$420.61	\$1,005.19	\$775.54	\$1,297.49
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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EmblemHealth HSA PPO 3000/6000		<i>HDHP PPO IN DED: \$3,000, COINS: 80/20, COINS MAX OOP: \$2,000, OON DED: \$6,000, COINS: 60/40, OON COINS MAX OOP: \$4,000, Rx: \$10/25/50 AFTER DEDUCTIBLE</i>							
EmblemHealth		\$495.69	N/A	N/A	\$1,431.69	\$495.69	\$1,185.36	\$914.42	\$1,530.23
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		<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>							
Oxford		\$651.37	\$1,426.65	\$1,206.32	\$2,054.54	\$651.37	\$1,426.65	\$1,206.32	\$2,054.54

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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