



## EmblemHealth EPO+20-0-New Rx

HealthPass EmblemHealth	EmblemHealth EPO+ 20-0-New Rx
Benefit	In-Network
<b>Embedded Drug Card</b>	\$0/30/50 (\$100 ded)
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Maximum Out-of-Pocket	N/A
Office Copay	\$20/\$0 dep
DXL/Lab Fees	\$20/\$0 dep
Specialist Copay	\$20/\$0 dep
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	No Copay
Hospital Out-Patient	No Copay
Emergency Room	\$50
Private Nursing	Not Covered
<b>Surgical Benefits</b>	
Surgical In-Patient	No Copay
Surgical Out-Patient	No Copay
<b>Mental Health</b>	
Mental Nervous In-Patient	No Copay 30 Days/ Cal. Yr
Substance Abuse In-Patient	No Copay - Detox 7 days/Cal. Yr Rehab unlimited
Mental Nervous Out-Patient	30 Visits/\$0 dep \$20 Copay
Substance Abuse Out-Patient	No Copay/\$0 dep 60 Visits/Cal. Yr Up to 20 fam visits/Cal. Yr
<b>Other</b>	
Well Care (Up to 19)	No Charge
Routine Adult Care	No Charge
Chiropractic Care	\$20 Copay/\$0 dep
Home Health Care	No Charge-200 visits
Therapy Services In-Patient	No Copay -30 days/Cal. Yr
Therapy Services Out-Patient	\$20/0 dep 30 days/Cal. Yr
Durable Medical Equipment	\$10,000 max/Cal. Yr
Optical (1 exam every 24 months)	\$10 Copay

9.22.10

Emblem CompreHealth HMO plans underwritten by HIP Health Plan of New York ("HIP"). All other EmblemHealth plans underwritten by Group Health Incorporated ("GHI").

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by the carrier. Final rates are determined by the carrier's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this website or printed output, will for the contract between the insured and the carrier.

(d) Non-Formulary / Oral Contraceptive / Deductible



## EmblemHealth EPO+ 30-500-New Rx

HPass EmblemHealth	EmblemHealth EPO+ 30-500-New Rx
Benefit	In-Network
<b>Drug Card</b>	0/30/50/0
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	\$30/\$0 dep child
Specialist Co-pay	\$30/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$500/admis
Hospital Out-Patient	\$250 copay
Emergency Room	\$100 copay (waived if admitted)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	\$500/admis
Surgical Out-Patient	\$250 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$500/admis 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	\$500/admis Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$30 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	\$30 copay/\$0 dep child
Home Health Care	No charge; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$500/admis 30 days/cal yr
Therapy Services Out-Patient	\$30 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	No charge; \$10,000 max/cal yr
Optical (1exam every 24 months)	\$10 Copay

9.27.10



## EmblemHealth EPO+ 30-1000

HealthPass	EmblemHealth EPO+ 30-1000
Benefit	In-Network
<b>Drug Card</b>	0/30/50/0
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	\$30/\$0 dep child
Specialist Co-pay	\$30/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$750 copay
Emergency Room	\$100 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$750 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$1,000/admis 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	\$1,000/admis Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$30 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	\$30 copay/\$0 dep child
Home Health Care	No charge; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$1,000/admis 30 days/cal yr
Therapy Services Out-Patient	\$30 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	No charge; \$10,000 max/cal yr
Optical (1 exam every 24 months)	\$10 Copay

9.16.10



## EmblemHealth EPO+ 30-1000 1K/50%

HealthPass	EmblemHealth EPO+ 30-1000 1K/50%
Benefit	In-Network
<b>Drug Card</b>	0/30/50/50 thresh 1000 then 50%
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	\$30/\$0 dep child
Specialist Co-pay	\$30/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$750 copay
Emergency Room	\$100 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$750 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$1,000/admis 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	\$1,000/admis Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$30 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	\$30 copay/\$0 dep child
Home Health Care	No charge; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$1,000/admis 30 days/cal yr
Therapy Services Out-Patient	\$30 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	No charge; \$10,000 max/cal yr
Optical (1 exam every 24 months)	\$10 copay

12.01.10



## EmblemHealth EPO+ 30-1000 D

HealthPass	EmblemHealth EPO+ 30-1000 D
Benefit	In-Network
<b>Drug Card</b>	Discount Rx
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	\$30/\$0 dep child
Specialist Co-pay	\$30/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$750 copay
Emergency Room	\$100 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$750 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$1,000/admis 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	\$1,000/admis Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$30 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	\$30 copay/\$0 dep child
Home Health Care	No charge; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$1,000/admis 30 days/cal yr
Therapy Services Out-Patient	\$30 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	No charge; \$10,000 max/cal yr
Optical (1 exam every 24 months)	\$10 Copay
(hardware only children under age 19 every 24 months)	\$20 Copay

9.16.10



## EmblemHealth EPO+40-0

Emblem EPO	EmblemHealth EPO+40-0
Benefit	In-Network
<b>Drug Card</b>	0/30/50/0
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$40 copay/\$0 dep
DXL/Lab Fees	\$40 copay/\$0 dep
Specialist Co-pay	\$40 copay/\$0 dep
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	Covered in full
Hospital Out-Patient	Covered in full
Emergency Room	\$50 copay
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	Covered in full
Surgical Out-Patient	Covered in full
<b>Mental Health</b>	
Mental Nervous In-Patient	Covered in full 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	Covered in full Rehab unlimited Detox - 7 days/cal yr
Mental Nervous Out-Patient	\$40 copay/\$0 dep 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	Covered in full 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	Covered in full
Routine Adult Care	Covered in full
Chiropractic Care	\$40 copay/\$0 dep
Home Health Care	Covered in full; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Covered in full 30 days/cal yr
Therapy Services Out-Patient	\$40 copay/\$0 dep 30 visits/cal yr
Durable Medical Equipment	Covered in full; \$10,000 max/cal yr

11.04.09



## EmblemHealth EPO+ 40-500-New Rx

HealthPass	EmblemHealth EPO+ 40-500-New Rx
Benefit	In-Network
<b>Drug Card</b>	0/30/50/0
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$40/\$0 dep child
DXL/Lab Fees	\$40/\$0 dep child
Specialist Co-pay	\$40/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$500/admis
Hospital Out-Patient	\$250 copay
Emergency Room	\$100 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	\$500/admis
Surgical Out-Patient	\$250 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$500/admis 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	\$500/admis Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	\$40 copay/\$0 dep child
Home Health Care	No charge; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$500/admis 30 days/cal yr
Therapy Services Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	No charge; \$10,000 max/cal yr
Optical (1 exam every 24 months)	\$10 copay

9.16.10



## EmblemHealth EPO+ 40-1000-New Rx

HealthPass	EmblemHealth EPO+ 40-1000-New Rx
Benefit	In-Network
<b>Drug Card</b>	0/30/50/0
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$40/\$0 dep child
DXL/Lab Fees	\$40/\$0 dep child
Specialist Co-pay	\$40/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$750 copay
Emergency Room	\$100 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$750 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$1,000/admis 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	\$1,000/admis Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	\$40 copay/\$0 dep child
Home Health Care	No charge; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$1,000/admis 30 days/cal yr
Therapy Services Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	No charge; \$10,000 max/cal yr
Optical (1 exam every 24 months)	\$10 Copay

9.16.10



## EmblemHealth EPO+ 40-1000 1K/50%

HealthPass	EmblemHealth EPO+ 40-1000 1K/50%
Benefit	In-Network
<b>Drug Card</b>	0/30/50/50 thresh 1000 then 50%
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$40/\$0 dep child
DXL/Lab Fees	\$40/\$0 dep child
Specialist Co-pay	\$40/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$750 copay
Emergency Room	\$100 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$750 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$1,000/admis 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	\$1,000/admis Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	\$40 copay/\$0 dep child
Home Health Care	No charge; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$1,000/admis 30 days/cal yr
Therapy Services Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	No charge; \$10,000 max/cal yr
Optical (1 exam every 24 months)	\$10 Copay

12.01.10



## EmblemHealth EPO 40-1000 1K/50% - New

HealthPass	EH EPO 40-1000 1K/50%-New
Benefit	In-Network
<b>Drug Card</b>	10/30/50/Yes/50 thresh 1000 then 50%
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$40/\$0 dep child
DXL/Lab Fees	Lab-\$40; DXL-40% CoIns; \$150 max/\$0 dep child
Specialist Co-pay	\$40/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$750 copay
Emergency Room	\$100 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$750 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$1,000/admis 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	\$1,000/admis Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	\$40 copay/\$0 dep child
Home Health Care	No charge; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$1,000/admis 30 days/cal yr
Therapy Services Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	No charge; \$10,000 max/cal yr
Optical (1 exam every 24 months) (hardware only children under age 26 every 24 months)	\$10 Copay \$20 Copay

7.01.11



## EmblemHealth EPO+ 40-1000 D

HealthPass	EmblemHealth EPO+40-1000 D
Benefit	In-Network
<b>Drug Card</b>	Discount Rx
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$40/\$0 dep child
DXL/Lab Fees	\$40/\$0 dep child
Specialist Co-pay	\$40/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$750 copay
Emergency Room	\$100 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$750 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$1,000/admis 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	\$1,000/admis Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	\$40 copay/\$0 dep child
Home Health Care	No charge; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$1,000/admis 30 days/cal yr
Therapy Services Out-Patient	\$40 copay/\$0 dep child
Durable Medical Equipment	30 visits/cal yr No charge; \$10,000 max/cal yr
Optical (1 exam every 24 months) (hardware only children under age 26 every 24 months)	\$10 Copay \$20 Copay

4.01.11



## CompreHealth HMO+ 20/25-200

HealthPass	CompreHealth HMO 20/25-200
Benefit	In-Network
<b>Drug Card</b>	0/30/50
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$20/\$0 dep child
DXL/Lab Fees	No Fee
Specialist Co-pay	\$25/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$200/admis
Hospital Out-Patient	\$50 copay
Emergency Room	\$50 copay (waived if admitted)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	\$200/admis
Surgical Out-Patient	\$50 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$200/admis 30 days/cal yr
Substance Abuse In-Patient	\$200/admis Rehab-not covered Detox-7 days/cal yr
Mental Nervous Out-Patient	\$25 copay/\$0 dep child 20 visits/cal yr
Substance Abuse Out-Patient	\$25 copay/\$0 dep child 60 visits/cal yr
<b>Other</b>	
Well Care(Up to 19)	\$0 copay
Routine Adult Care	\$0 copay
Chiropractic Care	\$25 copay
Home Health Care	No charge; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$100/admis 30 days/cal yr
Therapy Services Out-Patient	\$25 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	\$500 ded/cal yr

CompreHealth HMO - Gated  
4.27.11



## CompreHealth HMO+ 30/50-500

HealthPass	CompreHealth HMO 30/50-500
Benefit	In-Network
<b>Drug Card</b>	25/35
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	No Charge
Specialist Co-pay	\$50/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$500/admis
Hospital Out-Patient	\$75 copay
Emergency Room	\$100 copay (waived if admitted)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	\$500/admis
Surgical Out-Patient	\$75 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$500/admis 30 days/cal yr
Substance Abuse In-Patient	\$500/admis Rehab-not covered Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50 copay/\$0 dep child 20 visits/cal yr
Substance Abuse Out-Patient	\$25 copay/\$0 dep child 60 visits/cal yr
<b>Other</b>	
Well Care(Up to 19)	\$0 copay
Routine Adult Care	\$0 copay
Chiropractic Care	\$50 copay
Home Health Care	No copay, 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$500/admis 30 days/cal yr
Therapy Services Out-Patient	\$50 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	\$500 ded/cal yr

CompreHealth HMO - Gated  
4.27.11



## CompreHealth HMO 30/50-1000

HealthPass

CompreHealth HMO 30/50-1000

### Benefit

### In-Network

#### Drug Card

Prescription Card	15(Generic) 35(Brand) 75/Yes/100(d)
-------------------	---

#### Major Medical

Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	\$0 copay
Specialist Co-pay	\$50/\$0 dep child
Lifetime Maximum	Unlimited

#### Hospital Benefits

Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$75 copay
Emergency Room	\$150 copay (wavierd if admit)
Private Nursing	Not covered

#### Surgical Benefits

Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$75 copay

#### Mental Health

Mental Nervous In-Patient	\$1,000/admis 30 days/cal yr
Substance Abuse In-Patient	\$1,000/admis Rehab- Not covered Detox- 7 days/cal yr
Mental Nervous Out-Patient	\$50 copay/\$0 dep child 20 visits/cal yr
Substance Abuse Out-Patient	\$25 copay/\$0 dep child 60 visits/cal yr

#### Other

Well Care(Up to 19)	\$0 copay
Routine Adult Care	\$0 copay
Chiropractic Care	\$50 copay/\$0 dep child
Home Health Care	\$0 copay; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$1,000/admis 30 days/cal yr
Therapy Services Out-Patient	\$50 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	\$500 ded/cal yr

CompreHealth HMO - Gated  
7.01.11

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment.  
(d) Non-Formulary / Oral Contraceptive / Deductible



## CompreHealth HMO+ 30/50-1000 G

HealthPass	CompreHealth HMO+ 30/50-1000 G
Benefit	In-Network
<b>Drug Card</b>	\$15 Generic Only
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	No charge
Specialist Co-pay	\$50/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$75 copay
Emergency Room	\$150 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$75 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$1,000/admis 30 days/cal yr
Substance Abuse In-Patient	\$1,000/admis Rehab- Not covered Detox- 7 days/cal yr
Mental Nervous Out-Patient	\$50 copay/\$0 dep child 20 visits/cal yr
Substance Abuse Out-Patient	\$25 copay/\$0 dep child 60 visits/cal yr
<b>Other</b>	
Well Care(Up to 19)	\$0 copay
Routine Adult Care	\$0 copay
Chiropractic Care	\$50 copay/\$0 dep child
Home Health Care	No charge; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$1,000/admis 30 days/cal yr
Therapy Services Out-Patient	\$50 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	\$500 ded/cal yr

CompreHealth HMO - Gated  
4.28.11



## Oxford Freedom Ease EPO 50-500(2500max)

HealthPass	Oxford Freedom Ease EPO 50-500(2500max)
Benefit	In-Network
<b>Drug Card</b>	15/35/75/Yes/100
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$50
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max
Specialist Co-pay	\$50
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$500/day; \$2,500 max/cal yr
Hospital Out-Patient	\$500 copay
Emergency Room	\$200 copay (waived if admitted)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	No charge
Surgical Out-Patient	\$500 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$500/day; \$2,500 max/cal yr 30 days/cal yr
Substance Abuse In-Patient	\$500/day; \$2,500 max/cal yr Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50 copay 30 visits/cal yr
Substance Abuse Out-Patient	No charge 60 visits/cal yr
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$50 copay
Home Health Care	\$50 copay; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$500/day; \$2,500 max/cal yr 60 cons/cond/life
Therapy Services Out-Patient	\$50 copay 60 visits/cond/life
Durable Medical Equipment	No charge; \$1,500 max/cal yr



## Oxford Liberty HMO 30/50-500(1000max)

HealthPass	Oxford Liberty HMO 30/50-500
Benefit	In-Network
<b>Drug Card</b>	15/35/75/Yes/100
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30
DXL/Lab Fees	Lab-no charge; DXL-20% CoIns up to \$100/procedure
Specialist Co-pay	\$50
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$500/day; \$1,000 max/admis
Hospital Out-Patient	\$150 copay
Emergency Room	\$150 copay (waived if admitted)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	No charge
Surgical Out-Patient	\$150 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$500/day; \$1,000 max/admis 30 days/cal yr
Substance Abuse In-Patient	\$500/day; \$1,000 max/admis Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50 copay 30 visits/cal yr
Substance Abuse Out-Patient	\$30 copay 60 visits/cal yr
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$50 copay
Home Health Care	\$30 copay; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$500/day; \$1,000 max/admis 60 cons/cond/life
Therapy Services Out-Patient	\$50 copay 60 visits/cond/life
Durable Medical Equipment	No charge; \$1,500 max/cal yr

Oxford - HMO Gated  
7.15.10



## EmblemHealth PPO+30-500-1000

HealthPass	EmblemHealth PPO+30-500-1000	
Benefit	In-Network	Out-Network
<b>Drug Card</b>	0/25/50	
<b>Major Medical</b>		
Deductible Ind/Fam	N/A	\$1,000/\$3,000
Co-Insurance	N/A	70%*
Out-of-Pocket	N/A	\$4,000/\$12,000 (incl ded)
Office Co-pay	\$30/\$0 dep child	Ded & Colns
DXL/Lab Fees	\$30/\$0 dep child	Ded & Colns
Specialist Co-pay	\$30/\$0 dep child	Ded & Colns
Lifetime Maximum	Unlimited	Unlimited
<b>Hospital Benefits</b>		
Hospital In-Patient	\$500/admis	Ded & Colns
Hospital Out-Patient	\$250 copay	Ded & Colns
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Private Nursing	Not covered	Not covered
<b>Surgical Benefits</b>		
Surgical In-Patient	\$500/admis	Ded & Colns
Surgical Out-Patient	\$250 copay	Ded & Colns
<b>Mental Health</b>		
Mental Nervous In-Patient	\$500/admis 30 days/cal yr Unlimited bio-based	Ded & Colns 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	\$500/admis Rehab-30 days/cal yr Detox-7 days/cal yr	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$30 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based	Ded & Colns 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge 60 visits/cal yr Up to 20 family visits	Ded & Colns 60 visits/cal yr Up to 20 family visits
<b>Other</b>		
Well Care(Up to 19)	No charge	Ded & Colns
Routine Adult Care	No charge (annual physical)	Ded & Colns (annual physical)
Chiropractic Care	\$30 copay/\$0 dep child	Ded & Colns
Home Health Care	No charge; 200 visits/cal yr	Ded & Colns; 200 visits/cal yr
Non-Authorization	Refer to carrier	Refer to carrier
Therapy Services In-Patient	\$500/admis 30 days/cal yr	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	\$30 copay/\$0 dep child 30 visits/cal yr	Ded & Colns 30 visits/cal yr
Durable Medical Equipment	No charge;\$10,000 max/cal yr	In-network only
Optical (1 exam every 24 months)	\$10 copay	Not Covered

\*70th percentile of HIAA  
7.15.10



## EmblemHealth PPO+ 40-500 (1500 max)-3000

HealthPass	EmblemHealth PPO+ 40-500 (1500 max)-3000	
Benefit	In-Network	Out-Network
<b>Drug Card</b>	0/25/50/100	
<b>Major Medical</b>		
Deductible Ind/Fam	N/A	\$3,000/\$9,000
Co-Insurance	N/A	70%*
Out-of-Pocket	N/A	\$6,000/\$18,000 (incl ded)
Office Co-pay	\$40/\$0 dep child	Ded & Colns
DXL/Lab Fees	\$40/\$0 dep child	Ded & Colns
Specialist Co-pay	\$40/\$0 dep child	Ded & Colns
Lifetime Maximum	Unlimited	Unlimited
<b>Hospital Benefits</b>		
Hospital In-Patient	\$500/day; \$1,500 max/admis	Ded & Colns
Hospital Out-Patient	\$500 copay	Ded & Colns
Emergency Room	\$100 copay (waived if admit)	\$100 copay (waived if admit)
Private Nursing	Not covered	Not covered
<b>Surgical Benefits</b>		
Surgical In-Patient	\$500/day; \$1,500 max/admis	Ded & Colns
Surgical Out-Patient	\$500 copay	Ded & Colns
<b>Mental Health</b>		
Mental Nervous In-Patient	\$500/day; \$1,500 max/admis 30 days/cal yr Unlimited bio-based	Ded & Colns 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	\$500/day; \$1,500 max/admis Rehab-30 days/cal yr Detox-7 days/cal yr	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based	Ded & Colns 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge 60 visits/cal yr Up to 20 family visits	Ded & Colns 60 visits/cal yr Up to 20 family visits
<b>Other</b>		
Well Care(Up to 19)	No charge	Ded & Colns
Routine Adult Care	No charge (annual physical)	Ded & Colns
Chiropractic Care	\$40 copay/\$0 dep child	Ded & Colns
Home Health Care	No charge; 200 visits/cal yr	Ded & Colns; 200 visits/cal yr
Non-Authorization	Refer to carrier	Refer to carrier
Therapy Services In-Patient	\$500/day; \$1,500 max/admis 30 days/cal yr	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr	Ded & Colns 30 visits/cal yr
Durable Medical Equipment	No charge; \$10,000 max/cal yr	In-network only
Optical (1 exam every 24 months)	\$10 Copay	Not Covered

\*70% of HIAA  
12.01.10



## EmblemHealth EPOcs+ 30-1000 G

HealthPass	EmblemHealth EPOcs+ 30-1000 G
Benefit	In-Network
<b>Drug Card</b>	\$15 Generic Only
<b>Major Medical</b>	
Deductible Ind/Fam	\$1,000/\$3,000
Co-Insurance	90%
Out-of-Pocket	\$1,500/\$4,500 (incl ded)
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	\$30-PCP/Ded & Coins-OP/\$0 dep child
Specialist Co-pay	\$30/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$100 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns
<b>Mental Health</b>	
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$30 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	\$30 copay/\$0 dep child 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	\$30 copay/\$0 dep child
Home Health Care	20% Colns; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	\$30 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	Ded & Colns; \$10,000 max/cal yr
Optical (1 exam every 24 months) (hardware only children under age 19 every 24 months)	\$10 Copay \$20 Copay

9.16.10



## EmblemHealth EPOcs+ 30-2000 1K/50%

HealthPass	EmblemHealth EPOcs+ 30-2000 1K/50%
Benefit	In-Network
<b>Drug Card</b>	0/30/50/50 thresh 1000 then 50%
<b>Major Medical</b>	
Deductible Ind/Fam	\$2,000/\$6,000
Co-Insurance	80%
Out-of-Pocket	\$5,000/\$15,000 (incl ded)
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	Ded & CoIns
Specialist Co-pay	\$30/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	Ded & CoIns
Hospital Out-Patient	Ded & CoIns
Emergency Room	\$100 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	Ded & CoIns
Surgical Out-Patient	Ded & CoIns
<b>Mental Health</b>	
Mental Nervous In-Patient	Ded & CoIns 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	Ded & CoIns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$30 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	\$30 copay/\$0 dep child 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	\$30 copay/\$0 dep child
Home Health Care	20% CoIns; 200 vis/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & CoIns 30 days/cal yr
Therapy Services Out-Patient	\$30 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	Ded & CoIns; \$10,000 max/cal yr
Optical (1 exam every 24 months) (hardware only children under age 19 every 24 months)	\$10 Copay \$20 Copay

12.01.10



## EmblemHealth EPOCs+ 40-1000 G

HealthPass	EmblemHealth EPOCs+ 40-1000 G
Benefit	In-Network
<b>Drug Card</b>	\$15 Generic Only
<b>Major Medical</b>	
Deductible Ind/Fam	\$1,000/\$3,000
Co-Insurance	90%
Out-of-Pocket	\$1,500/\$4,500 (incl ded)
Office Co-pay	\$40/\$0 dep child
DXL/Lab Fees	\$40-PCP/Ded & Coins-OP/\$0 dep child
Specialist Co-pay	\$40/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$100 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns
<b>Mental Health</b>	
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	\$40 copay/\$0 dep child 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	\$40 copay/\$0 dep child
Home Health Care	20% Colns; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	Ded & Colns; \$10,000 max/cal yr
Optical (1 exam every 24 months) (hardware only children under age 19 every 24 months)	\$10 Copay \$20 Copay

9.16.10



## EmblemHealth EPOCs+ 40-1000 1K/50%

HealthPass	EmblemHealth EPOCs+ 40-1000 1K/50%
Benefit	In-Network
<b>Drug Card</b>	0/30/50/50 thresh 1000 then 50%
<b>Major Medical</b>	
Deductible Ind/Fam	\$1,000/\$3,000
Co-Insurance	80%
Out-of-Pocket	\$4,000/\$12,000 (incl ded)
Office Co-pay	\$40/\$0 dep child
DXL/Lab Fees	Ded & CoIns
Specialist Co-pay	\$40/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	Ded & CoIns
Hospital Out-Patient	Ded & CoIns
Emergency Room	\$100 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	Ded & CoIns
Surgical Out-Patient	Ded & CoIns
<b>Mental Health</b>	
Mental Nervous In-Patient	Ded & CoIns 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	Ded & CoIns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	\$40 copay/\$0 dep child 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	\$40 copay/\$0 dep child
Home Health Care	20% CoIns; 200 vis/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & CoIns 30 days/cal yr
Therapy Services Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	Ded & CoIns
Durable Medical Equipment	Ded & CoIns; \$10,000 max/cal yr
Optical (1 exam every 24 months) (hardware only children under age 19 every 24 months)	\$10 Copay \$20 Copay

12.01.10



## EmblemHealth EPOcs 40-2500 1K/50%

HealthPass	EH EPOcs 40-2500 1K/50%
Benefit	In-Network
<b>Drug Card</b>	10/30/50/Yes/50 thresh 1000 then 50%
<b>Major Medical</b>	
Deductible Ind/Fam	\$2,500/\$7,500
Co-Insurance	80%
Out-of-Pocket	\$4,500/\$13,500 (incl ded)
Office Co-pay	\$40/\$0 dep child
DXL/Lab Fees	Lab-\$40; DXL-40% Colns; \$150 max/\$0 dep child
Specialist Co-pay	\$40/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$200 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns
<b>Mental Health</b>	
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$40/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	\$40/\$0 dep child 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	\$40/\$0 dep child
Home Health Care	20% Colns; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	\$40/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	Ded & Colns
Optical (1 exam every 24 months) (hardware only children under age 26 every 24 months)	\$10 Copay \$20 Copay

7.01.11



## EmblemHealth EPOcs+ 40-2000 G

HealthPass	EmblemHealth EPOcs+ 40-2000 G
Benefit	In-Network
<b>Drug Card</b>	\$15 Generic Only
<b>Major Medical</b>	
Deductible Ind/Fam	\$2,000/\$6,000
Co-Insurance	80%
Out-of-Pocket	\$5,000/\$15,000 (incl ded)
Office Co-pay	\$40/\$0 dep child
DXL/Lab Fees	\$40-PCP/Ded & Coins-OP/\$0 dep child
Specialist Co-pay	\$40/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$100 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns
<b>Mental Health</b>	
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	\$40 copay/\$0 dep child 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	\$40 copay/\$0 dep child
Home Health Care	20% Colns; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	\$40 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	Ded & Colns; \$10,000 max/cal yr
Optical (1 exam every 24 months) (hardware only children under age 19 every 24 months)	\$10 Copay \$20 Copay

9.16.10



## HIP EPOCs 25-1000

HealthPass	HIP EPOCs 25-1000
Benefit	In-Network
<b>Drug Card</b>	20/30/50/Yes/50
<b>Major Medical</b>	
Deductible Ind/Fam	\$1,000/\$2,000 (cal yr)
Co-Insurance	90%
Out-of-Pocket	\$1,500/\$3,000 (incl ded)
Office Co-pay	\$25
DXL/Lab Fees	PCP-\$25; OP-Ded & Colns
Specialist Co-pay	\$25
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$50 copay (waived if admitted)
Private Nursing	No charge
<b>Surgical Benefits</b>	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns
<b>Mental Health</b>	
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$25 copay 20 visits/cal yr
Substance Abuse Out-Patient	\$25 copay 60 visits/cal yr
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	\$25 copay
Chiropractic Care	\$25 copay
Home Health Care	Ded & Colns; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	\$25 copay 30 visits/cal yr
Durable Medical Equipment	No charge
Optical (1 exam every 12 montus) (1 pair of glasses every 12 months)	No copay No copay

7.15.10



## HIP EPOCs 30/50-1500

HealthPass	HIP EPOCs 30/50-1500
Benefit	In-Network
<b>Drug Card</b>	20/30/50/Yes/0
<b>Major Medical</b>	
Deductible Ind/Fam	\$1,500/\$3,000 (cal yr)
Co-Insurance	90%
Out-of-Pocket	\$2,500/\$5,000 (incl ded)
Office Co-pay	\$30
DXL/Lab Fees	PCP-\$30; OP-Ded & Colns
Specialist Co-pay	\$50
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$50 copay (waived if admitted)
Private Nursing	No charge
<b>Surgical Benefits</b>	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns
<b>Mental Health</b>	
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50 copay 20 visits/cal yr
Substance Abuse Out-Patient	\$50 copay 60 visits/cal yr
<b>Other</b>	
Well Care(Up to 19)	No copay
Routine Adult Care	\$30 copay
Chiropractic Care	\$50 copay
Home Health Care	Ded & Colns; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	\$50 copay 30 visits/cal yr
Durable Medical Equipment	No charge
Optical (1 exam every 12 months)	No Copay
(1 pair of glasses every 12 months)	No Copay

7.15.10



## HIP PPOcs 30/50-2000/2500

HealthPass	HIP PPOcs 30/50-2000/2500	
------------	---------------------------	--

Benefit	In-Network	Out-Network
---------	------------	-------------

**Drug Card**

Prescription Card	20(Generic) 30(Brand) 50/Yes/50(d)	
-------------------	--	--

**Major Medical**

Deductible Ind/Fam	\$2,000/\$4,000 (cal yr)	\$2,500/\$5,000 (cal yr)
Co-Insurance	80%	70%*
Out-of-Pocket	\$5,500/\$11,000 (incl ded)	\$6,500/\$13,000 (incl ded)
Office Co-pay	\$30	Ded & Colns
DXL/Lab Fees	\$30	Ded & Colns
Specialist Co-pay	\$50	Ded & Colns
Lifetime Maximum	Unlimited	Unlimited

**Hospital Benefits**

Hospital In-Patient	Ded & Colns	Ded & Colns
Hospital Out-Patient	Ded & Colns	Ded & Colns
Emergency Room	\$50 copay	\$50 copay
Private Nursing	\$0 copay	Not covered

**Surgical Benefits**

Surgical In-Patient	Ded & Colns	Ded & Colns
Surgical Out-Patient	Ded & Colns	Ded & Colns

**Mental Health**

Mental Nervous In-Patient	Ded & Colns 30 days/cal yr	Ded & Colns 30 days/cal yr
Substance Abuse In-Patient	Ded & Colns Rehab- 30 days/cal yr Detox-7 days/cal yr	Ded & Colns
Mental Nervous Out-Patient	\$50 copay 20 visits/cal yr	Ded & Colns 20 visits/cal yr
Substance Abuse Out-Patient	\$25 copay 60 visits/cal yr	Ded & Colns 60 visits/cal yr

**Other**

Well Care(Up to 19)	\$0 copay	\$0 copay
Routine Adult Care	\$0 copay	\$0 copay
Chiropractic Care	\$50 copay	Ded & Colns
Home Health Care	Ded & Colns; 40 visits/ cal yr	Ded & Colns; 40 visits/ cal yr
Non-Authorization	Refer to carrier	Refer to carrier
Therapy Services In-Patient	Ded & Colns 30 days/cal yr	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	\$50 copay 30 visits/cal yr	Ded & Colns 30 visits/cal yr
Durable Medical Equipment	Colns	Not covered

80th percentile HIAA  
7.01.11



## Oxford Liberty EPOcs 25/50-2000

HealthPass	Oxford Liberty EPOc 25/50-2000
Benefit	In-Network
<b>Drug Card</b>	15/35/75/Yes/100
<b>Major Medical</b>	
Deductible Ind/Fam	\$2,000/\$5,000 (plan yr)
Co-Insurance	90%
Out-of-Pocket	\$3,000/\$7,500 (incl ded)
Office Co-pay	\$25
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max
Specialist Co-pay	\$50
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$200 copay (waived if admitted)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns
<b>Mental Health</b>	
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50 copay 30 visits/cal yr
Substance Abuse Out-Patient	\$50 copay per visit 60 visits/cal yr
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$50 copay
Home Health Care	10% Colns; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & Colns 60 cons/cond/life
Therapy Services Out-Patient	\$50 copay 60 visits/cond/life
Durable Medical Equipment	Ded & Colns; \$1,500 max/cal yr

12.29.10



## Oxford Liberty PPOcs 25/40-1000/2000

<b>HealthPass</b>	<b>Oxford Liberty PPOcs 25/40 -1000/2000</b>
-------------------	--

<b>Benefit</b>	<b>In-Network</b>	<b>Out-Network</b>
----------------	-------------------	--------------------

<b>Drug Card</b>	15/50%/50%/Yes/100	
------------------	--------------------	--

**Major Medical**

Deductible Ind/Fam	\$1,000/\$2,500 (plan yr)	\$2,000/\$5,000 (plan yr)
Co-Insurance	80%	60%*
Out-of-Pocket	\$3,000/\$7,500 (incl ded)	\$6,000/\$15,000 (incl ded)
Office Co-pay	\$25	Ded & Colns
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max	Ded & Colns
Specialist Co-pay	\$40	Ded & Colns
Lifetime Maximum	Unlimited	Unlimited

**Hospital Benefits**

Hospital In-Patient	Ded & Colns	Ded & Colns
Hospital Out-Patient	Ded & Colns	Ded & Colns
Emergency Room	\$200 copay (waived if admitted)	\$200 copay (waived if admitted)
Private Nursing	Not covered	Not covered

**Surgical Benefits**

Surgical In-Patient	Ded & Colns	Ded & Colns
Surgical Out-Patient	Ded & Colns	Ded & Colns

**Mental Health**

Mental Nervous In-Patient	Ded & Colns 30 days/cal yr	Ded & Colns 30 days/cal yr
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr	In-network only
Mental Nervous Out-Patient	\$40 copay 30 visits/cal yr	Ded & Colns 30 visits/cal yr
Substance Abuse Out-Patient	\$40 copay 60 visits/cal yr	Ded & Colns 60 visits/cal yr

**Other**

Well Care(Up to 19)	No charge	Ded & Colns; \$300 max/cal yr
Routine Adult Care	No charge	In-network only
Chiropractic Care	\$40 copay	Ded & Colns
Home Health Care	20% Colns; 40 visits/cal yr	25% Colns; 40 visits/cal yr
Non-Authorization	Refer to carrier	Refer to carrier
Therapy Services In-Patient	Ded & Colns 60 cons/cond/life	Ded & Colns 60 cons/cond/life
Therapy Services Out-Patient	\$40 copay 60 visits/cond/life	Ded & Colns 60 visits/cond/life
Durable Medical Equipment	Ded & Colns; \$1,500 max/cal yr	Ded & Colns; \$1,500 max/cal yr

\*140% of Medicare  
12.29.10



## EmblemHealth HSA EPO 2500

HealthPass	EmblemHealth HSA EPO 2500
Benefit	In-Network
<b>Drug Card</b>	100% after ded
<b>Major Medical</b>	
Deductible Ind/Fam	\$2,500/\$5,000 (plan yr)
Co-Insurance	N/A
Out-of-Pocket	\$2,500/\$5,000 (incl ded)
Office Co-pay	No charge after ded
DXL/Lab Fees	No charge after ded
Specialist Co-pay	No charge after ded
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	No charge after ded
Hospital Out-Patient	No charge after ded
Emergency Room	No charge after ded (waived if admitted)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	No charge after ded
Surgical Out-Patient	No charge after ded
<b>Mental Health</b>	
Mental Nervous In-Patient	No charge after ded 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	No charge after ded Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	No charge after ded 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge after ded 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	No charge after ded
Home Health Care	No charge after ded; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	No charge after ded 30 days/cal yr
Therapy Services Out-Patient	No charge after ded 30 visits/cal yr
Durable Medical Equipment	No charge after ded;\$10,000 max/cal yr

10.01.11

EmblemHealth's aggregate deductible: if you are a single member with no dependents you are required to satisfy your plan's individual deductible, once per calendar and/or policy year before benefits begin. If you are a family member with dependents your entire family is required to satisfy your health plan's aggregate deductible. This means there is one family deductible that must be met once per calendar and/or policy year before anyone in the family is covered.

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. (d) Non-Formulary / Oral Contraceptive / Deductible.



## EmblemHealth HSA EPO 3000

HealthPass	EmblemHealth HSA EPO 3000
Benefit	In-Network
<b>Drug Card</b>	100% after ded
<b>Major Medical</b>	
Deductible Ind/Fam	\$3,000/\$5,950 (plan yr)
Co-Insurance	N/A
Out-of-Pocket	\$3,000/\$5,950 (incl ded)
Office Co-pay	No charge after ded
DXL/Lab Fees	No charge after ded
Specialist Co-pay	No charge after ded
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	No charge after ded
Hospital Out-Patient	No charge after ded
Emergency Room	No charge after ded (waived if admitted)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	No charge after ded
Surgical Out-Patient	No charge after ded
<b>Mental Health</b>	
Mental Nervous In-Patient	No charge after ded 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	No charge after ded Rehab-30days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	No charge after ded 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge after ded 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	No charge after ded
Home Health Care	No charge after ded; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	No charge after ded 30 days/cal yr
Therapy Services Out-Patient	No charge after ded 30 visits/cal yr
Durable Medical Equipment	No charge after ded; \$10,000 max/cal yr

10.01.11

EmblemHealth's aggregate deductible: if you are a single member with no dependents you are required to satisfy your plan's individual deductible, once per calendar and/or policy year before benefits begin. If you are a family member with dependents your entire family is required to satisfy your health plan's aggregate deductible. This means there is one family deductible that must be met once per calendar and/or policy year before anyone in the family is covered.

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. (d) Non-Formulary / Oral Contraceptive / Deductible.



## EmblemHealth HSA EPO 5800

HealthPass EmblemHealth	EmblemHealth HSA EPO 5800
Benefit	In-Network
<b>Drug Card</b>	100% after ded
<b>Major Medical</b>	
Deductible Ind/Fam	\$5,800/\$11,600 (plan yr)
Co-Insurance	N/A
Out-of-Pocket	\$5,800/\$11,600 (incl ded)
Office Co-pay	No charge after ded
DXL/Lab Fees	No charge after ded
Specialist Co-pay	No charge after ded
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	No charge after ded
Hospital Out-Patient	No charge after ded
Emergency Room	No charge after ded (waived if admitted)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	No charge after ded
Surgical Out-Patient	No charge after ded
<b>Mental Health</b>	
Mental Nervous In-Patient	No charge after ded 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	No charge after ded Rehab-30 days/cal yr Detox-7days/cal yr
Mental Nervous Out-Patient	No charge after ded 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge after ded 60 visits/cal yr Up to 20 family visits
<b>Other</b>	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge (annual physical)
Chiropractic Care	No charge after ded
Home Health Care	No charge after ded; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	No charge after ded 30 days/cal yr
Therapy Services Out-Patient	No charge after ded 30 visits/cal yr
Durable Medical Equipment	No charge after ded; \$10,000 max/cal yr

10.01.11

EmblemHealth's aggregate deductible: if you are a single member with no dependents you are required to satisfy your plan's individual deductible, once per calendar and/or policy year before benefits begin. If you are a family member with dependents your entire family is required to satisfy your health plan's aggregate deductible. This means there is one family deductible that must be met once per calendar and/or policy year before anyone in the family is covered.

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. (d) Non-Formulary / Oral Contraceptive / Deductible.



## EmblemHealth HSA PPO 2500/5000

HealthPass

EmblemHealth HSA PPO 2500/5000

Benefit	In-Network	Out-Network
<b>Drug Card</b>		
	100% after ded	
<b>Major Medical</b>		
Deductible Ind/Fam	\$2,500/\$5,000 (plan year)	\$5,000/\$10,000 (plan year)
Co-Insurance	N/A	80%*
Out-of-Pocket	\$2,500/\$5,000 (incl ded)	\$7,000/\$14,000 (incl ded)
Office Co-pay	No charge after ded	Ded & Colns
DXL/Lab Fees	No charge after ded	Ded & Colns
Specialist Co-pay	No charge after ded	Ded & Colns
Lifetime Maximum	Unlimited	Unlimited
<b>Hospital Benefits</b>		
Hospital In-Patient	No charge after ded	Ded & Colns
Hospital Out-Patient	No charge after ded	Ded & Colns
Emergency Room	No charge after ded (waived if admit)	Ded & Colns (waived if admit)
Private Nursing	Not covered	Not covered
<b>Surgical Benefits</b>		
Surgical In-Patient	No charge after ded	Ded & Colns
Surgical Out-Patient	No charge after ded	Ded & Colns
<b>Mental Health</b>		
Mental Nervous In-Patient	No charge after ded 30 days/cal yr Unlimited bio-based	Ded & Colns 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	No charge after ded Rehab-30 days/cal yr Detox-7 days/cal yr	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	No charge after ded 30 visits/cal yr Unlimited bio-based	Ded & Colns 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge after ded 60 visits/cal yr Up to 20 family visits	Ded & Colns 60 visits/cal yr Up to 20 family visits
<b>Other</b>		
Well Care(Up to 19)	No charge	Ded & Colns
Routine Adult Care	No charge (annual physical)	Ded & Colns
Chiropractic Care	No charge after ded	Ded & Colns
Home Health Care	No charge after ded; 200 visits/cal yr	Ded & Colns; 200 visits/cal yr
Non-Authorization	Refer to carrier	Refer to carrier
Therapy Services In-Patient	No charge after ded 30 days/cal yr	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	No charge after ded 30 visits/cal yr	Ded & Colns 30 visits/cal yr
Durable Medical Equipment	No charge after ded; \$10,000 max/cal yr	Ded & Colns; \$10,000 max/cal yr

\*80th percentile of HIAA

10.01.11

EmblemHealth's aggregate deductible: if you are a single member with no dependents you are required to satisfy your plan's individual deductible, once per calendar and/or policy year before benefits begin. If you are a family member with dependents your entire family is required to satisfy your health plan's aggregate deductible. This means there is one family deductible that must be met once per calendar and/or policy year before anyone in the family is covered.

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. (d) Non-Formulary / Oral Contraceptive / Deductible.



## EmblemHealth HSA PPO 2500/2500

HealthPass	EmblemHealth HSA PPO 2500/2500	
Benefit	In-Network	Out-Network
<b>Drug Card</b>	100% after ded	
<b>Major Medical</b>		
Deductible Ind/Fam	\$2,500/\$5,000 (plan yr)	\$2,500/\$5,000 (plan yr)
Co-Insurance	N/A	70%*
Out-of-Pocket	\$2,500/\$5,000 (incl ded)	\$5,500/\$8,000 (incl ded)
Office Co-pay	No charge after ded	Ded & Colns
DXL/Lab Fees	No charge after ded	Ded & Colns
Specialist Co-pay	No charge after ded	Ded & Colns
Lifetime Maximum	Unlimited	Unlimited
<b>Hospital Benefits</b>		
Hospital In-Patient	No charge after ded	Ded & Colns
Hospital Out-Patient	No charge after ded	Ded & Colns
Emergency Room	No charge after ded (waived if admitted)	Ded & Colns (waived if admitted)
Private Nursing	Not covered	Not covered
<b>Surgical Benefits</b>		
Surgical In-Patient	No charge after ded	Ded & Colns
Surgical Out-Patient	No charge after ded	Ded & Colns
<b>Mental Health</b>		
Mental Nervous In-Patient	No charge after ded 30 days/cal yr Unlimited bio-based	Ded & Colns 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	No charge after ded Rehab-30 days/cal yr Detox-7 days/cal yr	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	No charge after ded 30 visits/cal yr Unlimited bio-based	Ded & Colns 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge after ded 60 visits/cal yr Up to 20 family visits	Ded & Colns 60 visits/cal yr Up to 20 family visits
<b>Other</b>		
Well Care(Up to 19)	No charge	Ded & Colns
Routine Adult Care	No charge (annual physical)	Ded & Colns (annual physical)
Chiropractic Care	No charge after ded	Ded & Colns
Home Health Care	No charge after ded; 200 visits/cal yr	Ded & Colns, 200 visits/cal yr
Non-Authorization	Refer to carrier	Refer to carrier
Therapy Services In-Patient	No charge after ded 30 days/cal yr	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	No charge after ded 30 visits/cal yr	Ded & Colns 30 visits/cal yr
Durable Medical Equipment	No charge after ded; \$10,000 max/cal yr	Ded & Colns; \$10,000 max/cal yr

\*80th percentile of HIAA

10.01.11

EmblemHealth's aggregate deductible: if you are a single member with no dependents you are required to satisfy your plan's individual deductible, once per calendar and/or policy year before benefits begin. If you are a family member with dependents your entire family is required to satisfy your health plan's aggregate deductible. This means there is one family deductible that must be met once per calendar and/or policy year before anyone in the family is covered.

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. (d) Non-Formulary / Oral Contraceptive / Deductible.



## EmblemHealth HSA PPO 5000/5000

HealthPass	EmblemHealth HSA PPO 5000/5000	
Benefit	In-Network	Out-Network
<b>Drug Card</b>	100% after ded	
<b>Major Medical</b>		
Deductible Ind/Fam	\$5,000/\$10,000	\$5,000/\$10,000
Co-Insurance	N/A	70%*
Out-of-Pocket	\$5,000/\$10,000 (incl ded)	\$8,000/\$13,000 (incl ded)
Office Co-pay	No charge after ded	Ded & Colns
DXL/Lab Fees	No charge after ded	Ded & Colns
Specialist Co-pay	No charge after ded	Ded & Colns
Lifetime Maximum	Unlimited	Unlimited
<b>Hospital Benefits</b>		
Hospital In-Patient	No charge after ded	Ded & Colns
Hospital Out-Patient	No charge after ded	Ded & Colns
Emergency Room	No charge after ded (waived if admit)	Ded & Colns (waived if admit)
Private Nursing	Not covered	Not covered
<b>Surgical Benefits</b>		
Surgical In-Patient	No charge after ded	Ded & Colns
Surgical Out-Patient	No charge after ded	Ded & Colns
<b>Mental Health</b>		
Mental Nervous In-Patient	No charge after ded 30 days/cal yr Unlimited bio-based	Ded & Colns 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	No charge after ded Rehab-30 days/cal yr Detox-7 days/cal yr	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	No charge after ded 30 visits/cal yr Unlimited bio-based	Ded & Colns 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge after ded 60 visits/cal yr Up to 20 family visits	Ded & Colns 60 visits/cal yr Up to 20 family visits
<b>Other</b>		
Well Care(Up to 19)	No charge	Ded & Colns
Routine Adult Care	No charge (annual physical)	Ded & Colns
Chiropractic Care	No charge after ded	Ded & Colns
Home Health Care	No charge after ded; 200 visits/cal yr	Ded & Colns; 200 visits/cal yr
Non-Authorization	Refer to carrier	Refer to carrier
Therapy Services In-Patient	No charge after ded 30 days/cal yr	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	No charge after ded 30 visits/cal yr	Ded & Colns 30 visits/cal yr
Durable Medical Equipment	No charge after ded; \$10,000 max/cal yr	Ded & Colns; \$10,000 max/cal yr

\*80th percentile of HIAA

10.01.11

EmblemHealth's aggregate deductible: if you are a single member with no dependents you are required to satisfy your plan's individual deductible, once per calendar and/or policy year before benefits begin. If you are a family member with dependents your entire family is required to satisfy your health plan's aggregate deductible. This means there is one family deductible that must be met once per calendar and/or policy year before anyone in the family is covered.

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. (d) Non-Formulary / Oral Contraceptive / Deductible.



## Oxford USA PPOcs 25/40-1000/2000

HealthPass/Oxford	Oxford USA PPOc 25/40-1000/2000	
Benefit	In-Network	Out-Network
<b>Drug Card</b>	15/50%/50%/Yes/100	
<b>Major Medical</b>		
Deductible Ind/Fam	\$1,000/\$2,500 (plan yr)	\$2,000/\$5,000 (plan yr)
Co-Insurance	80%*	60%*
Out-of-Pocket	\$3,000/\$7,500 (incl ded)	\$6,000/\$15,000 (incl ded)
Office Co-pay	\$25	Ded & Colns
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max	Ded & Colns
Specialist Co-pay	\$40	Ded & Colns
Lifetime Maximum	Unlimited	Unlimited
<b>Hospital Benefits</b>		
Hospital In-Patient	Ded & Colns	Ded & Colns
Hospital Out-Patient	Ded & Colns	Ded & Colns
Emergency Room	\$200 copay (waived if admitted)	Ded & Colns (waived if admitted)
Private Nursing	Not covered	
<b>Surgical Benefits</b>		
Surgical In-Patient	Ded & Colns	Ded & Colns
Surgical Out-Patient	Ded & Colns	Ded & Colns
<b>Mental Health</b>		
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr	Ded & Colns 30 days/cal yr
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr	In-network only
Mental Nervous Out-Patient	\$40 copay 30 visits/cal yr	Ded & Colns 30 visits/cal yr
Substance Abuse Out-Patient	\$40 copay 60 visits/cal yr	Ded & Colns 60 visits/cal yr
<b>Other</b>		
Well Care(Up to 19)	No charge	Ded & Colns; \$300 max/cal yr
Routine Adult Care	No charge	In-network only
Chiropractic Care	\$40 copay	Ded & Colns
Home Health Care	20% Colns; 40 visits/cal yr	20% Colns; 40 visits/cal yr
Non-Authorization	Refer to carrier	Refer to carrier
Therapy Services In-Patient	Ded & Colns 60 cons/cond/life	Ded & Colns 60 cons/cond/life
Therapy Services Out-Patient	\$40 copay 90 visits/cond/life	Ded & Colns 90 visits/cond/life
Durable Medical Equipment	Ded & Colns; \$1,500 max/cal yr	Ded & Colns; \$1,500 max/cal yr

\*140% of Medicare  
12.29.10