



## 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



## 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)
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#### 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 Unlimited bio-based
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 Unlimited bio-based
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  
10.01.11

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 Unlimited bio-based
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 Unlimited bio-based
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  
10.01.11



## 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 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 (cal yr)
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



## HIP EPOCs 30/50-1500-New

HealthPass	HIP EPOCs 30/50-1500-New
Benefit	In-Network
<b>Drug Card</b>	20/30/50/Yes/50
<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	\$25 copay 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	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



## HIP PPOcs 30/50-2000/2500

HealthPass	HIP PPOcs 30/50-2000/2500	
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Benefit	In-Network	Out-Network
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**Drug Card**

Prescription Card	20(Generic) 30(Brand) 50/Yes/50(d)	
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**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>	
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<b>Benefit</b>	<b>In-Network</b>	<b>Out-Network</b>
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<b>Drug Card</b>	15/50%/50%/Yes/100	
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### 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



## 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