



## 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



## 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
(hardware only children under age 26 every 24 months)	\$20 Copay

4.01.11



## 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) (hardware only children under age 26 every 24 months)	\$10 Copay \$20 Copay

4.01.11



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

HealthPass	EmblemHealth PPO+ 40-500 (1500 max)-3000	
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Benefit	In-Network	Out-Network
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<b>Drug Card</b>	0/25/50/100	
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<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
(hardware only children under age 26 every 24 months)	\$20 Copay	Not Covered

\*70% of HIAA  
4.01.11



## 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	\$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 vis/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 26 every 24 months)	\$10 Copay \$20 Copay

4.01.11



## 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+ 40-2000 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 26 every 24 months)	\$10 Copay \$20 Copay

4.01.11



## 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)	\$0 copay
Routine Adult Care	\$0 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

4.27.11



## 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	\$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



## 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



## 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

7.15.10



## 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

7.15.10



## EmblemHealth HSA PPO 2500/5000

**HealthPass** **EmblemHealth HSA PPO 2500/5000**

<b>Benefit</b>	<b>In-Network</b>	<b>Out-Network</b>
<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  
4.01.11



## 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