



Orange County Rates 10/01/07 - 12/15/07 , HP Rx: \$10/\$20/\$40

IN-NETWORK ONLY PLANS		Mixed Tier Rates				Four Tier Rates			
		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
HP Standard 15		<i>PHYSICIAN COPAY: \$15, HOSPITAL COPAY: \$0 , HP Rx: \$10/\$20/\$40</i>							
Health Net		\$510.08	\$1,132.62	\$945.12	\$1,519.06	\$510.08	\$1,132.62	\$945.12	\$1,519.06
HIP		\$456.14	N/A	N/A	\$1,160.21	\$456.14	\$909.52	\$846.05	\$1,390.03
HP Standard 20		<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 , HP Rx: \$10/\$20/\$40</i>							
Health Net		\$466.08	\$1,034.63	\$863.39	\$1,387.55	\$466.08	\$1,034.63	\$863.39	\$1,387.55
HIP		\$441.19	N/A	N/A	\$1,123.61	\$441.19	\$879.62	\$818.24	\$1,344.28
GHI EPO 20 Plus		<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$0 , EMBEDDED Rx: \$0/30/50 (\$50 ded/\$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$357.94	N/A	N/A	\$911.46	\$357.94	\$784.12	\$680.13	\$1,053.89
GHI EPO 30 Plus		<i>PHYSICIAN COPAY: \$30, HOSPITAL COPAY: \$500 , EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$323.80	N/A	N/A	\$824.41	\$323.80	\$708.98	\$615.24	\$953.16
GHI EPO 40 Plus		<i>PHYSICIAN COPAY: \$40, HOSPITAL COPAY: \$1,000 , EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$288.70	N/A	N/A	\$734.95	\$288.70	\$631.81	\$548.59	\$849.68
Health Net EPO 30		<i>PHYSICIAN COPAY: \$30 PRIMARY/\$45 SPECIALIST, HOSP: \$300 PER DAY TO MAX OF \$1,500 , EMBEDDED Rx: \$15/25/40</i>							
Health Net		\$341.05	\$756.17	\$631.14	\$1,013.85	\$341.05	\$756.17	\$631.14	\$1,013.85
Health Net HMO 25		<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$500 , EMBEDDED Rx: \$15/25/40 (\$100 ded)</i>							
Health Net		\$409.26	\$908.09	\$757.85	\$1,217.74	\$409.26	\$908.09	\$757.85	\$1,217.74
HIP HMO 25		<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$500 , EMBEDDED Rx: \$20/30/50 (\$50 ded)</i>							
HIP		\$386.97	N/A	N/A	\$990.75	\$386.97	\$771.19	\$717.40	\$1,178.41
HP HIP HMO 5		<i>PHYSICIAN COPAY: \$5, HOSPITAL COPAY: \$0 , HP Rx: \$10/\$20/\$40</i>							
HIP		\$464.20	N/A	N/A	\$1,179.95	\$464.20	\$925.64	\$861.05	\$1,414.70
IN & OUT-OF-NETWORK PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
HP Flexible 15		<i>PHYSICIAN COPAY: \$15, HOSPITAL COPAY: \$0 , OON DED: \$500, OON COINS: 70/30 of \$5,000, OON CY CAP: 1ML, HP Rx: \$10/\$20/\$40</i>							
Health Net		\$630.69	\$1,401.22	\$1,169.15	\$1,879.53	\$630.69	\$1,401.22	\$1,169.15	\$1,879.53
HIP		\$514.16	N/A	N/A	\$1,319.56	\$514.16	\$1,025.56	\$953.96	\$1,567.57
HIP POS 25		<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSP COPAY: \$500 , OON DED: \$2,500, OON COINS: 50/50 OF \$14,000, OON LT CAP: \$500,000, EMBEDDED Rx: \$20/30/50 (\$50 ded)</i>							
HIP		\$387.14	N/A	N/A	\$1,005.03	\$387.14	\$771.53	\$717.70	\$1,178.94
HP GHI PPO 30		<i>PHYSICIAN COPAY: \$30, HOSPITAL COPAY: \$0 , OON DED: \$1,000, OON COINS: 70/30 of \$10,000, OON CY CAP: \$500,000, HP Rx: \$10/\$20/\$40</i>							
GHI		\$454.20	N/A	N/A	\$1,156.92	\$454.20	\$995.87	\$863.00	\$1,337.83
HP Health Net POS 25		<i>COPAY: \$25 PRIMARY / \$40 SPECIALIST, HOSP COPAY: \$500 , OON DED: \$1,500, OON COINS: 70/30 of \$11,667, OON CY CAP: UNLIMITED, HP Rx: \$10/\$20/\$40</i>							
Health Net		\$510.16	\$1,132.79	\$945.26	\$1,519.29	\$510.16	\$1,132.79	\$945.26	\$1,519.29
COST-SHARING PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
GHI EPO Share 40 Plus		<i>PHYSICIAN COPAY: \$40, HOSP: DED & COINS , DED: \$2,000, COINS: 80/20, MAX OOP: \$3,000, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$239.16	N/A	N/A	\$608.62	\$239.16	\$522.82	\$454.46	\$703.53
Health Net EPO Share 25		<i>PHYSICIAN COPAY: \$25, HOSP: DED & COINS , DED: \$2,000, COINS: 80/20, MAX OOP: \$8,000, EMBEDDED Rx: \$15/25/40 (\$100 ded)</i>							
Health Net		\$275.40	\$609.98	\$509.21	\$817.66	\$275.40	\$609.98	\$509.21	\$817.66
HIP EPO 100/80 3k		<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSP: DED & COINS , DED: \$3,000, COINS: 80/20, MAX OOP: \$5,000, EMBEDDED Rx: \$20/30/50 (\$100 ded)</i>							
HIP		\$266.87	N/A	N/A	\$649.86	\$266.87	\$531.01	\$493.99	\$810.91
HIP EPO 100/90 New		<i>PHYSICIAN COPAY: \$25, HOSP: DED & COINS: DED: \$1,000, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$20/30/50 (\$50 ded)</i>							
HIP		\$310.92	N/A	N/A	\$757.79	\$310.92	\$619.14	\$575.97	\$945.75
HIP PPO Share 30		<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, IN DED: \$1,000, COINS: 90/10, MAX OOP: \$500, OON DED: \$1,000, COINS: 80/20, MAX OOP: \$3,000, EMBEDDED Rx: \$20/30/50 (\$50 ded)</i>							
HIP		\$324.81	N/A	N/A	\$791.79	\$324.81	\$646.90	\$601.77	\$988.21
HSA PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
GHI HSA EPO Index		<i>HDHP EPO DED: \$5,500, COINS: 100% , Rx COVERED IN FULL AFTER DEDUCTIBLE</i>							
GHI		\$153.56	N/A	N/A	\$387.30	\$153.56	\$334.52	\$289.27	\$447.61
Health Net HSA POS 4500		<i>HDHP POS IN DED: \$4,500, COINS: 80%, COINS MAX OOP \$500 , OON DED: \$5,500, COINS: 60%, COINS MAX OOP \$6,500, Rx: \$10/25/40 after deductible</i>							
Health Net		\$224.82	\$497.32	\$415.25	\$666.48	\$224.82	\$497.32	\$415.25	\$666.48
PerfectHealth HSA PPO 2500P		<i>HDHP PPO IN DED: \$2,500, COINS: 100%, OON DED: \$2,500 , COINS: 70%, COINS MAX OOP: \$3,000, Rx: 100% AFTER IN DED & OON COINS, EEs WITH 2 OR MORE CHILDREN: \$736.77, FAMILY OF 7+ \$1,560.21</i>							
PerfectHealth		\$249.55	\$522.87	\$439.68	\$736.77	\$249.55	\$522.87	\$439.68	\$736.77
PerfectHealth HSA PPO 5000G		<i>HDHP PPO IN DED: \$5,000, COINS: 100%, OON DED: \$5,000 , COINS: 70%, COINS MAX OOP: \$3,000, Rx: 100% AFTER IN DED & OON COINS, EEs WITH 2 OR MORE CHILDREN: \$512.80, FAMILY OF 7+ \$1,085.92</i>							
PerfectHealth		\$173.69	\$363.92	\$306.02	\$512.80	\$173.69	\$363.92	\$306.02	\$512.80

These rates are subject to final verification at time of enrollment.
 All rates include a fee for Health Advocate™ service.
 Plans preceded by "HP" are inclusive of the HP Rx option.

All HP GHI plans have mandatory mail order on maintenance Rx.
 Domestic Partner Coverage through GHI and HIP.



Orange County Rates 10/01/07 - 12/15/07 , HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)

		Mixed Tier Rates				Four Tier Rates			
IN-NETWORK ONLY PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
HP Standard 15		<i>PHYSICIAN COPAY: \$15, HOSPITAL COPAY: \$0 , HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>							
Health Net		\$495.01	\$1,099.05	\$917.12	\$1,474.01	\$495.01	\$1,099.05	\$917.12	\$1,474.01
HIP		\$424.25	N/A	N/A	\$1,082.07	\$424.25	\$845.73	\$786.73	\$1,292.47
HP Standard 20		<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 , HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>							
Health Net		\$451.01	\$1,001.06	\$835.39	\$1,342.50	\$451.01	\$1,001.06	\$835.39	\$1,342.50
HIP		\$409.30	N/A	N/A	\$1,045.47	\$409.30	\$815.83	\$758.92	\$1,246.71
GHI EPO 20 Plus		<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$0 , EMBEDDED Rx: \$0/30/50 (\$50 ded/\$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$357.94	N/A	N/A	\$911.46	\$357.94	\$784.12	\$680.13	\$1,053.89
GHI EPO 30 Plus		<i>PHYSICIAN COPAY: \$30, HOSPITAL COPAY: \$500 , EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$323.80	N/A	N/A	\$824.41	\$323.80	\$708.98	\$615.24	\$953.16
GHI EPO 40 Plus		<i>PHYSICIAN COPAY: \$40, HOSPITAL COPAY: \$1,000 , EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$288.70	N/A	N/A	\$734.95	\$288.70	\$631.81	\$548.59	\$849.68
Health Net EPO 30		<i>PHYSICIAN COPAY: \$30 PRIMARY/\$45 SPECIALIST, HOSP: \$300 PER DAY TO MAX OF \$1,500 , EMBEDDED Rx: \$15/25/40</i>							
Health Net		\$341.05	\$756.17	\$631.14	\$1,013.85	\$341.05	\$756.17	\$631.14	\$1,013.85
Health Net HMO 25		<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$500 , EMBEDDED Rx: \$15/25/40 (\$100 ded)</i>							
Health Net		\$409.26	\$908.09	\$757.85	\$1,217.74	\$409.26	\$908.09	\$757.85	\$1,217.74
HIP HMO 25		<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$500 , EMBEDDED Rx: \$20/30/50 (\$50 ded)</i>							
HIP		\$386.97	N/A	N/A	\$990.75	\$386.97	\$771.19	\$717.40	\$1,178.41
HP HIP HMO 5		<i>PHYSICIAN COPAY: \$5, HOSPITAL COPAY: \$0 , HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>							
HIP		\$432.31	N/A	N/A	\$1,101.81	\$432.31	\$861.86	\$801.73	\$1,317.13
IN & OUT-OF-NETWORK PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
HP Flexible 15		<i>PHYSICIAN COPAY: \$15, HOSPITAL COPAY: \$0 , OON DED: \$500, OON COINS: 70/30 of \$5,000, OON CY CAP: 1ML, HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>							
Health Net		\$615.61	\$1,367.65	\$1,141.15	\$1,834.48	\$615.61	\$1,367.65	\$1,141.15	\$1,834.48
HIP		\$482.27	N/A	N/A	\$1,241.42	\$482.27	\$961.77	\$894.64	\$1,470.01
HIP POS 25		<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSP COPAY: \$500 , OON DED: \$2,500, OON COINS: 50/50 OF \$14,000, OON LT CAP: \$500,000, EMBEDDED Rx: \$20/30/50 (\$50 ded)</i>							
HIP		\$387.14	N/A	N/A	\$1,005.03	\$387.14	\$771.53	\$717.70	\$1,178.94
HP GHI PPO 30		<i>PHYSICIAN COPAY: \$30, HOSPITAL COPAY: \$0 , OON DED: \$1,000, OON COINS: 70/30 of \$10,000, OON CY CAP: \$500,000, HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>							
GHI		\$418.25	N/A	N/A	\$1,065.28	\$418.25	\$916.82	\$794.72	\$1,231.85
HP Health Net POS 25		<i>COPAY: \$25 PRIMARY / \$40 SPECIALIST, HOSP COPAY: \$500 , OON DED: \$1,500, OON COINS: 70/30 of \$11,667, OON CY CAP: UNLIMITED, HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>							
Health Net		\$495.09	\$1,099.22	\$917.27	\$1,474.24	\$495.09	\$1,099.22	\$917.27	\$1,474.24
COST-SHARING PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
GHI EPO Share 40 Plus		<i>PHYSICIAN COPAY: \$40, HOSP: DED & COINS , DED: \$2,000, COINS: 80/20, MAX OOP: \$3,000, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$239.16	N/A	N/A	\$608.62	\$239.16	\$522.82	\$454.46	\$703.53
Health Net EPO Share 25		<i>PHYSICIAN COPAY: \$25, HOSP: DED & COINS , DED: \$2,000, COINS: 80/20, MAX OOP: \$8,000, EMBEDDED Rx: \$15/25/40 (\$100 ded)</i>							
Health Net		\$275.40	\$609.98	\$509.21	\$817.66	\$275.40	\$609.98	\$509.21	\$817.66
HIP EPO 100/80 3k		<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSP: DED & COINS , DED: \$3,000, COINS: 80/20, MAX OOP: \$5,000, EMBEDDED Rx: \$20/30/50 (\$100 ded)</i>							
HIP		\$266.87	N/A	N/A	\$649.86	\$266.87	\$531.01	\$493.99	\$810.91
HIP EPO 100/90 New		<i>PHYSICIAN COPAY: \$25, HOSP: DED & COINS: DED: \$1,000, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$20/30/50 (\$50 ded)</i>							
HIP		\$310.92	N/A	N/A	\$757.79	\$310.92	\$619.14	\$575.97	\$945.75
HIP PPO Share 30		<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, IN DED: \$1,000, COINS: 90/10, MAX OOP: \$500, OON DED: \$1,000, COINS: 80/20, MAX OOP: \$3,000, EMBEDDED Rx: \$20/30/50 (\$50 ded)</i>							
HIP		\$324.81	N/A	N/A	\$791.79	\$324.81	\$646.90	\$601.77	\$988.21
HSA PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
GHI HSA EPO Index		<i>HDHP EPO DED: \$5,500, COINS: 100%, Rx COVERED IN FULL AFTER DEDUCTIBLE</i>							
GHI		\$153.56	N/A	N/A	\$387.30	\$153.56	\$334.52	\$289.27	\$447.61
Health Net HSA POS 4500		<i>HDHP POS IN DED: \$4,500, COINS: 80%, COINS MAX OOP \$500 , OON DED: \$5,500, COINS: 60%, COINS MAX OOP \$6,500, Rx: \$10/25/40 after deductible</i>							
Health Net		\$224.82	\$497.32	\$415.25	\$666.48	\$224.82	\$497.32	\$415.25	\$666.48
PerfectHealth HSA PPO 2500P		<i>HDHP PPO IN DED: \$2,500, COINS: 100%, OON DED: \$2,500 , COINS: 70%, COINS MAX OOP: \$3,000, Rx: 100% AFTER IN DED & OON COINS, EEs WITH 2 OR MORE CHILDREN: \$736.77, FAMILY OF 7+ \$1,560.21</i>							
PerfectHealth		\$249.55	\$522.87	\$439.68	\$736.77	\$249.55	\$522.87	\$439.68	\$736.77
PerfectHealth HSA PPO 5000G		<i>HDHP PPO IN DED: \$5,000, COINS: 100%, OON DED: \$5,000 , COINS: 70%, COINS MAX OOP: \$3,000, Rx: 100% AFTER IN DED & OON COINS, EEs WITH 2 OR MORE CHILDREN: \$512.80, FAMILY OF 7+ \$1,085.92</i>							
PerfectHealth		\$173.69	\$363.92	\$306.02	\$512.80	\$173.69	\$363.92	\$306.02	\$512.80

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All HP GHI plans have mandatory mail order on maintenance Rx.
 Domestic Partner Coverage through GHI and HIP.



Orange County Rates 10/01/07 - 12/15/07 , HP Rx: No Rx Plan

		Mixed Tier Rates				Four Tier Rates			
IN-NETWORK ONLY PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
HP Standard 15		<i>PHYSICIAN COPAY: \$15, HOSPITAL COPAY: \$0 , HP Rx: No Rx Plan</i>							
Health Net		\$402.26	\$892.50	\$744.85	\$1,196.81	\$402.26	\$892.50	\$744.85	\$1,196.81
HIP		\$374.74	N/A	N/A	\$960.79	\$374.74	\$746.73	\$694.67	\$1,141.05
HP Standard 20		<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 , HP Rx: No Rx Plan</i>							
Health Net		\$358.26	\$794.50	\$663.12	\$1,065.30	\$358.26	\$794.50	\$663.12	\$1,065.30
HIP		\$359.79	N/A	N/A	\$924.19	\$359.79	\$716.84	\$666.86	\$1,095.30
GHI EPO 20 Plus		<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$0 , EMBEDDED Rx: \$0/30/50 (\$50 ded/\$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$357.94	N/A	N/A	\$911.46	\$357.94	\$784.12	\$680.13	\$1,053.89
GHI EPO 30 Plus		<i>PHYSICIAN COPAY: \$30, HOSPITAL COPAY: \$500 , EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$323.80	N/A	N/A	\$824.41	\$323.80	\$708.98	\$615.24	\$953.16
GHI EPO 40 Plus		<i>PHYSICIAN COPAY: \$40, HOSPITAL COPAY: \$1,000 , EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$288.70	N/A	N/A	\$734.95	\$288.70	\$631.81	\$548.59	\$849.68
Health Net EPO 30		<i>PHYSICIAN COPAY: \$30 PRIMARY/\$45 SPECIALIST, HOSP: \$300 PER DAY TO MAX OF \$1,500 , EMBEDDED Rx: \$15/25/40</i>							
Health Net		\$341.05	\$756.17	\$631.14	\$1,013.85	\$341.05	\$756.17	\$631.14	\$1,013.85
Health Net HMO 25		<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$500 , EMBEDDED Rx: \$15/25/40 (\$100 ded)</i>							
Health Net		\$409.26	\$908.09	\$757.85	\$1,217.74	\$409.26	\$908.09	\$757.85	\$1,217.74
HIP HMO 25		<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$500 , EMBEDDED Rx: \$20/30/50 (\$50 ded)</i>							
HIP		\$386.97	N/A	N/A	\$990.75	\$386.97	\$771.19	\$717.40	\$1,178.41
HP HIP HMO 5		<i>PHYSICIAN COPAY: \$5, HOSPITAL COPAY: \$0 , HP Rx: No Rx Plan</i>							
HIP		\$382.81	N/A	N/A	\$980.54	\$382.81	\$762.86	\$709.67	\$1,165.72
IN & OUT-OF-NETWORK PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
HP Flexible 15		<i>PHYSICIAN COPAY: \$15, HOSPITAL COPAY: \$0 , OON DED: \$500, OON COINS: 70/30 of \$5,000, OON CY CAP: 1ML, HP Rx: No Rx Plan</i>							
Health Net		\$522.87	\$1,161.10	\$968.87	\$1,557.28	\$522.87	\$1,161.10	\$968.87	\$1,557.28
HIP		\$432.76	N/A	N/A	\$1,120.15	\$432.76	\$862.78	\$802.58	\$1,318.59
HIP POS 25		<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSP COPAY: \$500 , OON DED: \$2,500, OON COINS: 50/50 OF \$14,000, OON LT CAP: \$500,000, EMBEDDED Rx: \$20/30/50 (\$50 ded)</i>							
HIP		\$387.14	N/A	N/A	\$1,005.03	\$387.14	\$771.53	\$717.70	\$1,178.94
HP Health Net POS 25		<i>COPAY: \$25 PRIMARY / \$40 SPECIALIST, HOSP COPAY: \$500 , OON DED: \$1,500, OON COINS: 70/30 of \$11,667, OON CY CAP: UNLIMITED, HP Rx: No Rx Plan</i>							
Health Net		\$402.34	\$892.67	\$744.99	\$1,197.04	\$402.34	\$892.67	\$744.99	\$1,197.04
COST-SHARING PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
GHI EPO Share 40 Plus		<i>PHYSICIAN COPAY: \$40, HOSP: DED & COINS , DED: \$2,000, COINS: 80/20, MAX OOP: \$3,000, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$239.16	N/A	N/A	\$608.62	\$239.16	\$522.82	\$454.46	\$703.53
Health Net EPO Share 25		<i>PHYSICIAN COPAY: \$25, HOSP: DED & COINS , DED: \$2,000, COINS: 80/20, MAX OOP: \$8,000, EMBEDDED Rx: \$15/25/40 (\$100 ded)</i>							
Health Net		\$275.40	\$609.98	\$509.21	\$817.66	\$275.40	\$609.98	\$509.21	\$817.66
HIP EPO 100/80 3k		<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSP: DED & COINS , DED: \$3,000, COINS: 80/20, MAX OOP: \$5,000, EMBEDDED Rx: \$20/30/50 (\$100 ded)</i>							
HIP		\$266.87	N/A	N/A	\$649.86	\$266.87	\$531.01	\$493.99	\$810.91
HIP EPO 100/90 New		<i>PHYSICIAN COPAY: \$25, HOSP: DED & COINS: DED: \$1,000, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$20/30/50 (\$50 ded)</i>							
HIP		\$310.92	N/A	N/A	\$757.79	\$310.92	\$619.14	\$575.97	\$945.75
HIP PPO Share 30		<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, IN DED: \$1,000, COINS: 90/10, MAX OOP: \$500, OON DED: \$1,000, COINS: 80/20, MAX OOP: \$3,000, EMBEDDED Rx: \$20/30/50 (\$50 ded)</i>							
HIP		\$324.81	N/A	N/A	\$791.79	\$324.81	\$646.90	\$601.77	\$988.21
HSA PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
GHI HSA EPO Index		<i>HDHP EPO DED: \$5,500, COINS: 100%, Rx COVERED IN FULL AFTER DEDUCTIBLE</i>							
GHI		\$153.56	N/A	N/A	\$387.30	\$153.56	\$334.52	\$289.27	\$447.61
Health Net HSA POS 4500		<i>HDHP POS IN DED: \$4,500, COINS: 80%, COINS MAX OOP \$500 , OON DED: \$5,500, COINS: 60%, COINS MAX OOP \$6,500, Rx: \$10/25/40 after deductible</i>							
Health Net		\$224.82	\$497.32	\$415.25	\$666.48	\$224.82	\$497.32	\$415.25	\$666.48
PerfectHealth HSA PPO 2500P		<i>HDHP PPO IN DED: \$2,500, COINS: 100%, OON DED: \$2,500, COINS: 70%, COINS MAX OOP: \$3,000, Rx: 100% AFTER IN DED & OON COINS, EEs WITH 2 OR MORE CHILDREN: \$736.77, FAMILY OF 7+ \$1,560.21</i>							
PerfectHealth		\$249.55	\$522.87	\$439.68	\$736.77	\$249.55	\$522.87	\$439.68	\$736.77
PerfectHealth HSA PPO 5000G		<i>HDHP PPO IN DED: \$5,000, COINS: 100%, OON DED: \$5,000 , COINS: 70%, COINS MAX OOP: \$3,000, Rx: 100% AFTER IN DED & OON COINS, EEs WITH 2 OR MORE CHILDREN: \$512.80, FAMILY OF 7+ \$1,085.92</i>							
PerfectHealth		\$173.69	\$363.92	\$306.02	\$512.80	\$173.69	\$363.92	\$306.02	\$512.80

These rates are subject to final verification at time of enrollment.
 All rates include a fee for Health Advocate™ service.
 Plans preceded by "HP" are inclusive of the HP Rx option.

All HP GHI plans have mandatory mail order on maintenance Rx.
 Domestic Partner Coverage through GHI and HIP.