



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

		Mixed Tier Rates				Four Tier Rates			
IN-NETWORK ONLY PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
<i>HP Standard 15</i>		<i>PHYSICIAN COPAY: \$15, HOSPITAL COPAY: \$0 , HP Rx: \$10/\$20/\$40</i>							
GHI		\$441.92	N/A	N/A	\$1,126.42	\$441.92	\$961.13	\$849.35	\$1,301.74
Health Net		\$540.25	\$1,199.82	\$1,001.17	\$1,609.25	\$540.25	\$1,199.82	\$1,001.17	\$1,609.25
HIP		\$456.14	N/A	N/A	\$1,160.21	\$456.14	\$909.52	\$846.05	\$1,390.03
<i>HP Standard 20</i>		<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 , HP Rx: \$10/\$20/\$40</i>							
GHI		\$413.22	N/A	N/A	\$1,053.14	\$413.22	\$898.19	\$794.55	\$1,217.04
Health Net		\$492.93	\$1,094.42	\$913.26	\$1,467.80	\$492.93	\$1,094.42	\$913.26	\$1,467.80
HIP		\$441.19	N/A	N/A	\$1,123.61	\$441.19	\$879.62	\$818.24	\$1,344.28
<i>GHI EPO 20 Plus</i>		<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$0, EMBEDDED Rx: \$0/30/50 (\$50 ded/\$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$396.82	N/A	N/A	\$1,010.61	\$396.82	\$869.66	\$754.00	\$1,168.59
<i>GHI EPO 30 Plus</i>		<i>PHYSICIAN COPAY: \$30, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$358.23	N/A	N/A	\$912.25	\$358.23	\$784.76	\$680.69	\$1,054.78
<i>GHI EPO 40 Plus</i>		<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		\$318.59	N/A	N/A	\$811.17	\$318.59	\$697.55	\$605.37	\$937.84
<i>Health Net EPO 30</i>		<i>PHYSICIAN COPAY: \$30 PRIMARY/\$45 SPECIALIST, HOSP: \$300 PER DAY TO MAX OF \$1,500, EMBEDDED Rx: \$15/25/40</i>							
Health Net		\$351.49	\$779.42	\$650.53	\$1,045.05	\$351.49	\$779.42	\$650.53	\$1,045.05
<i>Health Net HMO 25</i>		<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$15/25/40 (\$100 ded)</i>							
Health Net		\$433.97	\$963.11	\$803.74	\$1,291.57	\$433.97	\$963.11	\$803.74	\$1,291.57
<i>HIP HMO 25</i>		<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
<i>HP HIP HMO 5</i>		<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
<i>HP Flexible 15</i>		<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>							
GHI		\$635.32	N/A	N/A	\$1,629.44	\$635.32	\$1,391.10	\$1,225.44	\$1,884.30
Health Net		\$669.97	\$1,488.71	\$1,242.12	\$1,996.94	\$669.97	\$1,488.71	\$1,242.12	\$1,996.94
HIP		\$514.16	N/A	N/A	\$1,319.56	\$514.16	\$1,025.56	\$953.96	\$1,567.57
<i>HIP POS 25</i>		<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
<i>HP GHI PPO 30</i>		<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		\$500.35	N/A	N/A	\$1,274.64	\$500.35	\$1,097.44	\$950.71	\$1,474.02
<i>HP Health Net POS 25</i>		<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		\$540.34	\$1,200.00	\$1,001.32	\$1,609.49	\$540.34	\$1,200.00	\$1,001.32	\$1,609.49
COST-SHARING PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
<i>GHI EPO Share 40 Plus</i>		<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		\$263.37	N/A	N/A	\$670.35	\$263.37	\$576.08	\$500.45	\$774.94
<i>Health Net EPO Share 25</i>		<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		\$283.66	\$628.36	\$524.54	\$842.33	\$283.66	\$628.36	\$524.54	\$842.33
<i>HIP EPO 100/80 3k</i>		<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
<i>HIP EPO 100/90 New</i>		<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
<i>HIP PPO Share 30</i>		<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
<i>GHI HSA EPO Index</i>		<i>HDHP EPO DED: \$5,500, COINS: 100%, Rx COVERED IN FULL AFTER DEDUCTIBLE</i>							
GHI		\$168.47	N/A	N/A	\$425.33	\$168.47	\$367.33	\$317.61	\$491.61
<i>Health Net HSA POS 4500</i>		<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		\$231.54	\$512.28	\$427.72	\$686.55	\$231.54	\$512.28	\$427.72	\$686.55
<i>PerfectHealth HSA PPO 2500P</i>		<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
<i>PerfectHealth HSA PPO 5000G</i>		<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.



Westchester/Rockland Rates 10/01/07 - 12/15/07 , HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 ma

		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>							
GHI		\$405.97	N/A	N/A	\$1,034.78	\$405.97	\$882.08	\$781.07	\$1,195.76
Health Net		\$525.18	\$1,166.25	\$973.17	\$1,564.20	\$525.18	\$1,166.25	\$973.17	\$1,564.20
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>							
GHI		\$377.27	N/A	N/A	\$961.50	\$377.27	\$819.14	\$726.27	\$1,111.06
Health Net		\$477.86	\$1,060.86	\$885.27	\$1,422.75	\$477.86	\$1,060.86	\$885.27	\$1,422.75
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		\$396.82	N/A	N/A	\$1,010.61	\$396.82	\$869.66	\$754.00	\$1,168.59
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		\$358.23	N/A	N/A	\$912.25	\$358.23	\$784.76	\$680.69	\$1,054.78
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		\$318.59	N/A	N/A	\$811.17	\$318.59	\$697.55	\$605.37	\$937.84
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		\$351.49	\$779.42	\$650.53	\$1,045.05	\$351.49	\$779.42	\$650.53	\$1,045.05
Health Net HMO 25		<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$500 , EMBEDDED Rx: \$15/25/40 (\$100 ded)</i>							
Health Net		\$433.97	\$963.11	\$803.74	\$1,291.57	\$433.97	\$963.11	\$803.74	\$1,291.57
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>							
GHI		\$599.37	N/A	N/A	\$1,537.80	\$599.37	\$1,312.05	\$1,157.16	\$1,778.32
Health Net		\$654.90	\$1,455.14	\$1,214.12	\$1,951.89	\$654.90	\$1,455.14	\$1,214.12	\$1,951.89
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		\$464.40	N/A	N/A	\$1,183.00	\$464.40	\$1,018.39	\$882.43	\$1,368.04
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		\$525.26	\$1,166.43	\$973.32	\$1,564.44	\$525.26	\$1,166.43	\$973.32	\$1,564.44
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		\$263.37	N/A	N/A	\$670.35	\$263.37	\$576.08	\$500.45	\$774.94
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		\$283.66	\$628.36	\$524.54	\$842.33	\$283.66	\$628.36	\$524.54	\$842.33
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		\$168.47	N/A	N/A	\$425.33	\$168.47	\$367.33	\$317.61	\$491.61
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		\$231.54	\$512.28	\$427.72	\$686.55	\$231.54	\$512.28	\$427.72	\$686.55
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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 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.



Westchester/Rockland 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
<i>HP Standard 15</i>		<i>PHYSICIAN COPAY: \$15, HOSPITAL COPAY: \$0 , HP Rx: No Rx Plan</i>							
GHI		\$352.15	N/A	N/A	\$897.55	\$352.15	\$763.67	\$678.82	\$1,036.97
Health Net		\$432.44	\$959.70	\$800.89	\$1,287.00	\$432.44	\$959.70	\$800.89	\$1,287.00
HIP		\$374.74	N/A	N/A	\$960.79	\$374.74	\$746.73	\$694.67	\$1,141.05
<i>HP Standard 20</i>		<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 , HP Rx: No Rx Plan</i>							
GHI		\$323.45	N/A	N/A	\$824.27	\$323.45	\$700.73	\$624.02	\$952.27
Health Net		\$385.11	\$854.30	\$712.99	\$1,145.55	\$385.11	\$854.30	\$712.99	\$1,145.55
HIP		\$359.79	N/A	N/A	\$924.19	\$359.79	\$716.84	\$666.86	\$1,095.30
<i>GHI EPO 20 Plus</i>		<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$0 , EMBEDDED Rx: \$0/30/50 (\$50 ded/\$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$396.82	N/A	N/A	\$1,010.61	\$396.82	\$869.66	\$754.00	\$1,168.59
<i>GHI EPO 30 Plus</i>		<i>PHYSICIAN COPAY: \$30, HOSPITAL COPAY: \$500 , EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
GHI		\$358.23	N/A	N/A	\$912.25	\$358.23	\$784.76	\$680.69	\$1,054.78
<i>GHI EPO 40 Plus</i>		<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		\$318.59	N/A	N/A	\$811.17	\$318.59	\$697.55	\$605.37	\$937.84
<i>Health Net EPO 30</i>		<i>PHYSICIAN COPAY: \$30 PRIMARY/\$45 SPECIALIST, HOSP: \$300 PER DAY TO MAX OF \$1,500 , EMBEDDED Rx: \$15/25/40</i>							
Health Net		\$351.49	\$779.42	\$650.53	\$1,045.05	\$351.49	\$779.42	\$650.53	\$1,045.05
<i>Health Net HMO 25</i>		<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$500 , EMBEDDED Rx: \$15/25/40 (\$100 ded)</i>							
Health Net		\$433.97	\$963.11	\$803.74	\$1,291.57	\$433.97	\$963.11	\$803.74	\$1,291.57
<i>HIP HMO 25</i>		<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
<i>HP HIP HMO 5</i>		<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
<i>HP Flexible 15</i>		<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>							
GHI		\$545.55	N/A	N/A	\$1,400.57	\$545.55	\$1,193.64	\$1,054.91	\$1,619.53
Health Net		\$562.15	\$1,248.58	\$1,041.84	\$1,674.69	\$562.15	\$1,248.58	\$1,041.84	\$1,674.69
HIP		\$432.76	N/A	N/A	\$1,120.15	\$432.76	\$862.78	\$802.58	\$1,318.59
<i>HIP POS 25</i>		<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
<i>HP Health Net POS 25</i>		<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		\$432.52	\$959.88	\$801.05	\$1,287.24	\$432.52	\$959.88	\$801.05	\$1,287.24
COST-SHARING PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
<i>GHI EPO Share 40 Plus</i>		<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		\$263.37	N/A	N/A	\$670.35	\$263.37	\$576.08	\$500.45	\$774.94
<i>Health Net EPO Share 25</i>		<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		\$283.66	\$628.36	\$524.54	\$842.33	\$283.66	\$628.36	\$524.54	\$842.33
<i>HIP EPO 100/80 3k</i>		<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
<i>HIP EPO 100/90 New</i>		<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
<i>HIP PPO Share 30</i>		<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
<i>GHI HSA EPO Index</i>		<i>HDHP EPO DED: \$5,500, COINS: 100%, Rx COVERED IN FULL AFTER DEDUCTIBLE</i>							
GHI		\$168.47	N/A	N/A	\$425.33	\$168.47	\$367.33	\$317.61	\$491.61
<i>Health Net HSA POS 4500</i>		<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		\$231.54	\$512.28	\$427.72	\$686.55	\$231.54	\$512.28	\$427.72	\$686.55
<i>PerfectHealth HSA PPO 2500P</i>		<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
<i>PerfectHealth HSA PPO 5000G</i>		<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.