



Putnam/Dutchess Rates 4/01/08 - 6/15/08 , 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>								
Health Net		\$548.43	\$1,218.03	\$1,016.36	\$1,633.69	\$548.43	\$1,218.03	\$1,016.36	\$1,633.69
<i>HP Standard 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 , HP Rx: \$10/\$20/\$40</i>								
Health Net		\$501.50	\$1,113.50	\$929.17	\$1,493.40	\$501.50	\$1,113.50	\$929.17	\$1,493.40
<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		\$375.92	N/A	N/A	\$957.46	\$375.92	\$823.68	\$714.42	\$1,107.11
<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		\$340.04	N/A	N/A	\$866.00	\$340.04	\$744.73	\$646.23	\$1,001.28
<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		\$303.17	N/A	N/A	\$772.02	\$303.17	\$663.65	\$576.21	\$892.57
<i>Health Net EPO 25</i>	<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$0 , EMBEDDED Rx: \$15/25/40</i>								
Health Net		\$391.65	\$868.86	\$725.13	\$1,165.09	\$391.65	\$868.86	\$725.13	\$1,165.09
<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		\$365.14	\$809.82	\$675.89	\$1,085.86	\$365.14	\$809.82	\$675.89	\$1,085.86
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: 1MIL, HP Rx: \$10/\$20/\$40</i>								
Health Net		\$677.07	\$1,504.52	\$1,255.31	\$2,018.17	\$677.07	\$1,504.52	\$1,255.31	\$2,018.17
<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		\$480.73	N/A	N/A	\$1,224.75	\$480.73	\$1,054.25	\$913.55	\$1,416.30
<i>GHI PPO 40 Plus</i>	<i>PHYSICIAN COPAY: \$40, HOSPITAL COPAY: \$500 , OON DED: \$2,000, OON COINS: 70/30 of \$10,000, OON CY CAP: \$500,000, EMBEDDED Rx: \$0/25/40 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>								
GHI		\$400.61	N/A	N/A	\$1,020.49	\$400.61	\$878.03	\$761.37	\$1,179.99
<i>Health Net POS 25-1000</i>	<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$250 , OON DED: \$1,000, OON COINS: 70/30 of \$10,000, OON LT CAP: \$5,000,000, EMBEDDED Rx: \$15/25/40</i>								
Health Net		\$450.23	\$999.33	\$833.95	\$1,340.19	\$450.23	\$999.33	\$833.95	\$1,340.19
<i>Health Net POS 25-1500</i>	<i>PHYSICIAN COPAY: \$25 PRIMARY/\$50 SPECIALIST, HOSP: \$300 PER DAY TO MAX OF \$1,500 , OON DED: \$1,500, OON COINS: 60/40 of \$10,000, OON LT CAP: \$5,000,000, EMBEDDED Rx: \$15/25/40</i>								
Health Net		\$407.80	\$904.83	\$755.13	\$1,213.36	\$407.80	\$904.83	\$755.13	\$1,213.36
COST-SHARING PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
<i>GHI EPO Share 40 1k Plus</i>	<i>PHYSICIAN COPAY: \$40, HOSP: DED & COINS , DED: \$1,000, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>								
GHI		\$274.28	N/A	N/A	\$698.32	\$274.28	\$600.07	\$521.30	\$807.30
<i>GHI EPO Share 40 2k 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		\$241.69	N/A	N/A	\$615.24	\$241.69	\$528.40	\$459.40	\$711.19
<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		\$294.96	\$653.52	\$545.52	\$876.10	\$294.96	\$653.52	\$545.52	\$876.10

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.
 GHI Plus plans waive physician copays for child(ren).
 Domestic Partner Coverage through GHI, Health Net and HIP.



Putnam/Dutchess Rates 4/01/08 - 6/15/08 , 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
<i>HP Standard 15</i>	<i>PHYSICIAN COPAY: \$15, HOSPITAL COPAY: \$0 , HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>								
Health Net		\$531.72	\$1,180.82	\$985.32	\$1,583.75	\$531.72	\$1,180.82	\$985.32	\$1,583.75
<i>HP Standard 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 , HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>								
Health Net		\$484.79	\$1,076.29	\$898.14	\$1,443.46	\$484.79	\$1,076.29	\$898.14	\$1,443.46
<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		\$375.92	N/A	N/A	\$957.46	\$375.92	\$823.68	\$714.42	\$1,107.11
<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		\$340.04	N/A	N/A	\$866.00	\$340.04	\$744.73	\$646.23	\$1,001.28
<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		\$303.17	N/A	N/A	\$772.02	\$303.17	\$663.65	\$576.21	\$892.57
<i>Health Net EPO 25</i>	<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$0 , EMBEDDED Rx: \$15/25/40</i>								
Health Net		\$391.65	\$868.86	\$725.13	\$1,165.09	\$391.65	\$868.86	\$725.13	\$1,165.09
<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		\$365.14	\$809.82	\$675.89	\$1,085.86	\$365.14	\$809.82	\$675.89	\$1,085.86
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: 1MIL, HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>								
Health Net		\$660.36	\$1,467.31	\$1,224.27	\$1,968.23	\$660.36	\$1,467.31	\$1,224.27	\$1,968.23
<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 (\$50 ded/\$2000 max)</i>								
GHI		\$442.59	N/A	N/A	\$1,127.53	\$442.59	\$970.39	\$841.11	\$1,303.87
<i>GHI PPO 40 Plus</i>	<i>PHYSICIAN COPAY: \$40, HOSPITAL COPAY: \$500 , OON DED: \$2,000, OON COINS: 70/30 of \$10,000, OON CY CAP: \$500,000, EMBEDDED Rx: \$0/25/40 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>								
GHI		\$400.61	N/A	N/A	\$1,020.49	\$400.61	\$878.03	\$761.37	\$1,179.99
<i>Health Net POS 25-1000</i>	<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$250 , OON DED: \$1,000, OON COINS: 70/30 of \$10,000, OON LT CAP: \$5,000,000, EMBEDDED Rx: \$15/25/40</i>								
Health Net		\$450.23	\$999.33	\$833.95	\$1,340.19	\$450.23	\$999.33	\$833.95	\$1,340.19
<i>Health Net POS 25-1500</i>	<i>PHYSICIAN COPAY: \$25 PRIMARY/\$50 SPECIALIST, HOSP: \$300 PER DAY TO MAX OF \$1,500 , OON DED: \$1,500, OON COINS: 60/40 of \$10,000, OON LT CAP: \$5,000,000, EMBEDDED Rx: \$15/25/40</i>								
Health Net		\$407.80	\$904.83	\$755.13	\$1,213.36	\$407.80	\$904.83	\$755.13	\$1,213.36
COST-SHARING PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
<i>GHI EPO Share 40 1k Plus</i>	<i>PHYSICIAN COPAY: \$40, HOSP: DED & COINS , DED: \$1,000, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>								
GHI		\$274.28	N/A	N/A	\$698.32	\$274.28	\$600.07	\$521.30	\$807.30
<i>GHI EPO Share 40 2k 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		\$241.69	N/A	N/A	\$615.24	\$241.69	\$528.40	\$459.40	\$711.19
<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		\$294.96	\$653.52	\$545.52	\$876.10	\$294.96	\$653.52	\$545.52	\$876.10

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.
 GHI Plus plans waive physician copays for child(ren).
 Domestic Partner Coverage through GHI, Health Net and HIP.



Putnam/Dutchess Rates 4/01/08 - 6/15/08 , 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>								
Health Net		\$428.91	\$951.85	\$794.35	\$1,276.47	\$428.91	\$951.85	\$794.35	\$1,276.47
<i>HP Standard 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500, HP Rx: No Rx Plan</i>								
Health Net		\$381.98	\$847.32	\$707.17	\$1,136.18	\$381.98	\$847.32	\$707.17	\$1,136.18
<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		\$375.92	N/A	N/A	\$957.46	\$375.92	\$823.68	\$714.42	\$1,107.11
<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		\$340.04	N/A	N/A	\$866.00	\$340.04	\$744.73	\$646.23	\$1,001.28
<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		\$303.17	N/A	N/A	\$772.02	\$303.17	\$663.65	\$576.21	\$892.57
<i>Health Net EPO 25</i>	<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$0, EMBEDDED Rx: \$15/25/40</i>								
Health Net		\$391.65	\$868.86	\$725.13	\$1,165.09	\$391.65	\$868.86	\$725.13	\$1,165.09
<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		\$365.14	\$809.82	\$675.89	\$1,085.86	\$365.14	\$809.82	\$675.89	\$1,085.86
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: 1MIL, HP Rx: No Rx Plan</i>								
Health Net		\$557.55	\$1,238.34	\$1,033.30	\$1,660.95	\$557.55	\$1,238.34	\$1,033.30	\$1,660.95
<i>GHI PPO 40 Plus</i>	<i>PHYSICIAN COPAY: \$40, HOSPITAL COPAY: \$500, OON DED: \$2,000, OON COINS: 70/30 of \$10,000, OON CY CAP: \$500,000, EMBEDDED Rx: \$0/25/40 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>								
GHI		\$400.61	N/A	N/A	\$1,020.49	\$400.61	\$878.03	\$761.37	\$1,179.99
<i>Health Net POS 25-1000</i>	<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$250, OON DED: \$1,000, OON COINS: 70/30 of \$10,000, OON LT CAP: \$5,000,000, EMBEDDED Rx: \$15/25/40</i>								
Health Net		\$450.23	\$999.33	\$833.95	\$1,340.19	\$450.23	\$999.33	\$833.95	\$1,340.19
<i>Health Net POS 25-1500</i>	<i>PHYSICIAN COPAY: \$25 PRIMARY/\$50 SPECIALIST, HOSP: \$300 PER DAY TO MAX OF \$1,500, OON DED: \$1,500, OON COINS: 60/40 of \$10,000, OON LT CAP: \$5,000,000, EMBEDDED Rx: \$15/25/40</i>								
Health Net		\$407.80	\$904.83	\$755.13	\$1,213.36	\$407.80	\$904.83	\$755.13	\$1,213.36
COST-SHARING PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
<i>GHI EPO Share 40 1k Plus</i>	<i>PHYSICIAN COPAY: \$40, HOSP: DED & COINS, DED: \$1,000, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>								
GHI		\$274.28	N/A	N/A	\$698.32	\$274.28	\$600.07	\$521.30	\$807.30
<i>GHI EPO Share 40 2k 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		\$241.69	N/A	N/A	\$615.24	\$241.69	\$528.40	\$459.40	\$711.19
<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		\$294.96	\$653.52	\$545.52	\$876.10	\$294.96	\$653.52	\$545.52	\$876.10

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.
 GHI Plus plans waive physician copays for child(ren).
 Domestic Partner Coverage through GHI, Health Net and HIP.



Putnam/Dutchess Rates 4/01/08 - 6/15/08

Mixed Tier Rates	Four Tier Rates
------------------	-----------------

These plans can be offered under any of the 3 pharmacy option rate sheets.

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: \$5,600, COINS: 100%, Rx COVERED IN FULL AFTER DEDUCTIBLE</i>							
GHI		\$138.48	N/A	N/A	\$348.84	\$138.48	\$301.34	\$260.62	\$403.12
<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		\$242.14	\$535.89	\$447.42	\$718.24	\$242.14	\$535.89	\$447.42	\$718.24
<i>PerfectHealth HSA EPO 2500P</i>		<i>HDHP EPO IN DED: \$2,500, COINS: 100%, Rx: 100% AFTER DED & \$1k OOP OF 70/30% COINS, EEs WITH 2 OR MORE CHILDREN & FAMILY OF 7+: CONTACT HEALTHPASS FOR RATES</i>							
PerfectHealth		\$210.91	\$421.81	\$370.35	\$581.26	\$210.91	\$421.81	\$370.35	\$581.26
<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 & FAMILY OF 7+: CONTACT HEALTHPASS FOR RATES</i>							
PerfectHealth		\$265.41	\$530.82	\$466.06	\$731.47	\$265.41	\$530.82	\$466.06	\$731.47
<i>PerfectHealth HSA PPO 5000P</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 & FAMILY OF 7+: CONTACT HEALTHPASS FOR RATES</i>							
PerfectHealth		\$193.64	\$387.28	\$340.03	\$533.67	\$193.64	\$387.28	\$340.03	\$533.67

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.
 GHI Plus plans waive physician copays for child(ren).
 Domestic Partner Coverage through GHI, Health Net and HIP.