



Nassau Rates 1/01/09 - 3/15/09

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
<i>HP Std 15</i>		<i>PHYSICIAN COPAY: \$15, HOSPITAL COPAY: \$0 HP Rx: \$10/\$20/\$40</i>							
GHI		\$515.80	N/A	N/A	\$1,315.47	\$515.80	\$1,122.42	\$991.76	\$1,520.30
Health Net		\$652.82	\$1,450.50	\$1,210.25	\$1,945.72	\$652.82	\$1,450.50	\$1,210.25	\$1,945.72
HIP		\$555.67	N/A	N/A	\$1,414.81	\$555.67	\$1,108.59	\$1,031.17	\$1,694.59
<i>HP Std 20</i>		<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: \$10/\$20/\$40</i>							
GHI		\$482.38	N/A	N/A	\$1,230.12	\$482.38	\$1,049.11	\$927.93	\$1,421.65
Health Net		\$579.19	\$1,286.54	\$1,073.49	\$1,725.67	\$579.19	\$1,286.54	\$1,073.49	\$1,725.67
HIP		\$534.13	N/A	N/A	\$1,362.03	\$534.13	\$1,065.51	\$991.10	\$1,628.67
<i>EmblemHealth EPO+ 20-0</i>		<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$0, EMBEDDED Rx: \$0/30/50 (\$50 ded/\$3,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth		\$483.30	N/A	N/A	\$1,231.52	\$483.30	\$1,059.88	\$918.63	\$1,424.16
<i>EmblemHealth EPO+ 30-0</i>		<i>PHYSICIAN COPAY: \$30, HOSPITAL COPAY: \$0, EMBEDDED Rx: \$0/30/50 (\$50 ded/\$3,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth		\$421.94	N/A	N/A	\$1,075.11	\$421.94	\$924.88	\$802.06	\$1,243.18
<i>EmblemHealth EPO+ 30-500</i>		<i>PHYSICIAN COPAY: \$30, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth		\$387.06	N/A	N/A	\$986.20	\$387.06	\$848.18	\$735.79	\$1,140.33
<i>EmblemHealth EPO+ 40-500</i>		<i>PHYSICIAN COPAY: \$40, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded/\$3,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth		\$378.24	N/A	N/A	\$963.64	\$378.24	\$828.74	\$719.01	\$1,114.24
<i>EmblemHealth EPO+ 40-1000</i>		<i>PHYSICIAN COPAY: \$40, HOSPITAL COPAY: \$1,000, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth		\$340.37	N/A	N/A	\$867.15	\$340.37	\$745.47	\$647.09	\$1,002.60
<i>Health Net EPO 25/40-0</i>		<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$0, EMBEDDED Rx: \$15/25/40</i>							
Health Net		\$480.95	\$1,067.75	\$891.02	\$1,432.04	\$480.95	\$1,067.75	\$891.02	\$1,432.04
<i>Health Net EPO 30/45-300(1500max)</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		\$379.73	\$842.31	\$702.98	\$1,129.49	\$379.73	\$842.31	\$702.98	\$1,129.49
<i>Health Net EPO 30/50-500</i>		<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$15/25/40</i>							
Health Net		\$400.78	\$889.19	\$742.09	\$1,192.41	\$400.78	\$889.19	\$742.09	\$1,192.41
<i>Emblem CompreHealth HMO 20/25-200</i>		<i>PHYSICIAN COPAY: \$20 PRIMARY/\$25 SPECIALIST, HOSPITAL COPAY: \$200, EMBEDDED Rx: \$0/30/50</i>							
EmblemHealth		\$389.53	N/A	N/A	\$992.90	\$389.53	\$853.67	\$741.48	\$1,147.60
<i>Emblem CompreHealth HMO 30/50-500</i>		<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$25/35</i>							
EmblemHealth		\$285.80	N/A	N/A	\$727.34	\$285.80	\$625.46	\$543.36	\$840.56
IN & OUT-OF-NETWORK PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
<i>HP Flex 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>							
GHI		\$769.23	N/A	N/A	\$1,973.90	\$769.23	\$1,685.02	\$1,484.42	\$2,282.75
Health Net		\$806.87	\$1,793.60	\$1,496.41	\$2,406.18	\$806.87	\$1,793.60	\$1,496.41	\$2,406.18
<i>HP GHI PPO 30-0-1000</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		\$593.53	N/A	N/A	\$1,512.66	\$593.53	\$1,302.43	\$1,128.10	\$1,749.38
<i>EmblemHealth PPO+ 40-500-2000</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 &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth		\$480.66	N/A	N/A	\$1,224.86	\$480.66	\$1,054.09	\$913.62	\$1,416.40
<i>Health Net POS 25/40-250-1000</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		\$552.35	\$1,226.75	\$1,023.63	\$1,645.43	\$552.35	\$1,226.75	\$1,023.63	\$1,645.43
<i>Health Net POS 25/50-300(1500max)-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		\$498.59	\$1,107.02	\$923.77	\$1,484.75	\$498.59	\$1,107.02	\$923.77	\$1,484.75
COST-SHARING PLANS		EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
<i>EmblemHealth EPOcs+ 30-500</i>		<i>PHYSICIAN COPAY: \$30, HOSP: DED &amp; COINS, DED: \$500, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$3,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth		\$360.44	N/A	N/A	\$918.27	\$360.44	\$789.60	\$685.22	\$1,061.76
<i>EmblemHealth EPOcs+ 40-1000</i>		<i>PHYSICIAN COPAY: \$40, HOSP: DED &amp; COINS, DED: \$1,000, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth		\$313.22	N/A	N/A	\$797.90	\$313.22	\$685.74	\$595.52	\$922.50
<i>EmblemHealth EPOcs+ 40-2000</i>		<i>PHYSICIAN COPAY: \$40, HOSP: DED &amp; COINS, DED: \$2,000, COINS: 80/20, MAX OOP: \$3,000, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth		\$275.48	N/A	N/A	\$701.68	\$275.48	\$602.74	\$523.82	\$811.18
<i>Health Net EPOcs 25-2000</i>		<i>PHYSICIAN COPAY: \$25, HOSP: DED &amp; COINS, DED: \$2,000, COINS: 80/20, MAX OOP: \$8,000, EMBEDDED Rx: \$15/25/40 (\$100 ded)</i>							
Health Net		\$343.04	\$760.60	\$634.84	\$1,019.83	\$343.04	\$760.60	\$634.84	\$1,019.83
<i>HIP EPOcs 25-1000</i>		<i>PHYSICIAN COPAY: \$25, HOSP: DED &amp; COINS, DED: \$1,000, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$20/30/50 (\$50 ded)</i>							
HIP		\$332.91	N/A	N/A	\$846.99	\$332.91	\$660.51	\$614.46	\$1,013.02
<i>HIP EPOcs 30/50-1500</i>		<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSP: DED &amp; COINS, DED \$1,500, COINS: 90/10 MAX OOP: \$1,000, EMBEDDED RX \$20/30/50</i>							
HIP		\$308.39	N/A	N/A	\$785.91	\$308.39	\$611.42	\$568.79	\$937.94

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.

EmblemHealth "+" plans waive physician copays for dependent child(ren).

Domestic Partner Coverage through all carriers.

The Std HIP and CompreHealth plans are gated. 120308



Nassau Rates 1/01/09 - 3/15/09

Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)

IN-NETWORK ONLY PLANS	Mixed Tier Rates				Four Tier Rates			
	EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
<i>HP Std 15</i>	<i>PHYSICIAN COPAY: \$15, HOSPITAL COPAY: \$0 HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>							
GHI	\$473.31	N/A	N/A	\$1,207.18	\$473.31	\$1,029.00	\$911.06	\$1,395.04
Health Net	\$633.29	\$1,407.01	\$1,173.98	\$1,887.36	\$633.29	\$1,407.01	\$1,173.98	\$1,887.36
HIP	\$518.34	N/A	N/A	\$1,323.34	\$518.34	\$1,033.92	\$961.74	\$1,580.40
<i>HP Std 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>							
GHI	\$439.89	N/A	N/A	\$1,121.83	\$439.89	\$955.69	\$847.23	\$1,296.39
Health Net	\$559.67	\$1,243.05	\$1,037.22	\$1,667.31	\$559.67	\$1,243.05	\$1,037.22	\$1,667.31
HIP	\$496.80	N/A	N/A	\$1,270.56	\$496.80	\$990.84	\$921.67	\$1,514.48
<i>EmblemHealth EPO+ 20-0</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$0, EMBEDDED Rx: \$0/30/50 (\$50 ded/\$3,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$483.30	N/A	N/A	\$1,231.52	\$483.30	\$1,059.88	\$918.63	\$1,424.16
<i>EmblemHealth EPO+ 30-0</i>	<i>PHYSICIAN COPAY: \$30, HOSPITAL COPAY: \$0, EMBEDDED Rx: \$0/30/50 (\$50 ded/\$3,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$421.94	N/A	N/A	\$1,075.11	\$421.94	\$924.88	\$802.06	\$1,243.18
<i>EmblemHealth EPO+ 30-500</i>	<i>PHYSICIAN COPAY: \$30, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$387.06	N/A	N/A	\$986.20	\$387.06	\$848.18	\$735.79	\$1,140.33
<i>EmblemHealth EPO+ 40-500</i>	<i>PHYSICIAN COPAY: \$40, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded/\$3,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$378.24	N/A	N/A	\$963.64	\$378.24	\$828.74	\$719.01	\$1,114.24
<i>EmblemHealth EPO+ 40-1000</i>	<i>PHYSICIAN COPAY: \$40, HOSPITAL COPAY: \$1,000, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$340.37	N/A	N/A	\$867.15	\$340.37	\$745.47	\$647.09	\$1,002.60
<i>Health Net EPO 25/40-0</i>	<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$0, EMBEDDED Rx: \$15/25/40</i>							
Health Net	\$480.95	\$1,067.75	\$891.02	\$1,432.04	\$480.95	\$1,067.75	\$891.02	\$1,432.04
<i>Health Net EPO 30/45-300(1500max)</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	\$379.73	\$842.31	\$702.98	\$1,129.49	\$379.73	\$842.31	\$702.98	\$1,129.49
<i>Health Net EPO 30/50-500</i>	<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$15/25/40</i>							
Health Net	\$400.78	\$889.19	\$742.09	\$1,192.41	\$400.78	\$889.19	\$742.09	\$1,192.41
<i>Emblem CompreHealth HMO 20/25-200</i>	<i>PHYSICIAN COPAY: \$20 PRIMARY/\$25 SPECIALIST, HOSPITAL COPAY: \$200, EMBEDDED Rx: \$0/30/50</i>							
EmblemHealth	\$389.53	N/A	N/A	\$992.90	\$389.53	\$853.67	\$741.48	\$1,147.60
<i>Emblem CompreHealth HMO 30/50-500</i>	<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$25/35</i>							
EmblemHealth	\$285.80	N/A	N/A	\$727.34	\$285.80	\$625.46	\$543.36	\$840.56
<b>IN &amp; OUT-OF-NETWORK PLANS</b>	<b>EE</b>	<b>EE/Spouse</b>	<b>EE/Child(ren)</b>	<b>Family</b>	<b>EE</b>	<b>EE/Spouse</b>	<b>EE/Child(ren)</b>	<b>Family</b>
<i>HP Flex 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>							
GHI	\$726.74	N/A	N/A	\$1,865.61	\$726.74	\$1,591.60	\$1,403.72	\$2,157.49
Health Net	\$787.35	\$1,750.11	\$1,460.14	\$2,347.82	\$787.35	\$1,750.11	\$1,460.14	\$2,347.82
<i>HP GHI PPO 30-0-1000</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	\$551.04	N/A	N/A	\$1,404.37	\$551.04	\$1,209.01	\$1,047.40	\$1,624.12
<i>EmblemHealth PPO+ 40-500-2000</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 &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$480.66	N/A	N/A	\$1,224.86	\$480.66	\$1,054.09	\$913.62	\$1,416.40
<i>Health Net POS 25/40-250-1000</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	\$552.35	\$1,226.75	\$1,023.63	\$1,645.43	\$552.35	\$1,226.75	\$1,023.63	\$1,645.43
<i>Health Net POS 25/50-300(1500max)-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	\$498.59	\$1,107.02	\$923.77	\$1,484.75	\$498.59	\$1,107.02	\$923.77	\$1,484.75
<b>COST-SHARING PLANS</b>	<b>EE</b>	<b>EE/Spouse</b>	<b>EE/Child(ren)</b>	<b>Family</b>	<b>EE</b>	<b>EE/Spouse</b>	<b>EE/Child(ren)</b>	<b>Family</b>
<i>EmblemHealth EPOcs+ 30-500</i>	<i>PHYSICIAN COPAY: \$30, HOSP: DED &amp; COINS, DED: \$500, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$3,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$360.44	N/A	N/A	\$918.27	\$360.44	\$789.60	\$685.22	\$1,061.76
<i>EmblemHealth EPOcs+ 40-1000</i>	<i>PHYSICIAN COPAY: \$40, HOSP: DED &amp; COINS, DED: \$1,000, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$313.22	N/A	N/A	\$797.90	\$313.22	\$685.74	\$595.52	\$922.50
<i>EmblemHealth EPOcs+ 40-2000</i>	<i>PHYSICIAN COPAY: \$40, HOSP: DED &amp; COINS, DED: \$2,000, COINS: 80/20, MAX OOP: \$3,000, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$275.48	N/A	N/A	\$701.68	\$275.48	\$602.74	\$523.82	\$811.18
<i>Health Net EPOcs 25-2000</i>	<i>PHYSICIAN COPAY: \$25, HOSP: DED &amp; COINS, DED: \$2,000, COINS: 80/20, MAX OOP: \$8,000, EMBEDDED Rx: \$15/25/40 (\$100 ded)</i>							
Health Net	\$343.04	\$760.60	\$634.84	\$1,019.83	\$343.04	\$760.60	\$634.84	\$1,019.83
<i>HIP EPOcs 25-1000</i>	<i>PHYSICIAN COPAY: \$25, HOSP: DED &amp; COINS, DED: \$1,000, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$20/30/50 (\$50 ded)</i>							
HIP	\$332.91	N/A	N/A	\$846.99	\$332.91	\$660.51	\$614.46	\$1,013.02
<i>HIP EPOcs 30/50-1500</i>	<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSP: DED &amp; COINS, DED \$1,500, COINS: 90/10 MAX OOP: \$1,000, EMBEDDED RX \$20/30/50</i>							
HIP	\$308.39	N/A	N/A	\$785.91	\$308.39	\$611.42	\$568.79	\$937.94

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Nassau Rates 1/01/09 - 3/15/09

HP Rx: No Rx Plan

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<i>HP Std 15</i>	<i>PHYSICIAN COPAY: \$15, HOSPITAL COPAY: \$0 HP Rx: No Rx Plan</i>							
GHI	\$409.71	N/A	N/A	\$1,044.98	\$409.71	\$889.05	\$790.21	\$1,207.37
Health Net	\$513.14	\$1,139.43	\$950.80	\$1,528.25	\$513.14	\$1,139.43	\$950.80	\$1,528.25
HIP	\$465.17	N/A	N/A	\$1,193.08	\$465.17	\$927.59	\$862.85	\$1,417.76
<i>HP Std 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: No Rx Plan</i>							
GHI	\$376.29	N/A	N/A	\$959.63	\$376.29	\$815.74	\$726.38	\$1,108.72
Health Net	\$439.52	\$975.46	\$814.05	\$1,308.19	\$439.52	\$975.46	\$814.05	\$1,308.19
HIP	\$443.63	N/A	N/A	\$1,140.30	\$443.63	\$884.51	\$822.78	\$1,351.84
<i>EmblemHealth EPO+ 20-0</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$0, EMBEDDED Rx: \$0/30/50 (\$50 ded/\$3,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
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<i>EmblemHealth EPO+ 30-0</i>	<i>PHYSICIAN COPAY: \$30, HOSPITAL COPAY: \$0, EMBEDDED Rx: \$0/30/50 (\$50 ded/\$3,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$421.94	N/A	N/A	\$1,075.11	\$421.94	\$924.88	\$802.06	\$1,243.18
<i>EmblemHealth EPO+ 30-500</i>	<i>PHYSICIAN COPAY: \$30, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$387.06	N/A	N/A	\$986.20	\$387.06	\$848.18	\$735.79	\$1,140.33
<i>EmblemHealth EPO+ 40- 500</i>	<i>PHYSICIAN COPAY: \$40, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded/\$3,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$378.24	N/A	N/A	\$963.64	\$378.24	\$828.74	\$719.01	\$1,114.24
<i>EmblemHealth EPO+ 40-1000</i>	<i>PHYSICIAN COPAY: \$40, HOSPITAL COPAY: \$1,000, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$340.37	N/A	N/A	\$867.15	\$340.37	\$745.47	\$647.09	\$1,002.60
<i>Health Net EPO 25/40-0</i>	<i>PHYSICIAN COPAY: \$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY: \$0, EMBEDDED Rx: \$15/25/40</i>							
Health Net	\$480.95	\$1,067.75	\$891.02	\$1,432.04	\$480.95	\$1,067.75	\$891.02	\$1,432.04
<i>Health Net EPO 30/45-300(1500max)</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	\$379.73	\$842.31	\$702.98	\$1,129.49	\$379.73	\$842.31	\$702.98	\$1,129.49
<i>Health Net EPO 30/50-500</i>	<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$15/25/40</i>							
Health Net	\$400.78	\$889.19	\$742.09	\$1,192.41	\$400.78	\$889.19	\$742.09	\$1,192.41
<i>Emblem CompreHealth HMO 20/25-200</i>	<i>PHYSICIAN COPAY: \$20 PRIMARY/\$25 SPECIALIST, HOSPITAL COPAY: \$200, EMBEDDED Rx: \$0/30/50</i>							
EmblemHealth	\$389.53	N/A	N/A	\$992.90	\$389.53	\$853.67	\$741.48	\$1,147.60
<i>Emblem CompreHealth HMO 30/50-500</i>	<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$25/35</i>							
EmblemHealth	\$285.80	N/A	N/A	\$727.34	\$285.80	\$625.46	\$543.36	\$840.56
<b>IN &amp; OUT-OF-NETWORK PLANS</b>	<b>EE</b>	<b>EE/Spouse</b>	<b>EE/Child(ren)</b>	<b>Family</b>	<b>EE</b>	<b>EE/Spouse</b>	<b>EE/Child(ren)</b>	<b>Family</b>
<i>HP Flex 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>							
GHI	\$663.14	N/A	N/A	\$1,703.41	\$663.14	\$1,451.65	\$1,282.87	\$1,969.82
Health Net	\$667.20	\$1,482.53	\$1,236.96	\$1,988.71	\$667.20	\$1,482.53	\$1,236.96	\$1,988.71
<i>EmblemHealth PPO+ 40-500-2000</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 &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$480.66	N/A	N/A	\$1,224.86	\$480.66	\$1,054.09	\$913.62	\$1,416.40
<i>Health Net POS 25/40-250-1000</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	\$552.35	\$1,226.75	\$1,023.63	\$1,645.43	\$552.35	\$1,226.75	\$1,023.63	\$1,645.43
<i>Health Net POS 25/50-300(1500max)-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	\$498.59	\$1,107.02	\$923.77	\$1,484.75	\$498.59	\$1,107.02	\$923.77	\$1,484.75
<b>COST-SHARING PLANS</b>	<b>EE</b>	<b>EE/Spouse</b>	<b>EE/Child(ren)</b>	<b>Family</b>	<b>EE</b>	<b>EE/Spouse</b>	<b>EE/Child(ren)</b>	<b>Family</b>
<i>EmblemHealth EPOcs+ 30-500</i>	<i>PHYSICIAN COPAY: \$30, HOSP: DED &amp; COINS, DED: \$500, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$3,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$360.44	N/A	N/A	\$918.27	\$360.44	\$789.60	\$685.22	\$1,061.76
<i>EmblemHealth EPOcs+ 40-1000</i>	<i>PHYSICIAN COPAY: \$40, HOSP: DED &amp; COINS, DED: \$1,000, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$313.22	N/A	N/A	\$797.90	\$313.22	\$685.74	\$595.52	\$922.50
<i>EmblemHealth EPOcs+ 40-2000</i>	<i>PHYSICIAN COPAY: \$40, HOSP: DED &amp; COINS, DED: \$2,000, COINS: 80/20, MAX OOP: \$3,000, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$1,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$275.48	N/A	N/A	\$701.68	\$275.48	\$602.74	\$523.82	\$811.18
<i>Health Net EPOcs 25-2000</i>	<i>PHYSICIAN COPAY: \$25, HOSP: DED &amp; COINS, DED: \$2,000, COINS: 80/20, MAX OOP: \$8,000, EMBEDDED Rx: \$15/25/40 (\$100 ded)</i>							
Health Net	\$343.04	\$760.60	\$634.84	\$1,019.83	\$343.04	\$760.60	\$634.84	\$1,019.83
<i>HIP EPOcs 25-1000</i>	<i>PHYSICIAN COPAY: \$25, HOSP: DED &amp; COINS, DED: \$1,000, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$20/30/50 (\$50 ded)</i>							
HIP	\$332.91	N/A	N/A	\$846.99	\$332.91	\$660.51	\$614.46	\$1,013.02
<i>HIP EPOcs 30/50-1500</i>	<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSP: DED &amp; COINS, DED \$1,500, COINS: 90/10 MAX OOP: \$1,000, EMBEDDED RX \$20/30/50</i>							
HIP	\$308.39	N/A	N/A	\$785.91	\$308.39	\$611.42	\$568.79	\$937.94

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.

EmblemHealth "+" plans waive physician copays for dependent child(ren).

Domestic Partner Coverage through all carriers.

The Std HIP and CompreHealth plans are gated. 120308



Nassau Rates 1/01/09 - 3/15/09

Mixed Tier Rates	Four Tier Rates
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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>EmblemHealth HSA EPO 3000</i>	<i>HDHP EPO DED: \$3,000, COINS: 100%, Rx COVERED IN FULL AFTER DEDUCTIBLE</i>								
EmblemHealth		\$219.54	N/A	N/A	\$555.58	\$219.54	\$479.71	\$414.68	\$642.31
<i>EmblemHealth HSA EPO 5800</i>	<i>HDHP EPO DED: \$5,800, COINS: 100%, Rx COVERED IN FULL AFTER DEDUCTIBLE</i>								
EmblemHealth		\$161.75	N/A	N/A	\$408.17	\$161.75	\$352.52	\$304.82	\$471.76
<i>EmblemHealth HSA PPO 2500/2500</i>	<i>HDHP PPO IN DED: \$2,500, COINS: 100%, OON DED: \$2,500, COINS: 70%, COINS MAX OOP \$3,000, Rx COVERED IN FULL AFTER DEDUCTIBLE</i>								
EmblemHealth		\$289.75	N/A	N/A	\$777.65	\$289.75	\$654.24	\$562.40	\$916.85
<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		\$282.36	\$625.47	\$522.13	\$838.48	\$282.36	\$625.47	\$522.13	\$838.48

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.

EmblemHealth "+" plans waive physician copays for dependent child(ren).  
 Domestic Partner Coverage through all carriers.  
 The Std HIP and CompreHealth plans are gated. 120308