



Putnam/Dutchess 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>							
Health Net	\$616.87	\$1,370.45	\$1,143.49	\$1,838.29	\$616.87	\$1,370.45	\$1,143.49	\$1,838.29
<i>HP Std 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: \$10/\$20/\$40</i>							
Health Net	\$548.43	\$1,218.03	\$1,016.36	\$1,633.74	\$548.43	\$1,218.03	\$1,016.36	\$1,633.74
<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 & UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$437.32	N/A	N/A	\$1,114.29	\$437.32	\$958.76	\$831.31	\$1,288.54
<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 & UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$395.18	N/A	N/A	\$1,006.86	\$395.18	\$866.02	\$751.21	\$1,164.24
<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 & UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$361.71	N/A	N/A	\$921.54	\$361.71	\$792.41	\$687.63	\$1,065.53
<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 & UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$354.97	N/A	N/A	\$904.34	\$354.97	\$777.58	\$674.84	\$1,045.64
<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 & UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$318.74	N/A	N/A	\$812.04	\$318.74	\$697.95	\$606.04	\$938.85
<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	\$428.67	\$951.31	\$793.90	\$1,275.78	\$428.67	\$951.31	\$793.90	\$1,275.78
<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	\$341.85	\$757.96	\$632.63	\$1,016.29	\$341.85	\$757.96	\$632.63	\$1,016.29
<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	\$359.91	\$798.17	\$666.17	\$1,070.25	\$359.91	\$798.17	\$666.17	\$1,070.25
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>							
Health Net	\$760.08	\$1,689.39	\$1,409.50	\$2,266.33	\$760.08	\$1,689.39	\$1,409.50	\$2,266.33
<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	\$538.63	N/A	N/A	\$1,372.66	\$538.63	\$1,181.65	\$1,023.78	\$1,587.42
<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 & UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$436.07	N/A	N/A	\$1,111.19	\$436.07	\$956.06	\$828.97	\$1,284.91
<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	\$489.90	\$1,087.68	\$907.64	\$1,458.79	\$489.90	\$1,087.68	\$907.64	\$1,458.79
<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	\$443.79	\$984.99	\$821.99	\$1,320.98	\$443.79	\$984.99	\$821.99	\$1,320.98
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 & COINS, DED: \$500, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$3,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$327.83	N/A	N/A	\$835.13	\$327.83	\$717.87	\$623.27	\$965.57
<i>EmblemHealth EPOcs+ 40-1000</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>							
EmblemHealth	\$284.07	N/A	N/A	\$723.56	\$284.07	\$621.61	\$540.13	\$836.50
<i>EmblemHealth EPOcs+ 40-2000</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>							
EmblemHealth	\$250.67	N/A	N/A	\$638.41	\$250.67	\$548.15	\$476.68	\$737.99
<i>Health Net EPOcs 25-2000</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	\$308.02	\$682.61	\$569.79	\$915.16	\$308.02	\$682.61	\$569.79	\$915.16

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



Putnam/Dutchess Rates 1/01/09 - 3/15/09

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 Std 15</i>	<i>PHYSICIAN COPAY: \$15, HOSPITAL COPAY: \$0 HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>								
Health Net		\$597.35	\$1,326.97	\$1,107.22	\$1,779.93	\$597.35	\$1,326.97	\$1,107.22	\$1,779.93
<i>HP Std 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>								
Health Net		\$528.91	\$1,174.55	\$980.09	\$1,575.37	\$528.91	\$1,174.55	\$980.09	\$1,575.37
<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 & UNLIMITED MAIL ORDER</i>								
EmblemHealth		\$437.32	N/A	N/A	\$1,114.29	\$437.32	\$958.76	\$831.31	\$1,288.54
<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 & UNLIMITED MAIL ORDER</i>								
EmblemHealth		\$395.18	N/A	N/A	\$1,006.86	\$395.18	\$866.02	\$751.21	\$1,164.24
<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 & UNLIMITED MAIL ORDER</i>								
EmblemHealth		\$361.71	N/A	N/A	\$921.54	\$361.71	\$792.41	\$687.63	\$1,065.53
<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 & UNLIMITED MAIL ORDER</i>								
EmblemHealth		\$354.97	N/A	N/A	\$904.34	\$354.97	\$777.58	\$674.84	\$1,045.64
<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 & UNLIMITED MAIL ORDER</i>								
EmblemHealth		\$318.74	N/A	N/A	\$812.04	\$318.74	\$697.95	\$606.04	\$938.85
<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		\$428.67	\$951.31	\$793.90	\$1,275.78	\$428.67	\$951.31	\$793.90	\$1,275.78
<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		\$341.85	\$757.96	\$632.63	\$1,016.29	\$341.85	\$757.96	\$632.63	\$1,016.29
<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		\$359.91	\$798.17	\$666.17	\$1,070.25	\$359.91	\$798.17	\$666.17	\$1,070.25
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 (\$50 ded/\$2000 max)</i>								
Health Net		\$740.55	\$1,645.90	\$1,373.23	\$2,207.96	\$740.55	\$1,645.90	\$1,373.23	\$2,207.96
<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		\$496.14	N/A	N/A	\$1,264.37	\$496.14	\$1,088.23	\$943.08	\$1,462.16
<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 & UNLIMITED MAIL ORDER</i>								
EmblemHealth		\$436.07	N/A	N/A	\$1,111.19	\$436.07	\$956.06	\$828.97	\$1,284.91
<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		\$489.90	\$1,087.68	\$907.64	\$1,458.79	\$489.90	\$1,087.68	\$907.64	\$1,458.79
<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		\$443.79	\$984.99	\$821.99	\$1,320.98	\$443.79	\$984.99	\$821.99	\$1,320.98
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 & COINS, DED: \$500, COINS: 90/10, MAX OOP: \$500, EMBEDDED Rx: \$0/30/50 (\$50 ded, \$3,000 retail max), VOLUNTARY & UNLIMITED MAIL ORDER</i>								
EmblemHealth		\$327.83	N/A	N/A	\$835.13	\$327.83	\$717.87	\$623.27	\$965.57
<i>EmblemHealth EPOcs+ 40-1000</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>								
EmblemHealth		\$284.07	N/A	N/A	\$723.56	\$284.07	\$621.61	\$540.13	\$836.50
<i>EmblemHealth EPOcs+ 40-2000</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>								
EmblemHealth		\$250.67	N/A	N/A	\$638.41	\$250.67	\$548.15	\$476.68	\$737.99
<i>Health Net EPOcs 25-2000</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		\$308.02	\$682.61	\$569.79	\$915.16	\$308.02	\$682.61	\$569.79	\$915.16

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Putnam/Dutchess Rates 1/01/09 - 3/15/09

HP Rx: No Rx Plan

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IN-NETWORK ONLY PLANS		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: No Rx Plan</i>								
Health Net		\$477.20	\$1,059.38	\$884.04	\$1,420.82	\$477.20	\$1,059.38	\$884.04	\$1,420.82
<i>HP Std 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: No Rx Plan</i>								
Health Net		\$408.76	\$906.96	\$756.91	\$1,216.26	\$408.76	\$906.96	\$756.91	\$1,216.26
<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 & UNLIMITED MAIL ORDER</i>								
EmblemHealth		\$437.32	N/A	N/A	\$1,114.29	\$437.32	\$958.76	\$831.31	\$1,288.54
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Health Net		\$620.41	\$1,378.32	\$1,150.05	\$1,848.85	\$620.41	\$1,378.32	\$1,150.05	\$1,848.85
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<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>								
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<i>EmblemHealth EPOcs+ 40-2000</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>								
EmblemHealth		\$250.67	N/A	N/A	\$638.41	\$250.67	\$548.15	\$476.68	\$737.99
<i>Health Net EPOcs 25-2000</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		\$308.02	\$682.61	\$569.79	\$915.16	\$308.02	\$682.61	\$569.79	\$915.16

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



Putnam/Dutchess Rates 1/01/09 - 3/15/09

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>EmblemHealth HSA EPO 3000</i>	<i>HDHP EPO DED: \$3,000, COINS: 100%, Rx COVERED IN FULL AFTER DEDUCTIBLE</i>								
EmblemHealth		\$200.03	N/A	N/A	\$505.83	\$200.03	\$436.79	\$377.60	\$584.74
<i>EmblemHealth HSA EPO 5800</i>	<i>HDHP EPO DED: \$5,800, COINS: 100%, Rx COVERED IN FULL AFTER DEDUCTIBLE</i>								
EmblemHealth		\$147.44	N/A	N/A	\$371.68	\$147.44	\$321.04	\$277.63	\$429.54
<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		\$263.92	N/A	N/A	\$707.91	\$263.92	\$595.61	\$512.03	\$834.58
<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		\$252.41	\$558.76	\$466.49	\$748.95	\$252.41	\$558.76	\$466.49	\$748.95

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.

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 Domestic Partner Coverage through all carriers.
 The Std HIP and CompreHealth plans are gated. 120308