



Westchester/Rockland 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	\$650.57	\$1,445.50	\$1,206.08	\$1,939.01	\$650.57	\$1,445.50	\$1,206.08	\$1,939.01
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	\$577.27	\$1,282.25	\$1,069.92	\$1,719.92	\$577.27	\$1,282.25	\$1,069.92	\$1,719.92
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 & 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 & 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 & 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 & 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 & 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	\$435.53	\$966.59	\$806.65	\$1,296.29	\$435.53	\$966.59	\$806.65	\$1,296.29
<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	\$346.82	\$769.03	\$641.87	\$1,031.14	\$346.82	\$769.03	\$641.87	\$1,031.14
<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	\$365.27	\$810.12	\$676.14	\$1,086.28	\$365.27	\$810.12	\$676.14	\$1,086.28
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: 1ML 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	\$803.95	\$1,787.09	\$1,490.98	\$2,397.44	\$803.95	\$1,787.09	\$1,490.98	\$2,397.44
<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 & 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	\$498.10	\$1,105.93	\$922.86	\$1,483.29	\$498.10	\$1,105.93	\$922.86	\$1,483.29
<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	\$450.99	\$1,001.01	\$835.35	\$1,342.48	\$450.99	\$1,001.01	\$835.35	\$1,342.48
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	\$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 & 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	\$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 & 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	\$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 & COINS, DED: \$2,000, COINS: 80/20, MAX OOP: \$8,000, EMBEDDED Rx: \$15/25/40 (\$100 ded)</i>							
Health Net	\$312.61	\$692.84	\$578.33	\$928.90	\$312.61	\$692.84	\$578.33	\$928.90
<i>HIP EPOcs 25-1000</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	\$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 & 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



Westchester/Rockland 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>							
GHI		\$473.31	N/A	N/A	\$1,207.18	\$473.31	\$1,029.00	\$911.06	\$1,395.04
Health Net		\$631.04	\$1,402.01	\$1,169.81	\$1,880.64	\$631.04	\$1,402.01	\$1,169.81	\$1,880.64
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		\$557.74	\$1,238.77	\$1,033.65	\$1,661.56	\$557.74	\$1,238.77	\$1,033.65	\$1,661.56
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 & 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 & 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 & 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 & 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 & 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		\$435.53	\$966.59	\$806.65	\$1,296.29	\$435.53	\$966.59	\$806.65	\$1,296.29
<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		\$346.82	\$769.03	\$641.87	\$1,031.14	\$346.82	\$769.03	\$641.87	\$1,031.14
<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		\$365.27	\$810.12	\$676.14	\$1,086.28	\$365.27	\$810.12	\$676.14	\$1,086.28
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>							
GHI		\$726.74	N/A	N/A	\$1,865.61	\$726.74	\$1,591.60	\$1,403.72	\$2,157.49
Health Net		\$784.42	\$1,743.60	\$1,454.71	\$2,339.08	\$784.42	\$1,743.60	\$1,454.71	\$2,339.08
<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 & 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		\$498.10	\$1,105.93	\$922.86	\$1,483.29	\$498.10	\$1,105.93	\$922.86	\$1,483.29
<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		\$450.99	\$1,001.01	\$835.35	\$1,342.48	\$450.99	\$1,001.01	\$835.35	\$1,342.48
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		\$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 & 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		\$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 & 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		\$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 & COINS, DED: \$2,000, COINS: 80/20, MAX OOP: \$8,000, EMBEDDED Rx: \$15/25/40 (\$100 ded)</i>							
Health Net		\$312.61	\$692.84	\$578.33	\$928.90	\$312.61	\$692.84	\$578.33	\$928.90
<i>HIP EPOCs 25-1000</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		\$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 & 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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HP Rx: No Rx Plan

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	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>							
GHI	\$409.71	N/A	N/A	\$1,044.98	\$409.71	\$889.05	\$790.21	\$1,207.37
Health Net	\$510.89	\$1,134.43	\$946.63	\$1,521.53	\$510.89	\$1,134.43	\$946.63	\$1,521.53
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	\$437.59	\$971.18	\$810.47	\$1,302.45	\$437.59	\$971.18	\$810.47	\$1,302.45
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 & 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 & UNLIMITED MAIL ORDER</i>							
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<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	\$346.82	\$769.03	\$641.87	\$1,031.14	\$346.82	\$769.03	\$641.87	\$1,031.14
<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	\$365.27	\$810.12	\$676.14	\$1,086.28	\$365.27	\$810.12	\$676.14	\$1,086.28
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: 1ML 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	\$664.27	\$1,476.02	\$1,231.53	\$1,979.97	\$664.27	\$1,476.02	\$1,231.53	\$1,979.97
<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	\$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	\$498.10	\$1,105.93	\$922.86	\$1,483.29	\$498.10	\$1,105.93	\$922.86	\$1,483.29
<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	\$450.99	\$1,001.01	\$835.35	\$1,342.48	\$450.99	\$1,001.01	\$835.35	\$1,342.48
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	\$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 & 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	\$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 & 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	\$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 & COINS, DED: \$2,000, COINS: 80/20, MAX OOP: \$8,000, EMBEDDED Rx: \$15/25/40 (\$100 ded)</i>							
Health Net	\$312.61	\$692.84	\$578.33	\$928.90	\$312.61	\$692.84	\$578.33	\$928.90
<i>HIP EPOcs 25-1000</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	\$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 & 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



Westchester/Rockland 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		\$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		\$256.34	\$567.52	\$473.80	\$760.70	\$256.34	\$567.52	\$473.80	\$760.70

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 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