



Putnam/Dutchess Rates 4/01/09 - 6/15/09

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	\$673.37	\$1,496.29	\$1,248.44	\$2,007.17	\$673.37	\$1,496.29	\$1,248.44	\$2,007.17
<i>HP Std 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: \$10/\$20/\$40</i>							
Health Net	\$604.70	\$1,343.34	\$1,120.87	\$1,801.91	\$604.70	\$1,343.34	\$1,120.87	\$1,801.91
<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	\$472.40	N/A	N/A	\$1,203.81	\$472.40	\$1,035.91	\$898.01	\$1,392.12
<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	\$409.97	N/A	N/A	\$1,044.67	\$409.97	\$898.55	\$779.41	\$1,207.97
<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	\$375.34	N/A	N/A	\$956.39	\$375.34	\$822.41	\$713.61	\$1,105.86
<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	\$368.16	N/A	N/A	\$938.01	\$368.16	\$806.57	\$699.95	\$1,084.60
<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	\$330.66	N/A	N/A	\$842.49	\$330.66	\$724.13	\$628.74	\$974.09
<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	\$428.48	\$950.88	\$793.54	\$1,275.20	\$428.48	\$950.88	\$793.54	\$1,275.20
<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	\$345.06	\$765.11	\$638.60	\$1,025.88	\$345.06	\$765.11	\$638.60	\$1,025.88
<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	\$339.19	\$752.02	\$627.68	\$1,008.32	\$339.19	\$752.02	\$627.68	\$1,008.32
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	\$829.75	\$1,844.56	\$1,538.92	\$2,474.57	\$829.75	\$1,844.56	\$1,538.92	\$2,474.57
<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	\$586.46	N/A	N/A	\$1,494.74	\$586.46	\$1,286.89	\$1,114.77	\$1,728.66
<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	\$474.90	N/A	N/A	\$1,210.27	\$474.90	\$1,041.44	\$902.77	\$1,399.52
<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	\$526.92	\$1,170.11	\$976.39	\$1,569.42	\$526.92	\$1,170.11	\$976.39	\$1,569.42
<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	\$486.90	\$1,081.00	\$902.07	\$1,449.83	\$486.90	\$1,081.00	\$902.07	\$1,449.83
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	\$347.82	N/A	N/A	\$886.15	\$347.82	\$761.80	\$661.30	\$1,024.61
<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	\$301.65	N/A	N/A	\$768.49	\$301.65	\$660.28	\$573.61	\$888.47
<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	\$283.58	N/A	N/A	\$722.40	\$283.58	\$620.54	\$539.29	\$835.16
<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	\$322.39	\$714.62	\$596.49	\$958.13	\$322.39	\$714.62	\$596.49	\$958.13

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. 022609



Putnam/Dutchess Rates 4/01/09 - 6/15/09

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		\$652.05	\$1,448.80	\$1,208.83	\$1,943.44	\$652.05	\$1,448.80	\$1,208.83	\$1,943.44
<i>HP Std 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>								
Health Net		\$583.38	\$1,295.85	\$1,081.27	\$1,738.17	\$583.38	\$1,295.85	\$1,081.27	\$1,738.17
<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		\$472.40	N/A	N/A	\$1,203.81	\$472.40	\$1,035.91	\$898.01	\$1,392.12
<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		\$409.97	N/A	N/A	\$1,044.67	\$409.97	\$898.55	\$779.41	\$1,207.97
<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		\$375.34	N/A	N/A	\$956.39	\$375.34	\$822.41	\$713.61	\$1,105.86
<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		\$368.16	N/A	N/A	\$938.01	\$368.16	\$806.57	\$699.95	\$1,084.60
<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		\$330.66	N/A	N/A	\$842.49	\$330.66	\$724.13	\$628.74	\$974.09
<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		\$428.48	\$950.88	\$793.54	\$1,275.20	\$428.48	\$950.88	\$793.54	\$1,275.20
<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		\$345.06	\$765.11	\$638.60	\$1,025.88	\$345.06	\$765.11	\$638.60	\$1,025.88
<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		\$339.19	\$752.02	\$627.68	\$1,008.32	\$339.19	\$752.02	\$627.68	\$1,008.32
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		\$808.43	\$1,797.07	\$1,499.31	\$2,410.84	\$808.43	\$1,797.07	\$1,499.31	\$2,410.84
<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		\$542.27	N/A	N/A	\$1,382.12	\$542.27	\$1,189.74	\$1,030.84	\$1,598.39
<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		\$474.90	N/A	N/A	\$1,210.27	\$474.90	\$1,041.44	\$902.77	\$1,399.52
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Health Net		\$486.90	\$1,081.00	\$902.07	\$1,449.83	\$486.90	\$1,081.00	\$902.07	\$1,449.83
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		\$347.82	N/A	N/A	\$886.15	\$347.82	\$761.80	\$661.30	\$1,024.61
<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		\$301.65	N/A	N/A	\$768.49	\$301.65	\$660.28	\$573.61	\$888.47
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EmblemHealth		\$283.58	N/A	N/A	\$722.40	\$283.58	\$620.54	\$539.29	\$835.16
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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		\$520.85	\$1,156.59	\$965.12	\$1,551.28	\$520.85	\$1,156.59	\$965.12	\$1,551.28
<i>HP Std 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: No Rx Plan</i>								
Health Net		\$452.17	\$1,003.65	\$837.55	\$1,346.02	\$452.17	\$1,003.65	\$837.55	\$1,346.02
<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		\$472.40	N/A	N/A	\$1,203.81	\$472.40	\$1,035.91	\$898.01	\$1,392.12
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Health Net		\$677.23	\$1,504.86	\$1,255.59	\$2,018.68	\$677.23	\$1,504.86	\$1,255.59	\$2,018.68
<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>								
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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		\$283.58	N/A	N/A	\$722.40	\$283.58	\$620.54	\$539.29	\$835.16
<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		\$322.39	\$714.62	\$596.49	\$958.13	\$322.39	\$714.62	\$596.49	\$958.13

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. 022609



Putnam/Dutchess Rates 4/01/09 - 6/15/09

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		\$207.18	N/A	N/A	\$524.07	\$207.18	\$452.52	\$391.20	\$605.86
<i>EmblemHealth HSA EPO 5800</i>	<i>HDHP EPO DED: \$5,800, COINS: 100%, Rx COVERED IN FULL AFTER DEDUCTIBLE</i>								
EmblemHealth		\$152.69	N/A	N/A	\$385.07	\$152.69	\$332.58	\$287.60	\$445.03
<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		\$273.40	N/A	N/A	\$733.48	\$273.39	\$617.11	\$530.50	\$864.74
<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		\$279.61	\$619.34	\$517.02	\$830.25	\$279.61	\$619.34	\$517.02	\$830.25

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. 022609