



Westchester/Rockland 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>							
GHI	\$536.32	N/A	N/A	\$1,367.98	\$536.32	\$1,167.20	\$1,031.32	\$1,581.00
Health Net	\$710.17	\$1,578.24	\$1,316.79	\$2,117.15	\$710.17	\$1,578.24	\$1,316.79	\$2,117.15
HIP	\$568.67	N/A	N/A	\$1,447.79	\$568.67	\$1,134.58	\$1,055.34	\$1,734.36
<i>HP Std 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: \$10/\$20/\$40</i>							
GHI	\$501.56	N/A	N/A	\$1,279.22	\$501.56	\$1,090.96	\$964.94	\$1,478.41
Health Net	\$636.62	\$1,414.43	\$1,180.16	\$1,897.31	\$636.62	\$1,414.43	\$1,180.16	\$1,897.31
HIP	\$547.13	N/A	N/A	\$1,395.01	\$547.13	\$1,091.50	\$1,015.28	\$1,668.44
<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	\$505.81	N/A	N/A	\$1,289.01	\$505.81	\$1,109.39	\$961.48	\$1,490.68
<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	\$437.95	N/A	N/A	\$1,116.03	\$437.95	\$960.09	\$832.56	\$1,290.52
<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	\$401.85	N/A	N/A	\$1,024.00	\$401.85	\$880.71	\$763.97	\$1,184.06
<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	\$392.51	N/A	N/A	\$1,000.10	\$392.51	\$860.11	\$746.19	\$1,156.42
<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	\$353.29	N/A	N/A	\$900.19	\$353.29	\$773.89	\$671.72	\$1,040.83
<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	\$435.07	\$965.57	\$805.79	\$1,294.91	\$435.07	\$965.57	\$805.79	\$1,294.91
<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	\$349.84	\$775.75	\$647.47	\$1,040.16	\$349.84	\$775.75	\$647.47	\$1,040.16
<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	\$343.84	\$762.38	\$636.32	\$1,022.22	\$343.84	\$762.38	\$636.32	\$1,022.22
<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: 1ML HP Rx: \$10/\$20/\$40</i>							
GHI	\$799.89	N/A	N/A	\$2,052.75	\$799.89	\$1,752.31	\$1,543.68	\$2,373.95
Health Net	\$877.66	\$1,951.24	\$1,627.90	\$2,617.75	\$877.66	\$1,951.24	\$1,627.90	\$2,617.75
<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	\$626.78	N/A	N/A	\$1,597.56	\$626.78	\$1,375.58	\$1,191.37	\$1,847.60
<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	\$507.60	N/A	N/A	\$1,293.66	\$507.60	\$1,113.36	\$964.89	\$1,495.99
<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	\$535.66	\$1,189.57	\$992.62	\$1,595.54	\$535.66	\$1,189.57	\$992.62	\$1,595.54
<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	\$494.77	\$1,098.52	\$916.68	\$1,473.34	\$494.77	\$1,098.52	\$916.68	\$1,473.34
<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	\$371.18	N/A	N/A	\$945.73	\$371.18	\$813.20	\$705.69	\$1,093.53
<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	\$322.54	N/A	N/A	\$821.75	\$322.54	\$706.23	\$613.30	\$950.09
<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	\$301.36	N/A	N/A	\$767.74	\$301.36	\$659.65	\$573.07	\$887.61
<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	\$327.08	\$725.06	\$605.19	\$972.14	\$327.08	\$725.06	\$605.19	\$972.14
<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	\$343.85	N/A	N/A	\$874.86	\$343.85	\$682.36	\$634.77	\$1,046.50
<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	\$315.91	N/A	N/A	\$805.03	\$315.91	\$626.46	\$582.78	\$960.96

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. 021309



Westchester/Rockland 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>							
GHI		\$492.13	N/A	N/A	\$1,255.36	\$492.13	\$1,070.05	\$947.39	\$1,450.73
Health Net		\$688.85	\$1,530.75	\$1,277.18	\$2,053.42	\$688.85	\$1,530.75	\$1,277.18	\$2,053.42
HIP		\$529.83	N/A	N/A	\$1,352.65	\$529.83	\$1,056.92	\$983.12	\$1,615.59
<i>HP Std 20</i>		<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>							
GHI		\$457.37	N/A	N/A	\$1,166.60	\$457.37	\$993.81	\$881.01	\$1,348.14
Health Net		\$615.29	\$1,366.94	\$1,140.56	\$1,833.58	\$615.29	\$1,366.94	\$1,140.56	\$1,833.58
HIP		\$508.29	N/A	N/A	\$1,299.87	\$508.29	\$1,013.84	\$943.06	\$1,549.67
<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		\$505.81	N/A	N/A	\$1,289.01	\$505.81	\$1,109.39	\$961.48	\$1,490.68
<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		\$437.95	N/A	N/A	\$1,116.03	\$437.95	\$960.09	\$832.56	\$1,290.52
<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		\$401.85	N/A	N/A	\$1,024.00	\$401.85	\$880.71	\$763.97	\$1,184.06
<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		\$392.51	N/A	N/A	\$1,000.10	\$392.51	\$860.11	\$746.19	\$1,156.42
<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		\$353.29	N/A	N/A	\$900.19	\$353.29	\$773.89	\$671.72	\$1,040.83
<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		\$435.07	\$965.57	\$805.79	\$1,294.91	\$435.07	\$965.57	\$805.79	\$1,294.91
<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		\$349.84	\$775.75	\$647.47	\$1,040.16	\$349.84	\$775.75	\$647.47	\$1,040.16
<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		\$343.84	\$762.38	\$636.32	\$1,022.22	\$343.84	\$762.38	\$636.32	\$1,022.22
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		\$755.70	N/A	N/A	\$1,940.13	\$755.70	\$1,655.16	\$1,459.75	\$2,243.68
Health Net		\$856.33	\$1,903.75	\$1,588.29	\$2,554.02	\$856.33	\$1,903.75	\$1,588.29	\$2,554.02
<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		\$582.59	N/A	N/A	\$1,484.94	\$582.59	\$1,278.43	\$1,107.44	\$1,717.33
<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		\$507.60	N/A	N/A	\$1,293.66	\$507.60	\$1,113.36	\$964.89	\$1,495.99
<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		\$535.66	\$1,189.57	\$992.62	\$1,595.54	\$535.66	\$1,189.57	\$992.62	\$1,595.54
<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		\$494.77	\$1,098.52	\$916.68	\$1,473.34	\$494.77	\$1,098.52	\$916.68	\$1,473.34
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		\$371.18	N/A	N/A	\$945.73	\$371.18	\$813.20	\$705.69	\$1,093.53
<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		\$322.54	N/A	N/A	\$821.75	\$322.54	\$706.23	\$613.30	\$950.09
<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		\$301.36	N/A	N/A	\$767.74	\$301.36	\$659.65	\$573.07	\$887.61
<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		\$327.08	\$725.06	\$605.19	\$972.14	\$327.08	\$725.06	\$605.19	\$972.14
<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		\$343.85	N/A	N/A	\$874.86	\$343.85	\$682.36	\$634.77	\$1,046.50
<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		\$315.91	N/A	N/A	\$805.03	\$315.91	\$626.46	\$582.78	\$960.96

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. 021309



Westchester/Rockland Rates 4/01/09 - 6/15/09

HP Rx: No Rx Plan

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: No Rx Plan</i>							
GHI	\$425.99	N/A	N/A	\$1,086.67	\$425.99	\$924.50	\$821.71	\$1,255.55
Health Net	\$557.64	\$1,238.54	\$1,033.47	\$1,661.26	\$557.64	\$1,238.54	\$1,033.47	\$1,661.26
HIP	\$474.54	N/A	N/A	\$1,217.19	\$474.54	\$946.34	\$880.28	\$1,446.45
<i>HP Std 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: No Rx Plan</i>							
GHI	\$391.23	N/A	N/A	\$997.91	\$391.23	\$848.26	\$755.33	\$1,152.96
Health Net	\$484.09	\$1,074.73	\$896.84	\$1,441.42	\$484.09	\$1,074.73	\$896.84	\$1,441.42
HIP	\$453.00	N/A	N/A	\$1,164.41	\$453.00	\$903.26	\$840.22	\$1,380.53
<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	\$505.81	N/A	N/A	\$1,289.01	\$505.81	\$1,109.39	\$961.48	\$1,490.68
<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	\$437.95	N/A	N/A	\$1,116.03	\$437.95	\$960.09	\$832.56	\$1,290.52
<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	\$401.85	N/A	N/A	\$1,024.00	\$401.85	\$880.71	\$763.97	\$1,184.06
<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	\$392.51	N/A	N/A	\$1,000.10	\$392.51	\$860.11	\$746.19	\$1,156.42
<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	\$353.29	N/A	N/A	\$900.19	\$353.29	\$773.89	\$671.72	\$1,040.83
<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	\$435.07	\$965.57	\$805.79	\$1,294.91	\$435.07	\$965.57	\$805.79	\$1,294.91
<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	\$349.84	\$775.75	\$647.47	\$1,040.16	\$349.84	\$775.75	\$647.47	\$1,040.16
<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	\$343.84	\$762.38	\$636.32	\$1,022.22	\$343.84	\$762.38	\$636.32	\$1,022.22
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	\$689.56	N/A	N/A	\$1,771.44	\$689.56	\$1,509.61	\$1,334.07	\$2,048.50
Health Net	\$725.13	\$1,611.55	\$1,344.57	\$2,161.86	\$725.13	\$1,611.55	\$1,344.57	\$2,161.86
<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	\$507.60	N/A	N/A	\$1,293.66	\$507.60	\$1,113.36	\$964.89	\$1,495.99
<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	\$535.66	\$1,189.57	\$992.62	\$1,595.54	\$535.66	\$1,189.57	\$992.62	\$1,595.54
<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	\$494.77	\$1,098.52	\$916.68	\$1,473.34	\$494.77	\$1,098.52	\$916.68	\$1,473.34
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	\$371.18	N/A	N/A	\$945.73	\$371.18	\$813.20	\$705.69	\$1,093.53
<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	\$322.54	N/A	N/A	\$821.75	\$322.54	\$706.23	\$613.30	\$950.09
<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	\$301.36	N/A	N/A	\$767.74	\$301.36	\$659.65	\$573.07	\$887.61
<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	\$327.08	\$725.06	\$605.19	\$972.14	\$327.08	\$725.06	\$605.19	\$972.14
<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	\$343.85	N/A	N/A	\$874.86	\$343.85	\$682.36	\$634.77	\$1,046.50
<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	\$315.91	N/A	N/A	\$805.03	\$315.91	\$626.46	\$582.78	\$960.96

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. 021309



Westchester/Rockland 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.**

PerfectHealth plans are not available to Rockland County groups.

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		\$224.96	N/A	N/A	\$569.40	\$224.96	\$491.63	\$424.98	\$658.30
<i>EmblemHealth HSA EPO 5800</i>	<i>HDHP EPO DED: \$5,800, COINS: 100%, Rx COVERED IN FULL AFTER DEDUCTIBLE</i>								
EmblemHealth		\$165.73	N/A	N/A	\$418.31	\$165.73	\$361.26	\$312.37	\$483.49
<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		\$296.92	N/A	N/A	\$797.02	\$296.92	\$670.53	\$576.39	\$939.70
<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		\$283.97	\$629.04	\$525.11	\$843.28	\$283.97	\$629.04	\$525.11	\$843.28

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. 021309