



Nassau Rates 7/01/09 - 9/15/09

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	\$572.24	N/A	N/A	\$1,459.44	\$572.24	\$1,245.26	\$1,100.31	\$1,686.69
Health Net	\$773.08	\$1,717.96	\$1,433.38	\$2,304.57	\$773.08	\$1,717.96	\$1,433.38	\$2,304.57
HIP	\$596.63	N/A	N/A	\$1,518.78	\$596.63	\$1,190.19	\$1,107.09	\$1,819.30
<i>HP Std 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: \$10/\$20/\$40</i>							
GHI	\$535.16	N/A	N/A	\$1,364.75	\$535.16	\$1,163.91	\$1,029.49	\$1,577.24
Health Net	\$693.29	\$1,540.26	\$1,285.17	\$2,066.09	\$693.29	\$1,540.26	\$1,285.17	\$2,066.09
HIP	\$575.09	N/A	N/A	\$1,466.00	\$575.09	\$1,147.11	\$1,067.02	\$1,753.37
<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	\$543.19	N/A	N/A	\$1,384.04	\$543.19	\$1,191.26	\$1,032.39	\$1,600.56
<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	\$462.97	N/A	N/A	\$1,179.55	\$462.97	\$1,014.77	\$879.99	\$1,363.94
<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	\$424.83	N/A	N/A	\$1,082.31	\$424.83	\$930.89	\$807.52	\$1,251.46
<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	\$414.94	N/A	N/A	\$1,057.02	\$414.94	\$909.10	\$788.71	\$1,222.21
<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	\$373.51	N/A	N/A	\$951.45	\$373.51	\$817.99	\$710.02	\$1,100.09
<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	\$519.81	\$1,153.93	\$962.94	\$1,547.60	\$519.81	\$1,153.93	\$962.94	\$1,547.60
<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	\$458.17	\$1,016.64	\$848.44	\$1,363.35	\$458.17	\$1,016.64	\$848.44	\$1,363.35
<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	\$450.28	\$999.07	\$833.78	\$1,339.77	\$450.28	\$999.07	\$833.78	\$1,339.77
<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	\$419.55	N/A	N/A	\$1,069.31	\$419.55	\$919.37	\$798.55	\$1,235.89
<i>Emblem CompreHealth HMO+ 30/50-500</i>	<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$25/35</i>							
EmblemHealth	\$311.24	N/A	N/A	\$792.03	\$311.24	\$681.09	\$591.68	\$915.31
IN & OUT-OF-NETWORK PLANS	EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
<i>HP EmblemHealth 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>							
EmblemHealth	\$673.85	N/A	N/A	\$1,717.31	\$673.85	\$1,478.77	\$1,280.71	\$1,986.09
<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	\$545.76	N/A	N/A	\$1,390.69	\$545.76	\$1,196.95	\$1,037.29	\$1,608.18
<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	\$643.77	\$1,429.99	\$1,193.19	\$1,918.09	\$643.77	\$1,429.99	\$1,193.19	\$1,918.09
<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	\$593.38	\$1,317.77	\$1,099.60	\$1,767.49	\$593.38	\$1,317.77	\$1,099.60	\$1,767.49
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	\$390.94	N/A	N/A	\$925.84	\$390.94	\$856.30	\$743.13	\$1,151.44
<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	\$339.70	N/A	N/A	\$865.23	\$339.70	\$743.61	\$645.80	\$1,000.34
<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	\$298.80	N/A	N/A	\$760.98	\$298.80	\$653.69	\$568.11	\$879.74
<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	\$389.12	\$862.86	\$720.18	\$1,156.97	\$389.12	\$862.86	\$720.18	\$1,156.97
<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	\$363.73	N/A	N/A	\$924.57	\$363.73	\$724.39	\$673.91	\$1,106.68
<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	\$335.05	N/A	N/A	\$852.90	\$335.05	\$667.04	\$620.56	\$1,018.92

These rates are subject to final verification at time of enrollment.

All rates include a fee for HealthPass services.

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. 061709



Nassau Rates 7/01/09 - 9/15/09

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	\$525.13	N/A	N/A	\$1,339.35	\$525.13	\$1,141.67	\$1,010.81	\$1,547.78
Health Net	\$749.58	\$1,665.63	\$1,389.73	\$2,234.33	\$749.58	\$1,665.63	\$1,389.73	\$2,234.33
HIP	\$556.24	N/A	N/A	\$1,419.82	\$556.24	\$1,109.42	\$1,031.97	\$1,695.74
<i>HP Std 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: \$10/\$20/\$40 (\$50 ded/\$2000 max)</i>							
GHI	\$488.05	N/A	N/A	\$1,244.66	\$488.05	\$1,060.32	\$939.99	\$1,438.33
Health Net	\$669.79	\$1,487.93	\$1,241.52	\$1,995.85	\$669.79	\$1,487.93	\$1,241.52	\$1,995.85
HIP	\$534.70	N/A	N/A	\$1,367.05	\$534.70	\$1,066.34	\$991.90	\$1,629.82
<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	\$543.19	N/A	N/A	\$1,384.04	\$543.19	\$1,191.26	\$1,032.39	\$1,600.56
<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	\$462.97	N/A	N/A	\$1,179.55	\$462.97	\$1,014.77	\$879.99	\$1,363.94
<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	\$424.83	N/A	N/A	\$1,082.31	\$424.83	\$930.89	\$807.52	\$1,251.46
<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	\$414.94	N/A	N/A	\$1,057.02	\$414.94	\$909.10	\$788.71	\$1,222.21
<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	\$373.51	N/A	N/A	\$951.45	\$373.51	\$817.99	\$710.02	\$1,100.09
<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	\$519.81	\$1,153.93	\$962.94	\$1,547.60	\$519.81	\$1,153.93	\$962.94	\$1,547.60
<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	\$458.17	\$1,016.64	\$848.44	\$1,363.35	\$458.17	\$1,016.64	\$848.44	\$1,363.35
<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	\$450.28	\$999.07	\$833.78	\$1,339.77	\$450.28	\$999.07	\$833.78	\$1,339.77
<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	\$419.55	N/A	N/A	\$1,069.31	\$419.55	\$919.37	\$798.55	\$1,235.89
<i>Emblem CompreHealth HMO+ 30/50-500</i>	<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$25/35</i>							
EmblemHealth	\$311.24	N/A	N/A	\$792.03	\$311.24	\$681.09	\$591.68	\$915.31
IN & OUT-OF-NETWORK PLANS	EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
<i>HP EmblemHealth 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>							
EmblemHealth	\$626.74	N/A	N/A	\$1,597.22	\$626.74	\$1,375.18	\$1,191.21	\$1,847.18
<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	\$545.76	N/A	N/A	\$1,390.69	\$545.76	\$1,196.95	\$1,037.29	\$1,608.18
<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	\$643.77	\$1,429.99	\$1,193.19	\$1,918.09	\$643.77	\$1,429.99	\$1,193.19	\$1,918.09
<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	\$593.38	\$1,317.77	\$1,099.60	\$1,767.49	\$593.38	\$1,317.77	\$1,099.60	\$1,767.49
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	\$390.94	N/A	N/A	\$925.84	\$390.94	\$856.30	\$743.13	\$1,151.44
<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	\$339.70	N/A	N/A	\$865.23	\$339.70	\$743.61	\$645.80	\$1,000.34
<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	\$298.80	N/A	N/A	\$760.98	\$298.80	\$653.69	\$568.11	\$879.74
<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	\$389.12	\$862.86	\$720.18	\$1,156.97	\$389.12	\$862.86	\$720.18	\$1,156.97
<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	\$363.73	N/A	N/A	\$924.57	\$363.73	\$724.39	\$673.91	\$1,106.68
<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	\$335.05	N/A	N/A	\$852.90	\$335.05	\$667.04	\$620.56	\$1,018.92

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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	\$454.60	N/A	N/A	\$1,159.48	\$454.60	\$986.47	\$876.80	\$1,339.66
Health Net	\$604.99	\$1,343.62	\$1,121.16	\$1,802.18	\$604.99	\$1,343.62	\$1,121.16	\$1,802.18
HIP	\$498.73	N/A	N/A	\$1,278.95	\$498.73	\$994.42	\$925.02	\$1,519.85
<i>HP Std 20</i>	<i>PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: No Rx Plan</i>							
GHI	\$417.52	N/A	N/A	\$1,064.79	\$417.52	\$905.12	\$805.98	\$1,230.21
Health Net	\$525.20	\$1,165.92	\$972.95	\$1,563.70	\$525.20	\$1,165.92	\$972.95	\$1,563.70
HIP	\$477.19	N/A	N/A	\$1,226.17	\$477.19	\$951.34	\$884.95	\$1,453.93
<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	\$543.19	N/A	N/A	\$1,384.04	\$543.19	\$1,191.26	\$1,032.39	\$1,600.56
<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	\$462.97	N/A	N/A	\$1,179.55	\$462.97	\$1,014.77	\$879.99	\$1,363.94
<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	\$424.83	N/A	N/A	\$1,082.31	\$424.83	\$930.89	\$807.52	\$1,251.46
<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	\$414.94	N/A	N/A	\$1,057.02	\$414.94	\$909.10	\$788.71	\$1,222.21
<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	\$373.51	N/A	N/A	\$951.45	\$373.51	\$817.99	\$710.02	\$1,100.09
<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	\$519.81	\$1,153.93	\$962.94	\$1,547.60	\$519.81	\$1,153.93	\$962.94	\$1,547.60
<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	\$458.17	\$1,016.64	\$848.44	\$1,363.35	\$458.17	\$1,016.64	\$848.44	\$1,363.35
<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	\$450.28	\$999.07	\$833.78	\$1,339.77	\$450.28	\$999.07	\$833.78	\$1,339.77
<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	\$419.55	N/A	N/A	\$1,069.31	\$419.55	\$919.37	\$798.55	\$1,235.89
<i>Emblem CompreHealth HMO+ 30/50-500</i>	<i>PHYSICIAN COPAY: \$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY: \$500, EMBEDDED Rx: \$25/35</i>							
EmblemHealth	\$311.24	N/A	N/A	\$792.03	\$311.24	\$681.09	\$591.68	\$915.31
IN & OUT-OF-NETWORK PLANS	EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
<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	\$545.76	N/A	N/A	\$1,390.69	\$545.76	\$1,196.95	\$1,037.29	\$1,608.18
<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	\$643.77	\$1,429.99	\$1,193.19	\$1,918.09	\$643.77	\$1,429.99	\$1,193.19	\$1,918.09
<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	\$593.38	\$1,317.77	\$1,099.60	\$1,767.49	\$593.38	\$1,317.77	\$1,099.60	\$1,767.49
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	\$390.94	N/A	N/A	\$925.84	\$390.94	\$856.30	\$743.13	\$1,151.44
<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	\$339.70	N/A	N/A	\$865.23	\$339.70	\$743.61	\$645.80	\$1,000.34
<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	\$298.80	N/A	N/A	\$760.98	\$298.80	\$653.69	\$568.11	\$879.74
<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	\$389.12	\$862.86	\$720.18	\$1,156.97	\$389.12	\$862.86	\$720.18	\$1,156.97
<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	\$363.73	N/A	N/A	\$924.57	\$363.73	\$724.39	\$673.91	\$1,106.68
<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	\$335.05	N/A	N/A	\$852.90	\$335.05	\$667.04	\$620.56	\$1,018.92

These rates are subject to final verification at time of enrollment.

All rates include a fee for HealthPass services.

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. 061709



Nassau Rates 7/01/09 - 9/15/09

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		\$231.24	N/A	N/A	\$584.94	\$231.24	\$505.08	\$436.64	\$676.23
<i>EmblemHealth HSA EPO 5800</i>	<i>HDHP EPO DED: \$5,800, COINS: 100%, Rx COVERED IN FULL AFTER DEDUCTIBLE</i>								
EmblemHealth		\$170.41	N/A	N/A	\$429.79	\$170.41	\$371.20	\$321.00	\$496.72
<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		\$305.13	N/A	N/A	\$818.69	\$305.13	\$688.79	\$592.12	\$965.20
<i>Health Net HSA POS 4500/5500</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		\$339.62	\$752.62	\$628.23	\$1,009.02	\$339.62	\$752.62	\$628.23	\$1,009.02

These rates are subject to final verification at time of enrollment.
 All rates include a fee for HealthPass services.
 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. 061709