



Orange County 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>							
Health Net	\$730.69	\$1,623.56	\$1,354.64	\$2,177.87	\$730.69	\$1,623.56	\$1,354.64	\$2,177.87
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>							
Health Net	\$656.51	\$1,458.37	\$1,216.87	\$1,956.18	\$656.51	\$1,458.37	\$1,216.87	\$1,956.18
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 &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth	\$506.06	N/A	N/A	\$1,289.37	\$506.06	\$1,109.60	\$961.86	\$1,491.05
<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	\$432.44	N/A	N/A	\$1,101.70	\$432.44	\$947.62	\$822.00	\$1,273.89
<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	\$395.90	N/A	N/A	\$1,008.55	\$395.90	\$867.28	\$752.58	\$1,166.15
<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	\$388.37	N/A	N/A	\$989.28	\$388.37	\$850.68	\$738.25	\$1,143.86
<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	\$348.81	N/A	N/A	\$888.50	\$348.81	\$763.70	\$663.12	\$1,027.27
<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	\$465.55	\$1,033.08	\$862.15	\$1,385.41	\$465.55	\$1,033.08	\$862.15	\$1,385.41
<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	\$412.68	\$915.33	\$763.94	\$1,227.39	\$412.68	\$915.33	\$763.94	\$1,227.39
<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	\$405.91	\$900.26	\$751.37	\$1,207.16	\$405.91	\$900.26	\$751.37	\$1,207.16
<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 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	\$629.05	N/A	N/A	\$1,603.08	\$629.05	\$1,380.23	\$1,195.60	\$1,853.95
<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	\$509.42	N/A	N/A	\$1,298.03	\$509.42	\$1,117.02	\$968.26	\$1,500.99
<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	\$571.86	\$1,269.84	\$1,059.62	\$1,703.16	\$571.86	\$1,269.84	\$1,059.62	\$1,703.16
<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	\$528.65	\$1,173.60	\$979.35	\$1,573.99	\$528.65	\$1,173.60	\$979.35	\$1,573.99
<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	\$364.91	N/A	N/A	\$929.47	\$364.91	\$799.05	\$693.68	\$1,074.67
<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	\$316.43	N/A	N/A	\$805.89	\$316.43	\$692.42	\$601.58	\$931.69
<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	\$279.00	N/A	N/A	\$710.47	\$279.00	\$610.12	\$530.48	\$821.31
<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	\$350.57	\$777.00	\$648.56	\$1,041.74	\$350.57	\$777.00	\$648.56	\$1,041.74
<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	\$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 &amp; 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



Orange County 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>							
Health Net		\$707.19	\$1,571.22	\$1,310.99	\$2,107.64	\$707.19	\$1,571.22	\$1,310.99	\$2,107.64
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>							
Health Net		\$633.02	\$1,406.04	\$1,173.22	\$1,885.95	\$633.02	\$1,406.04	\$1,173.22	\$1,885.95
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 &amp; UNLIMITED MAIL ORDER</i>							
EmblemHealth		\$506.06	N/A	N/A	\$1,289.37	\$506.06	\$1,109.60	\$961.86	\$1,491.05
<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		\$432.44	N/A	N/A	\$1,101.70	\$432.44	\$947.62	\$822.00	\$1,273.89
<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		\$395.90	N/A	N/A	\$1,008.55	\$395.90	\$867.28	\$752.58	\$1,166.15
<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		\$388.37	N/A	N/A	\$989.28	\$388.37	\$850.68	\$738.25	\$1,143.86
<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		\$348.81	N/A	N/A	\$888.50	\$348.81	\$763.70	\$663.12	\$1,027.27
<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		\$465.55	\$1,033.08	\$862.15	\$1,385.41	\$465.55	\$1,033.08	\$862.15	\$1,385.41
<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		\$412.68	\$915.33	\$763.94	\$1,227.39	\$412.68	\$915.33	\$763.94	\$1,227.39
<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		\$405.91	\$900.26	\$751.37	\$1,207.16	\$405.91	\$900.26	\$751.37	\$1,207.16
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		\$581.94	N/A	N/A	\$1,482.99	\$581.94	\$1,276.64	\$1,106.10	\$1,715.04
<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		\$509.42	N/A	N/A	\$1,298.03	\$509.42	\$1,117.02	\$968.26	\$1,500.99
<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		\$571.86	\$1,269.84	\$1,059.62	\$1,703.16	\$571.86	\$1,269.84	\$1,059.62	\$1,703.16
<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		\$528.65	\$1,173.60	\$979.35	\$1,573.99	\$528.65	\$1,173.60	\$979.35	\$1,573.99
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		\$364.91	N/A	N/A	\$929.47	\$364.91	\$799.05	\$693.68	\$1,074.67
<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		\$316.43	N/A	N/A	\$805.89	\$316.43	\$692.42	\$601.58	\$931.69
<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		\$279.00	N/A	N/A	\$710.47	\$279.00	\$610.12	\$530.48	\$821.31
<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		\$350.57	\$777.00	\$648.56	\$1,041.74	\$350.57	\$777.00	\$648.56	\$1,041.74
<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		\$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 &amp; 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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<i>HP Std 15 PHYSICIAN COPAY: \$15, HOSPITAL COPAY: \$0 HP Rx: No Rx Plan</i>								
Health Net	\$562.60	\$1,249.22	\$1,042.42	\$1,675.48	\$562.60	\$1,249.22	\$1,042.42	\$1,675.48
HIP	\$498.73	N/A	N/A	\$1,278.95	\$498.73	\$994.42	\$925.02	\$1,519.85
<i>HP Std 20 PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$500 HP Rx: No Rx Plan</i>								
Health Net	\$488.43	\$1,084.03	\$904.65	\$1,453.80	\$488.43	\$1,084.03	\$904.65	\$1,453.80
HIP	\$477.19	N/A	N/A	\$1,226.17	\$477.19	\$951.34	\$884.95	\$1,453.93
<i>EmblemHealth EPO+ 20-0 PHYSICIAN COPAY: \$20, HOSPITAL COPAY: \$0, EMBEDDED Rx: \$0/30/50 (\$50 ded/\$3,000 retail max), VOLUNTARY &amp; UNLIMITED MAIL ORDER</i>								
EmblemHealth	\$506.06	N/A	N/A	\$1,289.37	\$506.06	\$1,109.60	\$961.86	\$1,491.05
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Health Net	\$571.86	\$1,269.84	\$1,059.62	\$1,703.16	\$571.86	\$1,269.84	\$1,059.62	\$1,703.16
<i>Health Net POS 25/50-300(1500max)-1500 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	\$528.65	\$1,173.60	\$979.35	\$1,573.99	\$528.65	\$1,173.60	\$979.35	\$1,573.99
COST-SHARING PLANS	EE	EE/Spouse	EE/Child(ren)	Family	EE	EE/Spouse	EE/Child(ren)	Family
<i>EmblemHealth EPOcs+ 30-500 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	\$364.91	N/A	N/A	\$929.47	\$364.91	\$799.05	\$693.68	\$1,074.67
<i>EmblemHealth EPOcs+ 40-1000 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	\$316.43	N/A	N/A	\$805.89	\$316.43	\$692.42	\$601.58	\$931.69
<i>EmblemHealth EPOcs+ 40-2000 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	\$279.00	N/A	N/A	\$710.47	\$279.00	\$610.12	\$530.48	\$821.31
<i>Health Net EPOcs 25-2000 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	\$350.57	\$777.00	\$648.56	\$1,041.74	\$350.57	\$777.00	\$648.56	\$1,041.74
<i>HIP EPOcs 25-1000 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	\$363.73	N/A	N/A	\$924.57	\$363.73	\$724.39	\$673.91	\$1,106.68
<i>HIP EPOcs 30/50-1500 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	\$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



Orange County 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		\$211.88	N/A	N/A	\$535.58	\$211.88	\$462.49	\$399.85	\$619.13
<i>EmblemHealth HSA EPO 5800</i>	<i>HDHP EPO DED: \$5,800, COINS: 100%, Rx COVERED IN FULL AFTER DEDUCTIBLE</i>								
EmblemHealth		\$156.21	N/A	N/A	\$393.59	\$156.21	\$339.97	\$294.02	\$454.84
<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		\$279.51	N/A	N/A	\$749.49	\$279.51	\$542.15	\$630.62	\$883.57
<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		\$303.75	\$672.73	\$561.60	\$901.80	\$303.75	\$672.73	\$561.60	\$901.80

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 All rates include a fee for HealthPass services.  
 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. 061709