



Westchester/Rockland 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	\$770.43	\$1,712.06	\$1,428.46	\$2,296.65	\$770.43	\$1,712.06	\$1,428.46	\$2,296.65
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	\$690.99	\$1,535.15	\$1,280.90	\$2,059.22	\$690.99	\$1,535.15	\$1,280.90	\$2,059.22
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	\$472.67	\$1,048.94	\$875.38	\$1,406.70	\$472.67	\$1,048.94	\$875.38	\$1,406.70
<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	\$418.65	\$928.63	\$775.03	\$1,245.23	\$418.65	\$928.63	\$775.03	\$1,245.23
<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	\$411.74	\$913.23	\$762.19	\$1,224.56	\$411.74	\$913.23	\$762.19	\$1,224.56
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	\$581.30	\$1,290.86	\$1,077.15	\$1,731.37	\$581.30	\$1,290.86	\$1,077.15	\$1,731.37
<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	\$537.14	\$1,192.52	\$995.13	\$1,599.39	\$537.14	\$1,192.52	\$995.13	\$1,599.39
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	\$355.63	\$788.27	\$657.96	\$1,056.86	\$355.63	\$788.27	\$657.96	\$1,056.86
<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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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



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<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	\$746.93	\$1,659.73	\$1,384.81	\$2,226.42	\$746.93	\$1,659.73	\$1,384.81	\$2,226.42
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	\$667.49	\$1,482.81	\$1,237.25	\$1,988.98	\$667.49	\$1,482.81	\$1,237.25	\$1,988.98
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>							
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<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	\$581.30	\$1,290.86	\$1,077.15	\$1,731.37	\$581.30	\$1,290.86	\$1,077.15	\$1,731.37
<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	\$537.14	\$1,192.52	\$995.13	\$1,599.39	\$537.14	\$1,192.52	\$995.13	\$1,599.39
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	\$355.63	\$788.27	\$657.96	\$1,056.86	\$355.63	\$788.27	\$657.96	\$1,056.86
<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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GHI	\$454.60	N/A	N/A	\$1,159.48	\$454.60	\$986.47	\$876.80	\$1,339.66
Health Net	\$602.34	\$1,337.72	\$1,116.24	\$1,794.26	\$602.34	\$1,337.72	\$1,116.24	\$1,794.26
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>								
GHI	\$417.52	N/A	N/A	\$1,064.79	\$417.52	\$905.12	\$805.98	\$1,230.21
Health Net	\$522.90	\$1,160.81	\$968.68	\$1,556.83	\$522.90	\$1,160.81	\$968.68	\$1,556.83
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 & UNLIMITED MAIL ORDER</i>								
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<i>Health Net POS 25/40-250-1000 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	\$581.30	\$1,290.86	\$1,077.15	\$1,731.37	\$581.30	\$1,290.86	\$1,077.15	\$1,731.37
<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	\$537.14	\$1,192.52	\$995.13	\$1,599.39	\$537.14	\$1,192.52	\$995.13	\$1,599.39
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 & 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 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 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 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	\$355.63	\$788.27	\$657.96	\$1,056.86	\$355.63	\$788.27	\$657.96	\$1,056.86
<i>HIP EPOcs 25-1000 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 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



Westchester/Rockland Rates 7/01/09 - 9/15/09

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		\$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		\$308.46	\$683.21	\$570.34	\$915.87	\$308.46	\$683.21	\$570.34	\$915.87

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