



## Premium Rates - Suffolk For Effective Dates 7.01.09-9.15.09

		HP Rx Option: \$10/20/40	Four-Tier Rates			
In-Network Only Plans			Employee	Emp/Spouse	Emp/Child(ren)	Family
<b>HP Std 15</b>	Group Health Incorporated		\$572.24	\$1,245.26	\$1,100.31	\$1,686.69
\$15 OV COPAY HOSPITAL: \$0	Health Net		\$773.08	\$1,717.96	\$1,433.38	\$2,304.57
	HIP Health Plans		\$596.63	\$1,190.19	\$1,107.09	\$1,819.30
<b>HP Std 20</b>	Group Health Incorporated		\$535.16	\$1,163.91	\$1,029.49	\$1,577.24
\$20 OV COPAY HOSPITAL: \$500	Health Net		\$693.29	\$1,540.26	\$1,285.17	\$2,066.09
	HIP Health Plans		\$575.09	\$1,147.11	\$1,067.02	\$1,753.37
<b>EmblemHealth EPO+ 20-0</b>	\$20 OV COPAY HOSPITAL COPAY: \$0 EMBEDDED RX: \$0/30/50 (\$50 DED \$3,000 RETAIL MAX), UNLIMITED MAIL ORDER		\$543.19	\$1,191.26	\$1,032.39	\$1,600.56
<b>EmblemHealth EPO+ 30-0</b>	\$30 OV COPAY HOSPITAL COPAY: \$0 EMBEDDED RX: \$0/30/50 (\$50 DED \$3,000 RETAIL MAX), UNLIMITED MAIL ORDER		\$462.97	\$1,014.77	\$879.99	\$1,363.94
<b>EmblemHealth EPO+ 30-500</b>	\$30 OV COPAY HOSPITAL COPAY: \$500 EMBEDDED RX: \$0/30/50 (\$50 DED \$1,000 RETAIL MAX), UNLIMITED MAIL ORDER		\$424.83	\$930.89	\$807.52	\$1,251.46
<b>EmblemHealth EPO+ 40-500</b>	\$40 OV COPAY HOSPITAL COPAY: \$500 EMBEDDED RX: \$0/30/50 (\$50 DED \$3,000 RETAIL MAX), UNLIMITED MAIL ORDER		\$414.94	\$909.10	\$788.71	\$1,222.21
<b>EmblemHealth EPO+ 40-1000</b>	\$40 OV COPAY HOSPITAL COPAY: \$1000 EMBEDDED RX: \$0/30/50 (\$50 DED \$1,000 RETAIL MAX), UNLIMITED MAIL ORDER		\$373.51	\$817.99	\$710.02	\$1,100.09
<b>Health Net EPO 25/40-0</b>	\$25 PRIMARY/\$40 SPECIALIST, HOSPITAL COPAY \$0, EMBEDDED RX: \$15/25/40		\$472.67	\$1,048.94	\$875.38	\$1,406.70
<b>Health Net EPO 30/45-300(1500max)</b>	\$30 PRIMARY/\$45 SPECIALIST, HOSPITAL COPAY \$300 PER DAY TO MAX OF \$1,500, EMBEDDED RX: \$15/25/40		\$418.65	\$928.63	\$775.03	\$1,245.23
<b>Health Net EPO 30/50-500</b>	\$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY \$500, EMBEDDED RX: \$15/25/40		\$411.74	\$913.23	\$762.19	\$1,224.56
<b>EmblemHealth CompreHealth HMO+ 20/25-200</b>	\$20 PRIMARY/\$25 SPECIALIST, HOSPITAL COPAY \$200, EMBEDDED RX: \$0/30/50		\$419.55	\$919.37	\$798.55	\$1,235.89
<b>EmblemHealth CompreHealth HMO+ 30/50-500</b>	\$30 PRIMARY/\$50 SPECIALIST, HOSPITAL COPAY \$500, EMBEDDED RX: \$25/35		\$311.24	\$681.09	\$591.68	\$915.31
In & Out of Network Plans			Employee	Emp/Spouse	Emp/Child(ren)	Family
<b>HP EmblemHealth PPO+ 30-0-1000</b>	\$30 OV COPAY, HOSPITAL COPAY: \$0 (OON = \$1,000 DED., COINS 70/30 OF \$10,000)		\$673.85	\$1,478.77	\$1,280.71	\$1,986.09
<b>EmblemHealth PPO+ 40-500-2000</b>	\$40 OV COPAY, HOSPITAL COPAY: \$500, (OON=\$2,000 DED 70/30 OF \$10,000) EMBEDDED RX \$0/25/40 (\$50 DED,\$1,000 RETAIL MAX) UNLIMITED MAIL ORDER		\$545.76	\$1,196.95	\$1,037.29	\$1,608.18
<b>Health Net POS 25/40-250-1000</b>	\$25 PRIMARY/\$40 SPECIALIST COPAY, HOSPITAL COPAY: \$250, (OON= \$1,000 DED, COINS 70/30 OF \$10,000) EMBEDDED RX \$15/25/40		\$581.30	\$1,290.86	\$1,077.15	\$1,731.37
<b>Health Net POS 25/50-300(1500max)- 1500</b>	\$25 PRIMARY/\$50 SPECIALIST COPAY, HOSPITAL COPAY: \$300 PER DAY TO A MAX OF \$1,500, (OON = \$1,500 DED, COINS 60/40 OF \$10,000) EMBEDDED RX \$15/25/40		\$537.14	\$1,192.52	\$995.13	\$1,599.39
Cost Sharing Plans			Employee	Emp/Spouse	Emp/Child(ren)	Family
<b>EmblemHealth EPOcs+ 30-500</b>	\$30 PHYSICIAN COPAY, HOSPITAL: DED & COINS, DED \$500, COINS: 90/10 MAX OOP \$500 EMBEDDED RX \$0/30/50 (\$50 DED \$3,000 RETAIL MAX), UNLIMITED MAIL ORDER		\$390.14	\$856.30	\$743.13	\$1,151.44
<b>EmblemHealth EPOcs+ 40-1000</b>	\$40 PHYSICIAN COPAY, HOSPITAL: DED & COINS, DED \$1,000, COINS: 90/10, MAX OOP \$500 EMBEDDED RX \$0/30/50 (\$50 DED, \$1,000 RETAIL MAX), UNLIMITED MAIL ORDER		\$339.70	\$743.61	\$645.80	\$1,000.34
<b>EmblemHealth EPOcs+ 40-2000</b>	\$40 PHYSICIAN COPAY, HOSPITAL: DED & COINS, DED \$2,000, COINS: 80/20 MAX OOP \$3,000 EMBEDDED RX \$0/30/50 (\$50 DED, \$1,000 retail max), UNLIMITED MAIL ORDER		\$298.80	\$653.69	\$568.11	\$879.74
<b>Health Net EPOcs 25-2000</b>	\$25 PHYSICIAN COPAY HOSPITAL: DED & COINS, DED: \$2,000, COINS: 90/20 MAX OOP: \$8,000, EMBEDDED RX \$15/25/40 (\$100 DED)		\$355.63	\$788.27	\$657.96	\$1,056.86
<b>HIP EPOcs 25-1000</b>	\$25 PHYSICIAN COPAY HOSPITAL: DED & COINS, DED: \$1,000, COINS: 90/10 MAX OOP: \$500, EMBEDDED RX \$20/30/50 (\$50 DED)		\$363.73	\$724.39	\$673.91	\$1,106.68
<b>HIP EPOcs 30/50-1500</b>	\$30 PRIMARY/\$50 SPECIALIST COPAY, HOSPITAL DED & COINS, DED \$1,500, COINS: 90/10 MAX OOP: \$1,000, EMBEDDED RX \$20/30/50		\$335.05	\$667.04	\$620.56	\$1,018.92
HSA Plans			Employee	Emp/Spouse	Emp/Child(ren)	Family
<b>EmblemHealth HSA EPO 3000</b>	\$0 OV COPAY, \$3,000 DED		\$231.24	\$505.08	\$436.64	\$676.23
<b>EmblemHealth HSA EPO 5800</b>	\$0 OV COPAY, \$5,800 DED		\$170.41	\$371.20	\$321.00	\$496.72
<b>EmblemHealth HSA PPO 2500/2500</b>	\$0 OV COPAY, \$2,500 DED (OON = \$2,500 DED, COINS 70% MAX OOP \$3,000)		\$305.13	\$688.79	\$592.12	\$965.20
<b>Health Net HSA POS 4500/5500</b>	\$0 OV COPAY, \$4,500 DED (OON = \$5,500 DED, COINS: 60%, MAX OOP \$6,500)		\$308.46	\$683.21	\$570.34	\$915.87

\*Includes only discount Rx card. No other RX card option is available. When enrolling as an employee with 2 or more children, the family rates will apply.  
All rates include Health Advocate service. RX options other than \$10/20/40 are available. All HP GHI plans require mandatory Mail Order on maintenance meds.  
All rates are subject to final verification at time of enrollment.