



EmblemHealth COMPREHEALTH

Employer Groups of 2+

(CompreHealth is an In-Network-Only Plan) 155-23-EM

Rates Effective 1/1/11-3/31/11**

DOWNSTATE-ONLY



	Copays				Rx Options	2-Tier Rates		4-Tier Rates			
	PCP/SPC/DEP	Hospital	ER	Amb Surgery		Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
1	\$30/\$50/\$0	\$500	\$100	\$75	LN1 LN2 LN3 LN4 LN5 LN6	\$297.51	\$870.47	\$297.51	\$571.29	\$700.07	\$926.45
2	\$30/\$50/\$0	\$1,000	\$150	\$75	LN1 LN2 LN3 LN4 LN5 LN6	\$267.09	\$781.46	\$267.09	\$512.87	\$628.48	\$831.70
3	\$25/\$40/\$0	\$500	\$100	\$50	LN1 LN2 LN3 LN4 LN5 LN6	\$323.49	\$946.45	\$323.49	\$621.18	\$761.19	\$1,007.32
4	\$15/\$20/\$0	\$100	\$50	\$0	LN1 LN2 LN3 LN4 LN5 LN6	\$375.43	\$1,098.38	\$375.43	\$720.90	\$883.40	\$1,169.06
5	\$20/\$25/\$0	\$200	\$50	\$50	LN1 LN2 LN3 LN4 LN5 LN6	\$363.85	\$1,064.47	\$363.85	\$698.64	\$856.11	\$1,132.96

11/22/2010

Please select an Rx Option that is listed above as available with your base plan choice and add it to your base plan rate.

Plan Option	Prescription Plan Options						2-Tier Rates		4-Tier Rates				
	Retail Copays			Retail/Brand & Mail Order Ded.*	50% Retail Threshold	Home Delivery Copay (90 Day)	Mand./Vol. Mail Order	Ind/MCO	Family	Ind/MCO	Emp./Ch.	Emp./Sp.	Family
LN1	\$15 Generic Only			\$0	None	\$22.50	Voluntary	\$6.11	\$18.22	\$6.11	\$11.73	\$14.66	\$19.02
LN2	\$25	\$35	N/A	\$0	None	\$37.50/\$52.50	Voluntary	\$22.33	\$66.66	\$22.33	\$42.90	\$53.62	\$69.56
LN3	\$20	\$30	\$50	\$0	\$1,000/50% Coins	\$30/\$45/\$150	Voluntary	\$29.78	\$88.85	\$29.78	\$57.17	\$71.45	\$92.71
LN4	\$0	\$30	\$50	\$0	\$1,000/50% Coins	\$0/\$45/\$150	Voluntary	\$62.63	\$186.88	\$62.63	\$120.26	\$150.30	\$195.01
LN5	\$0	\$30	\$50	\$0	None	\$0/\$45/\$150	Voluntary	\$95.56	\$285.17	\$95.56	\$183.51	\$229.34	\$297.57
LN6	\$15	\$35	\$75	\$100 Brand Only	None	\$22.50/\$52.50/\$112.50	Voluntary	\$49.78	\$148.55	\$49.78	\$95.60	\$119.47	\$155.01

* Deductible applies to Brand Preferred and Brand Non-Preferred drugs only

**New enrollments become effective on the 1st and the 15th of the month only.

11/22/2010

Rates are subject to EmblemHealth and NYS Insurance Department Approval.

Rate illustrations are provided for convenience only and are in no way considered to be proposals, advertisements, or implied contracts for insurance coverage.

State-filed monthly rates will apply at the point of enrollment. Monthly rates and subscriber enrollment are ultimately subject to final carrier approval.

No exceptions, including typographical errors or omissions, will be applied or accepted.