



Rate Sheet - Direct HMO

Rates Effective: 01/01/2011

Date Printed: 12/09/2010

Region	Contract Type	Direct HMO Opt 12	Comp Dental \$10 OV	BVV Plan D \$20 Copay	Rx 10/35/70 \$0 Ded	\$15 Generic Only	Dep Age 29	Fed Mental Health
Downstate 1	Single	457.63	19.76	3.51	114.99	27.33	N/A	1.60
	Emp/Spouse	915.27	40.32	7.02	229.98	54.66	N/A	3.20
	Emp/Child(ren)	823.74	40.88	6.32	206.98	49.19	45.69	2.88
	Family	1372.90	44.68	10.53	344.97	81.99	76.15	4.80
Downstate 2	Single	488.64	19.76	3.51	114.99	27.33	N/A	1.60
	Emp/Spouse	977.28	40.32	7.02	229.98	54.66	N/A	3.20
	Emp/Child(ren)	879.55	40.88	6.32	206.98	49.19	45.69	2.88
	Family	1465.92	44.68	10.53	344.97	81.99	76.15	4.80
Mid-Hudson	Single	477.18	N/A	3.51	114.99	27.33	N/A	1.60
	Emp/Spouse	954.36	N/A	7.02	229.98	54.66	N/A	3.20
	Emp/Child(ren)	811.21	N/A	6.32	206.98	49.19	45.69	2.88
	Family	1383.82	N/A	10.53	344.97	81.99	76.15	4.80

The rates shown above are intended to remain in effect for the contract period shown. By regulation, these rates are subject to adjustment if Empire files new rates that differ from the rates shown above or if the Superintendent of Insurance approves rates different from the filed rates. In either case the filed or approved rates replace the above rates. Any difference between filed or approved rates and the rates billed during the contract period will be promptly settled by the parties.

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