

Prepared For  
**Emblem SP 1Q2010 Downstate**

Area New York 10001	Emblem EPO CD EPO Sole HDHP (HSA)		Emblem PPO CD PPO Sole HDHP (HSA)	
	In-Network	Out-Network	In-Network	Out-Network
<b><u>Drug Card</u></b>				
Prescription Card	100% after ded		100% after ded	
<b><u>Major Medical</u></b>		UCR=N/A		UCR=N/A
Deductible Ind/Fam	\$5,800/\$11,600		\$5,000/\$10,000	\$10,000/\$20,000
Co-Insurance	100%		100%	80%
Out-of-Pocket	\$5,800/\$11,600		\$5,000/\$10,000	\$12,000/\$24,000
Office Co-pay	Ded & CoIns		Ded & CoIns	Ded & CoIns
DXL/Lab Fees	Ded & CoIns		Ded & CoIns	Ded & CoIns
Specialist Co-pay	Ded & CoIns		Ded & CoIns	Ded & CoIns
Lifetime Maximum	Unlimited		Unlimited	Unlimited
<b><u>Hospital Benefits</u></b>				
Hospital In-Patient	Ded & CoIns		Ded & CoIns	Ded & CoIns
Hospital Out-Patient	Ded & CoIns		Ded & CoIns	Ded & CoIns
Emergency Room	Ded & CoIns		Ded & CoIns	Ded & CoIns
Private Nursing	Not Covered		Not Covered	Not Covered
<b><u>Surgical Benefits</u></b>				
Surgical In-Patient	Ded & CoIns		Ded & CoIns	Ded & CoIns
Surgical Out-Patient	Ded & CoIns		Ded & CoIns	Ded & CoIns
<b><u>Mental Health</u></b>				
Mental Nervous In-Patient	Ded & CoIns 30 days/max		Ded & CoIns 30 days/max In/Out Net Cmb	In Network Only In/Out Net Cmb
Substance Abuse In-Patient	Ded & CoIns 30 days/max		Ded & CoIns 30 days/max	In Network Only
Mental Nervous Out-Patient	Ded & CoIns 30 visits max/yr		Ded & CoIns 30 visits max/yr In/Out Net Cmb	In Network Only In/Out Net Cmb
Substance Abuse Out-Patient	Ded & CoIns 60 visits max/yr		Ded & CoIns 60 visits max/yr In/Out Net Cmb	Ded & CoIns 60 visits max/yr In/Out Net Cmb
<b><u>Other</u></b>				
Well Care(Up to 19)	No Charge		No Charge	Ded & CoIns
Routine Adult Care	Ded & CoIns		Ded & CoIns	Ded & CoIns
Chiropractic Care	Ded & CoIns		Ded & CoIns	Ded & CoIns
Home Health Care	Ded & CoIns		Ded & CoIns	Ded & CoIns
Non-Authorization	No Information Available		No Information Available	No Information Available
Single	0 x	204.14	0 x	281.98
EE with Spouse	0 -	-	0 -	-
EE with Child(ren)	0 -	-	0 -	-
Family	1 x	520.56	1 x	719.07
Medicare	0	0.00	0	0.00
<b>Monthly Cost</b>	<b>1</b>	<b>520.56</b>	<b>1</b>	<b>719.07</b>
Annual Cost		6,246.72		8,628.84

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. (d) Non-Formulary / Oral Contraceptive / Deductible

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**Footnote Report**

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<b>Prepared By:</b>	<b>Linda Van Brunt</b>	<b>Prepared On:</b>	<b>11/20/2009</b>
<b>Prepared For:</b>	<b>Emblem SP 1Q2010 Downstate</b>	<b>Effective Date:</b>	<b>1/1/2010</b>
<b>Report Id:</b>	<b>12448113</b>		

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**Emblem EPO**

EPO 6 100%/\$10,000

Does not qualify as an HSA plan