



MDFlex HMO Plans

3rd Quarter 2007 Rates - Groups of 2-50

Effective Dates: July 1, 2007 - September 30, 2007

Nassau and Suffolk Counties

DIRECT ACCESS - No referrals required when accessing care from In-Network Specialists

MDFlex HMO			
Office Visit - \$5 Copay			
Hospitalization 100%			
ER - \$50 Copay			
SmartDent			
Dependent to Age 23			
2 Tier	3 Tier	4 Tier	
Single	\$367.58	\$367.58	\$367.58
*2 Party/EE+ Sp.	N/A	\$749.83	\$761.59
EE+Children	N/A	N/A	\$697.28
Family	\$1,031.78	\$1,061.54	\$1,103.45

MDFlex HMO			
Office Visit - \$10 Copay			
Hospitalization 100%			
ER - \$50 Copay			
SmartDent			
Dependent to Age 23			
2 Tier	3 Tier	4 Tier	
Single	\$359.07	\$359.07	\$359.07
*2 Party/EE+ Sp.	N/A	\$732.49	\$744.01
EE+Children	N/A	N/A	\$681.17
Family	\$1,007.92	\$1,036.98	\$1,077.93

MDFlex HMO			
Office Visit - \$15 Copay			
Hospital Copay \$100 per day to \$300 max.			
ER - \$50 Copay			
SmartDent			
Dependent to Age 23			
2 Tier	3 Tier	4 Tier	
Single	\$348.32	\$348.32	\$348.32
*2 Party/EE+ Sp.	N/A	\$710.57	\$721.70
EE+Children	N/A	N/A	\$660.77
Family	\$977.72	\$1,005.91	\$1,045.62

MDFlex HMO			
Office Visit - \$20 Copay			
Hospital Copay \$125 per day to \$500 max.			
ER - \$50 Copay			
SmartDent			
Dependent to Age 23			
2 Tier	3 Tier	4 Tier	
Single	\$337.13	\$337.13	\$337.13
*2 Party/EE+ Sp.	N/A	\$687.76	\$698.54
EE+Children	N/A	N/A	\$639.52
Family	\$946.32	\$973.63	\$1,012.05

* 2 party applies to 3 Tier, EE+Spouse applies to 4 Tier.

Pharmacy Riders

		\$10 Generic	\$7/\$20/50%	\$10/\$25/50%	\$7/\$15/\$35	\$10/\$20/\$40	\$10/\$20/\$40 \$100/\$300 Ded.	\$10 Generic \$100 Ded	
2 Tier	Single	\$5.10	\$13.07	\$94.00	\$88.75	\$114.45	\$104.36	\$100.04	\$9.16
	Family	\$14.40	\$36.66	\$263.84	\$249.19	\$321.22	\$292.86	\$280.75	\$25.65
3 Tier	Single	\$5.10	\$13.07	\$94.00	\$88.75	\$114.45	\$104.36	\$100.04	\$9.16
	Two Party	\$10.44	\$26.66	\$191.71	\$181.16	\$233.45	\$212.85	\$204.05	\$18.65
	Family	\$14.79	\$37.73	\$271.43	\$256.45	\$330.46	\$301.28	\$288.85	\$26.42
4 Tier	Single	\$5.10	\$13.07	\$94.00	\$88.75	\$114.45	\$104.36	\$100.04	\$9.16
	Ee & Spouse	\$10.63	\$27.08	\$194.72	\$183.97	\$237.11	\$216.21	\$207.23	\$18.95
	Ee & Children	\$9.74	\$24.80	\$178.33	\$168.40	\$217.10	\$197.91	\$189.74	\$17.35
	Family	\$15.42	\$39.23	\$282.15	\$266.50	\$343.52	\$313.24	\$300.27	\$27.46

5/14/2007

ELITE PROGRAMS_{INC.}

180 East Main Street, Suite 205
Patchogue, NY 11772

1-800-427-5358

Fax: (631) 654-0840



MDFlex HMO \$25 & Split Copay Plans

3rd Quarter 2007 Rates - Groups of 2-50

Effective Dates: July 1, 2007 - September 30, 2007
Nassau and Suffolk Counties

DIRECT ACCESS - No referrals required when accessing care from In-Network Specialists

MDFlex HMO			
Office Visit - \$25 Copay			
Hospitalization \$125 Per Day to \$500 Max			
ER - \$50 Copay			
SmartDent			
Dependent to Age 23			
2 Tier	3 Tier	4 Tier	
Single	\$332.56	\$332.56	\$332.56
*2 Party/EE+ Sp.	N/A	\$678.44	\$689.08
EE+Children	N/A	N/A	\$630.88
Family	\$933.50	\$960.44	\$998.34

MDFlex HMO			
PCP VISIT - \$25/SPECIALIST \$40 Copay			
Hospitalization \$125 Per Day to \$500 Max			
ER - \$100 Copay			
SmartDent			
Dependent to Age 23			
2 Tier	3 Tier	4 Tier	
Single	\$330.44	\$330.44	\$330.44
*2 Party/EE+ Sp.	N/A	\$674.11	\$684.66
EE+Children	N/A	N/A	\$626.84
Family	\$927.55	\$954.31	\$991.95

* 2 party applies to 3 Tier, EE+Spouse applies to 4 Tier.

Pharmacy Riders									
	Discount Only	\$10 Generic	\$7/\$20/50%	\$10/\$25/50%	\$7/\$15/\$35	\$10/\$20/\$40	\$10/\$20/\$40 \$100/\$300 Ded.	\$10 Generic \$100 Ded	
2 Tier	Single	\$5.10	\$13.07	\$94.00	\$88.75	\$114.45	\$104.36	\$100.04	\$9.16
	Family	\$14.40	\$36.66	\$263.84	\$249.19	\$321.22	\$292.86	\$280.75	\$25.65
3 Tier	Single	\$5.10	\$13.07	\$94.00	\$88.75	\$114.45	\$104.36	\$100.04	\$9.16
	Two Party	\$10.44	\$26.66	\$191.71	\$181.16	\$233.45	\$212.85	\$204.05	\$18.65
	Family	\$14.79	\$37.73	\$271.43	\$256.45	\$330.46	\$301.28	\$288.85	\$26.42
4 Tier	Single	\$5.10	\$13.07	\$94.00	\$88.75	\$114.45	\$104.36	\$100.04	\$9.16
	Ee & Spouse	\$10.63	\$27.08	\$194.72	\$183.97	\$237.11	\$216.21	\$207.23	\$18.95
	Ee & Children	\$9.74	\$24.80	\$178.33	\$168.40	\$217.10	\$197.91	\$189.74	\$17.35
	Family	\$15.42	\$39.23	\$282.15	\$266.50	\$343.52	\$313.24	\$300.27	\$27.46

5/14/2007

Notes: Vision: Davis Vision Discount Plan / **Dental:** All plans include SmartDent, a discount dental plan.
All rates subject to final home office approval.

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MDFlex POS Plans

3rd Quarter 2007 Rates - Groups of 2-50

Effective Dates: July 1, 2007 - September 30, 2007
Nassau and Suffolk Counties

DIRECT ACCESS - No referrals required when accessing care from In-Network Specialists

MDFlex POS			
Office Visit - \$10 Copay			
Hospitalization - \$125/day to \$500 Max.			
ER - \$50 Copay			
Deductible - \$500 Individual/\$1,000 Family			
Coinsurance - 80/20			
Out of Pocket - \$5,000/\$10,000			
UCR - 80th Percentile			
Dependent to Age 23			
	2 Tier	3 Tier	4 Tier
Single	\$611.01	\$611.01	\$611.01
*2 Party / EE+Sp.	N/A	\$1,246.48	\$1,266.04
EE+Children	N/A	N/A	\$1,159.12
Family	\$1,715.14	\$1,764.65	\$1,834.30

MDFlex POS			
Office Visit - \$20 Copay			
Hospitalization - \$125/day to \$500 Max.			
ER - \$50 Copay			
Deductible - \$1,000 Individual/\$2,000 Family			
Coinsurance - 80/20			
Out of Pocket - \$5,000/\$10,000			
UCR - 80th Percentile			
Dependent to Age 23			
	2 Tier	3 Tier	4 Tier
Single	\$587.43	\$587.43	\$587.43
*2 Party / EE+Sp.	N/A	\$1,198.30	\$1,217.11
EE+Children	N/A	N/A	\$1,114.32
Family	\$1,648.84	\$1,696.44	\$1,763.38

MDFlex POS			
Office Visit - \$20 Copay			
Hospitalization - \$125/day to \$500 max			
ER - \$50 Copay			
Deductible - \$1,000 Individual/\$2,500 Family			
Coinsurance - 70/30			
Out of Pocket - \$5,000/\$10,000			
UCR - 80th Percentile			
Dependent to Age 23			
	2 Tier	3 Tier	4 Tier
Single	\$583.52	\$583.52	\$583.52
*2 Party / EE+Sp.	N/A	\$1,190.39	\$1,209.04
EE+Children	N/A	N/A	\$1,106.94
Family	\$1,637.94	\$1,685.21	\$1,751.70

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Pharmacy Riders									
	Discount Only	\$10 Generic	\$7/\$20/50%	\$10/\$25/50%	\$7/\$15/\$35	\$10/\$20/\$40	\$10/\$20/\$40 \$100/\$300 Ded.	\$10 Generic \$100 Ded	
2 Tier	Single	\$5.10	\$13.07	\$94.00	\$88.75	\$114.45	\$104.36	\$100.04	\$9.16
	Family	\$14.40	\$36.66	\$263.84	\$249.19	\$321.22	\$292.86	\$280.75	\$25.65
3 Tier	Single	\$5.10	\$13.07	\$94.00	\$88.75	\$114.45	\$104.36	\$100.04	\$9.16
	Two Party	\$10.44	\$26.66	\$191.71	\$181.16	\$233.45	\$212.85	\$204.05	\$18.65
	Family	\$14.79	\$37.73	\$271.43	\$256.45	\$330.46	\$301.28	\$288.85	\$26.42
4 Tier	Single	\$5.10	\$13.07	\$94.00	\$88.75	\$114.45	\$104.36	\$100.04	\$9.16
	Ee & Spouse	\$10.63	\$27.08	\$194.72	\$183.97	\$237.11	\$216.21	\$207.23	\$18.95
	Ee & Children	\$9.74	\$24.80	\$178.33	\$168.40	\$217.10	\$197.91	\$189.74	\$17.35
	Family	\$15.42	\$39.23	\$282.15	\$266.50	\$343.52	\$313.24	\$300.27	\$27.46

5/14/2007

Notes: **Vision:** Davis Vision Discount Plan / **Dental:** All plans include SmartDent, a discount dental plan.
All rates subject to final home office approval.



DENTAL RIDERS

Groups of 2-50

Effective Dates: July 1, 2007 - September 30, 2007

Description	DMO 2	POS 2
IN-NETWORK BENEFITS		
Preventive & Diagnostic Oral exams, fluoride treatments, x-rays and prophylaxis covered every 6 months	Covered 100% deductible does not apply	Covered 100% deductible does not apply
Basic Services Fillings, root canal therapy, emergency visits, simple extractions	Covered 80% after annual deductible	Covered 80% after annual deductible
Major Services Dentures, periodontal treatment, prosthetic treatment, oral surgery procedures	Covered 50% after annual deductible	Covered 50% after annual deductible
*Orthodontics	Covered 50% deductible does not apply	Covered 50% deductible does not apply
In-Network Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
OUT-OF-NETWORK BENEFITS		
Preventive & Diagnostic	Not Covered	Covered 80% of MDNY R&C schedule after deductible
Basic Services	Not Covered	Covered 60% of MDNY R&C schedule after deductible
Major Services	Not Covered	Covered 50% of MDNY R&C schedule after deductible
*Orthodontics	Not Covered	Covered 50% deductible does not apply
In-Network Annual Deductible		
Individual	N/A	\$100
Family		\$300
Annual Benefit Maximum	\$1,500	\$1,500

*Orthodontics lifetime maximum benefit \$1,500

Rates for Enhanced Dental Riders

	DMO 2	POS 2	
2 Tier	Single	\$58.55	\$64.99
	Family	\$159.74	\$177.34
3 Tier	Single	\$58.55	\$64.99
	Two Party	\$113.48	\$125.97
	Family	\$188.27	\$209.03
4 Tier	Single	\$58.55	\$64.99
	EE + Children	\$119.98	\$133.19
	EE + Spouse	\$116.99	\$129.87
	Family	\$194.19	\$215.59

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Pharmacy Riders									
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2 Tier	Single	\$5.10	\$13.07	\$94.00	\$88.75	\$114.45	\$104.36	\$100.04	\$9.16
	Family	\$14.40	\$36.66	\$263.84	\$249.19	\$321.22	\$292.86	\$280.75	\$25.65
3 Tier	Single	\$5.10	\$13.07	\$94.00	\$88.75	\$114.45	\$104.36	\$100.04	\$9.16
	Two Party	\$10.44	\$26.66	\$191.71	\$181.16	\$233.45	\$212.85	\$204.05	\$18.65
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4 Tier	Single	\$5.10	\$13.07	\$94.00	\$88.75	\$114.45	\$104.36	\$100.04	\$9.16
	Ee & Spouse	\$10.63	\$27.08	\$194.72	\$183.97	\$237.11	\$216.21	\$207.23	\$18.95
	Ee & Children	\$9.74	\$24.80	\$178.33	\$168.40	\$217.10	\$197.91	\$189.74	\$17.35
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