



## 2009 1st Quarter NYSBG ASSOCIATION RATES

Employer-administered:  
 Enrollees must live/work in 5 Boroughs\*  
 Rates Effective 01/01/09 - 03/31/09



COVERED SERVICES	Assn Plan #1	Assn Plan #2	Assn Plan #3
	AHP-POS-GRP B10	AHP-POS-GRP A20E	AHP-POS-GRP E20
Plan Type	POS	POS	POS
Physician Copay	\$10	\$20	\$20
Hospital Copay	\$250	\$0	\$250
Prescription Drug	\$10/\$15/\$30 Generic/Brand/Non-Formulary	\$20/\$30/\$40 Generic/Brand/Non-Formulary	Not Covered
ER	\$50	\$50	\$50
Deductible	\$500	\$1,000	\$2,000
Coinsurance	70%/30%	70%/30%	70%/30%
Out-of-Pocket Max.**	\$3,000/\$7,500	\$3,000/\$7,500	\$5,000/\$10,000
Dependent Age	23	23	23
<b>Monthly Rates</b>			
Individual	<b>\$527.71</b>	<b>\$436.44</b>	<b>\$372.32</b>
Two-Party	<b>\$1,055.42</b>	<b>\$872.88</b>	<b>\$744.64</b>
Family	<b>\$1,526.82</b>	<b>\$1,262.75</b>	<b>\$1,077.23</b>

COVERED SERVICES	Assn Plan #4	Assn Plan #5	Assn Plan #6	Assn Plan #7
	AHP-POS-GRP F20	AHP-HMO-GRP Low Option	AHP-HMO-GRP Low Option/Gen.Rx	AHP-POS-GRP F20
Plan Type	POS	HMO	HMO	POS
Physician Copay	\$20	\$20	\$20	\$20
Hospital Copay	\$500	\$500	\$500	\$500
Prescription Drug	\$7/\$30/\$50 - \$250 Deductible Generic/Brand/Non-Formulary	\$7/\$30/\$50 - \$250 Deductible Generic/Brand/Non-Formulary	Mandatory Generic/\$10 Copay/\$250 Ded/\$2,000 Max	Mandatory Generic/\$10 Copay/\$250 Ded/\$2,000 Max
ER	\$50	\$50	\$50	\$50
Deductible	\$2,000	N/A	N/A	\$2,000
Coinsurance	70%/30%	N/A	N/A	70%/30%
Out-of-Pocket Max.**	\$5,000/\$10,000	N/A	N/A	\$5,000/\$10,000
Dependent Age	23	23	23	23
<b>Monthly Rates</b>				
Individual	<b>\$363.09</b>	<b>\$327.90</b>	<b>\$313.72</b>	<b>\$348.91</b>
Two-Party	<b>\$726.18</b>	<b>\$655.80</b>	<b>\$627.44</b>	<b>\$697.82</b>
Family	<b>\$1,050.53</b>	<b>\$948.71</b>	<b>\$907.69</b>	<b>\$1,009.50</b>

**A \$10 Monthly Billing & Administration Fee will be added to the above rates.**

\* Plans are available through membership in the New York State Business Group:

\$60 annual membership dues, payable to NYSBG are required upon enrollment and will be billed annually thereafter.

\*\* Out-Of-Pocket Max does not include the Annual Deductible

Rates are subject to NYS Department of Insurance approval. Illustrations are for comparative purposes only. See plan summary for more details.

Certificate of Insurance governs.

**PLEASE CONTACT YOUR AGENT OR BROKER OR CALL:**

**NYSBG/ELITE 1-800-427-5358**