

<p style="text-align: center;">NEW SMALL GROUP ACCESS II BASE PLAN</p>

The Access II base plan rates include the following benefits:

- *DEDUCTIBLE - \$1500/ \$3000
- *COINSURANCE MAXIMUM - \$3000/ \$6000
- *DURABLE MEDICAL EQUIPMENT - COVERED IN FULL
- *PRIVATE DUTY NURSING - COVERED IN FULL
- *SKILLED NURSING FACILITY - UNLIMITED DAYS
- *HOME HEALTH CARE - 200 VISITS
- *INPATIENT THERAPIES - 90 DAYS
- *OUTPATIENT THERAPIES - 90 DAYS
- *INPATIENT MENTAL HEALTH CARE - 30 DAYS
- *INPATIENT ALCOHOL/SUBSTANCE ABUSE DETOXIFICATION - 7 DAYS
- *INPATIENT ALCOHOL/SUBSTANCE ABUSE REHABILITATION - NOT COVERED
- *OUTPATIENT ALCOHOL/SUBSTANCE ABUSE REHABILITATION -
 - PLAN 195 - 60 VISITS/\$20 COPAY
 - PLAN 197 - 60 VISITS/\$25 COPAY
- *OUTPATIENT MENTAL HEALTH CARE -
 - PLAN 195 - 20 VISITS/\$20 COPAY
 - PLAN 197 - 20 VISITS/\$50 COPAY
- *DIALYSIS TREATMENT - CONSULT BENEFIT SUMMARY
 - PLAN 195 - \$20 COPAY
 - PLAN 197 - \$25 COPAY
- *REFRACTIVE EYE EXAM - \$0 COPAY
- *DIABETIC SUPPLIES - COPAY VARIES BASED ON PHYSICIAN COPAY
 - PLAN 195 - \$20 COPAY
 - PLAN 197 - \$25 COPAY
- *OPTICAL BENEFIT - EYEGLASSES - \$45 EVERY 24 MONTHS
- *DEPENDENT CHILDREN TO END OF MONTH IN WHICH THEY TURN 19
- *STUDENTS TO END OF YEAR IN WHICH THEY TURN 23

Plan #	Product - PCP / Specialist / Hosp / ER Copays	Two Tier Rates		Three Tier Rates			Four Tier Rates			
		Individual	Family	Individual	Two Person	Family	Individual	Emp & Children	Emp & Spouse	Family
195	Access2 80% 20/20/0/0/50 \$1500ded \$3000 Coins.	\$530.49	\$1,394.08	\$530.49	\$1,041.28	\$1,655.82	\$530.49	\$986.71	\$1,060.98	\$1,623.29
197	Access2 80% 30/50/0/0/50 \$1500ded \$3000 Coins.	\$517.60	\$1,362.50	\$517.60	\$1,017.70	\$1,618.30	\$517.60	\$962.73	\$1,035.20	\$1,583.86

Rates Effective: 7/1/08-9/30/08

Rx Plan	Two Tier Rates		Three Tier Rates			Four Tier Rates			
	Individual	Family	Individual	Two Person	Family	Individual	Emp & Children	Emp & Spouse	Family
\$7/\$30, Contraceptives Incl., \$50 Non-Form	\$65.32	\$160.02	\$65.32	\$119.26	\$189.87	\$65.32	\$121.48	\$130.63	\$199.80
\$7/\$30, \$50 ded., Contraceptives Incl., \$50 Non-Form	\$63.00	\$154.35	\$63.00	\$115.04	\$183.14	\$63.00	\$117.18	\$126.00	\$192.72
\$7/\$30, \$300 ded. Contraceptives Incl, \$50 Non-Form	\$59.71	\$146.30	\$59.71	\$109.03	\$173.59	\$59.71	\$111.06	\$119.42	\$182.66
\$7/\$30, \$100 ded. Contraceptives Incl, \$50 Non-Form	\$62.34	\$152.74	\$62.34	\$113.84	\$181.23	\$62.34	\$115.96	\$124.68	\$190.71
\$20/\$30 Contraceptives Incl., \$50 Non-Form.	\$49.39	\$120.99	\$49.39	\$90.18	\$143.56	\$49.39	\$91.85	\$98.77	\$151.07
\$20/\$30 Contraceptives Incl., \$50 deductible, \$50 Non-Form.	\$47.08	\$115.35	\$47.08	\$85.97	\$136.87	\$47.08	\$87.57	\$94.16	\$144.03
\$20/\$30 Contraceptives Incl., \$100 deductible, \$50 Non-Form.	\$46.43	\$113.74	\$46.43	\$84.77	\$134.96	\$46.43	\$86.35	\$92.85	\$142.02
\$15/\$30 Contraceptives Incl., \$50 deductible, \$50 Non-Form	\$53.21	\$130.36	\$53.21	\$97.16	\$154.68	\$53.21	\$98.97	\$106.42	\$162.77
\$15/\$30 Contraceptives Incl., \$100 deductible, \$50 Non-Form	\$52.55	\$128.75	\$52.55	\$95.96	\$152.77	\$52.55	\$97.74	\$105.10	\$160.76
\$15/\$25, Contraceptives Incl., \$40 Non-Form	\$71.82	\$175.95	\$71.82	\$131.14	\$208.78	\$71.82	\$133.58	\$143.63	\$219.69
\$15 generic only	\$1.39	\$3.40	\$1.39	\$2.54	\$4.04	\$1.39	\$2.58	\$2.78	\$4.25
\$0/\$30, Contraceptives Incl,\$50 Non-Formulary	\$73.89	\$181.03	\$73.89	\$134.92	\$214.80	\$73.89	\$137.43	\$147.77	\$226.03
\$0/\$30, Contraceptives Incl, \$50 Non-Formulary \$3000 Max. \$50 Ded.	\$54.35	\$133.17	\$54.35	\$99.25	\$158.01	\$54.35	\$101.10	\$108.71	\$166.27
\$0/\$30, Contraceptives Incl, \$50 Non-Formulary \$1000 Max. \$50 Ded.	\$48.06	\$117.74	\$48.06	\$87.75	\$139.70	\$48.06	\$89.38	\$96.11	\$147.01
\$0/\$30, \$100 ded., Contraceptives Incl, \$50 Non-Form	\$70.92	\$173.75	\$70.92	\$129.16	\$206.16	\$70.92	\$131.90	\$141.83	\$216.94

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