

NEW SMALL GROUP HMO VALUE BASE PLAN

The base plan rates for the HMO Value plans 35 and 36 include the following standard benefits:

***AMBULATORY SURGERY - \$75 COPAY**

***EMERGENCY ROOM -**

PLAN 35 - \$100 Copay

PLAN 36 - \$150 Copay

***DURABLE MEDICAL EQUIPMENT - COVERED IN FULL**

***PRIVATE DUTY NURSING - NOT COVERED**

***SKILLED NURSING FACILITY - 30 DAYS**

***HOME HEALTH CARE - 40 VISITS**

***INPATIENT THERAPIES - NOT COVERED**

***OUTPATIENT THERAPIES - \$50 COPAY, 30 VISIT LIMIT**

***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 -**

\$25 COPAY, 60 VISIT LIMIT

***OUTPATIENT MENTAL HEALTH CARE - \$50 COPAY, 20 VISIT LIMIT**

***DIALYSIS TREATMENT- \$25 COPAY**

***REFRACTIVE EYE EXAM - \$15 COPAY**

***DIABETIC SUPPLIES - \$25 COPAY**

***OPTICAL BENEFIT - EYEGASSES - \$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 / Amb Surg/ ER Copays	Two Tier Rates		Three Tier Rates			Four Tier Rates			
		Individual	Family	Individual	Two Person	Family	Individual	Emp & Children	Emp & Spouse	Family
35	HMO Value 30/50/500/75/100	\$374.38	\$968.75	\$374.38	\$723.59	\$1,150.62	\$374.38	\$696.34	\$748.76	\$1,145.60
36	HMO Value 30/50/1000/75/150	\$365.30	\$946.50	\$365.30	\$706.97	\$1,124.20	\$365.30	\$679.45	\$730.60	\$1,117.82
	Healthy NY w RX						\$277.63	\$516.39	\$555.26	\$849.55
	Healthy NY wo RX						\$244.31	\$454.42	\$488.62	\$747.59

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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