



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

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	\$382.79	\$990.38	\$382.79	\$739.75	\$1,176.31	\$382.79	\$711.98	\$765.58	\$1,171.33
36	HMO Value 30/50/1000/75/150	\$373.71	\$968.13	\$373.71	\$723.13	\$1,149.89	\$373.71	\$695.09	\$747.42	\$1,143.55
	Healthy NY w RX						\$277.63	\$516.39	\$555.26	\$849.55
	Healthy NY wo RX						\$244.31	\$454.42	\$488.62	\$747.59

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	\$67.92	\$166.41	\$67.92	\$124.02	\$197.45	\$67.92	\$126.33	\$135.84	\$207.77
\$7/\$30, \$50 ded., Contraceptives Incl., \$50 Non-Form	\$65.52	\$160.53	\$65.52	\$119.64	\$190.47	\$65.52	\$121.87	\$131.04	\$200.43
\$7/\$30, \$300 ded. Contraceptives Incl, \$50 Non-Form	\$62.10	\$152.14	\$62.10	\$113.39	\$180.52	\$62.10	\$115.50	\$124.20	\$189.96
\$7/\$30, \$100 ded. Contraceptives Incl, \$50 Non-Form	\$64.84	\$158.86	\$64.84	\$118.40	\$188.49	\$64.84	\$120.60	\$129.68	\$198.35
\$20/\$30 Contraceptives Incl., \$50 Non-Form.	\$51.36	\$125.83	\$51.36	\$93.78	\$149.30	\$51.36	\$95.52	\$102.71	\$157.10
\$20/\$30 Contraceptives Incl., \$50 deductible, \$50 Non-Form.	\$48.96	\$119.95	\$48.96	\$89.40	\$142.32	\$48.96	\$91.06	\$97.92	\$149.77
\$20/\$30 Contraceptives Incl., \$100 deductible, \$50 Non-Form.	\$48.28	\$118.28	\$48.28	\$88.15	\$140.34	\$48.28	\$89.79	\$96.55	\$147.68
\$15/\$30 Contraceptives Incl., \$50 deductible, \$50 Non-Form	\$55.33	\$135.55	\$55.33	\$101.03	\$160.84	\$55.33	\$102.91	\$110.65	\$169.25
\$15/\$30 Contraceptives Incl., \$100 deductible, \$50 Non-Form	\$54.65	\$133.88	\$54.65	\$99.78	\$158.86	\$54.65	\$101.64	\$109.29	\$167.16
\$15/\$25, Contraceptives Incl., \$40 Non-Form	\$74.69	\$183.00	\$74.69	\$136.39	\$217.13	\$74.69	\$138.92	\$149.38	\$228.48
\$15 generic only	\$1.45	\$3.55	\$1.45	\$2.65	\$4.21	\$1.45	\$2.70	\$2.90	\$4.43
\$0/\$30, Contraceptives Incl, \$50 Non-Formulary	\$76.84	\$188.25	\$76.84	\$140.30	\$223.36	\$76.84	\$142.91	\$153.67	\$235.04
\$0/\$30, Contraceptives Incl, \$50 Non-Formulary \$3000 Brand Max. \$50 Ded.	\$56.52	\$138.48	\$56.52	\$103.21	\$164.31	\$56.52	\$105.13	\$113.04	\$172.90
\$0/\$30, Contraceptives Incl, \$50 Non-Formulary \$1000 Brand Max. \$50 Ded.	\$49.98	\$122.46	\$49.98	\$91.26	\$145.30	\$49.98	\$92.96	\$99.96	\$152.89
\$0/\$30, \$100 ded., Contraceptives Incl, \$50 Non-Form	\$73.76	\$180.70	\$73.76	\$134.67	\$214.41	\$73.76	\$137.18	\$147.51	\$225.62

ELITE PROGRAMS^{INC.}

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Rates Effective 10/1/08 - 12/31/08
HIP PRIME NETWORK PLANS 4th Qtr. 2008

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