

**Atlantis Health Plan
Sole Proprietor Rates
4th Quarter 2009**

<p>Plan #1: Low HMO</p> <p>Physician Copay: \$20 Hospital Copay: \$500 Pharmacy Copay: \$20/30/40 ER: \$50 Dependent Age: 25</p> <p style="text-align: center;">Rates</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2 Tier</u></th> <th style="text-align: center;"><u>4 Tier</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Single</td> <td style="text-align: center;">382.84</td> <td style="text-align: center;">382.84</td> </tr> <tr> <td style="text-align: right;">EE+ Spouse</td> <td></td> <td style="text-align: center;">755.68</td> </tr> <tr> <td style="text-align: right;">EE-Child(ren)</td> <td></td> <td style="text-align: center;">764.28</td> </tr> <tr> <td style="text-align: right;">Family</td> <td style="text-align: center;">972.08</td> <td style="text-align: center;">1164.49</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	382.84	382.84	EE+ Spouse		755.68	EE-Child(ren)		764.28	Family	972.08	1164.49	<p>Plan #2: Low HMO, Generic Pharmacy</p> <p>Physician Copay: \$20 Hospital Copay: \$500 Pharmacy Copay: \$0 Generic* ER: \$50 Dependent Age: 25</p> <p style="text-align: center;">Rates</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2 Tier</u></th> <th style="text-align: center;"><u>4 Tier</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Single</td> <td style="text-align: center;">358.57</td> <td style="text-align: center;">358.57</td> </tr> <tr> <td style="text-align: right;">EE+ Spouse</td> <td></td> <td style="text-align: center;">707.14</td> </tr> <tr> <td style="text-align: right;">EE-Child(ren)</td> <td></td> <td style="text-align: center;">715.18</td> </tr> <tr> <td style="text-align: right;">Family</td> <td style="text-align: center;">909.46</td> <td style="text-align: center;">1089.34</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	358.57	358.57	EE+ Spouse		707.14	EE-Child(ren)		715.18	Family	909.46	1089.34
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<p>Plan #3: High HMO</p> <p>Physician Copay: \$10 Hospital Copay: \$0 Pharmacy Copay: \$20/30/40 ER: \$50 Dependent Age: 25</p> <p style="text-align: center;">Rates</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2 Tier</u></th> <th style="text-align: center;"><u>4 Tier</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Single</td> <td style="text-align: center;">446.10</td> <td style="text-align: center;">446.10</td> </tr> <tr> <td style="text-align: right;">EE+ Spouse</td> <td></td> <td style="text-align: center;">882.20</td> </tr> <tr> <td style="text-align: right;">EE-Child(ren)</td> <td></td> <td style="text-align: center;">892.26</td> </tr> <tr> <td style="text-align: right;">Family</td> <td style="text-align: center;">1135.32</td> <td style="text-align: center;">1360.37</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	446.10	446.10	EE+ Spouse		882.20	EE-Child(ren)		892.26	Family	1135.32	1360.37	<p>Plan #4: Low POS</p> <p>Physician Copay: \$20 Hospital Copay: \$500 Pharmacy Copay: \$20/30/40 ER: \$50 Deductible Single/Family: \$2000/\$4000 Coinsurance: 70/30 UCR: 80% Out of Pocket Max: \$5000/\$10,000 Dependent Age: 25</p> <p style="text-align: center;">Rates</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2 Tier</u></th> <th style="text-align: center;"><u>4 Tier</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Single</td> <td style="text-align: center;">427.32</td> <td style="text-align: center;">427.32</td> </tr> <tr> <td style="text-align: right;">EE+ Spouse</td> <td></td> <td style="text-align: center;">844.64</td> </tr> <tr> <td style="text-align: right;">EE-Child(ren)</td> <td></td> <td style="text-align: center;">854.27</td> </tr> <tr> <td style="text-align: right;">Family</td> <td style="text-align: center;">1086.86</td> <td style="text-align: center;">1302.22</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	427.32	427.32	EE+ Spouse		844.64	EE-Child(ren)		854.27	Family	1086.86	1302.22
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A \$10 monthly billing fee has been added to your premium.

These rates include New York State's new health insurance taxes.

**Plan 2 - Generic Drug \$0 copay - \$0 deductible - no maximum.*

Brand Drugs have a \$25 co-payment - an annual deductible of \$250 - and an annual maximum of \$2,000 for covered brand drugs only.

This is a brief summary of benefits and should be used as a guide only.

Please refer to Atlantis Health Plan's subscriber agreement for a complete description of requirements for coverage, covered services, limitations and exclusions.

Note: The Rates contained in this document have been filed with the NYS Insurance Department but have not received final approval and therefore are subject to change.



Dated: 8/5/09