

**Atlantis Health Plan  
Sole Proprietor Rates  
1st Quarter 2010**

<p><b>Plan #1: Low HMO</b></p> <p>Physician Copay: \$20  Hospital Copay: \$500  Pharmacy Copay: \$20/30/40  ER: \$50  Dependent Age: 25</p> <p style="text-align: center;"><b>Rates</b></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;">396.16</td> <td style="text-align: center;">396.16</td> </tr> <tr> <td style="text-align: right;">EE+ Spouse</td> <td></td> <td style="text-align: center;">778.32</td> </tr> <tr> <td style="text-align: right;">EE-Child(ren)</td> <td></td> <td style="text-align: center;">787.13</td> </tr> <tr> <td style="text-align: right;">Family</td> <td style="text-align: center;">1000.12</td> <td style="text-align: center;">1197.35</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	396.16	396.16	EE+ Spouse		778.32	EE-Child(ren)		787.13	Family	1000.12	1197.35	<p><b>Plan #2: Low HMO, Generic Pharmacy</b></p> <p>Physician Copay: \$20  Hospital Copay: \$500  Pharmacy Copay: \$0 Generic*  ER: \$50  Dependent Age: 25</p> <p style="text-align: center;"><b>Rates</b></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;">371.97</td> <td style="text-align: center;">371.97</td> </tr> <tr> <td style="text-align: right;">EE+ Spouse</td> <td></td> <td style="text-align: center;">729.94</td> </tr> <tr> <td style="text-align: right;">EE-Child(ren)</td> <td></td> <td style="text-align: center;">738.20</td> </tr> <tr> <td style="text-align: right;">Family</td> <td style="text-align: center;">937.70</td> <td style="text-align: center;">1122.44</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	371.97	371.97	EE+ Spouse		729.94	EE-Child(ren)		738.20	Family	937.70	1122.44
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<p><b>Plan #3: High HMO</b></p> <p>Physician Copay: \$10  Hospital Copay: \$0  Pharmacy Copay: \$20/30/40  ER: \$50  Dependent Age: 25</p> <p style="text-align: center;"><b>Rates</b></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;">461.00</td> <td style="text-align: center;">461.00</td> </tr> <tr> <td style="text-align: right;">EE+ Spouse</td> <td></td> <td style="text-align: center;">908.00</td> </tr> <tr> <td style="text-align: right;">EE-Child(ren)</td> <td></td> <td style="text-align: center;">918.31</td> </tr> <tr> <td style="text-align: right;">Family</td> <td style="text-align: center;">1167.43</td> <td style="text-align: center;">1398.12</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	461.00	461.00	EE+ Spouse		908.00	EE-Child(ren)		918.31	Family	1167.43	1398.12	<p><b>Plan #4: Low POS</b></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;"><b>Rates</b></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;">443.62</td> <td style="text-align: center;">443.62</td> </tr> <tr> <td style="text-align: right;">EE+ Spouse</td> <td></td> <td style="text-align: center;">873.24</td> </tr> <tr> <td style="text-align: right;">EE-Child(ren)</td> <td></td> <td style="text-align: center;">883.15</td> </tr> <tr> <td style="text-align: right;">Family</td> <td style="text-align: center;">1122.59</td> <td style="text-align: center;">1344.30</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	443.62	443.62	EE+ Spouse		873.24	EE-Child(ren)		883.15	Family	1122.59	1344.30
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**A \$14 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: 11/11/09