



**EMBLEM PPO/EPO BENEFIT PLANS**  
**Downstate Rate and Plan Design Comparison for**  
**Sole Proprietors - 2nd Quarter 2010**

	<b>EMBLEM PPO HSA-Compatible</b>		<b>EMBLEM EPO HSA-Compatible</b>	<b>EMBLEM NON HSA High Deductible EPO 10,000</b>
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>In-Network</b>
Allowed charges	GHI fee schedule	80th%ile HIAA/Ingenix	GHI fee schedule	
Deductible individual/family	\$5,000/ \$10,000	\$10,000/ \$20,000	\$5,800/\$11,600	\$10,000/\$20,000
Coinsurance	100%	80%	100%	100%
Out-of-pocket maximum	\$5,000/ \$10,000	\$12,000/ \$24,000	\$5,800/\$11,600	\$10,000/\$20,000
Annual physical check-up (adult)	Covered in full	Deductible and coinsurance	Covered in full	Covered in full
Diagnostic/lab fees	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Inpatient hospital coverage and inpatient medical services*	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Drug card	Covered in full after deductible	In-network only	Covered in full after deductible	Covered in full after deductible
Lifetime maximum	Unlimited	Unlimited	Unlimited	
<b>Downstate Rates for 2nd Quarter 2010</b>				
<b>Employee</b>	<b>\$343.92</b>		<b>\$257.54</b>	<b>\$182.28</b>
<b>Family</b>	<b>\$921.26</b>		<b>\$683.73</b>	<b>\$476.79</b>

\*Precertification required.

The benefits described here are only brief highlights of the coverage available. Other cost-controlling options are available. Some benefits may have calendar year limits and/or maximums. The terms, limitations, conditions, and exclusions of the insurance contract and certificate will govern.

Policy form #: PLH-SGC-1000, et al.

**Note: All GHI prescriptions are Voluntary Home Delivery and are NO LONGER mandatory**

**A \$14 monthly billing fee has been added to your premium.**

**DATED: 2/16/10**