



EMBLEM PPO/EPO BENEFIT PLANS
Downstate Rate and Plan Design Comparison for
Sole Proprietors - 4th Quarter 2010

REVISED 12/6/10

	EMBLEM PPO HSA-Compatible**		EMBLEM EPO HSA-Compatible	EMBLEM NON HSA High Deductible EPO 10,000
	In-Network	Out-of-Network	In-Network	In-Network
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	
Downstate Rates for 4th Quarter 2010				
Employee	\$398.94		\$298.16	\$210.34
Family	\$1,130.33		\$838.04	\$583.40

* Precertification required.

** Available for existing enrollees only.

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: 12/6/2010