

**Atlantis Health Plan**  
**Sole Proprietor**  
**1st Quarter 2011**

<p><b>Plan #1: Low HMO</b></p> <p>Physician Copay: \$20  Hospital Copay: \$500  Pharmacy Copay: \$20/30/40  ER: \$50  Dependent Age: 26</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>Single</td> <td style="text-align: center;">503.98</td> <td style="text-align: center;">503.98</td> </tr> <tr> <td>EE+ Spouse</td> <td></td> <td style="text-align: center;">992.96</td> </tr> <tr> <td>EE-Child(ren)</td> <td></td> <td style="text-align: center;">998.34</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">1269.23</td> <td style="text-align: center;">1520.08</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	503.98	503.98	EE+ Spouse		992.96	EE-Child(ren)		998.34	Family	1269.23	1520.08	<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: 26</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>Single</td> <td style="text-align: center;">472.44</td> <td style="text-align: center;">472.44</td> </tr> <tr> <td>EE+ Spouse</td> <td></td> <td style="text-align: center;">929.88</td> </tr> <tr> <td>EE-Child(ren)</td> <td></td> <td style="text-align: center;">934.91</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">1188.33</td> <td style="text-align: center;">1423.00</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	472.44	472.44	EE+ Spouse		929.88	EE-Child(ren)		934.91	Family	1188.33	1423.00
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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: 26</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>Single</td> <td style="text-align: center;">585.84</td> <td style="text-align: center;">585.84</td> </tr> <tr> <td>EE+ Spouse</td> <td></td> <td style="text-align: center;">1156.68</td> </tr> <tr> <td>EE-Child(ren)</td> <td></td> <td style="text-align: center;">1162.96</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">1479.20</td> <td style="text-align: center;">1772.05</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	585.84	585.84	EE+ Spouse		1156.68	EE-Child(ren)		1162.96	Family	1479.20	1772.05	<p style="text-align: center;"><b>POS PLANS ARE AVAILABLE  FOR RENEWAL OF EXISTING PLANS ONLY.</b></p> <p><b>Plan #4: Low POS (No Longer Offered for New Business)</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: 26</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>Single</td> <td style="text-align: center;">574.22</td> <td style="text-align: center;">574.22</td> </tr> <tr> <td>EE+ Spouse</td> <td></td> <td style="text-align: center;">1133.44</td> </tr> <tr> <td>EE-Child(ren)</td> <td></td> <td style="text-align: center;">1139.59</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">1449.40</td> <td style="text-align: center;">1736.28</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	574.22	574.22	EE+ Spouse		1133.44	EE-Child(ren)		1139.59	Family	1449.40	1736.28
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**A \$15 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.*

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.  
**The above rates include adjustments for Health Care Reform (PPACA)**

