



**EMBLEM PPO/EPO BENEFIT PLANS
Downstate Rate and Plan Design Comparison for
Sole Proprietors - 2nd Quarter 2011**

	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	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	Unlimited
Downstate Rates for 2nd Quarter 2011				
Employee	\$434.58		\$324.73	\$229.01
Family	\$1,231.80		\$913.20	\$635.65

The benefits described here are only brief highlights of the coverage available. Other cost-controlling options are available.

The terms, limitations, conditions, and exclusions of the insurance contract and certificate will govern.

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

* **Precertification required.**

** **Available for existing enrollees only.**

A \$15 monthly administrative fee has been added to your premium.

For April 2011 renewals, your rate will remain the same as your 2010 rate for April. On May 1, 2011 your rate will change to the 2nd Quarter rate as listed above.

DATED: 3/7/11