

**Atlantis Health Plan
Sole Proprietor
2nd Quarter 2011**

<p>Plan #1: Low HMO</p> <p>Physician Copay: \$20 Hospital Copay: \$500 Pharmacy Copay: \$20/30/40 ER: \$50 Dependent Age: 26</p> <p style="text-align: center;">Rates</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;">533.56</td> <td style="text-align: center;">533.56</td> </tr> <tr> <td style="text-align: right;">EE+ Spouse</td> <td></td> <td style="text-align: center;">1052.12</td> </tr> <tr> <td style="text-align: right;">EE-Child(ren)</td> <td></td> <td style="text-align: center;">1057.82</td> </tr> <tr> <td style="text-align: right;">Family</td> <td style="text-align: center;">1345.11</td> <td style="text-align: center;">1611.13</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	533.56	533.56	EE+ Spouse		1052.12	EE-Child(ren)		1057.82	Family	1345.11	1611.13	<p>Plan #2: Low HMO, Generic Pharmacy</p> <p>Physician Copay: \$20 Hospital Copay: \$500 Pharmacy Copay: \$0 Generic* ER: \$50 Dependent Age: 26</p> <p style="text-align: center;">Rates</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;">499.45</td> <td style="text-align: center;">499.45</td> </tr> <tr> <td style="text-align: right;">EE+ Spouse</td> <td></td> <td style="text-align: center;">983.90</td> </tr> <tr> <td style="text-align: right;">EE-Child(ren)</td> <td></td> <td style="text-align: center;">989.23</td> </tr> <tr> <td style="text-align: right;">Family</td> <td style="text-align: center;">1257.61</td> <td style="text-align: center;">1506.14</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	499.45	499.45	EE+ Spouse		983.90	EE-Child(ren)		989.23	Family	1257.61	1506.14
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<p>Plan #3: High HMO</p> <p>Physician Copay: \$10 Hospital Copay: \$0 Pharmacy Copay: \$20/30/40 ER: \$50 Dependent Age: 26</p> <p style="text-align: center;">Rates</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;">620.41</td> <td style="text-align: center;">620.41</td> </tr> <tr> <td style="text-align: right;">EE+ Spouse</td> <td></td> <td style="text-align: center;">1225.82</td> </tr> <tr> <td style="text-align: right;">EE-Child(ren)</td> <td></td> <td style="text-align: center;">1232.48</td> </tr> <tr> <td style="text-align: right;">Family</td> <td style="text-align: center;">1567.88</td> <td style="text-align: center;">1878.45</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	620.41	620.41	EE+ Spouse		1225.82	EE-Child(ren)		1232.48	Family	1567.88	1878.45	<p style="text-align: center;">POS PLANS ARE AVAILABLE FOR RENEWAL OF EXISTING PLANS ONLY.</p> <p>Plan #4: Low POS (No Longer Offered for New Business)</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;">Rates</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;">607.98</td> <td style="text-align: center;">607.98</td> </tr> <tr> <td style="text-align: right;">EE+ Spouse</td> <td></td> <td style="text-align: center;">1200.96</td> </tr> <tr> <td style="text-align: right;">EE-Child(ren)</td> <td></td> <td style="text-align: center;">1207.48</td> </tr> <tr> <td style="text-align: right;">Family</td> <td style="text-align: center;">1730.67</td> <td style="text-align: center;">1840.19</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	607.98	607.98	EE+ Spouse		1200.96	EE-Child(ren)		1207.48	Family	1730.67	1840.19
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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)



Dated: 2/10/11