



EMBLEM EPO BENEFIT PLAN
Downstate Rate and Plan Design Comparison for
Sole Proprietors - 4th Quarter 2011

	EMBLEM EPO HSA-Compatible
	In-Network
Allowed charges	GHI fee schedule
Deductible Individual/Family	\$5,800/\$11,600
Coinsurance	100%
Out-of-pocket maximum	\$5,800/\$11,600
Annual physical check-up (adult)	Covered in full
Diagnostic/lab fees	Deductible and coinsurance
Inpatient hospital coverage and inpatient medical services*	Deductible and coinsurance
Drug card	Covered in full after deductible
Lifetime maximum	Unlimited
Downstate Rates for 4th Quarter 2011	
Employee	\$350.00
Family	\$986.50

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.**

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

DATED: 8/31/11