

Atlantis Health Plan
Sole Proprietor
4th 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>Single</td> <td style="text-align: right;">558.43</td> <td style="text-align: right;">558.43</td> </tr> <tr> <td>EE+ Spouse</td> <td style="text-align: right;">1408.90</td> <td style="text-align: right;">1101.86</td> </tr> <tr> <td>EE-Child(ren)</td> <td style="text-align: right;">1408.90</td> <td style="text-align: right;">1107.84</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">1408.90</td> <td style="text-align: right;">1687.68</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	558.43	558.43	EE+ Spouse	1408.90	1101.86	EE-Child(ren)	1408.90	1107.84	Family	1408.90	1687.68	<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>Single</td> <td style="text-align: right;">524.44</td> <td style="text-align: right;">524.44</td> </tr> <tr> <td>EE+ Spouse</td> <td style="text-align: right;">1321.71</td> <td style="text-align: right;">1033.88</td> </tr> <tr> <td>EE-Child(ren)</td> <td style="text-align: right;">1321.71</td> <td style="text-align: right;">1039.48</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">1321.71</td> <td style="text-align: right;">1583.06</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	524.44	524.44	EE+ Spouse	1321.71	1033.88	EE-Child(ren)	1321.71	1039.48	Family	1321.71	1583.06
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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>Single</td> <td style="text-align: right;">649.50</td> <td style="text-align: right;">649.50</td> </tr> <tr> <td>EE+ Spouse</td> <td style="text-align: right;">1642.49</td> <td style="text-align: right;">1284.00</td> </tr> <tr> <td>EE-Child(ren)</td> <td style="text-align: right;">1642.49</td> <td style="text-align: right;">1290.98</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">1642.49</td> <td style="text-align: right;">1967.99</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	649.50	649.50	EE+ Spouse	1642.49	1284.00	EE-Child(ren)	1642.49	1290.98	Family	1642.49	1967.99	<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>Single</td> <td style="text-align: right;">636.30</td> <td style="text-align: right;">636.30</td> </tr> <tr> <td>EE+ Spouse</td> <td style="text-align: right;">1608.63</td> <td style="text-align: right;">1257.60</td> </tr> <tr> <td>EE-Child(ren)</td> <td style="text-align: right;">1608.63</td> <td style="text-align: right;">1264.43</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">1608.63</td> <td style="text-align: right;">1927.36</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	636.30	636.30	EE+ Spouse	1608.63	1257.60	EE-Child(ren)	1608.63	1264.43	Family	1608.63	1927.36
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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: 8/22/11