



**EMBLEM EPO BENEFIT PLAN**  
**Downstate Rate and Plan Design Comparison for**  
**Sole Proprietors -1st Quarter 2012**

	<b>EMBLEM EPO HSA-Compatible</b>
	<b>In-Network</b>
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
<b>Downstate Rates for 1st Quarter 2012</b>	
<b>Employee</b>	<b>\$350.00</b>
<b>Family</b>	<b>\$986.50</b>

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: 11/9/11