

**Easy Choice Health Plan of NY  
Sole Proprietor  
1st Quarter 2012**

<p><b>Plan #1: Low HMO</b></p> <p>Physician Copay: \$20 Hospital Copay: \$500 Pharmacy Copay: \$20/30/40 ER: \$50 Dependent Age: 26</p> <p align="center"><b>Rates</b></p> <table border="1"> <thead> <tr> <th></th> <th><u>2 Tier</u></th> <th><u>4 Tier</u></th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$571.32</td> <td>\$571.32</td> </tr> <tr> <td>EE+ Spouse</td> <td>\$1,441.96</td> <td>\$1,127.64</td> </tr> <tr> <td>EE-Child(ren)</td> <td>\$1,441.96</td> <td>\$1,133.76</td> </tr> <tr> <td>Family</td> <td>\$1,441.96</td> <td>\$1,727.34</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	\$571.32	\$571.32	EE+ Spouse	\$1,441.96	\$1,127.64	EE-Child(ren)	\$1,441.96	\$1,133.76	Family	\$1,441.96	\$1,727.34	<p><b>Plan #2: Low HMO, Generic Pharmacy</b></p> <p>Physician Copay: \$20 Hospital Copay: \$500 Pharmacy Copay: \$0 Generic* ER: \$50 Dependent Age: 26</p> <p align="center"><b>Rates</b></p> <table border="1"> <thead> <tr> <th></th> <th><u>2 Tier</u></th> <th><u>4 Tier</u></th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$536.51</td> <td>\$536.51</td> </tr> <tr> <td>EE+ Spouse</td> <td>\$1,352.67</td> <td>\$1,058.02</td> </tr> <tr> <td>EE-Child(ren)</td> <td>\$1,352.67</td> <td>\$1,063.76</td> </tr> <tr> <td>Family</td> <td>\$1,352.67</td> <td>\$1,620.21</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	\$536.51	\$536.51	EE+ Spouse	\$1,352.67	\$1,058.02	EE-Child(ren)	\$1,352.67	\$1,063.76	Family	\$1,352.67	\$1,620.21
	<u>2 Tier</u>	<u>4 Tier</u>																													
Single	\$571.32	\$571.32																													
EE+ Spouse	\$1,441.96	\$1,127.64																													
EE-Child(ren)	\$1,441.96	\$1,133.76																													
Family	\$1,441.96	\$1,727.34																													
	<u>2 Tier</u>	<u>4 Tier</u>																													
Single	\$536.51	\$536.51																													
EE+ Spouse	\$1,352.67	\$1,058.02																													
EE-Child(ren)	\$1,352.67	\$1,063.76																													
Family	\$1,352.67	\$1,620.21																													
<p><b>Plan #3: High HMO</b></p> <p>Physician Copay: \$10 Hospital Copay: \$0 Pharmacy Copay: \$20/30/40 ER: \$50 Dependent Age: 26</p> <p align="center"><b>Rates</b></p> <table border="1"> <thead> <tr> <th></th> <th><u>2 Tier</u></th> <th><u>4 Tier</u></th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$664.57</td> <td>\$664.57</td> </tr> <tr> <td>EE+ Spouse</td> <td>\$1,681.15</td> <td>\$1,314.14</td> </tr> <tr> <td>EE-Child(ren)</td> <td>\$1,681.15</td> <td>\$1,321.29</td> </tr> <tr> <td>Family</td> <td>\$1,681.15</td> <td>\$2,014.38</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	\$664.57	\$664.57	EE+ Spouse	\$1,681.15	\$1,314.14	EE-Child(ren)	\$1,681.15	\$1,321.29	Family	\$1,681.15	\$2,014.38	<p align="center"><b>POS PLANS ARE AVAILABLE FOR RENEWAL OF EXISTING PLANS ONLY.</b></p> <p><b>Plan #4: Low POS (No Longer Offered for New Business)</b></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 align="center"><b>Rates</b></p> <table border="1"> <thead> <tr> <th></th> <th><u>2 Tier</u></th> <th><u>4 Tier</u></th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$650.98</td> <td>\$650.98</td> </tr> <tr> <td>EE+ Spouse</td> <td>\$1,646.29</td> <td>\$1,286.96</td> </tr> <tr> <td>EE-Child(ren)</td> <td>\$1,646.29</td> <td>\$1,293.96</td> </tr> <tr> <td>Family</td> <td>\$1,646.29</td> <td>\$1,972.55</td> </tr> </tbody> </table>		<u>2 Tier</u>	<u>4 Tier</u>	Single	\$650.98	\$650.98	EE+ Spouse	\$1,646.29	\$1,286.96	EE-Child(ren)	\$1,646.29	\$1,293.96	Family	\$1,646.29	\$1,972.55
	<u>2 Tier</u>	<u>4 Tier</u>																													
Single	\$664.57	\$664.57																													
EE+ Spouse	\$1,681.15	\$1,314.14																													
EE-Child(ren)	\$1,681.15	\$1,321.29																													
Family	\$1,681.15	\$2,014.38																													
	<u>2 Tier</u>	<u>4 Tier</u>																													
Single	\$650.98	\$650.98																													
EE+ Spouse	\$1,646.29	\$1,286.96																													
EE-Child(ren)	\$1,646.29	\$1,293.96																													
Family	\$1,646.29	\$1,972.55																													

**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: 11/17/11