

**2010 LIGRA INSURANCE OFFERINGS and RATES**  
**May 1, 2010 through April 30, 2011**  
*Includes Monthly Administration Fee*

PLAN NAME	BENEFIT HIGHLIGHTS	MONTHLY RATES
<b>LOW COST OPTIONS</b>		<b>SHOWN MONTHLY/BILLED QUARTERLY</b>
<b>EMBLEM HEALTH 10,000 In Network Only CATASTROPHIC PLAN</b>	<b>In Network:</b> \$10,000 S / \$20,000 F Deductible, then 100% Coverage RX: Subject to Ded. And Coinsurance.	<b>S:</b> \$176 <b>EE/Sp</b> \$352 <b>EE/Ch:</b> \$308 <b>Family:</b> \$462
<b>EMBLEM HEALTH H S A 5850 In Network Only Includes Set Up of Interest Bearing Health Savings Account</b>	<b>In Network:</b> \$5850/\$11,700 Deductible (Indexed annually), then 100% Coverage RX: Subject to Ded. And Coinsurance. Includes Discount Card 100% Coverage for Annual Physical (see benefit description for detail)	<b>S:</b> \$242 <b>EE/Sp</b> \$496 <b>EE/Ch:</b> \$432 <b>Family:</b> \$655
<b>AETNA CONSUMER DRIVEN EPO</b>	<b>In Network:</b> \$5000 Single/\$10,000 Family then 90/10 up to additional \$950 Single/\$1900 Family. RX: Subject to Deductible, the 15/35/75	<b>S:</b> \$304 <b>EE/Sp:</b> \$684 <b>EE/Ch:</b> \$583 <b>Family:</b> \$886
<b>EMBLEM HEALTH EPO 40/2000 CS In Network Only</b>	<b>In Network:</b> \$40 Doctor Co-pay, \$0 Doctor Co-Pay for Children, Hospital Services: \$2000/\$6000 Ded, then 80% Coverage. Maximum out of pocket: \$10,000/\$30,000, Drug: \$50 Ded, \$0/\$30/\$50 Annual Retail Max \$1000, Mail Order Unlimited	<b>S:</b> \$371 <b>F:</b> \$971

***ADD \$150 per month for Dependent Age 29 Rider***

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AFFORDABLE IN NETWORK OPTIONS		SHOWN MONTHLY/BILLED QUARTERLY
<b>HIP EPO 30/50/1000</b>	<b>In Network:</b> \$30 Primary Doctor Co-pay /\$50 Specialist Co-pay. All Hospital Based Services \$1000 Deductible, then 90/10, up to \$500 Single/\$1000 Family, then 100%, Emergency Room \$50 Copay Rx: 20/30/50	<b>S:</b> \$403 <b>EE/Sp:</b> \$776 <b>EE/Ch:</b> \$724 <b>Family:</b> \$1172
<b>EMBLEM HEALTH EPO 40/1000 CS In Network Only</b>	<b>In Network:</b> \$40 Doctor Co-pay, \$0 Doctor Co-Pay for Children All Hospital Based Services \$1000 Deductible, then 90/10, up to \$500 Single/\$1000 Family, then 100%, Emergency Room \$100 Copay Rx \$50 Deductible 0/30/50, Annual Retail Maximum \$1000, Mail Order Unlimited	<b>S:</b> \$418 <b>Family:</b> \$1101
<b>OXFORD LIBERTY HMO: REFERRALS REQUIRED</b>	<b>In Network:</b> \$30 PCP, \$50 Specialist, Outpatient Hospital: \$150. Inpatient Hospital \$500 per day, up to \$1000 per confinement. RX \$100 Deductible, then \$15/\$35/\$75 \$150 Emergency Room Co-Pay	<b>S:</b> \$420 <b>EE/Sp:</b> \$887 <b>EE/Ch:</b> \$751 <b>Family:</b> \$1238
<b>AETNA EPO</b>	<b>In Network:</b> \$25 Primary Doctor Co-pay /\$50 Specialist Co-pay. All Hospital Based Services \$1000 Deductible \$3000 Family, then 90/10, up to \$2000 Single/\$6000 Family, including deductible, then 100%, Emergency Room D & C; Preventive Care covered 100% Rx: 15/35/75	<b>S:</b> \$471 <b>EE/Sp:</b> \$1086 <b>EE/Ch:</b> \$922 <b>Family:</b> \$1410
<b>EMPIRE BC/BS OPTION 12: HMO REFERRALS REQUIRED</b>	<b>In Network:</b> \$30 PCP/\$50 Specialist, \$1000 Hospital, Rx \$100 Deductible, then \$10/\$35/\$70 \$150 Emergency Room Co-pay	<b>S:</b> \$546 <b>EE/Sp:</b> \$1061 <b>EE/Ch:</b> \$958 <b>Family:</b> \$1577

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FLEXIBLE IN AND OUT OF NETWORK TOP TIER OPTIONS		SHOWN MONTHLY/BILLED QUARTERLY
<b>OXFORD FREEDOM POS</b>	<b>In Network:</b> \$25 PCP/\$40 Specialist, All Hospital Services, \$1000 deductible per person, then 100% in network, Rx \$100 Deductible, then 15/30/60 \$3000 Maximum Benefit Emergency Room \$150 Co-pay <b>Out of Network:</b> 2000 Single/ 6000 Family Deductible, then 70% Coverage	<b>S:</b> \$582 <b>EE/Sp:</b> \$1244 <b>EE/Ch:</b> \$1051 <b>Family:</b> \$1774
<b>EMBLEM HEALTH H S A PPO 5000</b> <b>In and Out of Network with shared deductibles.</b> <b>Includes Set Up of Interest Bearing Health Savings Account</b>	<b>In Network:</b> \$5000/\$10,000 Deductible (Indexed annually), then 100% Coverage <b>Out of Network:</b> \$10,000/\$20,000 deductible, then 80%. In network deductible counts towards out of network deductible. RX: Subject to Ded. And Coinsurance. Includes Discount Card 100% Coverage for Annual Physical (see benefit description for detail)	<b>S:</b> \$317 <b>EE/Sp:</b> \$661 <b>EE/Ch:</b> \$575 <b>Family:</b> \$876

***ADD \$150 per month for Dependent Age 29 Rider***

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	<b>Healthy NY HMO: May 1, 2010-December 31, 2010</b> <b>Must qualify for enrollment</b> <b>Referrals Required</b> <b>Administration Fee Billed Separately</b>	<b>SHOWN</b> <b>MONTHLY/BILLED</b> <b>QUARTERLY</b>
<b>OXFORD HEALTHY NY</b>	<b>In Network:</b>  \$20 Doctor Copayment, Inpatient Hospital copayment \$500, plus \$200 surgical fee, Rx \$100 Deductible, then 10 generic/ 20 brand, Mandatory generic program, otherwise pay difference between generic and brand cost. Emergency Room \$50 Co-pay Review full benefit plan and criteria to qualify for restrictions and information.	<b>S: \$294</b> <b>EE/Sp: \$647</b> <b>EE/Ch: \$559</b> <b>Family: \$933</b>  <b>Please note LIGRA will add monthly administration fee to billing quarterly.</b>

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