

	Atlantis Health Plan Low Option 25/40/500/NG(HMO)		Atlantis Health Plan Low Option 20/500/NG(HMO)		Atlantis Health Plan Low Option F 25/40/500/NG(POS)	
	In-Network		In-Network		In-Network	Out-Network
Drug Card						
Prescription Card	None	UCR=N/A	7(Generic) 30(Brand) 50/Yes/250 (d)	UCR=N/A	7(Generic) 30(Brand) 50/Yes/0 1000 (d)	UCR=AHP%
Major Medical						
Deductible Ind/Fam	N/A		N/A		N/A	\$2,000/\$4,000
Co-Insurance	N/A		N/A		N/A	70%
Out-of-Pocket	N/A		N/A		N/A	\$5,000/\$10,000
Office Co-pay	\$25 Co-pay		\$20 Co-pay		\$25 Co-pay	Ded & Coins
DXL/Lab Fees	\$25 Co-pay		\$20 Co-pay		\$25 Co-pay	Ded & Coins
Specialist Co-pay	\$40 Co-pay		\$20 Co-pay		\$40 Co-pay	Ded & Coins
Lifetime Maximum	Unlimited		Unlimited		Unlimited	\$1,000,000
Hospital Benefits						
Hospital In-Patient	\$500 Co-pay		\$500 Co-pay		\$500 Co-pay	Ded & Coins
Hospital Out-Patient	\$75 Co-pay		\$75 Co-pay		No Co-pay	Ded & Coins
Emergency Room	\$50 Co-pay		\$50 Co-pay		\$50 Co-pay	\$50 Co-pay
Private Nursing	Not Covered		Not Covered		Not Covered	Not Covered
Surgical Benefits						
Surgical In-Patient	\$500 Co-pay		\$500 Co-pay		\$500 Co-pay	Ded & Coins
Surgical Out-Patient	\$75 Co-pay		\$75 Co-pay		No Co-pay	Ded & Coins
Mental Health						
Mental Nervous In-Patient	\$500 Co-pay 30 Days/Cal.Yr.		\$500 Co-pay 30 Days/Cal.Yr.		\$500 Co-pay 30 Days/Cal.Yr.	Ded & Coins 30 Days/Cal.Yr.
Substance Abuse In-Patient	\$500 Co-pay 7 Days/Cal.Yr. Detox		\$500 Co-pay 7 Days/Cal.Yr. Detox		\$500 Co-pay 7 Days/Cal.Yr. Detox.	Ded & Coins 7 Days/Cal.Yr. Detox.
Mental Nervous Out-Patient	\$40 Co-pay 20 Visits/Cal.Yr.		\$20 Co-pay 20 Visits/Cal.Yr.		\$15 Co-pay 20 Visits/Cal.Yr.	Ded & Coins 20 Visits/Cal.Yr.
Substance Abuse Out-Patient	\$40 Co-pay 60 Visits/Cal.Yr.		\$20 Co-pay 60 Visits/Cal.Yr.		\$15 Co-pay 60 Visits/Cal.Yr.	Ded & Coins 60 Visits/Cal.Yr.
Other						
Well Care(Up to 19)	No Co-pay		No Co-pay		No Co-pay	In Network Only
Routine Adult Care	\$25 Co-pay		\$20 Co-pay		\$15 Co-pay	Not Covered
Chiropractic Care	\$40 Co-pay		\$20 Co-pay		\$15 Co-pay	Ded & Coins
Home Health Care	\$40 Co-pay; 40 Visits/Cal. Yr.		\$20 Co-pay; 40 Visits/Cal. Yr.		No Co-pay 60 Visits/ Cal.Yr.	Ded & Coins 60 Visits/ Cal.Yr.
Non-Authorization	Not Covered		Not Covered		Not Covered	Not Covered
Single	1 x	\$321.63	1 x	\$373.65	1 x	\$413.19
EE with Spouse	1 x	\$643.26	1 x	\$747.30	1 x	\$826.38
EE with Child(ren)	1 x	\$646.80	1 x	\$751.41	1 x	\$830.92
Family	1 x	\$989.98	1 x	\$1,150.09	1 x	\$1,271.80
Medicare	0	\$0.00	0	\$0.00	0	\$0.00
Monthly Cost	4	\$2,601.67	4	\$3,022.45	4	\$3,342.29
Annual Cost		\$31,220.04		\$36,269.40		\$40,107.48

Footnote Report

Prepared By: Trevor Serraro
Prepared For: Company 1X
Report Id: 12603852

Prepared On: 12/7/2009
Effective Date: 1/1/2010

Atlantis Health Plan

Quarterly Rates

Disclaimer: The rates contained in this document have been filed with the Department of Insurance but have not received final approval and therefore subject to change.