

	Emblem CompreHealth Plan 1 HMO 30/50/500(HMO)		Emblem EPO In Bal EPO 30/2000/80%/2000(EPOc)		Emblem PPO In Bal PPO 40/2000/80%/10000(PPOc)	
	In-Network		In-Network	Out-Network	In-Network	Out-Network
Drug Card						
Prescription Card	\$15 Generic Only	UCR=N/A	0/30/50/50/3000max	UCR=N/A	0/25/50/50/3000max	UCR=80%
Major Medical						
Deductible Ind/Fam	N/A		\$2,000/\$6,000		\$2,000/\$6,000	
Co-Insurance	100%		80%		80%	
Out-of-Pocket	N/A		\$2,000/\$6,000 (excl ded)		\$10,000/\$30,000 (excl ded)	
Office Co-pay	\$30 Copay; \$0 child		\$30 copay/\$0 dep		\$40 copay/\$0 dep	
DXL/Lab Fees	No Charge		\$30 copay/\$0 dep		\$40 copay/\$0 dep	
Specialist Co-pay	\$50 Copay; \$0 child		\$30 copay/\$0 dep		\$40 copay/\$0 dep	
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Hospital Benefits						
Hospital In-Patient	\$500 Copay		Ded & Colns		Ded & Colns	
Hospital Out-Patient	\$75 Copay		Ded & Colns		Ded & Colns	
Emergency Room	\$100 Copay		\$100 copay		\$100 copay	
Private Nursing	Not Covered		Not covered		Not covered	
Surgical Benefits						
Surgical In-Patient	\$500 Copay		Ded & Colns		Ded & Colns	
Surgical Out-Patient	\$75 Copay		Ded & Colns		Ded & Colns	
Mental Health						
Mental Nervous In-Patient	\$500 Copay 30 days/cal yr		Ded & Colns 30 days/cal yr Unlimited bio-based		Ded & Colns 30 days/cal yr Unlimited bio-based	
Substance Abuse In-Patient	\$500 Copay Rehab- Not covered Detox- 7 days/cal yr		Ded & Colns Rehab - 30 days/cal yr Detox - 7 days/cal yr		Ded & Colns Rehab - 30 days/cal yr Detox - 7 days/cal yr	
Mental Nervous Out-Patient	\$50 Copay; \$0 child 20 visits/cal yr		\$30 copay/\$0 dep 30 visits/cal yr Unlimited bio-based		\$40 copay/\$0 dep 30 visits/cal yr Unlimited bio-based	
Substance Abuse Out-Patient	\$25 Copay; \$0 child 60 visits/cal yr		\$30 copay/\$0 dep 60 visits/cal yr Up to 20 family visits		\$40 copay/\$0 dep 60 visits/cal yr Up to 20 family visits	
Other						
Well Care(Up to 19)	No Charge		Covered in full		Covered in full	
Routine Adult Care	\$30 Copay		Covered in full (annual physical)		Covered in full (annual physical)	
Chiropractic Care	\$50 Copay; \$0 child		\$30 copay/\$0 dep		\$40 copay/\$0 dep	
Home Health Care	No Copay; 40 visits/cal yr		20% Colns (ded waived); 200 vis/cal yr		20% Colns (ded waived); 200 vis/cal yr	
Non-Authorization	Required		Refer to carrier		Refer to carrier	
Single	1 x	\$291.99	1 x	\$357.14	1 x	\$472.86
EE with Spouse	1 x	\$642.38	1 x	\$785.64	1 x	\$1,040.27
EE with Child(ren)	1 x	\$557.70	1 x	\$682.02	1 x	\$901.88
Family	1 x	\$864.29	1 x	\$1,058.16	1 x	\$1,399.55
Medicare	0	\$0.00	0	\$0.00	0	\$0.00
Monthly Cost	4	\$2,356.36	4	\$2,882.96	4	\$3,814.56
Annual Cost		\$28,276.32		\$34,595.52		\$45,774.72

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. (d) Non-Formulary / Oral Contraceptive / Deductible

Footnote Report

Prepared By: Trevor Serraro
Prepared For: Company X
Report Id: 12603340

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Emblem EPO

EPO 6 100%/\$10,000

Does not qualify as an HSA plan
