



EmblemHealth EPO IN-BALANCE

Employer Groups of 2+
(The EPO is an In-Network-Only Plan) PLH EPO-995/PLH EPO 994C



Rates Effective 1/1/10-3/31/10

DOWNSTATE

	Office Visit Copays Adults/Depts	Deductible Ind/Family	Coinsurance	Coinsurance Max Ind/Family	Rx Options	2-Tier Rates		4-Tier Rates			
						Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
1	\$30/\$0	\$500/\$1,500	90%	\$500/\$1,500	P R S	\$329.83	\$845.14	\$329.83	\$630.08	\$725.53	\$977.57
2	\$30/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	P R S	\$310.08	\$794.81	\$310.08	\$592.59	\$682.10	\$919.34
3	\$30/\$0	\$2,000/\$6,000	80%	\$2,000/\$6,000	P R S	\$269.01	\$690.10	\$269.01	\$514.58	\$591.77	\$798.20
4	\$40/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	O P R S	\$294.97	\$756.26	\$294.97	\$563.87	\$648.85	\$874.74
5	\$40/\$0	\$2,000/\$6,000	80%	\$3,000/\$9,000	P R S	\$251.15	\$644.60	\$251.15	\$480.65	\$552.53	\$745.56
6	\$40/\$0	\$2,000/\$6,000	80%	\$10,000/\$30,000	P R S	\$237.98	\$610.97	\$237.98	\$455.60	\$523.50	\$706.64

11/17/2009

Please select an Rx Option that is listed above as available with your base plan choice and add it to your base plan rate.

Plan Option	Prescription Plan Options							2-Tier Rates		4-Tier Rates				
	Retail Copays			Retail/Brand & Mail Order Ded.*	Retail Annual Maximum	Home Delivery Copays	Mand./Vol. Mail Order	Mand.	Generic	Individual	Family	Individual	Emp./Ch.	Emp./Sp.
P	\$0	\$30	\$50	\$0	None	\$0/\$60/\$100	Voluntary	NO	\$115.37	\$294.17	\$115.37	\$219.19	\$253.81	\$340.32
R	\$0	\$30	\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	NO	\$88.13	\$224.70	\$88.13	\$167.44	\$193.87	\$259.96
S	\$0	\$30	\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	NO	\$67.53	\$172.21	\$67.53	\$128.31	\$148.58	\$199.24
O**	DISCOUNT PHARMACY PROGRAM, INCLUDING DIABETIC COVERAGE - NO ADDITIONAL PREMIUM TO BASE RATE WHERE AVAILABLE													

* Deductible applies to Brand Preferred and Brand Non-Preferred drugs only

**Voluntary Discount Rx Option provides up to 70% Off Retail Prices and up to 75% Off Mail Order Prices

11/17/2009

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Rates Effective 1/1/10-3/31/10

MID-HUDSON

	Office Visit Copays Adults/Depts	Deductible Ind/Family	Coinsurance	Coinsurance Max Ind/Family	Rx Options	2-Tier Rates		4-Tier Rates			
						Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
1	\$30/\$0	\$500/\$1,500	90%	\$500/\$1,500	P R S	\$301.95	\$774.05	\$301.95	\$577.12	\$664.20	\$895.34
2	\$30/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	P R S	\$283.87	\$728.00	\$283.87	\$542.78	\$624.46	\$842.02
3	\$30/\$0	\$2,000/\$6,000	80%	\$2,000/\$6,000	P R S	\$246.27	\$632.14	\$246.27	\$471.39	\$541.79	\$731.15
4	\$40/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	O P R S	\$270.04	\$692.71	\$270.04	\$516.50	\$594.02	\$801.21
5	\$40/\$0	\$2,000/\$6,000	80%	\$3,000/\$9,000	P R S	\$229.95	\$590.50	\$229.95	\$440.34	\$505.86	\$682.97
6	\$40/\$0	\$2,000/\$6,000	80%	\$10,000/\$30,000	P R S	\$217.89	\$559.72	\$217.89	\$417.41	\$479.29	\$647.36

11/17/2009

Please select an Rx Option that is listed above as available with your base plan choice and add it to your base plan rate.

Plan Option	Prescription Plan Options								2-Tier Rates		4-Tier Rates			
	Retail Copays			Retail/Brand &	Retail Annual	Home Delivery	Mand./Vol.	Mand.	Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
	Generic	Brand	Non-Pref.	Mail Order Ded.*	Maximum	Copays	Mail Order	Generic						
P	\$0	\$30	\$50	\$0	None	\$0/\$60/\$100	Voluntary	NO	\$115.37	\$294.17	\$115.37	\$219.19	\$253.81	\$340.32
R	\$0	\$30	\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	NO	\$88.13	\$224.70	\$88.13	\$167.44	\$193.87	\$259.96
S	\$0	\$30	\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	NO	\$67.53	\$172.21	\$67.53	\$128.31	\$148.58	\$199.24
O**	DISCOUNT PHARMACY PROGRAM, INCLUDING DIABETIC COVERAGE - NO ADDITIONAL PREMIUM TO BASE RATE WHERE AVAILABLE													

* Deductible applies to Brand Preferred and Brand Non-Preferred drugs only

**Voluntary Discount Rx Option provides up to 70% Off Retail Prices and up to 75% Off Mail Order Prices

11/17/2009

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Rates Effective 1/1/10-3/31/10

ALBANY

	Office Visit Copays Adults/Dep's	Deductible Ind/Family	Coinsurance	Coinsurance Max Ind/Family	Rx Options	2-Tier Rates		4-Tier Rates			
						Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
1	\$30/\$0	\$500/\$1,500	90%	\$500/\$1,500	P R S	\$267.63	\$686.53	\$267.63	\$511.89	\$588.70	\$794.07
2	\$30/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	P R S	\$251.60	\$645.71	\$251.60	\$481.50	\$553.48	\$746.85
3	\$30/\$0	\$2,000/\$6,000	80%	\$2,000/\$6,000	P R S	\$218.31	\$560.80	\$218.31	\$418.23	\$480.24	\$648.62
4	\$40/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	O P R S	\$239.35	\$614.45	\$239.35	\$458.19	\$526.50	\$710.69
5	\$40/\$0	\$2,000/\$6,000	80%	\$3,000/\$9,000	P R S	\$203.82	\$523.90	\$203.82	\$390.71	\$448.40	\$605.93
6	\$40/\$0	\$2,000/\$6,000	80%	\$10,000/\$30,000	P R S	\$193.13	\$496.62	\$193.13	\$370.42	\$424.85	\$574.36

11/17/2009

Please select an Rx Option that is listed above as available with your base plan choice and add it to your base plan rate.

Plan Option	Prescription Plan Options								2-Tier Rates		4-Tier Rates			
	Retail Copays			Retail/Brand &	Retail Annual	Home Delivery	Mand./Vol.	Mand.	Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
	Generic	Brand	Non-Pref.	Mail Order Ded.*	Maximum	Copays	Mail Order	Generic						
P	\$0	\$30	\$50	\$0	None	\$0/\$60/\$100	Voluntary	NO	\$115.37	\$294.17	\$115.37	\$219.19	\$253.81	\$340.32
R	\$0	\$30	\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	NO	\$88.13	\$224.70	\$88.13	\$167.44	\$193.87	\$259.96
S	\$0	\$30	\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	NO	\$67.53	\$172.21	\$67.53	\$128.31	\$148.58	\$199.24
O**	DISCOUNT PHARMACY PROGRAM, INCLUDING DIABETIC COVERAGE - NO ADDITIONAL PREMIUM TO BASE RATE WHERE AVAILABLE													

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11/17/2009

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UTICA/WATERTOWN



	Office Visit Copays Adults/Depts	Deductible Ind/Family	Coinsurance	Coinsurance Max Ind/Family	Rx Options	2-Tier Rates		4-Tier Rates			
						Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
1	\$30/\$0	\$500/\$1,500	90%	\$500/\$1,500	P R S	\$257.18	\$659.93	\$257.18	\$492.07	\$565.74	\$763.28
2	\$30/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	P R S	\$241.81	\$620.71	\$241.81	\$462.87	\$531.91	\$717.92
3	\$30/\$0	\$2,000/\$6,000	80%	\$2,000/\$6,000	P R S	\$209.80	\$539.09	\$209.80	\$402.05	\$461.51	\$623.52
4	\$40/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	O P R S	\$230.02	\$590.65	\$230.02	\$440.47	\$505.98	\$683.16
5	\$40/\$0	\$2,000/\$6,000	80%	\$3,000/\$9,000	P R S	\$195.88	\$503.64	\$195.88	\$375.62	\$430.92	\$582.50
6	\$40/\$0	\$2,000/\$6,000	80%	\$10,000/\$30,000	P R S	\$185.60	\$477.44	\$185.60	\$356.12	\$408.30	\$552.17

11/17/2009

Please select an Rx Option that is listed above as available with your base plan choice and add it to your base plan rate.

Plan Option	Prescription Plan Options							2-Tier Rates		4-Tier Rates				
	Retail Copays			Retail/Brand & Mail Order Ded.*	Retail Annual Maximum	Home Delivery Copays	Mand./Vol. Mail Order	Mand.	Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
P	\$0	\$30	\$50	\$0	None	\$0/\$60/\$100	Voluntary	NO	\$115.37	\$294.17	\$115.37	\$219.19	\$253.81	\$340.32
R	\$0	\$30	\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	NO	\$88.13	\$224.70	\$88.13	\$167.44	\$193.87	\$259.96
S	\$0	\$30	\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	NO	\$67.53	\$172.21	\$67.53	\$128.31	\$148.58	\$199.24
O**	DISCOUNT PHARMACY PROGRAM, INCLUDING DIABETIC COVERAGE - NO ADDITIONAL PREMIUM TO BASE RATE WHERE AVAILABLE													

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SYRACUSE

	Office Visit Copays Adults/Dep's	Deductible Ind/Family	Coinsurance	Coinsurance Max Ind/Family	Rx Options	2-Tier Rates		4-Tier Rates			
						Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
1	\$30/\$0	\$500/\$1,500	90%	\$500/\$1,500	P R S	\$254.32	\$652.60	\$254.32	\$486.61	\$559.42	\$754.82
2	\$30/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	P R S	\$239.09	\$613.81	\$239.09	\$457.74	\$525.97	\$709.95
3	\$30/\$0	\$2,000/\$6,000	80%	\$2,000/\$6,000	P R S	\$207.45	\$533.13	\$207.45	\$397.61	\$456.36	\$616.62
4	\$40/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	O P R S	\$227.45	\$584.11	\$227.45	\$435.59	\$500.32	\$675.59
5	\$40/\$0	\$2,000/\$6,000	80%	\$3,000/\$9,000	P R S	\$193.70	\$498.07	\$193.70	\$371.48	\$426.11	\$576.05
6	\$40/\$0	\$2,000/\$6,000	80%	\$10,000/\$30,000	P R S	\$183.54	\$472.16	\$183.54	\$352.20	\$403.76	\$546.05

11/17/2009

Please select an Rx Option that is listed above as available with your base plan choice and add it to your base plan rate.

Plan Option	Prescription Plan Options							2-Tier Rates			4-Tier Rates				
	Retail Copays			Retail/Brand &	Retail Annual	Home Delivery	Mand./Vol.	Mand.	Generic	Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
	Generic	Brand	Non-Pref.	Mail Order Ded.*	Maximum	Copays	Mail Order								
P	\$0	\$30	\$50	\$0	None	\$0/\$60/\$100	Voluntary	NO	\$115.37	\$294.17	\$115.37	\$219.19	\$253.81	\$340.32	
R	\$0	\$30	\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	NO	\$88.13	\$224.70	\$88.13	\$167.44	\$193.87	\$259.96	
S	\$0	\$30	\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	NO	\$67.53	\$172.21	\$67.53	\$128.31	\$148.58	\$199.24	
O**	DISCOUNT PHARMACY PROGRAM, INCLUDING DIABETIC COVERAGE - NO ADDITIONAL PREMIUM TO BASE RATE WHERE AVAILABLE														

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ROCHESTER



	Office Visit Copays Adults/Depts	Deductible Ind/Family	Coinsurance	Coinsurance Max Ind/Family	Rx Options	2-Tier Rates		4-Tier Rates			
						Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
1	\$30/\$0	\$500/\$1,500	90%	\$500/\$1,500	P R S	\$248.92	\$638.86	\$248.92	\$476.37	\$547.56	\$738.92
2	\$30/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	P R S	\$234.03	\$600.89	\$234.03	\$448.11	\$514.82	\$695.00
3	\$30/\$0	\$2,000/\$6,000	80%	\$2,000/\$6,000	P R S	\$203.06	\$521.92	\$203.06	\$389.27	\$446.68	\$603.64
4	\$40/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	O P R S	\$222.63	\$571.81	\$222.63	\$426.43	\$489.73	\$661.36
5	\$40/\$0	\$2,000/\$6,000	80%	\$3,000/\$9,000	P R S	\$189.61	\$487.61	\$189.61	\$363.68	\$417.09	\$563.95
6	\$40/\$0	\$2,000/\$6,000	80%	\$10,000/\$30,000	P R S	\$179.65	\$462.26	\$179.65	\$344.79	\$395.21	\$534.59

11/17/2009

Please select an Rx Option that is listed above as available with your base plan choice and add it to your base plan rate.

Plan Option	Prescription Plan Options								2-Tier Rates		4-Tier Rates			
	Retail Copays			Retail/Brand & Mail Order Ded.*	Retail Annual Maximum	Home Delivery Copays	Mand./Vol. Mail Order	Mand. Generic	Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
P	\$0	\$30	\$50	\$0	None	\$0/\$60/\$100	Voluntary	NO	\$115.37	\$294.17	\$115.37	\$219.19	\$253.81	\$340.32
R	\$0	\$30	\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	NO	\$88.13	\$224.70	\$88.13	\$167.44	\$193.87	\$259.96
S	\$0	\$30	\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	NO	\$67.53	\$172.21	\$67.53	\$128.31	\$148.58	\$199.24
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BUFFALO

	Office Visit Copays Adults/Dep's	Deductible Ind/Family	Coinsurance	Coinsurance Max Ind/Family	Rx Options	2-Tier Rates		4-Tier Rates			
						Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
1	\$30/\$0	\$500/\$1,500	90%	\$500/\$1,500	P R S	\$251.17	\$644.61	\$251.17	\$480.66	\$552.54	\$745.58
2	\$30/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	P R S	\$236.15	\$606.31	\$236.15	\$452.13	\$519.49	\$701.26
3	\$30/\$0	\$2,000/\$6,000	80%	\$2,000/\$6,000	P R S	\$204.89	\$526.63	\$204.89	\$392.75	\$450.73	\$609.07
4	\$40/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	O P R S	\$224.66	\$576.96	\$224.66	\$430.27	\$494.18	\$667.31
5	\$40/\$0	\$2,000/\$6,000	80%	\$3,000/\$9,000	P R S	\$191.33	\$492.00	\$191.33	\$366.95	\$420.85	\$569.02
6	\$40/\$0	\$2,000/\$6,000	80%	\$10,000/\$30,000	P R S	\$181.27	\$466.40	\$181.27	\$347.89	\$398.77	\$539.41

11/17/2009

Please select an Rx Option that is listed above as available with your base plan choice and add it to your base plan rate.

Plan Option	Prescription Plan Options								2-Tier Rates		4-Tier Rates			
	Retail Copays			Retail/Brand &	Retail Annual	Home Delivery	Mand./Vol.	Mand.	Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
	Generic	Brand	Non-Pref.	Mail Order Ded.*	Maximum	Copays	Mail Order	Generic						
P	\$0	\$30	\$50	\$0	None	\$0/\$60/\$100	Voluntary	NO	\$115.37	\$294.17	\$115.37	\$219.19	\$253.81	\$340.32
R	\$0	\$30	\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	NO	\$88.13	\$224.70	\$88.13	\$167.44	\$193.87	\$259.96
S	\$0	\$30	\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	NO	\$67.53	\$172.21	\$67.53	\$128.31	\$148.58	\$199.24
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