



EmblemHealth

EPO Employer Groups of 2+

(The EPO is an In-Network-Only Plan) PLH EPO-100A/PLH EPO 100U

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

DOWNSTATE



	Copays					Rx	2-Tier Rates		4-Tier Rates			
	Adults/Depts	Hospital	Skilled Nursing	Amb Surg	ER	Options	Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
1	\$20/\$0	\$0	\$0	\$0	\$50	P R S	\$528.83	\$1,352.55	\$528.83	\$1,008.16	\$1,163.33	\$1,564.59
2	\$30/\$0	\$0	\$0	\$0	\$50	P R S	\$426.70	\$1,092.17	\$426.70	\$814.13	\$938.62	\$1,263.32
3	\$30/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S	\$397.40	\$1,017.47	\$397.40	\$758.46	\$874.20	\$1,176.91
4	\$30/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S	\$365.21	\$935.38	\$365.21	\$697.33	\$803.36	\$1,081.96
5	\$40/\$0	\$0	\$0	\$0	\$50	P R S	\$392.06	\$1,003.87	\$392.06	\$748.34	\$862.45	\$1,161.17
6	\$40/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S	\$364.15	\$932.63	\$364.15	\$695.27	\$801.02	\$1,078.77
7	\$40/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S	\$332.85	\$852.88	\$332.85	\$635.84	\$732.20	\$986.53

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	Brand	Non-Pref.	Mail Order Ded.*	Maximum	Copays	Mail Order	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
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

11/17/2009

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

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EPO Employer Groups of 2+

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

MID-HUDSON



	Copays					Rx	2-Tier Rates		4-Tier Rates			
	Adults/Depts	Hospital	Skilled Nursing	Amb Surg	ER	Options	Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
1	\$20/\$0	\$0	\$0	\$0	\$50	P R S	\$510.47	\$1,305.74	\$510.47	\$973.31	\$1,122.98	\$1,510.46
2	\$30/\$0	\$0	\$0	\$0	\$50	P R S	\$406.48	\$1,040.64	\$406.48	\$775.75	\$894.18	\$1,203.70
3	\$30/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S	\$378.94	\$970.41	\$378.94	\$723.42	\$833.62	\$1,122.48
4	\$30/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S	\$348.61	\$893.07	\$348.61	\$665.81	\$766.90	\$1,033.00
5	\$40/\$0	\$0	\$0	\$0	\$50	P R S	\$373.53	\$956.65	\$373.53	\$713.17	\$821.74	\$1,106.53
6	\$40/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S	\$347.28	\$889.64	\$347.28	\$663.25	\$763.97	\$1,029.05
7	\$40/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S	\$317.77	\$814.46	\$317.77	\$607.21	\$699.08	\$942.08

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

ALBANY



	Copays					Rx	2-Tier Rates		4-Tier Rates			
	Adults/Depts	Hospital	Skilled Nursing	Amb Surg	ER	Options	Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
1	\$20/\$0	\$0	\$0	\$0	\$50	P R S	\$451.27	\$1,154.81	\$451.27	\$860.83	\$992.76	\$1,335.79
2	\$30/\$0	\$0	\$0	\$0	\$50	P R S	\$363.09	\$930.03	\$363.09	\$693.32	\$798.79	\$1,075.75
3	\$30/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S	\$338.52	\$867.34	\$338.52	\$646.64	\$744.70	\$1,003.25
4	\$30/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S	\$311.46	\$798.34	\$311.46	\$595.22	\$685.18	\$923.44
5	\$40/\$0	\$0	\$0	\$0	\$50	P R S	\$333.73	\$855.12	\$333.73	\$637.51	\$734.17	\$989.09
6	\$40/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S	\$310.29	\$795.32	\$310.29	\$592.96	\$682.59	\$919.94
7	\$40/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S	\$283.98	\$728.22	\$283.98	\$542.97	\$624.69	\$842.32

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	Brand	Non-Pref.	Mail Order Ded.*	Maximum	Copays	Mail Order	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
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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Rates Effective 1/1/10-3/31/10

UTICA/WATERTOWN



	Copays					Rx	2-Tier Rates		4-Tier Rates			
	Adults/Depts	Hospital	Skilled Nursing	Amb Surg	ER	Options	Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
1	\$20/\$0	\$0	\$0	\$0	\$50	P R S	\$441.63	\$1,130.25	\$441.63	\$842.54	\$971.58	\$1,307.38
2	\$30/\$0	\$0	\$0	\$0	\$50	P R S	\$355.21	\$909.94	\$355.21	\$678.34	\$781.44	\$1,052.50
3	\$30/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S	\$331.28	\$848.88	\$331.28	\$632.88	\$728.76	\$981.88
4	\$30/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S	\$304.89	\$781.62	\$304.89	\$582.75	\$670.76	\$904.09
5	\$40/\$0	\$0	\$0	\$0	\$50	P R S	\$326.50	\$836.66	\$326.50	\$623.77	\$718.26	\$967.74
6	\$40/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S	\$303.66	\$778.42	\$303.66	\$580.37	\$668.00	\$900.38
7	\$40/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S	\$278.02	\$712.98	\$278.02	\$531.62	\$611.56	\$824.70

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

SYRACUSE



	Copays					Rx	2-Tier Rates		4-Tier Rates			
	Adults/Depts	Hospital	Skilled Nursing	Amb Surg	ER	Options	Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
1	\$20/\$0	\$0	\$0	\$0	\$50	P R S	\$415.34	\$1,063.20	\$415.34	\$792.56	\$913.72	\$1,229.81
2	\$30/\$0	\$0	\$0	\$0	\$50	P R S	\$335.45	\$859.51	\$335.45	\$640.78	\$737.94	\$994.18
3	\$30/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S	\$312.76	\$801.65	\$312.76	\$597.68	\$688.02	\$927.26
4	\$30/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S	\$287.77	\$737.96	\$287.77	\$550.23	\$633.08	\$853.58
5	\$40/\$0	\$0	\$0	\$0	\$50	P R S	\$306.83	\$786.50	\$306.83	\$586.39	\$674.97	\$909.71
6	\$40/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S	\$285.29	\$731.58	\$285.29	\$545.47	\$627.59	\$846.20
7	\$40/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S	\$261.12	\$669.95	\$261.12	\$499.56	\$574.41	\$774.90

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

ROCHESTER



	Copays					Rx	2-Tier Rates		4-Tier Rates			
	Adults/Dep's	Hospital	Skilled Nursing	Amb Surg	ER	Options	Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
1	\$20/\$0	\$0	\$0	\$0	\$50	P R S	\$417.43	\$1,068.53	\$417.43	\$796.57	\$918.36	\$1,236.02
2	\$30/\$0	\$0	\$0	\$0	\$50	P R S	\$335.76	\$860.25	\$335.76	\$641.33	\$738.59	\$995.01
3	\$30/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S	\$313.06	\$802.35	\$313.06	\$598.21	\$688.62	\$928.06
4	\$30/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S	\$288.00	\$738.59	\$288.00	\$550.73	\$633.64	\$854.32
5	\$40/\$0	\$0	\$0	\$0	\$50	P R S	\$308.59	\$791.05	\$308.59	\$589.77	\$678.87	\$914.95
6	\$40/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S	\$286.92	\$735.81	\$286.92	\$548.62	\$631.23	\$851.08
7	\$40/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S	\$262.63	\$673.80	\$262.63	\$502.41	\$577.73	\$779.36

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

BUFFALO



	Copays					Rx	2-Tier Rates		4-Tier Rates			
	Adults/Dep's	Hospital	Skilled Nursing	Amb Surg	ER	Options	Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
1	\$20/\$0	\$0	\$0	\$0	\$50	P R S	\$421.28	\$1,078.33	\$421.28	\$803.88	\$926.78	\$1,247.36
2	\$30/\$0	\$0	\$0	\$0	\$50	P R S	\$338.81	\$868.04	\$338.81	\$647.13	\$745.31	\$1,004.07
3	\$30/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S	\$315.89	\$809.59	\$315.89	\$603.63	\$694.91	\$936.45
4	\$30/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S	\$290.64	\$745.29	\$290.64	\$555.68	\$639.39	\$862.02
5	\$40/\$0	\$0	\$0	\$0	\$50	P R S	\$311.38	\$798.20	\$311.38	\$595.10	\$685.05	\$923.25
6	\$40/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S	\$289.54	\$742.46	\$289.54	\$553.58	\$636.95	\$858.79
7	\$40/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S	\$265.00	\$679.90	\$265.00	\$506.97	\$582.97	\$786.39

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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