



# EmblemHealth

## EPO Employer Groups of 2+

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

Rates Effective 7/1/10-9/30/10\*\*



### 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	\$30/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S FF	\$431.91	\$1,256.74	\$431.91	\$802.81	\$1,036.59	\$1,300.72
2	\$30/\$0	\$750	\$200 day/\$600 Max	\$500	\$100	P R S FF	\$418.21	\$1,217.04	\$418.21	\$777.49	\$1,003.73	\$1,259.64
3	\$30/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S FF	\$389.49	\$1,133.73	\$389.49	\$724.35	\$934.79	\$1,173.48
4	\$40/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S FF	\$395.77	\$1,151.93	\$395.77	\$735.95	\$949.85	\$1,192.30
5	\$40/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S FF	\$354.97	\$1,033.64	\$354.97	\$660.50	\$851.94	\$1,069.92

5/3/2010

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
	Generic	Brand	Non-Pref.											
P	\$0	\$30	\$50	\$0	None	\$0/\$60/\$100	Voluntary	NO	\$121.75	\$353.06	\$121.75	\$225.23	\$292.18	\$365.24
R	\$0	\$30	\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	NO	\$93.00	\$269.69	\$93.00	\$172.04	\$223.20	\$279.00
S	\$0	\$30	\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	NO	\$71.27	\$206.67	\$71.27	\$131.85	\$171.04	\$213.80
FF	\$15 Generic/100% Brand			\$0	None	\$30 G/100% B	Voluntary	NO	\$11.97	\$32.92	\$11.97	\$22.76	\$26.35	\$35.33
O***	<b>DISCOUNT PHARMACY PROGRAM, INCLUDING DIABETIC COVERAGE - NO ADDITIONAL PREMIUM TO BASE RATE WHERE AVAILABLE</b>													

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

\*\*New enrollments become effective on the 1st and the 15th of the month only.

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

5/3/2010

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Rates Effective 7/1/10-9/30/10\*\*



### 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	\$30/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S FF	\$422.18	\$1,228.54	\$422.18	\$784.83	\$1,013.27	\$1,271.55
2	\$30/\$0	\$750	\$200 day/\$600 Max	\$500	\$100	P R S FF	\$408.83	\$1,189.80	\$408.83	\$760.13	\$981.22	\$1,231.49
3	\$30/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S FF	\$386.62	\$1,125.39	\$386.62	\$719.04	\$927.90	\$1,164.85
4	\$40/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S FF	\$386.89	\$1,126.20	\$386.89	\$719.55	\$928.57	\$1,165.69
5	\$40/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S FF	\$352.39	\$1,026.14	\$352.39	\$655.72	\$845.77	\$1,062.18

5/3/2010

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	\$121.75	\$353.06	\$121.75	\$225.23	\$292.18	\$365.24
R	\$0	\$30	\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	NO	\$93.00	\$269.69	\$93.00	\$172.04	\$223.20	\$279.00
S	\$0	\$30	\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	NO	\$71.27	\$206.67	\$71.27	\$131.85	\$171.04	\$213.80
FF	\$15 Generic/100% Brand			\$0	None	\$30 G/100% B	Voluntary	NO	\$11.97	\$32.92	\$11.97	\$22.76	\$26.35	\$35.33
O***	DISCOUNT PHARMACY PROGRAM, INCLUDING DIABETIC COVERAGE - NO ADDITIONAL PREMIUM TO BASE RATE WHERE AVAILABLE													

5/3/2010

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Rates Effective 7/1/10-9/30/10\*\*



### 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	\$30/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S FF	\$390.60	\$1,136.92	\$390.60	\$726.39	\$937.44	\$1,176.78
2	\$30/\$0	\$750	\$200 day/\$600 Max	\$500	\$100	P R S FF	\$378.27	\$1,101.20	\$378.27	\$703.60	\$907.87	\$1,139.81
3	\$30/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S FF	\$357.72	\$1,041.58	\$357.72	\$665.58	\$858.54	\$1,078.16
4	\$40/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S FF	\$357.99	\$1,042.38	\$357.99	\$666.08	\$859.20	\$1,078.98
5	\$40/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S FF	\$326.12	\$949.97	\$326.12	\$607.12	\$782.71	\$983.37

5/3/2010

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.	Mand.	Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
P	\$0	\$30	\$50	\$0	None	\$0/\$60/\$100	Voluntary	NO	\$121.75	\$353.06	\$121.75	\$225.23	\$292.18	\$365.24
R	\$0	\$30	\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	NO	\$93.00	\$269.69	\$93.00	\$172.04	\$223.20	\$279.00
S	\$0	\$30	\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	NO	\$71.27	\$206.67	\$71.27	\$131.85	\$171.04	\$213.80
FF	\$15 Generic/100% Brand			\$0	None	\$30 G/100% B	Voluntary	NO	\$11.97	\$32.92	\$11.97	\$22.76	\$26.35	\$35.33
O***	DISCOUNT PHARMACY PROGRAM, INCLUDING DIABETIC COVERAGE - NO ADDITIONAL PREMIUM TO BASE RATE WHERE AVAILABLE													

5/3/2010

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Rates Effective 7/1/10-9/30/10\*\*

### 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	\$30/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S FF	\$394.35	\$1,147.82	\$394.35	\$733.34	\$946.46	\$1,188.04
2	\$30/\$0	\$750	\$200 day/\$600 Max	\$500	\$100	P R S FF	\$381.92	\$1,111.74	\$381.92	\$710.33	\$916.61	\$1,150.74
3	\$30/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S FF	\$361.67	\$1,053.04	\$361.67	\$672.88	\$868.02	\$1,090.01
4	\$40/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S FF	\$361.44	\$1,052.36	\$361.44	\$672.45	\$867.46	\$1,089.31
5	\$40/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S FF	\$329.76	\$960.51	\$329.76	\$613.86	\$791.45	\$994.29

5/3/2010

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.	Mand.	Individual	Family	Individual	Emp./Ch.	Emp./Sp.	Family
P	\$0	\$30	\$50	\$0	None	\$0/\$60/\$100	Voluntary	NO	\$121.75	\$353.06	\$121.75	\$225.23	\$292.18	\$365.24
R	\$0	\$30	\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	NO	\$93.00	\$269.69	\$93.00	\$172.04	\$223.20	\$279.00
S	\$0	\$30	\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	NO	\$71.27	\$206.67	\$71.27	\$131.85	\$171.04	\$213.80
FF	\$15 Generic/100% Brand			\$0	None	\$30 G/100% B	Voluntary	NO	\$11.97	\$32.92	\$11.97	\$22.76	\$26.35	\$35.33
O***	DISCOUNT PHARMACY PROGRAM, INCLUDING DIABETIC COVERAGE - NO ADDITIONAL PREMIUM TO BASE RATE WHERE AVAILABLE													

5/3/2010

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Rates Effective 7/1/10-9/30/10\*\*

### 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	\$30/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S FF	\$364.06	\$1,059.98	\$364.06	\$677.31	\$873.76	\$1,097.19
2	\$30/\$0	\$750	\$200 day/\$600 Max	\$500	\$100	P R S FF	\$352.58	\$1,026.71	\$352.58	\$656.08	\$846.24	\$1,062.76
3	\$30/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S FF	\$333.82	\$972.28	\$333.82	\$621.36	\$801.18	\$1,006.46
4	\$40/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S FF	\$332.33	\$967.97	\$332.33	\$618.61	\$797.61	\$1,002.00
5	\$40/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S FF	\$302.88	\$882.54	\$302.88	\$564.11	\$726.91	\$913.62

5/3/2010

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	\$121.75	\$353.06	\$121.75	\$225.23	\$292.18	\$365.24
R	\$0	\$30	\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	NO	\$93.00	\$269.69	\$93.00	\$172.04	\$223.20	\$279.00
S	\$0	\$30	\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	NO	\$71.27	\$206.67	\$71.27	\$131.85	\$171.04	\$213.80
FF	\$15 Generic/100% Brand			\$0	None	\$30 G/100% B	Voluntary	NO	\$11.97	\$32.92	\$11.97	\$22.76	\$26.35	\$35.33
O***	DISCOUNT PHARMACY PROGRAM, INCLUDING DIABETIC COVERAGE - NO ADDITIONAL PREMIUM TO BASE RATE WHERE AVAILABLE													

5/3/2010

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Rates Effective 7/1/10-9/30/10\*\*



### ROCHESTER

	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	\$30/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S FF	\$349.40	\$1,017.49	\$349.40	\$650.21	\$838.60	\$1,053.22
2	\$30/\$0	\$750	\$200 day/\$600 Max	\$500	\$100	P R S FF	\$338.37	\$985.46	\$338.37	\$629.76	\$812.09	\$1,020.09
3	\$30/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S FF	\$319.96	\$932.09	\$319.96	\$595.73	\$767.93	\$964.88
4	\$40/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S FF	\$320.21	\$932.84	\$320.21	\$596.20	\$768.54	\$965.66
5	\$40/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S FF	\$291.77	\$850.32	\$291.77	\$543.56	\$700.26	\$880.30

5/3/2010

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	\$121.75	\$353.06	\$121.75	\$225.23	\$292.18	\$365.24
R	\$0	\$30	\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	NO	\$93.00	\$269.69	\$93.00	\$172.04	\$223.20	\$279.00
S	\$0	\$30	\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	NO	\$71.27	\$206.67	\$71.27	\$131.85	\$171.04	\$213.80
FF	\$15 Generic/100% Brand			\$0	None	\$30 G/100% B	Voluntary	NO	\$11.97	\$32.92	\$11.97	\$22.76	\$26.35	\$35.33
O***	DISCOUNT PHARMACY PROGRAM, INCLUDING DIABETIC COVERAGE - NO ADDITIONAL PREMIUM TO BASE RATE WHERE AVAILABLE													

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Rates Effective 7/1/10-9/30/10\*\*



### BUFFALO

	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	\$30/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S FF	\$350.92	\$1,021.87	\$350.92	\$653.00	\$842.24	\$1,057.77
2	\$30/\$0	\$750	\$200 day/\$600 Max	\$500	\$100	P R S FF	\$339.84	\$989.73	\$339.84	\$632.50	\$815.63	\$1,024.51
3	\$30/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S FF	\$321.40	\$936.24	\$321.40	\$598.37	\$771.36	\$969.18
4	\$40/\$0	\$500	\$200 day/\$600 Max	\$250	\$100	P R S FF	\$321.63	\$936.92	\$321.63	\$598.80	\$771.93	\$969.88
5	\$40/\$0	\$1,000	\$200 day/\$600 Max	\$750	\$100	O P R S FF	\$293.02	\$853.97	\$293.02	\$545.89	\$703.29	\$884.07

5/3/2010

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	\$121.75	\$353.06	\$121.75	\$225.23	\$292.18	\$365.24	
R	\$0	\$30	\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	NO	\$93.00	\$269.69	\$93.00	\$172.04	\$223.20	\$279.00	
S	\$0	\$30	\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	NO	\$71.27	\$206.67	\$71.27	\$131.85	\$171.04	\$213.80	
FF	\$15 Generic/100% Brand			\$0	None	\$30 G/100% B	Voluntary	NO	\$11.97	\$32.92	\$11.97	\$22.76	\$26.35	\$35.33	
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5/3/2010

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