



EmblemHealth
PPO IN-BALANCE
 Employer Groups of 2+
 PLH SGC 991/PLH SGC 990-C
 Rates Effective 7/1/10-9/30/10**
DOWNSTATE



| Adults/Depts | Copays | | | | | | Rx | 2-Tier Rates | | 4-Tier Rates | | | | |
|--------------------------------------|-----------------------|---------------------------|------------------------|----------------------------|----------------------------|--|-------------------|----------------|----------|--------------|----------|------------|------------|------------|
| | In Network Deductible | Out of Network Deductible | In Network Coinsurance | Out of Network Coinsurance | In Network Coinsurance Max | Out of Network Coinsurance Max | Options | Individual | Family | Individual | Emp./Ch. | Emp./Sp. | Family | |
| 1 | \$40/\$0 | \$2,000/\$6,000 | \$4,000/\$12,000 | 80%/20% | 60%/40% | \$10,000/\$30,000 | \$20,000/\$60,000 | AA BB CC DD EE | \$418.78 | \$1,218.68 | \$418.78 | \$778.54 | \$1,005.10 | \$1,261.35 |
| 2 | \$40/\$0 | \$1,000/\$3,000 | \$2,000/\$6,000 | 80%/20% | 60%/40% | \$3,000/\$9,000 | \$6,000/\$18,000 | AA BB CC DD EE | \$499.64 | \$1,453.17 | \$499.64 | \$928.14 | \$1,199.16 | \$1,503.93 |
| 3 | \$30/\$0 | \$1,000/\$3,000 | \$2,000/\$6,000 | 90%/10% | 70%/30% | \$500/\$1,500 | \$1,500/\$4,500 | AA BB CC DD EE | \$585.17 | \$1,701.20 | \$585.17 | \$1,086.36 | \$1,404.43 | \$1,760.52 |
| 4 | \$25/\$0 | \$500/\$1,500 | \$1,000/\$3,000 | 90%/10% | 70%/30% | \$500/\$1,500 | \$1,500/\$4,500 | AA BB CC DD EE | \$643.42 | \$1,870.14 | \$643.42 | \$1,194.13 | \$1,544.23 | \$1,935.27 |
| In-Network Annual Maximum: Unlimited | | | | | | Out-of-Network Annual Maximum: \$1,000,000 | | | | | | | | 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 |
| AA | \$0 | \$25 | \$50 | \$0 | None | \$0/\$50/\$100 | Voluntary | NO | \$139.82 | \$405.50 | \$139.82 | \$258.69 | \$335.59 | \$419.49 |
| BB | \$0 | \$25 | \$50 | \$100 | None | \$0/\$50/\$100 | Voluntary | NO | \$131.17 | \$380.37 | \$131.17 | \$242.65 | \$314.78 | \$393.49 |
| CC | \$0 | \$25 | \$50 | \$50 | \$3,000 | \$0/\$50/\$100 | Voluntary | NO | \$106.31 | \$308.28 | \$106.31 | \$196.67 | \$255.13 | \$318.91 |
| DD | \$0 | \$25 | \$50 | \$50 | \$1,000 | \$0/\$50/\$100 | Voluntary | NO | \$81.21 | \$235.49 | \$81.21 | \$150.23 | \$194.88 | \$243.61 |
| EE | \$0 | \$25 | \$50 | \$50 | \$750 | \$0/\$50/\$100 | Voluntary | NO | \$74.81 | \$216.96 | \$74.81 | \$138.40 | \$179.55 | \$224.43 |

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

5/3/2010

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

Rates are subject to EmblemHealth and NYS Insurance Department Approval.

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EmblemHealth PPO IN-BALANCE

Employer Groups of 2+

PLH SGC 991/PLH SGC 990-C

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

MID-HUDSON



| Adults/Deps | Copays | | | | | | Rx | 2-Tier Rates | | 4-Tier Rates | | | | |
|--------------------------------------|-----------------------|---------------------------|------------------------|----------------------------|----------------------------|--|-------------------|----------------|----------|--------------|----------|------------|------------|------------|
| | In Network Deductible | Out of Network Deductible | In Network Coinsurance | Out of Network Coinsurance | In Network Coinsurance Max | Out of Network Coinsurance Max | Options | Individual | Family | Individual | Emp./Ch. | Emp./Sp. | Family | |
| 1 | \$40/\$0 | \$2,000/\$6,000 | \$4,000/\$12,000 | 80%/20% | 60%/40% | \$10,000/\$30,000 | \$20,000/\$60,000 | AA BB CC DD EE | \$428.89 | \$1,247.98 | \$428.89 | \$797.24 | \$1,029.36 | \$1,291.67 |
| 2 | \$40/\$0 | \$1,000/\$3,000 | \$2,000/\$6,000 | 80%/20% | 60%/40% | \$3,000/\$9,000 | \$6,000/\$18,000 | AA BB CC DD EE | \$511.71 | \$1,488.17 | \$511.71 | \$950.47 | \$1,228.12 | \$1,540.14 |
| 3 | \$30/\$0 | \$1,000/\$3,000 | \$2,000/\$6,000 | 90%/10% | 70%/30% | \$500/\$1,500 | \$1,500/\$4,500 | AA BB CC DD EE | \$605.25 | \$1,759.42 | \$605.25 | \$1,123.50 | \$1,452.60 | \$1,820.75 |
| 4 | \$25/\$0 | \$500/\$1,500 | \$1,000/\$3,000 | 90%/10% | 70%/30% | \$500/\$1,500 | \$1,500/\$4,500 | AA BB CC DD EE | \$665.49 | \$1,934.13 | \$665.49 | \$1,234.95 | \$1,597.20 | \$2,001.48 |
| In-Network Annual Maximum: Unlimited | | | | | | Out-of-Network Annual Maximum: \$1,000,000 | | | | | | | | 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 |
| AA | \$0 | \$25 | \$50 | \$0 | None | \$0/\$50/\$100 | Voluntary | NO | \$139.82 | \$405.50 | \$139.82 | \$258.69 | \$335.59 | \$419.49 |
| BB | \$0 | \$25 | \$50 | \$100 | None | \$0/\$50/\$100 | Voluntary | NO | \$131.17 | \$380.37 | \$131.17 | \$242.65 | \$314.78 | \$393.49 |
| CC | \$0 | \$25 | \$50 | \$50 | \$3,000 | \$0/\$50/\$100 | Voluntary | NO | \$106.31 | \$308.28 | \$106.31 | \$196.67 | \$255.13 | \$318.91 |
| DD | \$0 | \$25 | \$50 | \$50 | \$1,000 | \$0/\$50/\$100 | Voluntary | NO | \$81.21 | \$235.49 | \$81.21 | \$150.23 | \$194.88 | \$243.61 |
| EE | \$0 | \$25 | \$50 | \$50 | \$750 | \$0/\$50/\$100 | Voluntary | NO | \$74.81 | \$216.96 | \$74.81 | \$138.40 | \$179.55 | \$224.43 |

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5/3/2010

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 PLH SGC 991/PLH SGC 990-C
 Rates Effective 7/1/10-9/30/10**



ALBANY

| Adults/Depts | Copays | | | | | | Rx | 2-Tier Rates | | 4-Tier Rates | | | | |
|--------------------------------------|-----------------------|---------------------------|------------------------|----------------------------|----------------------------|--------------------------------|--|----------------|----------|--------------|----------|------------|------------|------------|
| | In Network Deductible | Out of Network Deductible | In Network Coinsurance | Out of Network Coinsurance | In Network Coinsurance Max | Out of Network Coinsurance Max | Options | Individual | Family | Individual | Emp./Ch. | Emp./Sp. | Family | |
| 1 | \$40/\$0 | \$2,000/\$6,000 | \$4,000/\$12,000 | 80%/20% | 60%/40% | \$10,000/\$30,000 | \$20,000/\$60,000 | AA BB CC DD EE | \$388.04 | \$1,129.50 | \$388.04 | \$721.66 | \$931.30 | \$1,169.11 |
| 2 | \$40/\$0 | \$1,000/\$3,000 | \$2,000/\$6,000 | 80%/20% | 60%/40% | \$3,000/\$9,000 | \$6,000/\$18,000 | AA BB CC DD EE | \$462.92 | \$1,346.68 | \$462.92 | \$860.20 | \$1,111.03 | \$1,393.76 |
| 3 | \$30/\$0 | \$1,000/\$3,000 | \$2,000/\$6,000 | 90%/10% | 70%/30% | \$500/\$1,500 | \$1,500/\$4,500 | AA BB CC DD EE | \$547.55 | \$1,592.11 | \$547.55 | \$1,016.78 | \$1,314.15 | \$1,647.66 |
| 4 | \$25/\$0 | \$500/\$1,500 | \$1,000/\$3,000 | 90%/10% | 70%/30% | \$500/\$1,500 | \$1,500/\$4,500 | AA BB CC DD EE | \$602.07 | \$1,750.22 | \$602.07 | \$1,117.63 | \$1,444.99 | \$1,811.22 |
| In-Network Annual Maximum: Unlimited | | | | | | | Out-of-Network Annual Maximum: \$1,000,000 | | | | | | | |

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 |
| AA | \$0 | \$25 | \$50 | \$0 | None | \$0/\$50/\$100 | Voluntary | NO | \$139.82 | \$405.50 | \$139.82 | \$258.69 | \$335.59 | \$419.49 |
| BB | \$0 | \$25 | \$50 | \$100 | None | \$0/\$50/\$100 | Voluntary | NO | \$131.17 | \$380.37 | \$131.17 | \$242.65 | \$314.78 | \$393.49 |
| CC | \$0 | \$25 | \$50 | \$50 | \$3,000 | \$0/\$50/\$100 | Voluntary | NO | \$106.31 | \$308.28 | \$106.31 | \$196.67 | \$255.13 | \$318.91 |
| DD | \$0 | \$25 | \$50 | \$50 | \$1,000 | \$0/\$50/\$100 | Voluntary | NO | \$81.21 | \$235.49 | \$81.21 | \$150.23 | \$194.88 | \$243.61 |
| EE | \$0 | \$25 | \$50 | \$50 | \$750 | \$0/\$50/\$100 | Voluntary | NO | \$74.81 | \$216.96 | \$74.81 | \$138.40 | \$179.55 | \$224.43 |

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5/3/2010

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 PLH SGC 991/PLH SGC 990-C
 Rates Effective 7/1/10-9/30/10**
UTICA/WATERTOWN



| Adults/Depts | Copays | | | | | | Rx | 2-Tier Rates | | 4-Tier Rates | | | | |
|--------------------------------------|-----------------------|---------------------------|------------------------|----------------------------|----------------------------|--|-------------------|----------------|----------|--------------|----------|------------|------------|------------|
| | In Network Deductible | Out of Network Deductible | In Network Coinsurance | Out of Network Coinsurance | In Network Coinsurance Max | Out of Network Coinsurance Max | Options | Individual | Family | Individual | Emp./Ch. | Emp./Sp. | Family | |
| 1 | \$40/\$0 | \$2,000/\$6,000 | \$4,000/\$12,000 | 80%/20% | 60%/40% | \$10,000/\$30,000 | \$20,000/\$60,000 | AA BB CC DD EE | \$378.05 | \$1,100.54 | \$378.05 | \$703.18 | \$907.33 | \$1,139.14 |
| 2 | \$40/\$0 | \$1,000/\$3,000 | \$2,000/\$6,000 | 80%/20% | 60%/40% | \$3,000/\$9,000 | \$6,000/\$18,000 | AA BB CC DD EE | \$450.98 | \$1,312.06 | \$450.98 | \$838.12 | \$1,082.38 | \$1,357.95 |
| 3 | \$30/\$0 | \$1,000/\$3,000 | \$2,000/\$6,000 | 90%/10% | 70%/30% | \$500/\$1,500 | \$1,500/\$4,500 | AA BB CC DD EE | \$533.57 | \$1,551.55 | \$533.57 | \$990.89 | \$1,280.58 | \$1,605.71 |
| 4 | \$25/\$0 | \$500/\$1,500 | \$1,000/\$3,000 | 90%/10% | 70%/30% | \$500/\$1,500 | \$1,500/\$4,500 | AA BB CC DD EE | \$586.71 | \$1,705.66 | \$586.71 | \$1,089.21 | \$1,408.12 | \$1,765.12 |
| In-Network Annual Maximum: Unlimited | | | | | | Out-of-Network Annual Maximum: \$1,000,000 | | | | | | | | 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 |
| AA | \$0 | \$25 | \$50 | \$0 | None | \$0/\$50/\$100 | Voluntary | NO | \$139.82 | \$405.50 | \$139.82 | \$258.69 | \$335.59 | \$419.49 |
| BB | \$0 | \$25 | \$50 | \$100 | None | \$0/\$50/\$100 | Voluntary | NO | \$131.17 | \$380.37 | \$131.17 | \$242.65 | \$314.78 | \$393.49 |
| CC | \$0 | \$25 | \$50 | \$50 | \$3,000 | \$0/\$50/\$100 | Voluntary | NO | \$106.31 | \$308.28 | \$106.31 | \$196.67 | \$255.13 | \$318.91 |
| DD | \$0 | \$25 | \$50 | \$50 | \$1,000 | \$0/\$50/\$100 | Voluntary | NO | \$81.21 | \$235.49 | \$81.21 | \$150.23 | \$194.88 | \$243.61 |
| EE | \$0 | \$25 | \$50 | \$50 | \$750 | \$0/\$50/\$100 | Voluntary | NO | \$74.81 | \$216.96 | \$74.81 | \$138.40 | \$179.55 | \$224.43 |

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

5/3/2010

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EmblemHealth
PPO IN-BALANCE
 Employer Groups of 2+
 PLH SGC 991/PLH SGC 990-C
 Rates Effective 7/1/10-9/30/10**
SYRACUSE



| Adults/Deps | Copays | | | | | | Rx | 2-Tier Rates | | 4-Tier Rates | | | | |
|--------------------------------------|-----------------------|---------------------------|------------------------|----------------------------|----------------------------|--|-------------------|----------------|----------|--------------|----------|------------|------------|------------|
| | In Network Deductible | Out of Network Deductible | In Network Coinsurance | Out of Network Coinsurance | In Network Coinsurance Max | Out of Network Coinsurance Max | Options | Individual | Family | Individual | Emp./Ch. | Emp./Sp. | Family | |
| 1 | \$40/\$0 | \$2,000/\$6,000 | \$4,000/\$12,000 | 80%/20% | 60%/40% | \$10,000/\$30,000 | \$20,000/\$60,000 | AA BB CC DD EE | \$356.66 | \$1,038.52 | \$356.66 | \$663.61 | \$856.00 | \$1,074.97 |
| 2 | \$40/\$0 | \$1,000/\$3,000 | \$2,000/\$6,000 | 80%/20% | 60%/40% | \$3,000/\$9,000 | \$6,000/\$18,000 | AA BB CC DD EE | \$425.47 | \$1,238.06 | \$425.47 | \$790.92 | \$1,021.15 | \$1,281.41 |
| 3 | \$30/\$0 | \$1,000/\$3,000 | \$2,000/\$6,000 | 90%/10% | 70%/30% | \$500/\$1,500 | \$1,500/\$4,500 | AA BB CC DD EE | \$503.42 | \$1,464.09 | \$503.42 | \$935.10 | \$1,208.20 | \$1,515.24 |
| 4 | \$25/\$0 | \$500/\$1,500 | \$1,000/\$3,000 | 90%/10% | 70%/30% | \$500/\$1,500 | \$1,500/\$4,500 | AA BB CC DD EE | \$553.55 | \$1,609.47 | \$553.55 | \$1,027.86 | \$1,328.53 | \$1,665.63 |
| In-Network Annual Maximum: Unlimited | | | | | | Out-of-Network Annual Maximum: \$1,000,000 | | | | | | | | 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 |
| AA | \$0 | \$25 | \$50 | \$0 | None | \$0/\$50/\$100 | Voluntary | NO | \$139.82 | \$405.50 | \$139.82 | \$258.69 | \$335.59 | \$419.49 |
| BB | \$0 | \$25 | \$50 | \$100 | None | \$0/\$50/\$100 | Voluntary | NO | \$131.17 | \$380.37 | \$131.17 | \$242.65 | \$314.78 | \$393.49 |
| CC | \$0 | \$25 | \$50 | \$50 | \$3,000 | \$0/\$50/\$100 | Voluntary | NO | \$106.31 | \$308.28 | \$106.31 | \$196.67 | \$255.13 | \$318.91 |
| DD | \$0 | \$25 | \$50 | \$50 | \$1,000 | \$0/\$50/\$100 | Voluntary | NO | \$81.21 | \$235.49 | \$81.21 | \$150.23 | \$194.88 | \$243.61 |
| EE | \$0 | \$25 | \$50 | \$50 | \$750 | \$0/\$50/\$100 | Voluntary | NO | \$74.81 | \$216.96 | \$74.81 | \$138.40 | \$179.55 | \$224.43 |

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



| Copays | | | | | | | | Rx | 2-Tier Rates | | 4-Tier Rates | | | | |
|--------------------------------------|-----------------------|---------------------------|------------------------|----------------------------|----------------------------|--------------------------------|-------------------|--|--------------|------------|--------------|------------|------------|------------|--|
| Adults/Deps | In Network Deductible | Out of Network Deductible | In Network Coinsurance | Out of Network Coinsurance | In Network Coinsurance Max | Out of Network Coinsurance Max | Options | Individual | Family | Individual | Emp./Ch. | Emp./Sp. | Family | | |
| 1 | \$40/\$0 | \$2,000/\$6,000 | \$4,000/\$12,000 | 80%/20% | 60%/40% | \$10,000/\$30,000 | \$20,000/\$60,000 | AA BB CC DD EE | \$348.70 | \$1,015.42 | \$348.70 | \$648.88 | \$836.88 | \$1,051.08 | |
| 2 | \$40/\$0 | \$1,000/\$3,000 | \$2,000/\$6,000 | 80%/20% | 60%/40% | \$3,000/\$9,000 | \$6,000/\$18,000 | AA BB CC DD EE | \$415.95 | \$1,210.45 | \$415.95 | \$773.30 | \$998.29 | \$1,252.86 | |
| 3 | \$30/\$0 | \$1,000/\$3,000 | \$2,000/\$6,000 | 90%/10% | 70%/30% | \$500/\$1,500 | \$1,500/\$4,500 | AA BB CC DD EE | \$492.44 | \$1,432.29 | \$492.44 | \$914.81 | \$1,181.88 | \$1,482.32 | |
| 4 | \$25/\$0 | \$500/\$1,500 | \$1,000/\$3,000 | 90%/10% | 70%/30% | \$500/\$1,500 | \$1,500/\$4,500 | AA BB CC DD EE | \$541.45 | \$1,574.43 | \$541.45 | \$1,005.48 | \$1,299.50 | \$1,629.37 | |
| In-Network Annual Maximum: Unlimited | | | | | | | | Out-of-Network Annual Maximum: \$1,000,000 | | | | | | | |
| | | | | | | | | | | | | | | 5/3/2010 | |

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| Plan Option | Prescription Plan Options | | | | | | | 2-Tier Rates | | 4-Tier Rates | | | | |
|-------------|---------------------------|------|------|---------------------------------|-----------------------|----------------------|-----------------------|---------------|------------|--------------|------------|----------|----------|----------|
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| AA | \$0 | \$25 | \$50 | \$0 | None | \$0/\$50/\$100 | Voluntary | NO | \$139.82 | \$405.50 | \$139.82 | \$258.69 | \$335.59 | \$419.49 |
| BB | \$0 | \$25 | \$50 | \$100 | None | \$0/\$50/\$100 | Voluntary | NO | \$131.17 | \$380.37 | \$131.17 | \$242.65 | \$314.78 | \$393.49 |
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 Rates Effective 7/1/10-9/30/10**



BUFFALO

| Adults/Depts | Copays | | | | | | Rx | 2-Tier Rates | | 4-Tier Rates | | | | |
|--------------------------------------|-----------------------|---------------------------|------------------------|----------------------------|----------------------------|--|-------------------|----------------|----------|--------------|----------|------------|------------|------------|
| | In Network Deductible | Out of Network Deductible | In Network Coinsurance | Out of Network Coinsurance | In Network Coinsurance Max | Out of Network Coinsurance Max | Options | Individual | Family | Individual | Emp./Ch. | Emp./Sp. | Family | |
| 1 | \$40/\$0 | \$2,000/\$6,000 | \$4,000/\$12,000 | 80%/20% | 60%/40% | \$10,000/\$30,000 | \$20,000/\$60,000 | AA BB CC DD EE | \$353.18 | \$1,028.42 | \$353.18 | \$657.18 | \$847.65 | \$1,064.53 |
| 2 | \$40/\$0 | \$1,000/\$3,000 | \$2,000/\$6,000 | 80%/20% | 60%/40% | \$3,000/\$9,000 | \$6,000/\$18,000 | AA BB CC DD EE | \$421.30 | \$1,225.97 | \$421.30 | \$783.20 | \$1,011.15 | \$1,268.90 |
| 3 | \$30/\$0 | \$1,000/\$3,000 | \$2,000/\$6,000 | 90%/10% | 70%/30% | \$500/\$1,500 | \$1,500/\$4,500 | AA BB CC DD EE | \$498.33 | \$1,449.36 | \$498.33 | \$925.72 | \$1,196.01 | \$1,499.99 |
| 4 | \$25/\$0 | \$500/\$1,500 | \$1,000/\$3,000 | 90%/10% | 70%/30% | \$500/\$1,500 | \$1,500/\$4,500 | AA BB CC DD EE | \$547.91 | \$1,593.16 | \$547.91 | \$1,017.44 | \$1,315.02 | \$1,648.75 |
| In-Network Annual Maximum: Unlimited | | | | | | Out-of-Network Annual Maximum: \$1,000,000 | | | | | | | | 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 |
| AA | \$0 | \$25 | \$50 | \$0 | None | \$0/\$50/\$100 | Voluntary | NO | \$139.82 | \$405.50 | \$139.82 | \$258.69 | \$335.59 | \$419.49 |
| BB | \$0 | \$25 | \$50 | \$100 | None | \$0/\$50/\$100 | Voluntary | NO | \$131.17 | \$380.37 | \$131.17 | \$242.65 | \$314.78 | \$393.49 |
| CC | \$0 | \$25 | \$50 | \$50 | \$3,000 | \$0/\$50/\$100 | Voluntary | NO | \$106.31 | \$308.28 | \$106.31 | \$196.67 | \$255.13 | \$318.91 |
| DD | \$0 | \$25 | \$50 | \$50 | \$1,000 | \$0/\$50/\$100 | Voluntary | NO | \$81.21 | \$235.49 | \$81.21 | \$150.23 | \$194.88 | \$243.61 |
| EE | \$0 | \$25 | \$50 | \$50 | \$750 | \$0/\$50/\$100 | Voluntary | NO | \$74.81 | \$216.96 | \$74.81 | \$138.40 | \$179.55 | \$224.43 |

* 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.

5/3/2010

Rates are subject to EmblemHealth and NYS Insurance Department Approval.

Rate illustrations are provided for convenience only and are in no way considered to be proposals, advertisements, or implied contracts for insurance coverage.

State-filed monthly rates will apply at the point of enrollment. Monthly rates and subscriber enrollment are ultimately subject to final carrier approval.

No exceptions, including typographical errors or omissions, will be applied or accepted.