



CompreHealth HMO+ 30/50-1000

HealthPass

CompreHealth HMO+ 30/50-1000

Benefit

In-Network

Drug Card

Prescription Card 15/35/75/Yes/100

Major Medical

Deductible Ind/Fam N/A
 Co-Insurance N/A
 Out-of-Pocket N/A
 Office Co-pay \$30/\$0 dep child
 DXL/Lab Fees \$0 copay
 Specialist Co-pay \$50/\$0 dep child
 Lifetime Maximum Unlimited

Hospital Benefits

Hospital In-Patient \$1,000/admis
 Hospital Out-Patient \$75 copay
 Emergency Room \$150 copay (wavier if admit)
 Private Nursing Not covered

Surgical Benefits

Surgical In-Patient \$1,000/admis
 Surgical Out-Patient \$75 copay

Mental Health

Mental Nervous In-Patient \$1,000/admis
 30 days/cal yr
 Unlimited bio-based
 Substance Abuse In-Patient \$1,000/admis
 Rehab- Not covered
 Detox- 7 days/cal yr
 Mental Nervous Out-Patient \$50 copay/\$0 dep child
 20 visits/cal yr
 Unlimited bio-based
 Substance Abuse Out-Patient \$25 copay/\$0 dep child
 60 visits/cal yr

Other

Well Care(Up to 19) \$0 copay
 Routine Adult Care \$0 copay
 Chiropractic Care \$50 copay/\$0 dep child
 Home Health Care \$0 copay; 40 visits/cal yr
 Non-Authorization Refer to carrier
 Therapy Services In-Patient \$1,000/admis
 30 days/cal yr
 Therapy Services Out-Patient \$50 copay/\$0 dep child
 30 visits/cal yr
 Durable Medical Equipment \$500 ded/cal yr
 Optical (1 exam every 24 months) \$50 copay
 (Eyeglasses) \$45 a pair

CompreHealth HMO - Gated
 1.31.11

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 (d) Non-Formulary / Oral Contraceptive / Deductible



CompreHealth HMO+ 30/50-1000 G

HealthPass	CompreHealth HMO+ 30/50-1000 G
Benefit	In-Network
Drug Card	\$15 Generic Only
Major Medical	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	\$0 copay
Specialist Co-pay	\$50/\$0 dep child
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$75 copay
Emergency Room	\$150 copay (waived if admit)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$75 copay
Mental Health	
Mental Nervous In-Patient	\$1,000/admis 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	\$1,000/admis Rehab- Not covered Detox- 7 days/cal yr
Mental Nervous Out-Patient	\$50 copay/\$0 dep child 20 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	\$25 copay/\$0 dep child 60 visits/cal yr
Other	
Well Care(Up to 19)	\$0 copay
Routine Adult Care	\$0 copay
Chiropractic Care	\$50 copay/\$0 dep child
Home Health Care	\$0 copay; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$1,000/admis 30 days/cal yr
Therapy Services Out-Patient	\$50 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	\$500 ded/cal yr
Optical (1 exam every 24 months) (Eyeglasses)	\$50 copay \$45 a pair

CompreHealth HMO - Gated
1.31.12



Oxford Freedom Ease EPO 50-500(2500max)

HealthPass	Oxford Freedom Ease EPO 50-500(2500max)
Benefit	In-Network
Drug Card	15/35/75/Yes/100
Major Medical	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$50
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max
Specialist Co-pay	\$50
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	\$500/day; \$2,500 max/cal yr
Hospital Out-Patient	\$500 copay
Emergency Room	\$200 copay (waived if admitted)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	No charge
Surgical Out-Patient	\$500 copay
Mental Health	
Mental Nervous In-Patient	\$500/day; \$2,500 max/cal yr 30 days/cal yr
Substance Abuse In-Patient	\$500/day; \$2,500 max/cal yr Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50 copay 30 visits/cal yr
Substance Abuse Out-Patient	No charge 60 visits/cal yr
Other	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$50 copay
Home Health Care	\$50 copay; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$500/day; \$2,500 max/cal yr 60 cons/cond/life
Therapy Services Out-Patient	\$50 copay 60 visits/cond/life
Durable Medical Equipment	No charge; \$1,500 max/cal yr



Oxford Liberty HMO 30/50-500(1000max)

HealthPass	Oxford Liberty HMO 30/50-500
Benefit	In-Network
Drug Card	15/35/75/Yes/100
Major Medical	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30
DXL/Lab Fees	Lab-no charge; DXL-20% CoIns up to \$100/procedure
Specialist Co-pay	\$50
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	\$500/day; \$1,000 max/admis
Hospital Out-Patient	\$150 copay
Emergency Room	\$150 copay (waived if admitted)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	No charge
Surgical Out-Patient	\$150 copay
Mental Health	
Mental Nervous In-Patient	\$500/day; \$1,000 max/admis 30 days/cal yr
Substance Abuse In-Patient	\$500/day; \$1,000 max/admis Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50 copay 30 visits/cal yr
Substance Abuse Out-Patient	\$30 copay 60 visits/cal yr
Other	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$50 copay
Home Health Care	\$30 copay; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$500/day; \$1,000 max/admis 60 cons/cond/life
Therapy Services Out-Patient	\$50 copay 60 visits/cond/life
Durable Medical Equipment	No charge; \$1,500 max/cal yr

Oxford - HMO Gated
7.15.10



EmblemHealth EPOCs+ 40-2500 1K/50%

HealthPass	EH EPOCs+ 40-2500 1K/50%
Benefit	In-Network
Drug Card	10/30/50/Yes/50 thresh 1000 then 50%
Major Medical	
Deductible Ind/Fam	\$2,500/\$7,500 (cal yr)
Co-Insurance	80%
Out-of-Pocket	\$4,500/\$13,500 (incl ded)
Office Co-pay	\$40/\$0 dep child
DXL/Lab Fees	Lab-\$40; DXL-40% Colns; \$150 max/\$0 dep child
Specialist Co-pay	\$40/\$0 dep child
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$200 copay (waived if admit)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns
Mental Health	
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$40/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	\$40/\$0 dep child 60 visits/cal yr Up to 20 family visits
Other	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$40/\$0 dep child
Home Health Care	20% Colns; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	\$40/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	Ded & Colns
Optical (1 exam every 24 months) (hardware only children under age 26 every 24 months)	\$10 Copay/\$0 dep child \$20 Copay

1.31.12



EmblemHealth EPOCs+ 50-2500 G

HealthPass	EmblemHealth EPOCs+ 50-2500 G
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Benefit	In-Network
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Drug Card	\$15 Generic Only
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Major Medical	
Deductible Ind/Fam	\$2,500/\$7,500
Co-Insurance	70%
Out-of-Pocket	\$5,000/\$15,000 (incl ded)
Office Co-pay	\$50/\$0 dep child
DXL/Lab Fees	Lab-\$50; DXL-40% Colns; \$150 max/\$0 dep child
Specialist Co-pay	\$50/\$0 dep child
Lifetime Maximum	Unlimited

Hospital Benefits	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$200 copay (waived if admit)
Private Nursing	Not covered

Surgical Benefits	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns

Mental Health	
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	\$50/\$0 dep child 60 visits/cal yr Up to 20 family visits

Other	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$50/\$0 dep child
Home Health Care	20% Colns; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	\$50/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	Ded & Colns
Optical (1 exam every 24 months) (hardware only children under age 26 every 24 months)	\$10 Copay/\$0 dep child \$20 Copay

4.01.12



Oxford Liberty EPOcs 25/50-2000

HealthPass	Oxford Liberty EPOc 25/50-2000
Benefit	In-Network
Drug Card	15/35/75/Yes/100
Major Medical	
Deductible Ind/Fam	\$2,000/\$5,000 (plan yr)
Co-Insurance	90%
Out-of-Pocket	\$3,000/\$7,500 (incl ded)
Office Co-pay	\$25
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max
Specialist Co-pay	\$50
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$200 copay (waived if admitted)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns
Mental Health	
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50 copay 30 visits/cal yr
Substance Abuse Out-Patient	\$50 copay per visit 60 visits/cal yr
Other	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$50 copay
Home Health Care	10% Colns; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & Colns 60 cons/cond/life
Therapy Services Out-Patient	\$50 copay 60 visits/cond/life
Durable Medical Equipment	Ded & Colns; \$1,500 max/cal yr

12.29.10



Oxford Liberty PPOcs 25/40-1000/2000

HealthPass	Oxford Liberty PPOcs 25/40 -1000/2000
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Benefit	In-Network	Out-Network
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Drug Card	15/50%/50%/Yes/100	
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Major Medical

Deductible Ind/Fam	\$1,000/\$2,500 (plan yr)	\$2,000/\$5,000 (plan yr)
Co-Insurance	80%	60%*
Out-of-Pocket	\$3,000/\$7,500 (incl ded)	\$6,000/\$15,000 (incl ded)
Office Co-pay	\$25	Ded & Colns
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max	Ded & Colns
Specialist Co-pay	\$40	Ded & Colns
Lifetime Maximum	Unlimited	Unlimited

Hospital Benefits

Hospital In-Patient	Ded & Colns	Ded & Colns
Hospital Out-Patient	Ded & Colns	Ded & Colns
Emergency Room	\$200 copay (waived if admitted)	\$200 copay (waived if admitted)
Private Nursing	Not covered	Not covered

Surgical Benefits

Surgical In-Patient	Ded & Colns	Ded & Colns
Surgical Out-Patient	Ded & Colns	Ded & Colns

Mental Health

Mental Nervous In-Patient	Ded & Colns 30 days/cal yr	Ded & Colns 30 days/cal yr
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr	In-network only
Mental Nervous Out-Patient	\$40 copay 30 visits/cal yr	Ded & Colns 30 visits/cal yr
Substance Abuse Out-Patient	\$40 copay 60 visits/cal yr	Ded & Colns 60 visits/cal yr

Other

Well Care(Up to 19)	No charge	Ded & Colns; \$300 max/cal yr
Routine Adult Care	No charge	In-network only
Chiropractic Care	\$40 copay	Ded & Colns
Home Health Care	20% Colns; 40 visits/cal yr	25% Colns; 40 visits/cal yr
Non-Authorization	Refer to carrier	Refer to carrier
Therapy Services In-Patient	Ded & Colns 60 cons/cond/life	Ded & Colns 60 cons/cond/life
Therapy Services Out-Patient	\$40 copay 60 visits/cond/life	Ded & Colns 60 visits/cond/life
Durable Medical Equipment	Ded & Colns; \$1,500 max/cal yr	Ded & Colns; \$1,500 max/cal yr

*140% of Medicare
12.29.10



EmblemHealth HSA EPO 5800

HealthPass EmblemHealth	EmblemHealth HSA EPO 5800
Benefit	In-Network
Drug Card	
	100% after ded
Major Medical	
Deductible Ind/Fam	\$5,800/\$11,600 (plan yr)
Co-Insurance	N/A
Out-of-Pocket	\$5,800/\$11,600 (incl ded)
Office Co-pay	No charge after ded
DXL/Lab Fees	No charge after ded
Specialist Co-pay	No charge after ded
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	No charge after ded
Hospital Out-Patient	No charge after ded
Emergency Room	No charge after ded (waived if admitted)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	No charge after ded
Surgical Out-Patient	No charge after ded
Mental Health	
Mental Nervous In-Patient	No charge after ded 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	No charge after ded Rehab-30 days/cal yr Detox-7days/cal yr
Mental Nervous Out-Patient	No charge after ded 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge after ded 60 visits/cal yr Up to 20 family visits
Other	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	No charge after ded
Home Health Care	No charge after ded; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	No charge after ded 30 days/cal yr
Therapy Services Out-Patient	No charge after ded 30 visits/cal yr
Durable Medical Equipment	No charge after ded; \$10,000 max/cal yr

4.01.12

EmblemHealth's aggregate deductible: if you are a single member with no dependents you are required to satisfy your plan's individual deductible, once per calendar and/or policy year before benefits begin. If you are a family member with dependents your entire family is required to satisfy your health plan's aggregate deductible. This means there is one family deductible that must be met once per calendar and/or policy year before anyone in the family is covered.

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(d) Non-Formulary / Oral Contraceptive / Deductible



EmblemHealth HealthEssentials

HealthPass EmblemHealth	EmblemHealth HealthEssentials
Benefit	In-Network
Drug Card	\$15 Generic Only
Major Medical	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	Not covered
DXL/Lab Fees	Not covered
Specialist Co-pay	Not covered
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	\$500 copay; \$1,500 max/admis
Hospital Out-Patient	\$750 copay
Emergency Room	\$200 copay (waived if admit)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	\$500 copay; \$1,500 max/admis
Surgical Out-Patient	\$750 copay
Mental Health	
Mental Nervous In-Patient	\$500 copay; \$1,500 max/admis 30 days/cal yr
Substance Abuse In-Patient	\$500 copay; \$1,500 max/admis Rehab- unlimited Detox-7 days/cal yr
Mental Nervous Out-Patient	No charge 30 visits/cal yr
Substance Abuse Out-Patient	No charge 60 visits/cal yr
Other	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	Not covered
Home Health Care	No charge; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$500 copay; \$1,500/admis 30 days/cal yr
Therapy Services Out-Patient	Not covered
Durable Medical Equipment	Not covered
Advanced Radiology	No charge
Urgent Care	Not covered
Prenatal/Postnatal Care	Not covered
Delivery & Inpatient	Not covered
Habilitation services	Not covered
Annual Maximum	N/A

11.1.12

Please note that this is a hospital based plan. Except for preventive care, medical services that are billed by a physician rather than a network hospital are not covered under this plan.

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(d) Non-Formulary / Oral Contraceptive / Deductible



Oxford USA PPOcs 25/40-1000/2000

HealthPass/Oxford	Oxford USA PPOc 25/40-1000/2000	
Benefit	In-Network	Out-Network
Drug Card	15/50%/50%/Yes/100	
Major Medical		
Deductible Ind/Fam	\$1,000/\$2,500 (plan yr)	\$2,000/\$5,000 (plan yr)
Co-Insurance	80%*	60%*
Out-of-Pocket	\$3,000/\$7,500 (incl ded)	\$6,000/\$15,000 (incl ded)
Office Co-pay	\$25	Ded & Colns
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max	Ded & Colns
Specialist Co-pay	\$40	Ded & Colns
Lifetime Maximum	Unlimited	Unlimited
Hospital Benefits		
Hospital In-Patient	Ded & Colns	Ded & Colns
Hospital Out-Patient	Ded & Colns	Ded & Colns
Emergency Room	\$200 copay (waived if admitted)	Ded & Colns (waived if admitted)
Private Nursing	Not covered	
Surgical Benefits		
Surgical In-Patient	Ded & Colns	Ded & Colns
Surgical Out-Patient	Ded & Colns	Ded & Colns
Mental Health		
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr	Ded & Colns 30 days/cal yr
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr	In-network only
Mental Nervous Out-Patient	\$40 copay 30 visits/cal yr	Ded & Colns 30 visits/cal yr
Substance Abuse Out-Patient	\$40 copay 60 visits/cal yr	Ded & Colns 60 visits/cal yr
Other		
Well Care(Up to 19)	No charge	Ded & Colns; \$300 max/cal yr
Routine Adult Care	No charge	In-network only
Chiropractic Care	\$40 copay	Ded & Colns
Home Health Care	20% Colns; 40 visits/cal yr	20% Colns; 40 visits/cal yr
Non-Authorization	Refer to carrier	Refer to carrier
Therapy Services In-Patient	Ded & Colns 60 cons/cond/life	Ded & Colns 60 cons/cond/life
Therapy Services Out-Patient	\$40 copay 90 visits/cond/life	Ded & Colns 90 visits/cond/life
Durable Medical Equipment	Ded & Colns; \$1,500 max/cal yr	Ded & Colns; \$1,500 max/cal yr

*140% of Medicare
12.29.10