



# First National Administrators



THROUGH



INDEPENDENT & RETAIL BUSINESS ASSOCIATES, INC.  
The Association for Independent Businesses

## Atlantis Health Plan Effective 8/1/08

All POS and HMO plans are open access and do not require referrals to specialists.

**ALL Plans renew August 1, 2009  
Regardless of effective date.**

### POS Plan One

\$20 Office Visit copayment, \$1,000/\$2,500 deductible, 70%/30% coinsurance, \$3,000/7,500 out of pocket maximum\*, \$250 hospital copayment, 50/50% Eckerd Pharmacy Svcs. (in network only) prescription copayments\*\*. Atlantis Network.

Employee	Two Party	Family
<b>\$451.08</b>	<b>\$902.16</b>	<b>\$1,305.11</b>

### HMO Split Copay Plan Two

\$25PCP/\$40 Specialist Office Visit copayment, \$500 hospital copayment, \$50 ER copayment, \$20/30/40 RX plan. In network coverage only. Atlantis Network.

Employee	Two Party	Family
<b>\$305.95</b>	<b>\$611.90</b>	<b>\$885.21</b>

### POS Split Copay Plan Three

\$25 PCP/40 Specialist Office Visit copayment, \$500 hospital copay, \$2,000/\$4,000 deductible, 70%/30% coinsurance, \$5,000/10,000 out of pocket maximum\*, Atlantis Network. \$20/30/40 RX plan.

Employee	Two Party	Family
<b>\$337.64</b>	<b>\$675.28</b>	<b>\$976.89</b>

### POS Plan Four

\$20 Office Visit copay, \$2,000/\$4,000 deductible, 70%/30% coinsurance, \$5,000/10,000 out of pocket max\*, \$0 Inpatient hospital copayment, 50/50% Eckerd Pharmacy Svcs. (in network only) prescription copayments\*\*. Atlantis Network.

Employee	Two Party	Family
<b>\$434.08</b>	<b>\$868.16</b>	<b>\$1,255.92</b>

### Low Option POS Plan Five

\$20 Office Visit copay, \$2,000/\$4,000 deductible, 70%/30% coinsurance, \$5,000/\$10,000 out of pocket max\*, \$500 hospital copay, Mandatory Generic RX-\$10 generic, \$25 brand after \$250 deductible. Annual max benefit of \$500 per member for covered brand name drugs.

Employee	Two Party	Family
<b>\$306.00</b>	<b>\$612.00</b>	<b>885.35</b>

### Low Option HMO Plan Six

\$20 Office Visit copayment, \$500 hospital copayment per confinement, Mandatory Generic RX - \$10 generic, \$25 brand after \$250 deductible. Annual max benefit of \$500 per member for covered brand name drugs.

Employee	Two Party	Family
<b>\$281.29</b>	<b>\$562.58</b>	<b>\$813.86</b>

\* Does not include deductible.

Atlantis Network can be accessed at [www.atlantishp.com](http://www.atlantishp.com)

**Must live or work in one of the Five Boroughs - Manhattan, Brooklyn, Queens, Bronx and Staten Island to be eligible.**

Dependent Student covered to age 23 with proof of student status.

\*\*50/50 RX - The member co-payment is 50% of AHP's contracted rate at retail and mail order.

A \$10 monthly billing fee will be added to your premium and will appear on the first invoice and each subsequent invoice. Rates and Benefits are for comparative purposes only. Actual rate and benefit information must come directly from the insurance carrier.

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