

Rates Effective 4/1/08

HIP THROUGH

IRBA

2008

Sole Proprietor

New Plans

This is for comparative purposes only, for further details please see plan summary. These plans renew April 1, 2009 regardless of effective date.

HIP 2008 Select PPO Plan A - NO RX

In Network - \$30 PCP copay, \$50 specialist copay. In Network deductible - \$3,000 indiv/\$6,000 family, In Network coinsurance 80%/20%, In Network coinsurance maximum \$10,000 indiv/\$20,000 family, Inpatient Hospital copayment - subject to deductible & coinsurance, \$150 Emergency Room copay, Alternative Medicine-\$20 copay, limit 12 combined visits, 5 visit limit on Massage during calendar year.

Out of Network - Out of Network Deductible - \$6,000 indiv/\$12,000 family, Out of Network Coinsurance 60%/40%, Out of Network coinsurance maximum \$20,000 individual/\$40,000 family.

RX, DME, Private Duty Nursing NOT COVERED

Employee	EE/Spouse	EE/Children	Family
\$279.33	\$540.06	\$503.36	\$821.83

HIP 2008 Select PPO Plan B

In Network - \$30 PCP copay, \$50 specialist copay. In Network deductible - \$2,000 indiv/\$4,000 family, In Network coinsurance 80%/20%, In Network coinsurance maximum \$5,000 indiv/\$10,000 family, Inpatient Hospital copayment - subject to deductible & coinsurance, \$150 Emergency Room copay, RX - \$20/\$30/\$50 non formulary, \$300 deductible, contraceptives included, unlimited brand maximum. Alternative Medicine-\$20 copay, limit 12 combined visits, 5 visit limit on Massage during calendar year.

Out of Network - Out of Network Deductible - \$4,000 indiv/\$8,000 family, Out of Network Coinsurance 60%/40%, Out of Network coinsurance maximum \$10,000 individual/\$20,000 family.

DME, Private Duty Nursing NOT COVERED

Employee	EE/Spouse	EE/Children	Family
\$344.81	\$671.01	\$625.14	\$1,022.15

HIP 2008 Prime HMO Plan C - In Network Only - HIP Prime Network

\$30 PCP copay, \$50 specialist copay, \$1,000 Inpatient Hospital copayment, \$150 Emergency Room copay, \$150 ambulatory Surgery copay RX \$20/\$30/\$50 non formulary - \$300 deductible,

DME, PDN, Inpatient Therapies NOT COVERED

Employee	EE/Spouse	EE/Children	Family
\$469.93	\$923.86	\$860.32	\$1,404.98

Dependents are covered to age 19 EOM/Student Dependents to age 23 EOY

In network benefits include: Preventive dental. The above rates include a \$16 administrative fee

Rates are subject to NY State Insurance Department and carrier approval



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Rates and Benefits are for comparative purposes only. All rates are estimated and subject to NY State Insurance Department approval. Actual rate and benefit information and details must come directly from the insurance carrier.