

2008

**3rd Quarter 2008
7/1/2008 - 9/30/2008**



PerfectHealth_{SM}
Insurance Company

Single	\$ 340.32
Employee/Spouse	\$ 713.06
Employee/Child	\$ 599.62
Family 3 - 6 members	\$1,004.76
Family of more than 6	\$2,171.58

<i>Deductible (single) in network/out of network</i>	\$2,500
<i>Deductible (combined family)</i>	\$5,000
<i>Coinsurance In Network / Out of Network</i>	(80%/20%) / (0%/0%)
<i>Coinsurance Maximum Single</i>	\$2,000
<i>Aggregate Coinsurance maximum Family Plan</i>	\$2,000
<i>Plan</i>	EPO
<i>Network:</i>	
<i>Hospital</i>	HIP
<i>Doctor</i>	MultiPlan
<i>Deductible Accumulation Period</i>	Calendar Year
<i>Child Preventive Benefit</i>	Covered
<i>Prescriptions</i>	70% after deductible

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Single	\$ 300.84
Employee/Spouse	\$ 630.34
Employee/Child	\$ 530.06
Family 3 - 6 members	\$ 888.21
Family of more than 6	\$1,919.68

<i>Deductible (single) in network/out of Network</i>	\$5,000
<i>Deductible (combined family)</i>	\$10,000
<i>Coinsurance In Network Plan</i>	(100%/0%) / (0%/0%)
<i>Plan</i>	EPO
<i>Network:</i>	
<i>Hospital</i>	HIP
<i>Doctor</i>	MultiPlan
<i>Deductible Accumulation Period</i>	Calendar Year
<i>Child Preventive Benefit</i>	Covered
<i>RX</i>	70% after deductible

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

A \$10 monthly billing fee will be added to your premium and will appear on the first invoice and each subsequent invoice.

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The PerfectHealth Insurance Company provides High Deductible Health Plans under forms GRP-1000-MET (NY) and GRC-1000 et al.

