

HEALTH NET A Better Decision

OUTLOOKSM PLANS THIRD QUARTER 2008: New York



FOR EMPLOYER GROUPS 50 AND UNDER

The Outlook Portfolio offers the most competitive set of plans as well as the same great service you have come to expect from Health Net[®] Small Business Group.

NEW YORK THIRD QUARTER OUTLOOK HIGHLIGHTS

Aggressive price points for third quarter include:

- Rate decrease of 4.8% on select Outlook EPO plans.¹
- Rate decrease of 0.6% on select Outlook POS plans.²
- New Outlook POS plan (TWDE53) designed with more employee cost sharing through higher copayments, deductible and out of pocket maximums. TWDE53 is an aggressively priced POS plan when compared to the current market at large.
- **Further reduce overall medical rates by 18-22% using the \$15 generic only discount drug card.**

HIGHLIGHTED BENEFITS AND COMPETITIVE RATES - NYC AND SUFFOLK/WESTCHESTER/ROCKLAND COUNTIES³

	OUTLOOK POS TWDE53		OUTLOOK POS TWCE52		OUTLOOK EPO TW7000		OUTLOOK EPO TW3000	
BENEFITS	In-network	Out-of-network	In-network	Out-of-network	In-network	In-network	In-network	In-network
Physician office visit	\$30 copayment	Subject to deductible and coinsurance	\$20 copayment	Subject to deductible and coinsurance	\$25 copayment	\$25 copayment	\$30 copayment	\$30 copayment
Specialist office visit	\$50 copayment	Subject to deductible and coinsurance	\$30 copayment	Subject to deductible and coinsurance	\$40 copayment	\$40 copayment	\$50 copayment	\$50 copayment
Inpatient hospital	\$750 copayment per admission per 90-day benefit period	Subject to deductible and coinsurance	\$500 copayment per admission per 90-day benefit period	Subject to deductible and coinsurance	\$500 copayment per admission per 90-day benefit period	\$500 copayment per admission per 90-day benefit period	\$300 copayment per day up to \$1,500 max per admission	\$300 copayment per day up to \$1,500 max per admission
Deductible	N/A	\$2,500/\$5,000	N/A	\$2,000/\$6,000	N/A	N/A	N/A	N/A
Coinsurance level	N/A	70%	N/A	70%	N/A	N/A	N/A	N/A
Pharmacy	\$15/\$25/\$40 \$100 deductible	Covered in-network only	\$15/\$25/\$40	Covered in-network only	\$15/\$25/\$40 \$100 deductible	\$15/\$25/\$40 \$100 deductible	\$15 generic brand discount	\$15 generic brand discount
RATES	Suffolk Westchester Rockland	NYC	Suffolk Westchester Rockland	NYC	Suffolk Westchester Rockland	NYC	Suffolk Westchester Rockland	NYC
Single	\$401.41	\$401.08	\$476.74	\$467.37	\$356.72	\$356.44	\$281.91	\$281.65
Husband/Wife	\$893.96	\$893.24	\$1,041.70	\$1,040.86	\$794.43	\$793.81	\$627.85	\$627.27
Parent/ Child(ren)	\$742.65	\$742.05	\$865.37	\$864.68	\$659.96	\$659.45	\$521.57	\$521.09
Family	\$1,194.97	\$1,194.01	\$1,392.46	\$1,391.34	\$1,061.93	\$1,061.10	\$839.25	\$838.47

¹ EPO third quarter rate decrease applies to Outlook plans TW7000 and TW3000

² POS third quarter rate decreases applies to Outlook plans TWCE52, NL9DA2 and NL8DA1

³ Rates are for New York City (Manhattan, Bronx, Kings, Queens, and Richmond Counties) and Suffolk/Westchester/Rockland Counties. Rates are for the third quarter of 2008 (July, August, September) and are subject to home office approval.

Please contact your Health Net Sales Representative for a full portfolio listing and underwriting guidelines.



Health Net[®]
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