

Prepared For
Emblem SP2 1Q2010 Dnstate

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Area New York 10001	Emblem EPO CD EPO 6 100%/\$10,000 HDHP (EPO)	
	In-Network	Out-Network
<u>Drug Card</u>		
Prescription Card	100% after ded	
<u>Major Medical</u>		UCR=N/A
Deductible Ind/Fam	\$10,000/\$20,000	
Co-Insurance	N/A	
Out-of-Pocket	\$10,000/\$20,000	
Office Co-pay	Ded & CoIns	
DXL/Lab Fees	Ded & CoIns	
Specialist Co-pay	Ded & CoIns	
Lifetime Maximum	Unlimited	
<u>Hospital Benefits</u>		
Hospital Benefits		
Hospital In-Patient	Ded & CoIns	
Hospital Out-Patient	Ded & CoIns	
Emergency Room	Ded & CoIns	
Private Nursing	Refer to carrier	
<u>Surgical Benefits</u>		
Surgical In-Patient	Ded & CoIns	
Surgical Out-Patient	Ded & CoIns	
<u>Mental Health</u>		
Mental Nervous In-Patient	Ded & CoIns 30 days/cal yr	
Substance Abuse In-Patient	Ded & CoIns Rehab-30 days/cal yr Detox-7 days/cal yr	
Mental Nervous Out-Patient	Ded & CoIns 30 visits/cal yr	
Substance Abuse Out-Patient	Ded & CoIns 60 visits/cal yr	
<u>Other</u>		
Well Care(Up to 19)	No charge	
Routine Adult Care	No charge	
Chiropractic Care	Ded & CoIns	
Home Health Care	Ded & CoIns; 200 visits/cal yr	
Non-Authorization	Refer to carrier	
Single	0 x	141.06
EE with Spouse	0 -	-
EE with Child(ren)	0 -	-
Family	1 x	359.73
Medicare	0	0.00
Monthly Cost	1	359.73
Annual Cost	4,316.76	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. (d) Non-Formulary / Oral Contraceptive / Deductible