

HIP HEALTH PLAN OF NEW YORK

**SMALL GROUP
HIP PRIME POS
RATE MANUAL**

**FOR NEW BUSINESS EFFECTIVE
JULY 1, 2003 THRU SEPTEMBER 30, 2003**

FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL

<p style="text-align: center;">NEW SMALL GROUP HIP PRIME POS BASE PLAN</p>

The base plan rates in this manual include the following standard benefits:

- *SKILLED NURSING FACILITY - UNLIMITED DAYS**
- *HOME HEALTH CARE - 200 VISITS**
- *INPATIENT THERAPIES - 90 DAYS**
- *OUTPATIENT THERAPIES - 90 DAYS**
- *DURABLE MEDICAL EQUIPMENT - COVERED IN FULL**
- *PRIVATE DUTY NURSING - COVERED IN FULL**
- *INPATIENT MENTAL HEALTH CARE - 30 DAYS**
- *INPATIENT ALCOHOL/SUBSTANCE ABUSE DETOXIFICATION - 7 DAYS**
- *OUTPATIENT ALCOHOL/SUBSTANCE ABUSE REHABILITATION - 60 VISITS**
- *OUTPATIENT MENTAL HEALTH CARE - \$25 COPAY, 20 VISIT LIMIT**
- *DIALYSIS TREATMENT - CONSULT BENEFIT SUMMARY**
- *DIABETIC SUPPLIES - COPAY VARIES BASED ON PHYSICIAN COPAY**
- *OPTICAL BENEFIT - EYEGLASSES - \$45 EVERY 24 MONTHS**
- *DEPENDENT CHILDREN TO END OF MONTH IN WHICH THEY TURN 19**
- *STUDENTS TO END OF YEAR IN WHICH THEY TURN 23**

NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

50% Coinsurance Plans

Four Tier

OPTION 1	EE	401.47
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	746.72
Deductible \$250/ 500	EE & Sp	802.92
Coinsurance Max \$1,000/ 2,000	Family	1,228.10
OPTION 2	EE	388.78
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	723.11
Deductible \$500/ 1,000	EE & Sp	777.53
Coinsurance Max \$1,000/ 2,000	Family	1,189.27
OPTION 3	EE	372.11
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	692.12
Deductible \$1,000/ 2,000	EE & Sp	744.21
Coinsurance Max \$1,000/ 2,000	Family	1,138.30
OPTION 4	EE	360.61
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	670.72
Deductible \$1,500/ 3,000	EE & Sp	721.20
Coinsurance Max \$1,000/ 2,000	Family	1,103.11
OPTION 5	EE	387.06
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	719.91
Deductible \$250/ 500	EE & Sp	774.09
Coinsurance Max \$3,000/ 6,000	Family	1,184.01

***NOTE: THE SPECIALIST COPAY MUST BE THE SAME AS PCP COPAY**

NEW SMALL GROUP HIP PRIME POS BASE RATES*

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50% Coinsurance Plans

Four Tier

OPTION 11	EE	351.99
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	654.71
Deductible \$1,000/ 2,000	EE & Sp	703.98
Coinsurance Max \$7,000/ 14,000	Family	1,076.77
OPTION 12	EE	340.49
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	633.31
Deductible \$1,500/ 3,000	EE & Sp	680.97
Coinsurance Max \$7,000/ 14,000	Family	1,041.58
OPTION 13	EE	399.70
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	743.44
Deductible \$250/ 500	EE & Sp	799.39
Coinsurance Max \$1,000/ 2,000	Family	1,222.70
OPTION 14	EE	387.01
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	719.83
Deductible \$500/ 1,000	EE & Sp	774.00
Coinsurance Max \$1,000/ 2,000	Family	1,183.87
OPTION 15	EE	370.34
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	688.84
Deductible \$1,000/ 2,000	EE & Sp	740.68
Coinsurance Max \$1,000/ 2,000	Family	1,132.90

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

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50% Coinsurance Plans

Four Tier

OPTION 21	EE	379.58
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	706.03
Deductible \$250/ 500	EE & Sp	759.16
Coinsurance Max \$7,000/ 14,000	Family	1,161.17
OPTION 22	EE	366.89
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	682.42
Deductible \$500/ 1,000	EE & Sp	733.77
Coinsurance Max \$7,000/ 14,000	Family	1,122.34
OPTION 23	EE	350.22
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	651.43
Deductible \$1,000/ 2,000	EE & Sp	700.45
Coinsurance Max \$7,000/ 14,000	Family	1,071.37
OPTION 24	EE	338.72
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	630.03
Deductible \$1,500/ 3,000	EE & Sp	677.44
Coinsurance Max \$7,000/ 14,000	Family	1,036.18
OPTION 25	EE	397.74
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	739.79
Deductible \$250/ 500	EE & Sp	795.47
Coinsurance Max \$1,000/ 2,000	Family	1,216.70

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

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50% Coinsurance Plans

Four Tier

OPTION 26	EE	385.05
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	716.18
Deductible \$500/ 1,000	EE & Sp	770.08
Coinsurance Max \$1,000/ 2,000	Family	1177.87
OPTION 27	EE	368.38
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	685.19
Deductible \$1,000/ 2,000	EE & Sp	736.76
Coinsurance Max \$1,000/ 2,000	Family	1126.90
OPTION 28	EE	356.88
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	663.79
Deductible \$1,500/ 3,000	EE & Sp	713.75
Coinsurance Max \$1,000/ 2,000	Family	1091.71
OPTION 29	EE	383.33
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	712.98
Deductible \$250/ 500	EE & Sp	766.64
Coinsurance Max \$3,000/ 6,000	Family	1172.61
OPTION 30	EE	370.64
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	689.37
Deductible \$500/ 1,000	EE & Sp	741.25
Coinsurance Max \$3,000/ 6,000	Family	1133.78

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Four Tier

OPTION 31	EE	353.97
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	658.38
Deductible \$1,000/ 2,000	EE & Sp	707.93
Coinsurance Max \$3,000/ 6,000	Family	1082.81
OPTION 32	EE	342.47
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	636.98
Deductible \$1,500/ 3,000	EE & Sp	684.92
Coinsurance Max \$3,000/ 6,000	Family	1047.62
OPTION 33	EE	377.62
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	702.38
Deductible \$250/ 500	EE & Sp	755.24
Coinsurance Max \$7,000/ 14,000	Family	1155.17
OPTION 34	EE	364.93
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	678.77
Deductible \$500/ 1,000	EE & Sp	729.85
Coinsurance Max \$7,000/ 14,000	Family	1116.34
OPTION 35	EE	348.26
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	647.78
Deductible \$1,000/ 2,000	EE & Sp	696.53
Coinsurance Max \$7,000/ 14,000	Family	1065.37

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OPTION 36
HIP PRIME POS [5/ 5/ 500/ 35]*
Deductible \$1,500/ 3,000
Coinsurance Max \$7,000/ 14,000

EE	336.76
EE & Ch	626.38
EE & Sp	673.52
Family	1030.18

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OPTION 37	EE	398.68
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	741.53
Deductible \$250/ 500	EE & Sp	797.34
Coinsurance Max \$1,000/ 2,000	Family	1219.57
OPTION 38	EE	385.99
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	717.92
Deductible \$500/ 1,000	EE & Sp	771.95
Coinsurance Max \$1,000/ 2,000	Family	1180.74
OPTION 39	EE	369.32
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	686.93
Deductible \$1,000/ 2,000	EE & Sp	738.63
Coinsurance Max \$1,000/ 2,000	Family	1129.77
OPTION 40	EE	357.82
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	665.53
Deductible \$1,500/ 3,000	EE & Sp	715.62
Coinsurance Max \$1,000/ 2,000	Family	1094.58
OPTION 41	EE	384.27
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	714.72
Deductible \$250/ 500	EE & Sp	768.51
Coinsurance Max \$3,000/ 6,000	Family	1175.48

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Four Tier

OPTION 42	EE	371.58
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	691.11
Deductible \$500/ 1,000	EE & Sp	743.12
Coinsurance Max \$3,000/ 6,000	Family	1136.65
OPTION 43	EE	354.91
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	660.12
Deductible \$1,000/ 2,000	EE & Sp	709.80
Coinsurance Max \$3,000/ 6,000	Family	1085.68
OPTION 44	EE	343.41
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	638.72
Deductible \$1,500/ 3,000	EE & Sp	686.79
Coinsurance Max \$3,000/ 6,000	Family	1050.49
OPTION 45	EE	378.56
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	704.12
Deductible \$250/ 500	EE & Sp	757.11
Coinsurance Max \$7,000/ 14,000	Family	1158.04
OPTION 46	EE	365.87
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	680.51
Deductible \$500/ 1,000	EE & Sp	731.72
Coinsurance Max \$7,000/ 14,000	Family	1119.21

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Four Tier

OPTION 47	EE	349.20
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	649.52
Deductible \$1,000/ 2,000	EE & Sp	698.40
Coinsurance Max \$7,000/ 14,000	Family	1068.24
OPTION 48	EE	337.70
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	628.12
Deductible \$1,500/ 3,000	EE & Sp	675.39
Coinsurance Max \$7,000/ 14,000	Family	1033.05
OPTION 49	EE	396.91
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	738.25
Deductible \$250/ 500	EE & Sp	793.81
Coinsurance Max \$1,000/ 2,000	Family	1214.17
OPTION 50	EE	384.22
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	714.64
Deductible \$500/ 1,000	EE & Sp	768.42
Coinsurance Max \$1,000/ 2,000	Family	1175.34
OPTION 51	EE	367.55
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	683.65
Deductible \$1,000/ 2,000	EE & Sp	735.10
Coinsurance Max \$1,000/ 2,000	Family	1124.37

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OPTION 52	EE	356.05
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	662.25
Deductible \$1,500/ 3,000	EE & Sp	712.09
Coinsurance Max \$1,000/ 2,000	Family	1089.18
OPTION 53	EE	382.50
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	711.44
Deductible \$250/ 500	EE & Sp	764.98
Coinsurance Max \$3,000/ 6,000	Family	1170.08
OPTION 54	EE	369.81
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	687.83
Deductible \$500/ 1,000	EE & Sp	739.59
Coinsurance Max \$3,000/ 6,000	Family	1131.25
OPTION 55	EE	353.14
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	656.84
Deductible \$1,000/ 2,000	EE & Sp	706.27
Coinsurance Max \$3,000/ 6,000	Family	1080.28
OPTION 56	EE	341.64
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	635.44
Deductible \$1,500/ 3,000	EE & Sp	683.26
Coinsurance Max \$3,000/ 6,000	Family	1045.09

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50% Coinsurance Plans

Four Tier

OPTION 57	EE	376.79
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	700.84
Deductible \$250/ 500	EE & Sp	753.58
Coinsurance Max \$7,000/ 14,000	Family	1152.64
OPTION 58	EE	364.10
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	677.23
Deductible \$500/ 1,000	EE & Sp	728.19
Coinsurance Max \$7,000/ 14,000	Family	1113.81
OPTION 59	EE	347.43
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	646.24
Deductible \$1,000/ 2,000	EE & Sp	694.87
Coinsurance Max \$7,000/ 14,000	Family	1062.84
OPTION 60	EE	335.93
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	624.84
Deductible \$1,500/ 3,000	EE & Sp	671.86
Coinsurance Max \$7,000/ 14,000	Family	1027.65
OPTION 61	EE	394.95
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	734.60
Deductible \$250/ 500	EE & Sp	789.89
Coinsurance Max \$1,000/ 2,000	Family	1208.17

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Four Tier

OPTION 62	EE	382.26
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	710.99
Deductible \$500/ 1,000	EE & Sp	764.50
Coinsurance Max \$1,000/ 2,000	Family	1169.34
OPTION 63	EE	365.59
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	680.00
Deductible \$1,000/ 2,000	EE & Sp	731.18
Coinsurance Max \$1,000/ 2,000	Family	1118.37
OPTION 64	EE	354.09
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	658.60
Deductible \$1,500/ 3,000	EE & Sp	708.17
Coinsurance Max \$1,000/ 2,000	Family	1083.18
OPTION 65	EE	380.54
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	707.79
Deductible \$250/ 500	EE & Sp	761.06
Coinsurance Max \$3,000/ 6,000	Family	1164.08
OPTION 66	EE	367.85
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	684.18
Deductible \$500/ 1,000	EE & Sp	735.67
Coinsurance Max \$3,000/ 6,000	Family	1125.25

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

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50% Coinsurance Plans

Four Tier

OPTION 67	EE	351.18
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	653.19
Deductible \$1,000/ 2,000	EE & Sp	702.35
Coinsurance Max \$3,000/ 6,000	Family	1074.28
OPTION 68	EE	339.68
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	631.79
Deductible \$1,500/ 3,000	EE & Sp	679.34
Coinsurance Max \$3,000/ 6,000	Family	1039.09
OPTION 69	EE	374.83
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	697.19
Deductible \$250/ 500	EE & Sp	749.66
Coinsurance Max \$7,000/ 14,000	Family	1146.64
OPTION 70	EE	362.14
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	673.58
Deductible \$500/ 1,000	EE & Sp	724.27
Coinsurance Max \$7,000/ 14,000	Family	1107.81
OPTION 71	EE	345.47
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	642.59
Deductible \$1,000/ 2,000	EE & Sp	690.95
Coinsurance Max \$7,000/ 14,000	Family	1056.84

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Four Tier

OPTION 72
HIP PRIME POS [10/ 10/ 500/ 35]*
Deductible \$1,500/ 3,000
Coinsurance Max \$7,000/ 14,000

EE	333.97
EE & Ch	621.19
EE & Sp	667.94
Family	1021.65

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

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Four Tier

OPTION 73	EE	395.98
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	736.54
Deductible \$250/ 500	EE & Sp	792.00
Coinsurance Max \$1,000/ 2,000	Family	1211.38
OPTION 74	EE	383.29
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	712.93
Deductible \$500/ 1,000	EE & Sp	766.61
Coinsurance Max \$1,000/ 2,000	Family	1172.55
OPTION 75	EE	366.62
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	681.94
Deductible \$1,000/ 2,000	EE & Sp	733.29
Coinsurance Max \$1,000/ 2,000	Family	1121.58
OPTION 76	EE	355.12
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	660.54
Deductible \$1,500/ 3,000	EE & Sp	710.28
Coinsurance Max \$1,000/ 2,000	Family	1086.39
OPTION 77	EE	381.57
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	709.73
Deductible \$250/ 500	EE & Sp	763.17
Coinsurance Max \$3,000/ 6,000	Family	1167.29

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OPTION 78	EE	368.88
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	686.12
Deductible \$500/ 1,000	EE & Sp	737.78
Coinsurance Max \$3,000/ 6,000	Family	1128.46
OPTION 79	EE	352.21
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	655.13
Deductible \$1,000/ 2,000	EE & Sp	704.46
Coinsurance Max \$3,000/ 6,000	Family	1077.49
OPTION 80	EE	340.71
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	633.73
Deductible \$1,500/ 3,000	EE & Sp	681.45
Coinsurance Max \$3,000/ 6,000	Family	1042.30
OPTION 81	EE	375.86
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	699.13
Deductible \$250/ 500	EE & Sp	751.77
Coinsurance Max \$7,000/ 14,000	Family	1149.85
OPTION 82	EE	363.17
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	675.52
Deductible \$500/ 1,000	EE & Sp	726.38
Coinsurance Max \$7,000/ 14,000	Family	1111.02

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50% Coinsurance Plans

Four Tier

OPTION 83	EE	346.50
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	644.53
Deductible \$1,000/ 2,000	EE & Sp	693.06
Coinsurance Max \$7,000/ 14,000	Family	1060.05
OPTION 84	EE	335.00
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	623.13
Deductible \$1,500/ 3,000	EE & Sp	670.05
Coinsurance Max \$7,000/ 14,000	Family	1024.86
OPTION 85	EE	394.21
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	733.26
Deductible \$250/ 500	EE & Sp	788.47
Coinsurance Max \$1,000/ 2,000	Family	1205.98
OPTION 86	EE	381.52
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	709.65
Deductible \$500/ 1,000	EE & Sp	763.08
Coinsurance Max \$1,000/ 2,000	Family	1167.15
OPTION 87	EE	364.85
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	678.66
Deductible \$1,000/ 2,000	EE & Sp	729.76
Coinsurance Max \$1,000/ 2,000	Family	1116.18

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OPTION 88	EE	353.35
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	657.26
Deductible \$1,500/ 3,000	EE & Sp	706.75
Coinsurance Max \$1,000/ 2,000	Family	1,080.99
OPTION 89	EE	379.80
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	706.45
Deductible \$250/ 500	EE & Sp	759.64
Coinsurance Max \$3,000/ 6,000	Family	1,161.89
OPTION 90	EE	367.11
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	682.84
Deductible \$500/ 1,000	EE & Sp	734.25
Coinsurance Max \$3,000/ 6,000	Family	1,123.06
OPTION 91	EE	350.44
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	651.85
Deductible \$1,000/ 2,000	EE & Sp	700.93
Coinsurance Max \$3,000/ 6,000	Family	1,072.09
OPTION 92	EE	338.94
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	630.45
Deductible \$1,500/ 3,000	EE & Sp	677.92
Coinsurance Max \$3,000/ 6,000	Family	1,036.90

***NOTE: THE SPECIALIST COPAY MUST BE THE SAME AS PCP COPAY**

NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

50% Coinsurance Plans

Four Tier

OPTION 93	EE	374.09
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	695.85
Deductible \$250/ 500	EE & Sp	748.24
Coinsurance Max \$7,000/ 14,000	Family	1,144.45
OPTION 94	EE	361.40
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	672.24
Deductible \$500/ 1,000	EE & Sp	722.85
Coinsurance Max \$7,000/ 14,000	Family	1,105.62
OPTION 95	EE	344.73
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	641.25
Deductible \$1,000/ 2,000	EE & Sp	689.53
Coinsurance Max \$7,000/ 14,000	Family	1,054.65
OPTION 96	EE	333.23
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	619.85
Deductible \$1,500/ 3,000	EE & Sp	666.52
Coinsurance Max \$7,000/ 14,000	Family	1,019.46
OPTION 97	EE	392.25
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	729.61
Deductible \$250/ 500	EE & Sp	784.55
Coinsurance Max \$1,000/ 2,000	Family	1,199.98

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

50% Coinsurance Plans

Four Tier

OPTION 98	EE	379.56
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	706.00
Deductible \$500/ 1,000	EE & Sp	759.16
Coinsurance Max \$1,000/ 2,000	Family	1,161.15
OPTION 99	EE	362.89
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	675.01
Deductible \$1,000/ 2,000	EE & Sp	725.84
Coinsurance Max \$1,000/ 2,000	Family	1,110.18
OPTION 100	EE	351.39
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	653.61
Deductible \$1,500/ 3,000	EE & Sp	702.83
Coinsurance Max \$1,000/ 2,000	Family	1074.99
OPTION 101	EE	377.84
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	702.80
Deductible \$250/ 500	EE & Sp	755.72
Coinsurance Max \$3,000/ 6,000	Family	1155.89
OPTION 102	EE	365.15
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	679.19
Deductible \$500/ 1,000	EE & Sp	730.33
Coinsurance Max \$3,000/ 6,000	Family	1,117.06

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

50% Coinsurance Plans

Four Tier

OPTION 103	EE	348.48
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	648.20
Deductible \$1,000/ 2,000	EE & Sp	697.01
Coinsurance Max \$3,000/ 6,000	Family	1066.09
OPTION 104	EE	336.98
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	626.80
Deductible \$1,500/ 3,000	EE & Sp	674.00
Coinsurance Max \$3,000/ 6,000	Family	1030.90
OPTION 105	EE	372.13
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	692.20
Deductible \$250/ 500	EE & Sp	744.32
Coinsurance Max \$7,000/ 14,000	Family	1138.45
OPTION 106	EE	359.44
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	668.59
Deductible \$500/ 1,000	EE & Sp	718.93
Coinsurance Max \$7,000/ 14,000	Family	1099.62
OPTION 107	EE	342.77
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	637.60
Deductible \$1,000/ 2,000	EE & Sp	685.61
Coinsurance Max \$7,000/ 14,000	Family	1048.65

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

50% Coinsurance Plans

Four Tier

OPTION 108
HIP PRIME POS [15/ 15/ 500/ 35]*
Deductible \$1,500/ 3,000
Coinsurance Max \$7,000/ 14,000

EE	331.27
EE & Ch	616.20
EE & Sp	662.60
Family	1013.46

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

50% Coinsurance Plans

Four Tier

OPTION 109	EE	393.24
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	731.43
Deductible \$250/ 500	EE & Sp	786.48
Coinsurance Max \$1,000/ 2,000	Family	1202.95
OPTION 110	EE	380.55
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	707.82
Deductible \$500/ 1,000	EE & Sp	761.09
Coinsurance Max \$1,000/ 2,000	Family	1164.12
OPTION 111	EE	363.88
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	676.83
Deductible \$1,000/ 2,000	EE & Sp	727.77
Coinsurance Max \$1,000/ 2,000	Family	1113.15
OPTION 112	EE	352.38
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	655.43
Deductible \$1,500/ 3,000	EE & Sp	704.76
Coinsurance Max \$1,000/ 2,000	Family	1077.96
OPTION 113	EE	378.83
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	704.62
Deductible \$250/ 500	EE & Sp	757.65
Coinsurance Max \$3,000/ 6,000	Family	1158.86

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

50% Coinsurance Plans

Four Tier

OPTION 114	EE	366.14
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	681.01
Deductible \$500/ 1,000	EE & Sp	732.26
Coinsurance Max \$3,000/ 6,000	Family	1120.03
OPTION 115	EE	349.47
HIP PRIME POS [20/ 20 0/ 35]*	EE & Ch	650.02
Deductible \$1,000/ 2,000	EE & Sp	698.94
Coinsurance Max \$3,000/ 6,000	Family	1069.06
OPTION 116	EE	337.97
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	628.62
Deductible \$1,500/ 3,000	EE & Sp	675.93
Coinsurance Max \$3,000/ 6,000	Family	1033.87
OPTION 117	EE	373.12
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	694.02
Deductible \$250/ 500	EE & Sp	746.25
Coinsurance Max \$7,000/ 14,000	Family	1141.42
OPTION 118	EE	360.43
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	670.41
Deductible \$500/ 1,000	EE & Sp	720.86
Coinsurance Max \$7,000/ 14,000	Family	1102.59

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

50% Coinsurance Plans

Four Tier

OPTION 119	EE	343.76
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	639.42
Deductible \$1,000/ 2,000	EE & Sp	687.54
Coinsurance Max \$7,000/ 14,000	Family	1051.62
OPTION 120	EE	332.26
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	618.02
Deductible \$1,500/ 3,000	EE & Sp	664.53
Coinsurance Max \$7,000/ 14,000	Family	1016.43
OPTION 121	EE	391.47
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	728.15
Deductible \$250/ 500	EE & Sp	782.95
Coinsurance Max \$1,000/ 2,000	Family	1197.55
OPTION 122	EE	378.78
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	704.54
Deductible \$500/ 1,000	EE & Sp	757.56
Coinsurance Max \$1,000/ 2,000	Family	1158.72
OPTION 123	EE	362.11
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	673.55
Deductible \$1,000/ 2,000	EE & Sp	724.24
Coinsurance Max \$1,000/ 2,000	Family	1107.75

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

50% Coinsurance Plans

Four Tier

OPTION 124	EE	350.61
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	652.15
Deductible \$1,500/ 3,000	EE & Sp	701.23
Coinsurance Max \$1,000/ 2,000	Family	1072.56
OPTION 125	EE	377.06
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	701.34
Deductible \$250/ 500	EE & Sp	754.12
Coinsurance Max \$3,000/ 6,000	Family	1153.46
OPTION 126	EE	364.37
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	677.73
Deductible \$500/ 1,000	EE & Sp	728.73
Coinsurance Max \$3,000/ 6,000	Family	1114.63
OPTION 127	EE	347.70
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	646.74
Deductible \$1,000/ 2,000	EE & Sp	695.41
Coinsurance Max \$3,000/ 6,000	Family	1063.66
OPTION 128	EE	336.20
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	625.34
Deductible \$1,500/ 3,000	EE & Sp	672.40
Coinsurance Max \$3,000/ 6,000	Family	1028.47

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

50% Coinsurance Plans

Four Tier

OPTION 129	EE	371.35
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	690.74
Deductible \$250/ 500	EE & Sp	742.72
Coinsurance Max \$7,000/ 14,000	Family	1136.02
OPTION 130	EE	358.66
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	667.13
Deductible \$500/ 1,000	EE & Sp	717.33
Coinsurance Max \$7,000/ 14,000	Family	1097.19
OPTION 131	EE	341.99
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	636.14
Deductible \$1,000/ 2,000	EE & Sp	684.01
Coinsurance Max \$7,000/ 14,000	Family	1046.22
OPTION 132	EE	330.49
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	614.74
Deductible \$1,500/ 3,000	EE & Sp	661.00
Coinsurance Max \$7,000/ 14,000	Family	1011.03
OPTION 133	EE	389.51
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	724.50
Deductible \$250/ 500	EE & Sp	779.03
Coinsurance Max \$1,000/ 2,000	Family	1191.55

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

50% Coinsurance Plans

Four Tier

OPTION 134	EE	376.82
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	700.89
Deductible \$500/ 1,000	EE & Sp	753.64
Coinsurance Max \$1,000/ 2,000	Family	1152.72
OPTION 135	EE	360.15
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	669.90
Deductible \$1,000/ 2,000	EE & Sp	720.32
Coinsurance Max \$1,000/ 2,000	Family	1101.75
OPTION 136	EE	348.65
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	648.50
Deductible \$1,500/ 3,000	EE & Sp	697.31
Coinsurance Max \$1,000/ 2,000	Family	1066.56
OPTION 137	EE	375.10
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	697.69
Deductible \$250/ 500	EE & Sp	750.20
Coinsurance Max \$3,000/ 6,000	Family	1147.46
OPTION 138	EE	362.41
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	674.08
Deductible \$500/ 1,000	EE & Sp	724.81
Coinsurance Max \$3,000/ 6,000	Family	1108.63

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

50% Coinsurance Plans

Four Tier

OPTION 139	EE	345.74
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	643.09
Deductible \$1,000/ 2,000	EE & Sp	691.49
Coinsurance Max \$3,000/ 6,000	Family	1057.66
OPTION 140	EE	334.24
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	621.69
Deductible \$1,500/ 3,000	EE & Sp	668.48
Coinsurance Max \$3,000/ 6,000	Family	1022.47
OPTION 141	EE	369.39
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	687.09
Deductible \$250/ 500	EE & Sp	738.80
Coinsurance Max \$7,000/ 14,000	Family	1130.02
OPTION 142	EE	356.70
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	663.48
Deductible \$500/ 1,000	EE & Sp	713.41
Coinsurance Max \$7,000/ 14,000	Family	1091.19
OPTION 143	EE	340.03
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	632.49
Deductible \$1,000/ 2,000	EE & Sp	680.09
Coinsurance Max \$7,000/ 14,000	Family	1040.22

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

50% Coinsurance Plans

Four Tier

OPTION 144
HIP PRIME POS [20/ 20/ 500/ 35]*
Deductible \$1,500/ 3,000
Coinsurance Max \$7,000/ 14,000

EE	328.53
EE & Ch	611.09
EE & Sp	657.08
Family	1005.03

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 1	EE	422.31
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	785.46
Deductible \$250/ 500	EE & Sp	844.58
Coinsurance Max \$1,000/ 2,000	Family	1,291.82
OPTION 2	EE	404.89
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	753.07
Deductible \$500/ 1,000	EE & Sp	809.75
Coinsurance Max \$1,000/ 2,000	Family	1,238.55
OPTION 3	EE	382.08
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	710.63
Deductible \$1,000/ 2,000	EE & Sp	764.12
Coinsurance Max \$1,000/ 2,000	Family	1,168.76
OPTION 4	EE	367.00
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	682.59
Deductible \$1,500/ 3,000	EE & Sp	733.97
Coinsurance Max \$1,000/ 2,000	Family	1,122.63
OPTION 5	EE	414.33
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	770.62
Deductible \$250/ 500	EE & Sp	828.62
Coinsurance Max \$3,000/ 6,000	Family	1,267.41

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 6	EE	396.91
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	738.23
Deductible \$500/ 1,000	EE & Sp	793.79
Coinsurance Max \$3,000/ 6,000	Family	1,214.14
OPTION 7	EE	374.10
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	695.79
Deductible \$1,000/ 2,000	EE & Sp	748.16
Coinsurance Max \$3,000/ 6,000	Family	1,144.35
OPTION 8	EE	359.02
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	667.75
Deductible \$1,500/ 3,000	EE & Sp	718.01
Coinsurance Max \$3,000/ 6,000	Family	1,098.22
OPTION 9	EE	412.19
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	766.65
Deductible \$250/ 500	EE & Sp	824.35
Coinsurance Max \$7,000/ 14,000	Family	1,260.88
OPTION 10	EE	394.77
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	734.26
Deductible \$500/ 1,000	EE & Sp	789.52
Coinsurance Max \$7,000/ 14,000	Family	1,207.61

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 11	EE	371.96
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	691.82
Deductible \$1,000/ 2,000	EE & Sp	743.89
Coinsurance Max \$7,000/ 14,000	Family	1,137.82
OPTION 12	EE	356.88
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	663.78
Deductible \$1,500/ 3,000	EE & Sp	713.74
Coinsurance Max \$7,000/ 14,000	Family	1,091.69
OPTION 13	EE	420.54
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	782.18
Deductible \$250/ 500	EE & Sp	841.05
Coinsurance Max \$1,000/ 2,000	Family	1,286.42
OPTION 14	EE	403.12
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	749.79
Deductible \$500/ 1,000	EE & Sp	806.22
Coinsurance Max \$1,000/ 2,000	Family	1,233.15
OPTION 15	EE	380.31
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	707.35
Deductible \$1,000/ 2,000	EE & Sp	760.59
Coinsurance Max \$1,000/ 2,000	Family	1,163.36

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 16	EE	365.23
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	679.31
Deductible \$1,500/ 3,000	EE & Sp	730.44
Coinsurance Max \$1,000/ 2,000	Family	1,117.23
OPTION 17	EE	412.56
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	767.34
Deductible \$250/ 500	EE & Sp	825.09
Coinsurance Max \$3,000/ 6,000	Family	1,262.01
OPTION 18	EE	395.14
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	734.95
Deductible \$500/ 1,000	EE & Sp	790.26
Coinsurance Max \$3,000/ 6,000	Family	1,208.74
OPTION 19	EE	372.33
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	692.51
Deductible \$1,000/ 2,000	EE & Sp	744.63
Coinsurance Max \$3,000/ 6,000	Family	1,138.95
OPTION 20	EE	357.25
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	664.47
Deductible \$1,500/ 3,000	EE & Sp	714.48
Coinsurance Max \$3,000/ 6,000	Family	1,092.82

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 21	EE	410.42
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	763.37
Deductible \$250/ 500	EE & Sp	820.82
Coinsurance Max \$7,000/ 14,000	Family	1,255.48
OPTION 22	EE	393.00
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	730.98
Deductible \$500/ 1,000	EE & Sp	785.99
Coinsurance Max \$7,000/ 14,000	Family	1,202.21
OPTION 23	EE	370.19
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	688.54
Deductible \$1,000/ 2,000	EE & Sp	740.36
Coinsurance Max \$7,000/ 14,000	Family	1,132.42
OPTION 24	EE	355.11
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	660.50
Deductible \$1,500/ 3,000	EE & Sp	710.21
Coinsurance Max \$7,000/ 14,000	Family	1,086.29
OPTION 25	EE	418.58
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	778.53
Deductible \$250/ 500	EE & Sp	837.13
Coinsurance Max \$1,000/ 2,000	Family	1,280.42

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 26	EE	401.16
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	746.14
Deductible \$500/ 1,000	EE & Sp	802.30
Coinsurance Max \$1,000/ 2,000	Family	1,227.15
OPTION 27	EE	378.35
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	703.70
Deductible \$1,000/ 2,000	EE & Sp	756.67
Coinsurance Max \$1,000/ 2,000	Family	1,157.36
OPTION 28	EE	363.27
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	675.66
Deductible \$1,500/ 3,000	EE & Sp	726.52
Coinsurance Max \$1,000/ 2,000	Family	1,111.23
OPTION 29	EE	410.60
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	763.69
Deductible \$250/ 500	EE & Sp	821.17
Coinsurance Max \$3,000/ 6,000	Family	1,256.01
OPTION 30	EE	393.18
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	731.30
Deductible \$500/ 1,000	EE & Sp	786.34
Coinsurance Max \$3,000/ 6,000	Family	1,202.74

***NOTE: THE SPECIALIST COPAY MUST BE THE SAME AS PCP COPAY**

NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 31	EE	370.37
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	688.86
Deductible \$1,000/ 2,000	EE & Sp	740.71
Coinsurance Max \$3,000/ 6,000	Family	1132.95
OPTION 32	EE	355.29
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	660.82
Deductible \$1,500/ 3,000	EE & Sp	710.56
Coinsurance Max \$3,000/ 6,000	Family	1086.82
OPTION 33	EE	408.46
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	759.72
Deductible \$250/ 500	EE & Sp	816.90
Coinsurance Max \$7,000/ 14,000	Family	1249.48
OPTION 34	EE	391.04
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	727.33
Deductible \$500/ 1,000	EE & Sp	782.07
Coinsurance Max \$7,000/ 14,000	Family	1196.21
OPTION 35	EE	368.23
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	684.89
Deductible \$1,000/ 2,000	EE & Sp	736.44
Coinsurance Max \$7,000/ 14,000	Family	1126.42

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 36
HIP PRIME POS [5/ 5/ 500/ 35]*
Deductible \$1,500/ 3,000
Coinsurance Max \$7,000/ 14,000

EE	353.15
EE & Ch	656.85
EE & Sp	706.29
Family	1080.29

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 37	EE	419.52
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	780.27
Deductible \$250/ 500	EE & Sp	839.00
Coinsurance Max \$1,000/ 2,000	Family	1283.29
OPTION 38	EE	402.10
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	747.88
Deductible \$500/ 1,000	EE & Sp	804.17
Coinsurance Max \$1,000/ 2,000	Family	1230.02
OPTION 39	EE	379.29
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	705.44
Deductible \$1,000/ 2,000	EE & Sp	758.54
Coinsurance Max \$1,000/ 2,000	Family	1160.23
OPTION 40	EE	364.21
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	677.40
Deductible \$1,500/ 3,000	EE & Sp	728.39
Coinsurance Max \$1,000/ 2,000	Family	1114.10
OPTION 41	EE	411.54
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	765.43
Deductible \$250/ 500	EE & Sp	823.04
Coinsurance Max \$3,000/ 6,000	Family	1258.88

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 42	EE	394.12
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	733.04
Deductible \$500/ 1,000	EE & Sp	788.21
Coinsurance Max \$3,000/ 6,000	Family	1205.61
OPTION 43	EE	371.31
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	690.60
Deductible \$1,000/ 2,000	EE & Sp	742.58
Coinsurance Max \$3,000/ 6,000	Family	1135.82
OPTION 44	EE	356.23
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	662.56
Deductible \$1,500/ 3,000	EE & Sp	712.43
Coinsurance Max \$3,000/ 6,000	Family	1089.69
OPTION 45	EE	409.40
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	761.46
Deductible \$250/ 500	EE & Sp	818.77
Coinsurance Max \$7,000/ 14,000	Family	1252.35
OPTION 46	EE	391.98
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	729.07
Deductible \$500/ 1,000	EE & Sp	783.94
Coinsurance Max \$7,000/ 14,000	Family	1199.08

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 47	EE	369.17
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	686.63
Deductible \$1,000/ 2,000	EE & Sp	738.31
Coinsurance Max \$7,000/ 14,000	Family	1,129.29
OPTION 48	EE	354.09
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	658.59
Deductible \$1,500/ 3,000	EE & Sp	708.16
Coinsurance Max \$7,000/ 14,000	Family	1,083.16
OPTION 49	EE	417.75
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	776.99
Deductible \$250/ 500	EE & Sp	835.47
Coinsurance Max \$1,000/ 2,000	Family	1,277.89
OPTION 50	EE	400.33
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	744.60
Deductible \$500/ 1,000	EE & Sp	800.64
Coinsurance Max \$1,000/ 2,000	Family	1224.62
OPTION 51	EE	377.52
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	702.16
Deductible \$1,000/ 2,000	EE & Sp	755.01
Coinsurance Max \$1,000/ 2,000	Family	1154.83

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 52	EE	362.44
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	674.12
Deductible \$1,500/ 3,000	EE & Sp	724.86
Coinsurance Max \$1,000/ 2,000	Family	1,108.70
OPTION 53	EE	409.77
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	762.15
Deductible \$250/ 500	EE & Sp	819.51
Coinsurance Max \$3,000/ 6,000	Family	1253.48
OPTION 54	EE	392.35
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	729.76
Deductible \$500/ 1,000	EE & Sp	784.68
Coinsurance Max \$3,000/ 6,000	Family	1200.21
OPTION 55	EE	369.54
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	687.32
Deductible \$1,000/ 2,000	EE & Sp	739.05
Coinsurance Max \$3,000/ 6,000	Family	1130.42
OPTION 56	EE	354.46
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	659.28
Deductible \$1,500/ 3,000	EE & Sp	708.90
Coinsurance Max \$3,000/ 6,000	Family	1084.29

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 57	EE	407.63
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	758.18
Deductible \$250/ 500	EE & Sp	815.24
Coinsurance Max \$7,000/ 14,000	Family	1,246.95
OPTION 58	EE	390.21
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	725.79
Deductible \$500/ 1,000	EE & Sp	780.41
Coinsurance Max \$7,000/ 14,000	Family	1193.68
OPTION 59	EE	367.40
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	683.35
Deductible \$1,000/ 2,000	EE & Sp	734.78
Coinsurance Max \$7,000/ 14,000	Family	1123.89
OPTION 60	EE	352.32
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	655.31
Deductible \$1,500/ 3,000	EE & Sp	704.63
Coinsurance Max \$7,000/ 14,000	Family	1077.76
OPTION 61	EE	415.79
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	773.34
Deductible \$250/ 500	EE & Sp	831.55
Coinsurance Max \$1,000/ 2,000	Family	1271.89

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 62	EE	398.37
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	740.95
Deductible \$500/ 1,000	EE & Sp	796.72
Coinsurance Max \$1,000/ 2,000	Family	1218.62
OPTION 63	EE	375.56
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	698.51
Deductible \$1,000/ 2,000	EE & Sp	751.09
Coinsurance Max \$1,000/ 2,000	Family	1148.83
OPTION 64	EE	360.48
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	670.47
Deductible \$1,500/ 3,000	EE & Sp	720.94
Coinsurance Max \$1,000/ 2,000	Family	1102.70
OPTION 65	EE	407.81
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	758.50
Deductible \$250/ 500	EE & Sp	815.59
Coinsurance Max \$3,000/ 6,000	Family	1247.48
OPTION 66	EE	390.39
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	726.11
Deductible \$500/ 1,000	EE & Sp	780.76
Coinsurance Max \$3,000/ 6,000	Family	1194.21

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 67	EE	367.58
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	683.67
Deductible \$1,000/ 2,000	EE & Sp	735.13
Coinsurance Max \$3,000/ 6,000	Family	1124.42
OPTION 68	EE	352.50
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	655.63
Deductible \$1,500/ 3,000	EE & Sp	704.98
Coinsurance Max \$3,000/ 6,000	Family	1078.29
OPTION 69	EE	405.67
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	754.53
Deductible \$250/ 500	EE & Sp	811.32
Coinsurance Max \$7,000/ 14,000	Family	1240.95
OPTION 70	EE	388.25
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	722.14
Deductible \$500/ 1,000	EE & Sp	776.49
Coinsurance Max \$7,000/ 14,000	Family	1187.68
OPTION 71	EE	365.44
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	679.70
Deductible \$1,000/ 2,000	EE & Sp	730.86
Coinsurance Max \$7,000/ 14,000	Family	1117.89

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<p>NEW SMALL GROUP HIP PRIME POS BASE RATES*</p>

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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 Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 72
HIP PRIME POS [10/ 10/ 500/ 35]*
Deductible \$1,500/ 3,000
Coinsurance Max \$7,000/ 14,000

EE	350.36
EE & Ch	651.66
EE & Sp	700.71
Family	1071.76

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 73	EE	416.82
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	775.28
Deductible \$250/ 500	EE & Sp	833.66
Coinsurance Max \$1,000/ 2,000	Family	1275.10
OPTION 74	EE	399.40
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	742.89
Deductible \$500/ 1,000	EE & Sp	798.83
Coinsurance Max \$1,000/ 2,000	Family	1221.83
OPTION 75	EE	376.59
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	700.45
Deductible \$1,000/ 2,000	EE & Sp	753.20
Coinsurance Max \$1,000/ 2,000	Family	1152.04
OPTION 76	EE	361.51
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	672.41
Deductible \$1,500/ 3,000	EE & Sp	723.05
Coinsurance Max \$1,000/ 2,000	Family	1105.91
OPTION 77	EE	408.84
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	760.44
Deductible \$250/ 500	EE & Sp	817.70
Coinsurance Max \$3,000/ 6,000	Family	1250.69

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 78	EE	391.42
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	728.05
Deductible \$500/ 1,000	EE & Sp	782.87
Coinsurance Max \$3,000/ 6,000	Family	1197.42
OPTION 79	EE	368.61
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	685.61
Deductible \$1,000/ 2,000	EE & Sp	737.24
Coinsurance Max \$3,000/ 6,000	Family	1127.63
OPTION 80	EE	353.53
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	657.57
Deductible \$1,500/ 3,000	EE & Sp	707.09
Coinsurance Max \$3,000/ 6,000	Family	1081.50
OPTION 81	EE	406.70
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	756.47
Deductible \$250/ 500	EE & Sp	813.43
Coinsurance Max \$7,000/ 14,000	Family	1244.16
OPTION 82	EE	389.28
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	724.08
Deductible \$500/ 1,000	EE & Sp	778.60
Coinsurance Max \$7,000/ 14,000	Family	1190.89

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 83	EE	366.47
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	681.64
Deductible \$1,000/ 2,000	EE & Sp	732.97
Coinsurance Max \$7,000/ 14,000	Family	1121.10
OPTION 84	EE	351.39
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	653.60
Deductible \$1,500/ 3,000	EE & Sp	702.82
Coinsurance Max \$7,000/ 14,000	Family	1074.97
OPTION 85	EE	415.05
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	772.00
Deductible \$250/ 500	EE & Sp	830.13
Coinsurance Max \$1,000/ 2,000	Family	1269.70
OPTION 86	EE	397.63
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	739.61
Deductible \$500/ 1,000	EE & Sp	795.30
Coinsurance Max \$1,000/ 2,000	Family	1216.43
OPTION 87	EE	374.82
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	697.17
Deductible \$1,000/ 2,000	EE & Sp	749.67
Coinsurance Max \$1,000/ 2,000	Family	1146.64

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 88	EE	359.74
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	669.13
Deductible \$1,500/ 3,000	EE & Sp	719.52
Coinsurance Max \$1,000/ 2,000	Family	1,100.51
OPTION 89	EE	407.07
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	757.16
Deductible \$250/ 500	EE & Sp	814.17
Coinsurance Max \$3,000/ 6,000	Family	1,245.29
OPTION 90	EE	389.65
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	724.77
Deductible \$500/ 1,000	EE & Sp	779.34
Coinsurance Max \$3,000/ 6,000	Family	1,192.02
OPTION 91	EE	366.84
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	682.33
Deductible \$1,000/ 2,000	EE & Sp	733.71
Coinsurance Max \$3,000/ 6,000	Family	1,122.23
OPTION 92	EE	351.76
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	654.29
Deductible \$1,500/ 3,000	EE & Sp	703.56
Coinsurance Max \$3,000/ 6,000	Family	1,076.10

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 93	EE	404.93
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	753.19
Deductible \$250/ 500	EE & Sp	809.90
Coinsurance Max \$7,000/ 14,000	Family	1,238.76
OPTION 94	EE	387.51
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	720.80
Deductible \$500/ 1,000	EE & Sp	775.07
Coinsurance Max \$7,000/ 14,000	Family	1,185.49
OPTION 95	EE	364.70
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	678.36
Deductible \$1,000/ 2,000	EE & Sp	729.44
Coinsurance Max \$7,000/ 14,000	Family	1,115.70
OPTION 96	EE	349.62
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	650.32
Deductible \$1,500/ 3,000	EE & Sp	699.29
Coinsurance Max \$7,000/ 14,000	Family	1,069.57
OPTION 97	EE	413.09
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	768.35
Deductible \$250/ 500	EE & Sp	826.21
Coinsurance Max \$1,000/ 2,000	Family	1,263.70

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 98	EE	395.67
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	735.96
Deductible \$500/ 1,000	EE & Sp	791.38
Coinsurance Max \$1,000/ 2,000	Family	1,210.43
OPTION 99	EE	372.86
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	693.52
Deductible \$1,000/ 2,000	EE & Sp	745.75
Coinsurance Max \$1,000/ 2,000	Family	1,140.64
OPTION 100	EE	357.78
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	665.48
Deductible \$1,500/ 3,000	EE & Sp	715.60
Coinsurance Max \$1,000/ 2,000	Family	1094.51
OPTION 101	EE	405.11
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	753.51
Deductible \$250/ 500	EE & Sp	810.25
Coinsurance Max \$3,000/ 6,000	Family	1239.29
OPTION 102	EE	387.69
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	721.12
Deductible \$500/ 1,000	EE & Sp	775.42
Coinsurance Max \$3,000/ 6,000	Family	1,186.02

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 103	EE	364.88
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	678.68
Deductible \$1,000/ 2,000	EE & Sp	729.79
Coinsurance Max \$3,000/ 6,000	Family	1116.23
OPTION 104	EE	349.80
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	650.64
Deductible \$1,500/ 3,000	EE & Sp	699.64
Coinsurance Max \$3,000/ 6,000	Family	1070.10
OPTION 105	EE	402.97
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	749.54
Deductible \$250/ 500	EE & Sp	805.98
Coinsurance Max \$7,000/ 14,000	Family	1232.76
OPTION 106	EE	385.55
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	717.15
Deductible \$500/ 1,000	EE & Sp	771.15
Coinsurance Max \$7,000/ 14,000	Family	1179.49
OPTION 107	EE	362.74
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	674.71
Deductible \$1,000/ 2,000	EE & Sp	725.52
Coinsurance Max \$7,000/ 14,000	Family	1109.70

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 108
HIP PRIME POS [15/ 15/ 500/ 35]*
Deductible \$1,500/ 3,000
Coinsurance Max \$7,000/ 14,000

EE	347.66
EE & Ch	646.67
EE & Sp	695.37
Family	1063.57

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 109	EE	414.08
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	770.17
Deductible \$250/ 500	EE & Sp	828.14
Coinsurance Max \$1,000/ 2,000	Family	1266.67
OPTION 110	EE	396.66
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	737.78
Deductible \$500/ 1,000	EE & Sp	793.31
Coinsurance Max \$1,000/ 2,000	Family	1213.40
OPTION 111	EE	373.85
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	695.34
Deductible \$1,000/ 2,000	EE & Sp	747.68
Coinsurance Max \$1,000/ 2,000	Family	1143.61
OPTION 112	EE	358.77
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	667.30
Deductible \$1,500/ 3,000	EE & Sp	717.53
Coinsurance Max \$1,000/ 2,000	Family	1097.48
OPTION 113	EE	406.10
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	755.33
Deductible \$250/ 500	EE & Sp	812.18
Coinsurance Max \$3,000/ 6,000	Family	1242.26

***NOTE: THE SPECIALIST COPAY MUST BE THE SAME AS PCP COPAY**

NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 114	EE	388.68
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	722.94
Deductible \$500/ 1,000	EE & Sp	777.35
Coinsurance Max \$3,000/ 6,000	Family	1188.99
OPTION 115	EE	365.87
HIP PRIME POS [20/ 20 0/ 35]*	EE & Ch	680.50
Deductible \$1,000/ 2,000	EE & Sp	731.72
Coinsurance Max \$3,000/ 6,000	Family	1119.20
OPTION 116	EE	350.79
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	652.46
Deductible \$1,500/ 3,000	EE & Sp	701.57
Coinsurance Max \$3,000/ 6,000	Family	1073.07
OPTION 117	EE	403.96
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	751.36
Deductible \$250/ 500	EE & Sp	807.91
Coinsurance Max \$7,000/ 14,000	Family	1235.73
OPTION 118	EE	386.54
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	718.97
Deductible \$500/ 1,000	EE & Sp	773.08
Coinsurance Max \$7,000/ 14,000	Family	1182.46

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 119	EE	363.73
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	676.53
Deductible \$1,000/ 2,000	EE & Sp	727.45
Coinsurance Max \$7,000/ 14,000	Family	1112.67
OPTION 120	EE	348.65
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	648.49
Deductible \$1,500/ 3,000	EE & Sp	697.30
Coinsurance Max \$7,000/ 14,000	Family	1066.54
OPTION 121	EE	412.31
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	766.89
Deductible \$250/ 500	EE & Sp	824.61
Coinsurance Max \$1,000/ 2,000	Family	1261.27
OPTION 122	EE	394.89
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	734.50
Deductible \$500/ 1,000	EE & Sp	789.78
Coinsurance Max \$1,000/ 2,000	Family	1208.00
OPTION 123	EE	372.08
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	692.06
Deductible \$1,000/ 2,000	EE & Sp	744.15
Coinsurance Max \$1,000/ 2,000	Family	1138.21

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 124	EE	357.00
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	664.02
Deductible \$1,500/ 3,000	EE & Sp	714.00
Coinsurance Max \$1,000/ 2,000	Family	1092.08
OPTION 125	EE	404.33
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	752.05
Deductible \$250/ 500	EE & Sp	808.65
Coinsurance Max \$3,000/ 6,000	Family	1236.86
OPTION 126	EE	386.91
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	719.66
Deductible \$500/ 1,000	EE & Sp	773.82
Coinsurance Max \$3,000/ 6,000	Family	1183.59
OPTION 127	EE	364.10
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	677.22
Deductible \$1,000/ 2,000	EE & Sp	728.19
Coinsurance Max \$3,000/ 6,000	Family	1113.80
OPTION 128	EE	349.02
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	649.18
Deductible \$1,500/ 3,000	EE & Sp	698.04
Coinsurance Max \$3,000/ 6,000	Family	1067.67

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 129	EE	402.19
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	748.08
Deductible \$250/ 500	EE & Sp	804.38
Coinsurance Max \$7,000/ 14,000	Family	1230.33
OPTION 130	EE	384.77
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	715.69
Deductible \$500/ 1,000	EE & Sp	769.55
Coinsurance Max \$7,000/ 14,000	Family	1177.06
OPTION 131	EE	361.96
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	673.25
Deductible \$1,000/ 2,000	EE & Sp	723.92
Coinsurance Max \$7,000/ 14,000	Family	1107.27
OPTION 132	EE	346.88
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	645.21
Deductible \$1,500/ 3,000	EE & Sp	693.77
Coinsurance Max \$7,000/ 14,000	Family	1061.14
OPTION 133	EE	410.35
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	763.24
Deductible \$250/ 500	EE & Sp	820.69
Coinsurance Max \$1,000/ 2,000	Family	1255.27

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 134	EE	392.93
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	730.85
Deductible \$500/ 1,000	EE & Sp	785.86
Coinsurance Max \$1,000/ 2,000	Family	1202.00
OPTION 135	EE	370.12
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	688.41
Deductible \$1,000/ 2,000	EE & Sp	740.23
Coinsurance Max \$1,000/ 2,000	Family	1132.21
OPTION 136	EE	355.04
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	660.37
Deductible \$1,500/ 3,000	EE & Sp	710.08
Coinsurance Max \$1,000/ 2,000	Family	1086.08
OPTION 137	EE	402.37
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	748.40
Deductible \$250/ 500	EE & Sp	804.73
Coinsurance Max \$3,000/ 6,000	Family	1230.86
OPTION 138	EE	384.95
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	716.01
Deductible \$500/ 1,000	EE & Sp	769.90
Coinsurance Max \$3,000/ 6,000	Family	1177.59

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 139	EE	362.14
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	673.57
Deductible \$1,000/ 2,000	EE & Sp	724.27
Coinsurance Max \$3,000/ 6,000	Family	1107.80
OPTION 140	EE	347.06
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	645.53
Deductible \$1,500/ 3,000	EE & Sp	694.12
Coinsurance Max \$3,000/ 6,000	Family	1061.67
OPTION 141	EE	400.23
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	744.43
Deductible \$250/ 500	EE & Sp	800.46
Coinsurance Max \$7,000/ 14,000	Family	1224.33
OPTION 142	EE	382.81
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	712.04
Deductible \$500/ 1,000	EE & Sp	765.63
Coinsurance Max \$7,000/ 14,000	Family	1171.06
OPTION 143	EE	360.00
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	669.60
Deductible \$1,000/ 2,000	EE & Sp	720.00
Coinsurance Max \$7,000/ 14,000	Family	1101.27

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

70% Coinsurance Plans

Four Tier

OPTION 144
HIP PRIME POS [20/ 20/ 500/ 35]*
Deductible \$1,500/ 3,000
Coinsurance Max \$7,000/ 14,000

EE	344.92
EE & Ch	641.56
EE & Sp	689.85
Family	1055.14

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 1	EE	455.81
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	847.75
Deductible \$250/ 500	EE & Sp	911.56
Coinsurance Max \$1,000/ 2,000	Family	1,394.28
OPTION 2	EE	429.10
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	798.07
Deductible \$500/ 1,000	EE & Sp	858.14
Coinsurance Max \$1,000/ 2,000	Family	1,312.57
OPTION 3	EE	395.05
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	734.73
Deductible \$1,000/ 2,000	EE & Sp	790.04
Coinsurance Max \$1,000/ 2,000	Family	1,208.40
OPTION 4	EE	372.36
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	692.54
Deductible \$1,500/ 3,000	EE & Sp	744.67
Coinsurance Max \$1,000/ 2,000	Family	1,139.02
OPTION 5	EE	450.49
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	837.86
Deductible \$250/ 500	EE & Sp	900.93
Coinsurance Max \$3,000/ 6,000	Family	1,378.02

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 6	EE	423.78
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	788.18
Deductible \$500/ 1,000	EE & Sp	847.51
Coinsurance Max \$3,000/ 6,000	Family	1,296.31
OPTION 7	EE	389.73
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	724.84
Deductible \$1,000/ 2,000	EE & Sp	779.41
Coinsurance Max \$3,000/ 6,000	Family	1,192.14
OPTION 8	EE	367.04
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	682.65
Deductible \$1,500/ 3,000	EE & Sp	734.04
Coinsurance Max \$3,000/ 6,000	Family	1,122.76
OPTION 9	EE	449.35
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	835.73
Deductible \$250/ 500	EE & Sp	898.63
Coinsurance Max \$7,000/ 14,000	Family	1,374.51
OPTION 10	EE	422.64
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	786.05
Deductible \$500/ 1,000	EE & Sp	845.21
Coinsurance Max \$7,000/ 14,000	Family	1,292.80

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 11	EE	388.59
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	722.71
Deductible \$1,000/ 2,000	EE & Sp	777.11
Coinsurance Max \$7,000/ 14,000	Family	1,188.63
OPTION 12	EE	365.90
HIP PRIME POS [5/ 5/ 0/ 35]*	EE & Ch	680.52
Deductible \$1,500/ 3,000	EE & Sp	731.74
Coinsurance Max \$7,000/ 14,000	Family	1,119.25
OPTION 13	EE	454.04
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	844.47
Deductible \$250/ 500	EE & Sp	908.03
Coinsurance Max \$1,000/ 2,000	Family	1,388.88
OPTION 14	EE	427.33
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	794.79
Deductible \$500/ 1,000	EE & Sp	854.61
Coinsurance Max \$1,000/ 2,000	Family	1,307.17
OPTION 15	EE	393.28
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	731.45
Deductible \$1,000/ 2,000	EE & Sp	786.51
Coinsurance Max \$1,000/ 2,000	Family	1,203.00

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 16	EE	370.59
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	689.26
Deductible \$1,500/ 3,000	EE & Sp	741.14
Coinsurance Max \$1,000/ 2,000	Family	1,133.62
OPTION 17	EE	448.72
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	834.58
Deductible \$250/ 500	EE & Sp	897.40
Coinsurance Max \$3,000/ 6,000	Family	1,372.62
OPTION 18	EE	422.01
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	784.90
Deductible \$500/ 1,000	EE & Sp	843.98
Coinsurance Max \$3,000/ 6,000	Family	1,290.91
OPTION 19	EE	387.96
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	721.56
Deductible \$1,000/ 2,000	EE & Sp	775.88
Coinsurance Max \$3,000/ 6,000	Family	1,186.74
OPTION 20	EE	365.27
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	679.37
Deductible \$1,500/ 3,000	EE & Sp	730.51
Coinsurance Max \$3,000/ 6,000	Family	1,117.36

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 21	EE	447.58
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	832.45
Deductible \$250/ 500	EE & Sp	895.10
Coinsurance Max \$7,000/ 14,000	Family	1,369.11
OPTION 22	EE	420.87
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	782.77
Deductible \$500/ 1,000	EE & Sp	841.68
Coinsurance Max \$7,000/ 14,000	Family	1,287.40
OPTION 23	EE	386.82
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	719.43
Deductible \$1,000/ 2,000	EE & Sp	773.58
Coinsurance Max \$7,000/ 14,000	Family	1,183.23
OPTION 24	EE	364.13
HIP PRIME POS [5/ 5/ 250/ 35]*	EE & Ch	677.24
Deductible \$1,500/ 3,000	EE & Sp	728.21
Coinsurance Max \$7,000/ 14,000	Family	1,113.85
OPTION 25	EE	452.08
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	840.82
Deductible \$250/ 500	EE & Sp	904.11
Coinsurance Max \$1,000/ 2,000	Family	1,382.88

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 26	EE	425.37
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	791.14
Deductible \$500/ 1,000	EE & Sp	850.69
Coinsurance Max \$1,000/ 2,000	Family	1301.17
OPTION 27	EE	391.32
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	727.80
Deductible \$1,000/ 2,000	EE & Sp	782.59
Coinsurance Max \$1,000/ 2,000	Family	1197.00
OPTION 28	EE	368.63
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	685.61
Deductible \$1,500/ 3,000	EE & Sp	737.22
Coinsurance Max \$1,000/ 2,000	Family	1127.62
OPTION 29	EE	446.76
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	830.93
Deductible \$250/ 500	EE & Sp	893.48
Coinsurance Max \$3,000/ 6,000	Family	1366.62
OPTION 30	EE	420.05
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	781.25
Deductible \$500/ 1,000	EE & Sp	840.06
Coinsurance Max \$3,000/ 6,000	Family	1284.91

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 31	EE	386.00
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	717.91
Deductible \$1,000/ 2,000	EE & Sp	771.96
Coinsurance Max \$3,000/ 6,000	Family	1180.74
OPTION 32	EE	363.31
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	675.72
Deductible \$1,500/ 3,000	EE & Sp	726.59
Coinsurance Max \$3,000/ 6,000	Family	1111.36
OPTION 33	EE	445.62
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	828.80
Deductible \$250/ 500	EE & Sp	891.18
Coinsurance Max \$7,000/ 14,000	Family	1363.11
OPTION 34	EE	418.91
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	779.12
Deductible \$500/ 1,000	EE & Sp	837.76
Coinsurance Max \$7,000/ 14,000	Family	1281.40
OPTION 35	EE	384.86
HIP PRIME POS [5/ 5/ 500/ 35]*	EE & Ch	715.78
Deductible \$1,000/ 2,000	EE & Sp	769.66
Coinsurance Max \$7,000/ 14,000	Family	1177.23

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 36
HIP PRIME POS [5/ 5/ 500/ 35]*
Deductible \$1,500/ 3,000
Coinsurance Max \$7,000/ 14,000

EE	362.17
EE & Ch	673.59
EE & Sp	724.29
Family	1107.85

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 37	EE	453.02
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	842.56
Deductible \$250/ 500	EE & Sp	905.98
Coinsurance Max \$1,000/ 2,000	Family	1385.75
OPTION 38	EE	426.31
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	792.88
Deductible \$500/ 1,000	EE & Sp	852.56
Coinsurance Max \$1,000/ 2,000	Family	1304.04
OPTION 39	EE	392.26
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	729.54
Deductible \$1,000/ 2,000	EE & Sp	784.46
Coinsurance Max \$1,000/ 2,000	Family	1199.87
OPTION 40	EE	369.57
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	687.35
Deductible \$1,500/ 3,000	EE & Sp	739.09
Coinsurance Max \$1,000/ 2,000	Family	1130.49
OPTION 41	EE	447.70
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	832.67
Deductible \$250/ 500	EE & Sp	895.35
Coinsurance Max \$3,000/ 6,000	Family	1369.49

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 42	EE	420.99
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	782.99
Deductible \$500/ 1,000	EE & Sp	841.93
Coinsurance Max \$3,000/ 6,000	Family	1287.78
OPTION 43	EE	386.94
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	719.65
Deductible \$1,000/ 2,000	EE & Sp	773.83
Coinsurance Max \$3,000/ 6,000	Family	1183.61
OPTION 44	EE	364.25
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	677.46
Deductible \$1,500/ 3,000	EE & Sp	728.46
Coinsurance Max \$3,000/ 6,000	Family	1114.23
OPTION 45	EE	446.56
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	830.54
Deductible \$250/ 500	EE & Sp	893.05
Coinsurance Max \$7,000/ 14,000	Family	1365.98
OPTION 46	EE	419.85
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	780.86
Deductible \$500/ 1,000	EE & Sp	839.63
Coinsurance Max \$7,000/ 14,000	Family	1284.27

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 47	EE	385.80
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	717.52
Deductible \$1,000/ 2,000	EE & Sp	771.53
Coinsurance Max \$7,000/ 14,000	Family	1,180.10
OPTION 48	EE	363.11
HIP PRIME POS [10/ 10/ 0/ 35]*	EE & Ch	675.33
Deductible \$1,500/ 3,000	EE & Sp	726.16
Coinsurance Max \$7,000/ 14,000	Family	1,110.72
OPTION 49	EE	451.25
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	839.28
Deductible \$250/ 500	EE & Sp	902.45
Coinsurance Max \$1,000/ 2,000	Family	1,380.35
OPTION 50	EE	424.54
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	789.60
Deductible \$500/ 1,000	EE & Sp	849.03
Coinsurance Max \$1,000/ 2,000	Family	1298.64
OPTION 51	EE	390.49
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	726.26
Deductible \$1,000/ 2,000	EE & Sp	780.93
Coinsurance Max \$1,000/ 2,000	Family	1194.47

***NOTE: THE SPECIALIST COPAY MUST BE THE SAME AS PCP COPAY**

NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 52	EE	367.80
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	684.07
Deductible \$1,500/ 3,000	EE & Sp	735.56
Coinsurance Max \$1,000/ 2,000	Family	1,125.09
OPTION 53	EE	445.93
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	829.39
Deductible \$250/ 500	EE & Sp	891.82
Coinsurance Max \$3,000/ 6,000	Family	1364.09
OPTION 54	EE	419.22
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	779.71
Deductible \$500/ 1,000	EE & Sp	838.40
Coinsurance Max \$3,000/ 6,000	Family	1282.38
OPTION 55	EE	385.17
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	716.37
Deductible \$1,000/ 2,000	EE & Sp	770.30
Coinsurance Max \$3,000/ 6,000	Family	1178.21
OPTION 56	EE	362.48
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	674.18
Deductible \$1,500/ 3,000	EE & Sp	724.93
Coinsurance Max \$3,000/ 6,000	Family	1108.83

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 57	EE	444.79
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	827.26
Deductible \$250/ 500	EE & Sp	889.52
Coinsurance Max \$7,000/ 14,000	Family	1,360.58
OPTION 58	EE	418.08
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	777.58
Deductible \$500/ 1,000	EE & Sp	836.10
Coinsurance Max \$7,000/ 14,000	Family	1278.87
OPTION 59	EE	384.03
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	714.24
Deductible \$1,000/ 2,000	EE & Sp	768.00
Coinsurance Max \$7,000/ 14,000	Family	1174.70
OPTION 60	EE	361.34
HIP PRIME POS [10/ 10/ 250/ 35]*	EE & Ch	672.05
Deductible \$1,500/ 3,000	EE & Sp	722.63
Coinsurance Max \$7,000/ 14,000	Family	1105.32
OPTION 61	EE	449.29
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	835.63
Deductible \$250/ 500	EE & Sp	898.53
Coinsurance Max \$1,000/ 2,000	Family	1374.35

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 62	EE	422.58
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	785.95
Deductible \$500/ 1,000	EE & Sp	845.11
Coinsurance Max \$1,000/ 2,000	Family	1292.64
OPTION 63	EE	388.53
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	722.61
Deductible \$1,000/ 2,000	EE & Sp	777.01
Coinsurance Max \$1,000/ 2,000	Family	1188.47
OPTION 64	EE	365.84
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	680.42
Deductible \$1,500/ 3,000	EE & Sp	731.64
Coinsurance Max \$1,000/ 2,000	Family	1119.09
OPTION 65	EE	443.97
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	825.74
Deductible \$250/ 500	EE & Sp	887.90
Coinsurance Max \$3,000/ 6,000	Family	1358.09
OPTION 66	EE	417.26
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	776.06
Deductible \$500/ 1,000	EE & Sp	834.48
Coinsurance Max \$3,000/ 6,000	Family	1276.38

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 67	EE	383.21
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	712.72
Deductible \$1,000/ 2,000	EE & Sp	766.38
Coinsurance Max \$3,000/ 6,000	Family	1172.21
OPTION 68	EE	360.52
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	670.53
Deductible \$1,500/ 3,000	EE & Sp	721.01
Coinsurance Max \$3,000/ 6,000	Family	1102.83
OPTION 69	EE	442.83
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	823.61
Deductible \$250/ 500	EE & Sp	885.60
Coinsurance Max \$7,000/ 14,000	Family	1354.58
OPTION 70	EE	416.12
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	773.93
Deductible \$500/ 1,000	EE & Sp	832.18
Coinsurance Max \$7,000/ 14,000	Family	1272.87
OPTION 71	EE	382.07
HIP PRIME POS [10/ 10/ 500/ 35]*	EE & Ch	710.59
Deductible \$1,000/ 2,000	EE & Sp	764.08
Coinsurance Max \$7,000/ 14,000	Family	1168.70

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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80% Coinsurance Plans

Four Tier

OPTION 72
HIP PRIME POS [10/ 10/ 500/ 35]*
Deductible \$1,500/ 3,000
Coinsurance Max \$7,000/ 14,000

EE	359.38
EE & Ch	668.40
EE & Sp	718.71
Family	1099.32

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 73	EE	450.32
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	837.57
Deductible \$250/ 500	EE & Sp	900.64
Coinsurance Max \$1,000/ 2,000	Family	1377.56
OPTION 74	EE	423.61
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	787.89
Deductible \$500/ 1,000	EE & Sp	847.22
Coinsurance Max \$1,000/ 2,000	Family	1295.85
OPTION 75	EE	389.56
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	724.55
Deductible \$1,000/ 2,000	EE & Sp	779.12
Coinsurance Max \$1,000/ 2,000	Family	1191.68
OPTION 76	EE	366.87
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	682.36
Deductible \$1,500/ 3,000	EE & Sp	733.75
Coinsurance Max \$1,000/ 2,000	Family	1122.30
OPTION 77	EE	445.00
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	827.68
Deductible \$250/ 500	EE & Sp	890.01
Coinsurance Max \$3,000/ 6,000	Family	1361.30

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 78	EE	418.29
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	778.00
Deductible \$500/ 1,000	EE & Sp	836.59
Coinsurance Max \$3,000/ 6,000	Family	1279.59
OPTION 79	EE	384.24
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	714.66
Deductible \$1,000/ 2,000	EE & Sp	768.49
Coinsurance Max \$3,000/ 6,000	Family	1175.42
OPTION 80	EE	361.55
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	672.47
Deductible \$1,500/ 3,000	EE & Sp	723.12
Coinsurance Max \$3,000/ 6,000	Family	1106.04
OPTION 81	EE	443.86
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	825.55
Deductible \$250/ 500	EE & Sp	887.71
Coinsurance Max \$7,000/ 14,000	Family	1357.79
OPTION 82	EE	417.15
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	775.87
Deductible \$500/ 1,000	EE & Sp	834.29
Coinsurance Max \$7,000/ 14,000	Family	1276.08

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 83	EE	383.10
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	712.53
Deductible \$1,000/ 2,000	EE & Sp	766.19
Coinsurance Max \$7,000/ 14,000	Family	1171.91
OPTION 84	EE	360.41
HIP PRIME POS [15/ 15/ 0/ 35]*	EE & Ch	670.34
Deductible \$1,500/ 3,000	EE & Sp	720.82
Coinsurance Max \$7,000/ 14,000	Family	1102.53
OPTION 85	EE	448.55
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	834.29
Deductible \$250/ 500	EE & Sp	897.11
Coinsurance Max \$1,000/ 2,000	Family	1372.16
OPTION 86	EE	421.84
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	784.61
Deductible \$500/ 1,000	EE & Sp	843.69
Coinsurance Max \$1,000/ 2,000	Family	1290.45
OPTION 87	EE	387.79
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	721.27
Deductible \$1,000/ 2,000	EE & Sp	775.59
Coinsurance Max \$1,000/ 2,000	Family	1186.28

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 88	EE	365.10
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	679.08
Deductible \$1,500/ 3,000	EE & Sp	730.22
Coinsurance Max \$1,000/ 2,000	Family	1,116.90
OPTION 89	EE	443.23
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	824.40
Deductible \$250/ 500	EE & Sp	886.48
Coinsurance Max \$3,000/ 6,000	Family	1,355.90
OPTION 90	EE	416.52
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	774.72
Deductible \$500/ 1,000	EE & Sp	833.06
Coinsurance Max \$3,000/ 6,000	Family	1,274.19
OPTION 91	EE	382.47
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	711.38
Deductible \$1,000/ 2,000	EE & Sp	764.96
Coinsurance Max \$3,000/ 6,000	Family	1,170.02
OPTION 92	EE	359.78
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	669.19
Deductible \$1,500/ 3,000	EE & Sp	719.59
Coinsurance Max \$3,000/ 6,000	Family	1,100.64

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 93	EE	442.09
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	822.27
Deductible \$250/ 500	EE & Sp	884.18
Coinsurance Max \$7,000/ 14,000	Family	1,352.39
OPTION 94	EE	415.38
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	772.59
Deductible \$500/ 1,000	EE & Sp	830.76
Coinsurance Max \$7,000/ 14,000	Family	1,270.68
OPTION 95	EE	381.33
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	709.25
Deductible \$1,000/ 2,000	EE & Sp	762.66
Coinsurance Max \$7,000/ 14,000	Family	1,166.51
OPTION 96	EE	358.64
HIP PRIME POS [15/ 15/ 250/ 35]*	EE & Ch	667.06
Deductible \$1,500/ 3,000	EE & Sp	717.29
Coinsurance Max \$7,000/ 14,000	Family	1,097.13
OPTION 97	EE	446.59
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	830.64
Deductible \$250/ 500	EE & Sp	893.19
Coinsurance Max \$1,000/ 2,000	Family	1,366.16

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 98	EE	419.88
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	780.96
Deductible \$500/ 1,000	EE & Sp	839.77
Coinsurance Max \$1,000/ 2,000	Family	1,284.45
OPTION 99	EE	385.83
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	717.62
Deductible \$1,000/ 2,000	EE & Sp	771.67
Coinsurance Max \$1,000/ 2,000	Family	1,180.28
OPTION 100	EE	363.14
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	675.43
Deductible \$1,500/ 3,000	EE & Sp	726.30
Coinsurance Max \$1,000/ 2,000	Family	1110.90
OPTION 101	EE	441.27
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	820.75
Deductible \$250/ 500	EE & Sp	882.56
Coinsurance Max \$3,000/ 6,000	Family	1349.90
OPTION 102	EE	414.56
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	771.07
Deductible \$500/ 1,000	EE & Sp	829.14
Coinsurance Max \$3,000/ 6,000	Family	1,268.19

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 103	EE	380.51
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	707.73
Deductible \$1,000/ 2,000	EE & Sp	761.04
Coinsurance Max \$3,000/ 6,000	Family	1164.02
OPTION 104	EE	357.82
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	665.54
Deductible \$1,500/ 3,000	EE & Sp	715.67
Coinsurance Max \$3,000/ 6,000	Family	1094.64
OPTION 105	EE	440.13
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	818.62
Deductible \$250/ 500	EE & Sp	880.26
Coinsurance Max \$7,000/ 14,000	Family	1346.39
OPTION 106	EE	413.42
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	768.94
Deductible \$500/ 1,000	EE & Sp	826.84
Coinsurance Max \$7,000/ 14,000	Family	1264.68
OPTION 107	EE	379.37
HIP PRIME POS [15/ 15/ 500/ 35]*	EE & Ch	705.60
Deductible \$1,000/ 2,000	EE & Sp	758.74
Coinsurance Max \$7,000/ 14,000	Family	1160.51

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 108
HIP PRIME POS [15/ 15/ 500/ 35]*
Deductible \$1,500/ 3,000
Coinsurance Max \$7,000/ 14,000

EE	356.68
EE & Ch	663.41
EE & Sp	713.37
Family	1091.13

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 109	EE	447.58
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	832.46
Deductible \$250/ 500	EE & Sp	895.12
Coinsurance Max \$1,000/ 2,000	Family	1369.13
OPTION 110	EE	420.87
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	782.78
Deductible \$500/ 1,000	EE & Sp	841.70
Coinsurance Max \$1,000/ 2,000	Family	1287.42
OPTION 111	EE	386.82
HIP PRIME POS [20/ 20 0/ 35]*	EE & Ch	719.44
Deductible \$1,000/ 2,000	EE & Sp	773.60
Coinsurance Max \$1,000/ 2,000	Family	1183.25
OPTION 112	EE	364.13
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	677.25
Deductible \$1,500/ 3,000	EE & Sp	728.23
Coinsurance Max \$1,000/ 2,000	Family	1113.87
OPTION 113	EE	442.26
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	822.57
Deductible \$250/ 500	EE & Sp	884.49
Coinsurance Max \$3,000/ 6,000	Family	1352.87

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 114	EE	415.55
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	772.89
Deductible \$500/ 1,000	EE & Sp	831.07
Coinsurance Max \$3,000/ 6,000	Family	1271.16
OPTION 115	EE	381.50
HIP PRIME POS [20/ 20 0/ 35]*	EE & Ch	709.55
Deductible \$1,000/ 2,000	EE & Sp	762.97
Coinsurance Max \$3,000/ 6,000	Family	1166.99
OPTION 116	EE	358.81
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	667.36
Deductible \$1,500/ 3,000	EE & Sp	717.60
Coinsurance Max \$3,000/ 6,000	Family	1097.61
OPTION 117	EE	441.12
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	820.44
Deductible \$250/ 500	EE & Sp	882.19
Coinsurance Max \$7,000/ 14,000	Family	1349.36
OPTION 118	EE	414.41
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	770.76
Deductible \$500/ 1,000	EE & Sp	828.77
Coinsurance Max \$7,000/ 14,000	Family	1267.65

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 119	EE	380.36
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	707.42
Deductible \$1,000/ 2,000	EE & Sp	760.67
Coinsurance Max \$7,000/ 14,000	Family	1163.48
OPTION 120	EE	357.67
HIP PRIME POS [20/ 20/ 0/ 35]*	EE & Ch	665.23
Deductible \$1,500/ 3,000	EE & Sp	715.30
Coinsurance Max \$7,000/ 14,000	Family	1094.10
OPTION 121	EE	445.81
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	829.18
Deductible \$250/ 500	EE & Sp	891.59
Coinsurance Max \$1,000/ 2,000	Family	1363.73
OPTION 122	EE	419.10
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	779.50
Deductible \$500/ 1,000	EE & Sp	838.17
Coinsurance Max \$1,000/ 2,000	Family	1282.02
OPTION 123	EE	385.05
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	716.16
Deductible \$1,000/ 2,000	EE & Sp	770.07
Coinsurance Max \$1,000/ 2,000	Family	1177.85

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 124	EE	362.36
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	673.97
Deductible \$1,500/ 3,000	EE & Sp	724.70
Coinsurance Max \$1,000/ 2,000	Family	1108.47
OPTION 125	EE	440.49
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	819.29
Deductible \$250/ 500	EE & Sp	880.96
Coinsurance Max \$3,000/ 6,000	Family	1347.47
OPTION 126	EE	413.78
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	769.61
Deductible \$500/ 1,000	EE & Sp	827.54
Coinsurance Max \$3,000/ 6,000	Family	1265.76
OPTION 127	EE	379.73
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	706.27
Deductible \$1,000/ 2,000	EE & Sp	759.44
Coinsurance Max \$3,000/ 6,000	Family	1161.59
OPTION 128	EE	357.04
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	664.08
Deductible \$1,500/ 3,000	EE & Sp	714.07
Coinsurance Max \$3,000/ 6,000	Family	1092.21

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 129	EE	439.35
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	817.16
Deductible \$250/ 500	EE & Sp	878.66
Coinsurance Max \$7,000/ 14,000	Family	1343.96
OPTION 130	EE	412.64
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	767.48
Deductible \$500/ 1,000	EE & Sp	825.24
Coinsurance Max \$7,000/ 14,000	Family	1262.25
OPTION 131	EE	378.59
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	704.14
Deductible \$1,000/ 2,000	EE & Sp	757.14
Coinsurance Max \$7,000/ 14,000	Family	1158.08
OPTION 132	EE	355.90
HIP PRIME POS [20/ 20/ 250/ 35]*	EE & Ch	661.95
Deductible \$1,500/ 3,000	EE & Sp	711.77
Coinsurance Max \$7,000/ 14,000	Family	1088.70
OPTION 133	EE	443.85
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	825.53
Deductible \$250/ 500	EE & Sp	887.67
Coinsurance Max \$1,000/ 2,000	Family	1357.73

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NEW SMALL GROUP HIP PRIME POS BASE RATES*

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80% Coinsurance Plans

Four Tier

OPTION 134	EE	417.14
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	775.85
Deductible \$500/ 1,000	EE & Sp	834.25
Coinsurance Max \$1,000/ 2,000	Family	1276.02
OPTION 135	EE	383.09
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	712.51
Deductible \$1,000/ 2,000	EE & Sp	766.15
Coinsurance Max \$1,000/ 2,000	Family	1171.85
OPTION 136	EE	360.40
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	670.32
Deductible \$1,500/ 3,000	EE & Sp	720.78
Coinsurance Max \$1,000/ 2,000	Family	1102.47
OPTION 137	EE	438.53
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	815.64
Deductible \$250/ 500	EE & Sp	877.04
Coinsurance Max \$3,000/ 6,000	Family	1341.47
OPTION 138	EE	411.82
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	765.96
Deductible \$500/ 1,000	EE & Sp	823.62
Coinsurance Max \$3,000/ 6,000	Family	1259.76

***NOTE: THE SPECIALIST COPAY MUST BE THE SAME AS PCP COPAY**

NEW SMALL GROUP HIP PRIME POS BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 139	EE	377.77
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	702.62
Deductible \$1,000/ 2,000	EE & Sp	755.52
Coinsurance Max \$3,000/ 6,000	Family	1155.59
OPTION 140	EE	355.08
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	660.43
Deductible \$1,500/ 3,000	EE & Sp	710.15
Coinsurance Max \$3,000/ 6,000	Family	1086.21
OPTION 141	EE	437.39
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	813.51
Deductible \$250/ 500	EE & Sp	874.74
Coinsurance Max \$7,000/ 14,000	Family	1337.96
OPTION 142	EE	410.68
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	763.83
Deductible \$500/ 1,000	EE & Sp	821.32
Coinsurance Max \$7,000/ 14,000	Family	1256.25
OPTION 143	EE	376.63
HIP PRIME POS [20/ 20/ 500/ 35]*	EE & Ch	700.49
Deductible \$1,000/ 2,000	EE & Sp	753.22
Coinsurance Max \$7,000/ 14,000	Family	1152.08

***NOTE: THE SPECIALIST COPAY MUST BE THE SAME AS PCP COPAY**

NEW SMALL GROUP HIP PRIME POS BASE RATES*

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Monthly Premiums

80% Coinsurance Plans

Four Tier

OPTION 144
HIP PRIME POS [20/ 20/ 500/ 35]*
Deductible \$1,500/ 3,000
Coinsurance Max \$7,000/ 14,000

EE	353.94
EE & Ch	658.30
EE & Sp	707.85
Family	1082.70

***NOTE: THE SPECIALIST COPAY MUST BE THE SAME AS PCP COPAY**

SMALL GROUP HIP PRIME POS RIDER OPTIONS
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FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
 Monthly Premiums

RX Drug Riders, Contraceptives ; Includes Non-Formulary Drugs

GENERIC: BRAND <u>COPAY</u>	<u>Four Tier</u>
\$5/ \$10/ 50%	EE 59.09 EE & Ch 109.93 EE & Sp 118.21 Family 180.80
\$10/ \$15/ 50%	EE 49.82 EE & Ch 92.68 EE & Sp 99.65 Family 152.41
\$10/ \$20/ \$50%	EE 42.69 EE & Ch 79.39 EE & Sp 85.37 Family 130.56
\$100 DED/ \$10/ \$20/ \$50%	EE 28.80 EE & Ch 53.57 EE & Sp 57.60 Family 88.11

SMALL GROUP HIP PRIME POS RIDER OPTIONS

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

RX Drug Riders, Contraceptives ; Includes Non-Formulary Drugs

GENERIC: BRAND <u>COPAY</u>	<u>Four Tier</u>								
\$5/ \$10/ \$35	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">EE</td><td style="text-align: right;">59.92</td></tr> <tr><td style="text-align: right;">EE & Ch</td><td style="text-align: right;">111.46</td></tr> <tr><td style="text-align: right;">EE & Sp</td><td style="text-align: right;">119.86</td></tr> <tr><td style="text-align: right;">Family</td><td style="text-align: right;">183.33</td></tr> </table>	EE	59.92	EE & Ch	111.46	EE & Sp	119.86	Family	183.33
EE	59.92								
EE & Ch	111.46								
EE & Sp	119.86								
Family	183.33								
\$10/ \$15/ \$35	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">EE</td><td style="text-align: right;">50.51</td></tr> <tr><td style="text-align: right;">EE & Ch</td><td style="text-align: right;">93.97</td></tr> <tr><td style="text-align: right;">EE & Sp</td><td style="text-align: right;">101.04</td></tr> <tr><td style="text-align: right;">Family</td><td style="text-align: right;">154.54</td></tr> </table>	EE	50.51	EE & Ch	93.97	EE & Sp	101.04	Family	154.54
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EE & Ch	93.97								
EE & Sp	101.04								
Family	154.54								
\$10/ \$20/ \$35	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">EE</td><td style="text-align: right;">43.28</td></tr> <tr><td style="text-align: right;">EE & Ch</td><td style="text-align: right;">80.50</td></tr> <tr><td style="text-align: right;">EE & Sp</td><td style="text-align: right;">86.56</td></tr> <tr><td style="text-align: right;">Family</td><td style="text-align: right;">132.38</td></tr> </table>	EE	43.28	EE & Ch	80.50	EE & Sp	86.56	Family	132.38
EE	43.28								
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EE & Sp	86.56								
Family	132.38								
\$100 DED / \$10/ \$20/ \$\$\$35	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">EE</td><td style="text-align: right;">29.20</td></tr> <tr><td style="text-align: right;">EE & Ch</td><td style="text-align: right;">54.31</td></tr> <tr><td style="text-align: right;">EE & Sp</td><td style="text-align: right;">58.40</td></tr> <tr><td style="text-align: right;">Family</td><td style="text-align: right;">89.34</td></tr> </table>	EE	29.20	EE & Ch	54.31	EE & Sp	58.40	Family	89.34
EE	29.20								
EE & Ch	54.31								
EE & Sp	58.40								
Family	89.34								

SMALL GROUP HIP PRIME POS RIDER OPTIONS

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

Four Tier

PRIVATE DUTY NURSING

Covered in full	EE	0.34
	EE & Ch	0.63
	EE & Sp	0.68
	Family	1.04

APPLIANCES (DURABLE MEDICAL EQUIPMENT)

Covered in full	EE	2.70
	EE & Ch	5.03
	EE & Sp	5.41
	Family	8.27

OPTICAL

One pair of eyeglasses every 24 months and Contacts with \$70 copay

EE	1.29
EE & Ch	2.40
EE & Sp	2.58
Family	3.95

One pair of eyeglasses every 12 months and Contacts with \$70 copay

EE	2.07
EE & Ch	3.85
EE & Sp	4.14
Family	6.33

STUDENTS & DEPENDENTS*

	Covered to Age (Covered the Entire Year)	Percentage Increase in Premium for ALL RATE TIERS
Student Dependents	25	1.0%
Dependent Children	19	0.4%
	23	3.3%
	25	4.2%

* Factors must be multiplied, not added.