

New York Small Business Traditional Non-Gated Rates

RATES*	EU-D	SI - Z	EU-B	SI - M	SI - I	SI - X
Manhattan, Brooklyn, Bronx, Staten Island, Suffolk, Queens, Nassau County Rates						
EMPLOYEE	\$250.00	\$253.80	\$275.26	\$305.80	\$311.58	\$427.54
EMP & SPOUSE	\$500.00	\$507.60	\$550.52	\$611.60	\$623.16	\$855.08
EMP & CHILD(REN)	\$457.50	\$464.45	\$503.73	\$559.61	\$570.19	\$782.40
FULL FAMILY	\$750.00	\$761.39	\$825.78	\$917.39	\$934.73	\$1,282.62
Westchester, Rockland County Rates						
EMPLOYEE	\$244.89	\$248.61	\$269.63	\$299.54	\$305.20	\$418.79
EMP & SPOUSE	\$489.78	\$497.22	\$539.26	\$599.08	\$610.40	\$837.58
EMP & CHILD(REN)	\$448.15	\$454.96	\$493.42	\$548.16	\$558.52	\$766.39
FULL FAMILY	\$734.67	\$745.83	\$808.88	\$898.62	\$915.60	\$1,256.37
Dutchess, Orange, Putnam, Ulster County Rates						
EMPLOYEE	\$225.00	\$228.42	\$247.73	\$275.22	\$280.42	\$384.78
EMP & SPOUSE	\$450.00	\$456.84	\$495.46	\$550.44	\$560.84	\$769.56
EMP & CHILD(REN)	\$411.75	\$418.01	\$453.35	\$503.65	\$513.17	\$704.15
FULL FAMILY	\$675.00	\$685.26	\$743.19	\$825.65	\$841.26	\$1,154.34

Pharmacy Rider

J-6	S-3	S-4
No Deductible \$7/ \$30/ \$50	\$50 Deductible \$7/ \$30/ \$50	\$100 Deductible \$7/ \$30/ \$50
\$39.54	\$35.56	\$32.43
\$79.08	\$71.12	\$64.86
\$72.36	\$65.07	\$59.35
\$118.62	\$106.67	\$97.29
\$38.73	\$34.83	\$31.76
\$77.46	\$69.66	\$63.52
\$70.88	\$63.74	\$58.12
\$116.19	\$104.49	\$95.28
\$35.58	\$32.00	\$29.18
\$71.16	\$64.00	\$58.36
\$65.11	\$58.56	\$53.40
\$106.74	\$96.00	\$87.54

PLAN DESIGNS**	EU-D	SI - Z	EU-B	SI - M	SI - I	SI - X
In-Network Copays						
PCP/SPECIALIST	\$25	\$20	\$20	\$20	\$15	\$20
HOSPITAL	\$500 Copay <i>(per admission)</i>	\$500 Copay <i>(per admission)</i>	\$150 Copay <i>(per admission)</i>	No Copay	No Copay	No Copay
EMERGENCY ROOM	\$50	\$50	\$50	\$50	\$50	\$50
Deductible (Ind/Fam)						
IN-NETWORK	N/A	N/A	N/A	N/A	N/A	N/A
NON-NETWORK	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$1,000/\$2,000	\$1,000/\$2,000	\$500/\$1,000
Coinsurance						
IN-NETWORK	100%	100%	100%	100%	100%	100%
NON-NETWORK	70%	70%	70%	70%	70%	70%
Out-of-Pocket Max (Ind/Fam)						
IN-NETWORK	N/A	N/A	N/A	N/A	N/A	N/A
NON-NETWORK	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$3,000/\$6,000

* Pharmacy benefit and rates must be included with the medical benefit and rates

** Deductible does not count toward Out-of-Pocket Maximum

New York Small Business Cost Share Non-Gated Rates

RATES*	SI - W	SI - V	EU - E	EU - A	EU - C
Manhattan, Brooklyn, Bronx, Staten Island, Suffolk, Queens, Nassau County Rates					
EMPLOYEE	\$204.28	\$206.34	\$219.79	\$231.10	\$235.64
EMP & SPOUSE	\$408.56	\$412.68	\$439.58	\$462.20	\$471.28
EMP & CHILD(REN)	\$373.83	\$377.60	\$402.22	\$422.91	\$431.22
FULL FAMILY	\$612.83	\$619.01	\$659.37	\$693.29	\$706.91
Westchester, Rockland County Rates					
EMPLOYEE	\$200.10	\$202.12	\$215.30	\$226.37	\$230.82
EMP & SPOUSE	\$400.20	\$404.24	\$430.60	\$452.74	\$461.64
EMP & CHILD(REN)	\$366.18	\$369.88	\$394.00	\$414.26	\$422.40
FULL FAMILY	\$600.29	\$606.36	\$645.90	\$679.11	\$692.46
Dutchess, Orange, Putnam, Ulster County Rates					
EMPLOYEE	\$183.85	\$185.71	\$197.81	\$207.99	\$212.08
EMP & SPOUSE	\$367.70	\$371.42	\$395.62	\$415.98	\$424.16
EMP & CHILD(REN)	\$336.45	\$339.85	\$361.99	\$380.62	\$388.11
FULL FAMILY	\$551.55	\$557.13	\$593.42	\$623.96	\$636.24

Pharmacy Rider

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\$39.54	\$35.56	\$32.43
\$79.08	\$71.12	\$64.86
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\$35.58	\$32.00	\$29.18
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\$65.11	\$58.56	\$53.40
\$106.74	\$96.00	\$87.54

PLAN DESIGNS**	SI-W	SI-V	EU-E	EU-A	EU-C
In-Network Copays					
PCP/SPECIALIST	\$25	\$20	\$25	\$20	\$15
HOSPITAL	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
EMERGENCY ROOM	\$50	\$50	\$50	\$50	\$50
Deductible (Ind/Fam)					
IN-NETWORK	\$1,000/\$2,000	\$1,000/\$2,000	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000
NON-NETWORK	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance					
IN-NETWORK	80%	80%	80%	90%	90%
NON-NETWORK	60%	60%	60%	60%	60%
Out-of-Pocket Max (Ind/Fam)					
IN-NETWORK	\$3,000/\$6,000	\$2,500/\$5,000	\$2,000/\$4,000	\$3,000/\$6,000	\$2,500/\$5,000
NON-NETWORK	\$6,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$10,000	\$4,000/\$8,000

Notes:

1. All rates are quarterly and the only accepted effective dates are the 1st and the 15th.
2. The rates listed on this exhibit are illustrative and may vary from final rates.
3. The benefit descriptions are a condensed illustration. Please consult a detailed benefit summary and the certificate of coverage.

To learn more about the Choice Plus product, please consult with your General Agent or call 212-216-6518.

* Pharmacy benefit and rates must be included with the medical benefit and rates.

** Deductible does not count toward Out-of-Pocket Maximum