

SAMPLE NY COMPANY- EMPIRE BCBS

	Option 11	Option 12
	\$50 Deductible	\$50 Deductible
\$10/\$25/\$50 RX		
Single	1 \$ 490.11	\$ 480.26
Employee/Spouse	0 \$ 980.10	\$ 960.52
Employee/Child(ren)	0 \$ 882.20	\$ 864.46
Family	0 \$ 1,470.33	\$ 1,440.78
<u>Monthly Total</u>	\$ 490.11	\$ 480.26
Physician Copay	\$30/\$50	\$30/\$50
Inpatient Copay	\$500	\$1,000

* Incl. RX Only

HMO Rates.