

**COMPARISON of BENEFITS and RATES**  
**SOLE PROPRIETORS**  
 January 1, 2012

	<b>MVP CoPlan</b> Preferred EPO 30/50	<b>Blue Shield of NENY</b> POS 250D		<b>Blue Shield of NENY</b> POS 7100 - HSA <b>ALL</b> benefits are <b>AFTER</b> The Deductible is Paid		<b>CDPHP</b> EPO ED9S12	<b>CDPHP</b> EPOS0512
Network	<b>IN Network ONLY</b>	<b>IN Network</b>	<b>Out Network</b>	<b>IN Network</b>	<b>Out Network</b>	<b>IN Network ONLY</b>	<b>IN Network ONLY</b>
Dependent / Full Time Student	26/26	26/26		26/26		26/26	26/26
Domestic Partner Coverage	Covered	Covered		Covered		Covered	Covered
Referrals	Not Required	Not Required		Not Required		Not Required	Not Required
Deductible Individual/Family	\$1,000 / \$2,500	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,500 / \$3000 (true family) Combined In & Out Network		Not applicable	\$500 / \$1,250
Coinsurance	As Noted	20%	50%	n/a	30%	Not applicable	10%
Out of Pocket Maximum Individual / Family	\$3,000 / \$7,500	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000	Not applicable	\$2,000 / \$5,000
Annual Benefit Maximum	<b>No maximum</b>	No maximum	No maximum	No maximum	No maximum	No maximum	No Maximum
Office Visit: PCP/Specialist	\$30 / \$50	\$25 / \$40	Deductible & Coinsurance	\$25 / \$25	Deductible & Coinsurance	\$30 / \$50	\$25 / \$25
InPatient Hospital	Deductible & 20% Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$500	Deductible & Coinsurance	\$1,000	Deductible & Coinsurance
OutPatient Surgery	Deductible & 20% Coinsurance	Coinsurance No Deductible	Deductible & Coinsurance	\$75	Deductible & Coinsurance	\$200	Deductible & Coinsurance
ER	\$200	Deductible & Coinsurance	IN Network Deductible & Coinsurance	\$50	\$50 AFTER Deductible	\$100	Deductible & Coinsurance
Ambulance	Deductible & 20% Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$50	Deductible & Coinsurance	\$100	Deductible & Coinsurance
Durable Medical Equipment	50%	50%	Deductible & Coinsurance	50%	Deductible & Coinsurance	50%; \$25,000 Lifetime Maximum	50% Coinsurance \$25,000 Lifetime Maximum
Diabetic Supplies	\$30 per Item Up to a 31 day supply	\$25	Deductible & Coinsurance	\$25	Deductible & Coinsurance	\$15 Copay per item or 30 day supplies/drugs	\$15 Copay per item or 30 day supplies/drugs
Home Health Care	Deductible & 20% Coinsurance 60 visits max	\$25 40 visits max	Deductible & Coinsurance	\$25 40 visits max	Deductible & Coinsurance	Covered in Full	Deductible (not to exceed \$50) & Coinsurance
Dental Coverage	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Vision Coverage	1 exam every 2 years:\$50; \$100 Eyewear Allowance every 2 years.	Exam Every 2 years: Covered in Full	Not Covered	Exam Every 2 years: Covered in Full	Not Covered	1 exam every 2 years; \$30 / \$50	Eye Exam every 2 yrs w/ Hardware
<b>Prescription</b> Deductible Applies to Brand and Non-Formulary ONLY	\$0	\$250 per member each calendar year	Not Covered	Combined with Medical Deductible	Not Covered	\$0	\$0
Generic/Brand/Non-Formulary	\$10 / 50% / 50%	\$15 / \$50 / 50%	Not Covered	\$15 / \$50 / 50%	Not Covered	<b>\$10 Generic Copay</b> Discounts on Brand	\$4 / 50% / 50%

**2012**

<b>Sole Proprietors Rates*</b>	<b>MVP: EPO 30/50</b>		<b>BSNENY: POS 250D</b>		<b>NENY: POS 7100</b>		<b>CDPHP: ED9S12</b>		<b>CDPHP: EPOS0512</b>	
	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly
Single	\$549.63	\$1,648.89	\$347.42	\$1,042.26	\$334.48	\$1,003.44	\$446.86	\$1,340.58	\$476.32	\$1,428.96
2 - Person	\$1,099.26	\$3,297.78	n/a	n/a	n/a	n/a	\$893.71	\$2,681.13	\$952.62	\$2,857.86
Family	\$1,429.04	\$4,287.12	\$903.69	\$2,711.07	\$869.04	\$2,607.12	\$1,184.18	\$3,552.54	\$1,262.24	\$3,786.72

\*Quarterly Rates do not include administrative fees.