



Health Insurance Offerings 2009 for Small Group & Sole Proprietors

The Westchester Business Council is pleased to offer the insurance plans listed below. You will find them listed in order from least expensive to most expensive. Please feel free to any of the following Marc Neuburger (914) 953-1750, Norman Michaels (914) 273-4723, or Michael Welling (914) 332-7500 x 15 who are available to assist you in selecting the plan that best fits your need and budget.

You may contact us at (914) 948-2110.

Atlantis (HMO)

Plan #: A

This policy is an HMO with no out of network coverage, no referrals needed. Primary office visits have a \$25 co-pay, specialist office visits have a \$40 co-pay, in-patient hospital visits have a \$500 co-pay per admission, & emergency room visits have a \$50 co-pay. There is no co-pay for generic only with a \$250 deductible, & a \$2,000 maximum.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$302.69	\$302.69	\$908.07
Individual + Spouse	\$595.38	\$595.38	\$1,786.14
Individual + Child(ren)	\$598.60	\$598.60	\$1,795.80
Family	\$910.90	\$910.90	\$2,732.70

Oxford - Freedom (HSA)

Plan #: Frdm H.S.A. E 3/100%/NG

This policy is an HSA (Health Saving Account) with no out of network coverage, no referrals needed. There is a \$2,850 (single) and a \$5,700 (family) in-network deductible with a 100% coinsurance. Primary office visits, specialist office visits, in-patient hospital, & emergency room visits are all covered 100% after meeting the deductible. There is a 10/25/50 prescription drug card that is subject to the deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$287.73	\$330.14	\$990.42
Individual + Spouse	\$627.00	\$720.30	\$2,160.90
Individual + Child(ren)	\$528.05	\$606.51	\$1,819.53
Family	\$881.47	\$1,012.94	\$3,038.82

MVP - Hybrid (EPOc)

Plan #: EC0022S

This plan is an EPO (Exclusive Provider Organization) Hybrid (includes in network deductibles) with no out of network coverage & no referrals needed. There is a \$1,000 (single) \$2,500 (family) in network deductible with an 80% coinsurance. It has a \$40 primary & specialist office visit co-pay. Inpatient hospital you must meet deductible & coinsurance and a \$200 co-pay for an emergency room visit. The Prescription coverage is \$10 for generic only with no deductible.

	Monthly <u>Small Group</u>	Monthly <u>Sole Proprietor</u>	Quarterly <u>Sole Proprietor</u>
Individual	\$297.72	\$341.63	\$1,024.89
Family	\$761.05	\$874.46	\$2,623.38

Atlantis (POS)

Plan #: D

This plan is a POS (Point of Service) with an in & out of network coverage & no referrals needed. This plan has a \$25 primary & \$40 specialist office visit co-pay. In-patient hospital is a \$500 co-pay per admission, emergency room co-pay is \$50. The out of network deductible of \$2,000 (single) & \$4,000 (family) and coinsurance is 70%. There is no co-pay for generic only with a \$250 deductible, & a \$2,000 maximum.

	Monthly <u>Small Group</u>	Monthly <u>Sole Proprietor</u>	Quarterly <u>Sole Proprietor</u>
Individual	\$342.03	\$342.03	\$1,026.09
Individual + Spouse	\$674.06	\$674.06	\$2,022.18
Individual + Child(ren)	\$677.71	\$677.71	\$2,033.13
Family	\$1,031.98	\$1,031.98	\$3,095.94

Health Net - (EPO)

Option #: 6

This plan is an EPO (Exclusive Provider Organization) with no out of network coverage & no referrals needed. This plan has a \$30 primary & \$50 specialist office visit co-pay. In-patient hospital is a \$300 co-pay per day up to \$1,500. The emergency room co-pay is \$100. The prescription drug card is 15/25/40 with no deductible.

	Monthly <u>Small Group</u>	Monthly <u>Sole Proprietor</u>	Quarterly <u>Sole Proprietor</u>
Individual	\$414.49	N/A	N/A
Individual + Spouse	\$923.11	N/A	N/A
Individual + Child(ren)	\$766.85	N/A	N/A
Family	\$1,233.93	N/A	N/A

Atlantis (HMO)

Plan #: B

This policy is a HMO with no out of network coverage, no referrals needed. Primary office visits have a \$25 co-pay, specialist office visits have a \$40 co-pay, in-patient hospital visits are covered in full, & emergency room visits have a \$50 co-pay. There is a \$0/\$30/\$50 prescription drug card.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$372.90	\$372.90	\$1,118.70
Individual + Spouse	\$735.80	\$735.80	\$2,207.40
Individual + Child(ren)	\$739.79	\$739.79	\$2,219.37
Family	\$1,127.00	\$1,127.00	\$3,381.00

MVP - Hybrid (EPOc)

Plan #: EC0034S

This plan is an EPO (Exclusive Provider Organization) Hybrid (includes in network deductibles) with no out of network coverage & no referrals needed. There is a \$1,000 (single) \$2,500 (family) in network deductible with an 80% coinsurance. It has a \$30 primary & \$50 specialist office visit co-pay. Inpatient hospital you must meet deductible & coinsurance and a \$200 co-pay for an emergency room visit. The prescription coverage is 10/30/50 with no deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$367.26	\$421.60	\$1,264.80
Family	\$935.05	\$1,074.56	\$3,223.68

Atlantis (HMO)

Plan #: C

This policy is a HMO with no out of network coverage, no referrals needed. Primary & Specialist office visits have a \$20 co-pay, in-patient hospital visits have a \$250 co-pay per admission, & emergency room visits have a \$50 co-pay. There is a \$0/\$30/\$50 prescription drug card.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$382.02	\$382.02	\$1,146.06
Individual + Spouse	\$754.03	\$754.03	\$2,262.09
Individual + Child(ren)	\$758.12	\$758.12	\$2,274.36
Family	\$1,155.06	\$1,155.06	\$3,465.18

Health Net - (EPO)

Option #: 5

This plan is an EPO (Exclusive Provider Organization) with no out of network coverage & no referrals needed. This plan has a \$25 primary & \$40 specialist office visit co-pay. In-patient hospital is a \$500 co-pay per admission per 90 day benefit period, emergency room co-pay is \$100. The prescription drug card is 15/25/40 with no deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$445.24	N/A	N/A
Individual + Spouse	\$991.59	N/A	N/A
Individual + Child(ren)	\$823.75	N/A	N/A
Family	\$1,325.48	N/A	N/A

Emblem - (EPO)

Option #: 3

This plan is an EPO (Exclusive Provider Organization) with no out of network coverage & no referrals needed. It has a \$40 primary & specialist office visit co-pay. The inpatient hospital is a \$500 co-pay for an emergency room visit is a \$100 co-pay. The prescription coverage is 0/30/50 with a \$50 annual deductible and a \$3000 maximum.

	Monthly <u>Small Group</u>	Monthly <u>Sole Proprietor</u>	Quarterly <u>Sole Proprietor</u>
Individual	\$411.89	N/A	N/A
Individual + Spouse	\$906.05	N/A	N/A
Individual + Child(ren)	\$785.66	N/A	N/A
Family	\$1,219.16	N/A	N/A

Atlantis (POS)

Plan #: F

This plan is a POS (Point of Service) with in & out of network coverage & no referrals needed. This plan has a \$25 primary & \$40 specialist office visit co-pay. In-patient hospital visits are covered in full, emergency room co-pay is \$50. The out of network deductible of \$1,000 (single) & \$2,500 (family) and coinsurance is 70%. The prescription drug card is 20/30/40 with no deductible.

	Monthly <u>Small Group</u>	Monthly <u>Sole Proprietor</u>	Quarterly <u>Sole Proprietor</u>
Individual	\$419.19	\$419.19	\$1,257.57
Individual + Spouse	\$828.39	\$828.39	\$2,485.17
Individual + Child(ren)	\$832.89	\$832.89	\$2,498.67
Family	\$1,269.50	\$1,269.50	\$3,808.50

Atlantis (POS)

Plan #: E

This plan is a POS (Point of Service) with in & out of network coverage & no referrals needed. Primary & Specialist office visits have a \$20 co-pay. In-patient hospital visits have a \$250 co-pay per admission, & emergency room visits have a \$50 co-pay. The out of network deductible of \$2,000 (single) & \$4,000 (family) and coinsurance is 70%. There is a \$0/\$30/\$50 prescription drug card.

	Monthly <u>Small Group</u>	Monthly <u>Sole Proprietor</u>	Quarterly <u>Sole Proprietor</u>
Individual	\$420.18	\$420.18	\$1,260.54
Individual + Spouse	\$830.33	\$830.33	\$2,490.99
Individual + Child(ren)	\$834.86	\$834.86	\$2,504.58
Family	\$1,272.52	\$1,272.52	\$3,817.56

MVP - (EPO)

Plan #: EX0048S

This plan is an EPO (Exclusive Provider Organization) with no out of network coverage & no referrals needed. There is a \$40 primary & specialist office visit co-pay. Inpatient hospital \$500 and a \$100 co-pay for an emergency room visit. The Prescription coverage is 10/25/40 with no deductible but the plan has a \$2,500 maximum.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$416.25	\$477.94	\$1,433.82
Family	\$1,064.08	\$1,222.94	\$3,668.82

Oxford - Freedom Metro (EPO)

Option #: 10

This policy is an EPO (Exclusive Provider Organization) with no out of network coverage, no referrals needed. There is \$25 primary & a \$50 specialist office visit co-pay. The In-patient hospital has a \$300 co-pay per day 5 days maximum per calendar year. There's a 15/30/60 prescription drug card with a \$100 deductible and a \$3,000 maximum.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$423.60	N/A	N/A
Individual + Spouse	\$931.92	N/A	N/A
Individual + Child(ren)	\$783.66	N/A	N/A
Family	\$1,313.16	N/A	N/A

Empire BCBS Prism - (EPO)

Option #:4

This policy is an EPO (Exclusive Provider Organization) with no out of network coverage & no referrals needed. With this plan there is a primary & specialist office visit of \$35. The Hospital co-pay for this plan is \$500 & a \$100 co-pay for an emergency room visits. The prescription coverage is 10/35/70 with a \$100 deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$446.69	N/A	N/A
Individual + Spouse	\$893.38	N/A	N/A
Individual + Child(ren)	\$804.04	N/A	N/A
Family	\$1,340.07	N/A	N/A

MVP - (EPO)

Plan #: EC0052S

This plan is an EPO (Exclusive Provider Organization) with no out of network coverage & no referrals needed. It has a \$30 primary & \$50 specialist office visit co-pay. The inpatient hospital is a \$500 co-pay and a \$100 co-pay for an emergency room visit. The Prescription coverage is 10/30/50 with no deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$443.37	\$509.13	\$1,527.39
Family	\$1,131.97	\$1,301.02	\$3,903.06

Health Net - (POS)

Options #:7

This plan is a POS (Point of Service) with in & out of network coverage & no referrals needed. This plan has a \$30 primary & \$50 specialist office visit co-pay. In-patient hospital is a \$750 co-pay per admission per 90 day benefit period, emergency room co-pay is \$75. The out of network deductible of \$1,000 (single) & \$2,000 (family) and coinsurance is 70%. The prescription drug card is 15/25/40 with no deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$498.60	N/A	N/A
Individual + Spouse	\$1,110.44	N/A	N/A
Individual + Child(ren)	\$922.48	N/A	N/A
Family	\$1,484.34	N/A	N/A

Aetna - (PPOc)

Option #: 2

This policy is a PPO cost share plan (has in & out of network deductibles). The plan has in & out of network coverage, & no referrals needed. There is an in-network deductible \$1,000 (single) & \$3,000 (family) with a 100% co-insurance. There is a \$25 primary & a \$50 specialist in network office visit co-pay. With the Hospital co-pay you must meet the deductible & co-insurance. There is a \$100 emergency room co-pay and the prescription drug card is 15/35/70 with no deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$511.00	N/A	N/A
Individual + Spouse	\$1,180.00	N/A	N/A
Individual + Child(ren)	\$997.00	N/A	N/A
Family	\$1,543.00	N/A	N/A

Aetna - (EPO)

Option #: 1

This policy is an EPO with no out of network coverage, & no referrals needed. There is a \$25 primary & a \$40 specialist office visit co-pay. The plan has a hospital co-pay of \$300 per day 5 days maximum & \$100 emergency room co-pay and the prescription drug card is 15/35/70 with no deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$516.00	N/A	N/A
Individual + Spouse	\$1,192.00	N/A	N/A
Individual + Child(ren)	\$1,007.00	N/A	N/A
Family	\$1,558.00	N/A	N/A

Oxford - Freedom Metro (POSc)

Option #:8

This policy is a POS (Point of Service) cost share plan (it has in & out of network deductibles). With in & out of network coverage, & no referrals needed. There is an In-network deductible \$1,000 (single) & \$2,000 (family) with a 100% co-insurance. There is a \$25 primary & \$40 specialist office visit co-pay. With the in-patient hospital you must meet the deductible & co-insurance. The plan has \$100 emergency room co-pay and the prescription drug card is 15/30/60 with a \$100 deductible and a \$3,000 maximum.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$466.71	N/A	N/A
Individual + Spouse	\$1,026.76	N/A	N/A
Individual + Child(ren)	\$863.42	N/A	N/A
Family	\$1,474.80	N/A	N/A

Oxford - Freedom Metro (EPO)

Option #: 9

This plan is an EPO (Exclusive Provider Organization) with no out of network coverage, & no referrals needed. There is a \$20 primary & a \$40 specialist office visit co-pay. The Hospital co-pay is a \$200 with a \$75 emergency room co-pay and the prescription drug card is 10/25/50 with a \$100 deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$486.83	N/A	N/A
Individual + Spouse	\$1,071.03	N/A	N/A
Individual + Child(ren)	\$900.64	N/A	N/A
Family	\$1,509.17	N/A	N/A

Oxford - Liberty (EPO)

Plan #: LbtyMetro 25-50/300/NG

This policy is an EPO (Exclusive Provider Organization) with no out of network coverage, no referrals needed. There is a \$25 primary & a \$50 specialist office visit co-pay. The In-patient hospital is a \$300 co-pay per day 5 days max per calendar year. There's a 10/25/50 prescription drug card with a \$50 deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$425.08	\$488.09	\$1,464.27
Individual + Spouse	\$929.18	\$1,067.81	\$3,203.43
Individual + Child(ren)	\$782.16	\$898.73	\$2,696.19
Family	\$1,307.26	\$1,502.60	\$4,507.80

Oxford - Liberty Direct (POSc)

Plan #: Lbty Dir 90/10/500/NG

This policy is a POS (Point of Service) cost share plan (with in & out of network deductibles). The plan has in & out of network coverage, & no referrals needed. There is an in-network deductible \$500 (single) & \$1,000 (family) with a 90% co-insurance. A primary & specialist office visits, in-patient hospital stays & emergency room visits are all covered at 90% after deductible for in-network doctors. The prescription drug card is 15/30/60 with a \$100 deductible and a \$3,000 maximum.

	Monthly <u>Small Group</u>	Monthly <u>Sole Proprietor</u>	Quarterly <u>Sole Proprietor</u>
Individual	\$432.06	\$496.12	\$1,488.36
Individual + Spouse	\$944.53	\$1,085.46	\$3,256.38
Individual + Child(ren)	\$795.06	\$913.57	\$2,740.71
Family	\$1,328.89	\$1,527.47	\$4,582.41

Oxford - Freedom Metro (EPO)

Plan #: Frdm Metro 25-50/300/NG

This policy is an EPO (Exclusive Provider Organization) with no out of network coverage, & no referrals needed. This plan has a \$25 primary & a \$50 specialist office visit co-pay. The Hospital co-pay is a \$300 co-pay per day up to 5 days max per calendar year with a \$75 emergency room co-pay. The prescription drug card is 10/25/50 with a \$100 deductible.

	Monthly <u>Small Group</u>	Monthly <u>Sole Proprietor</u>	Quarterly <u>Sole Proprietor</u>
Individual	\$447.37	\$513.73	\$1,541.19
Individual + Spouse	\$978.22	\$1,124.20	\$3,372.60
Individual + Child(ren)	\$823.39	\$946.15	\$2,838.45
Family	\$1,376.35	\$1,582.05	\$4,746.15

Oxford - Freedom (POS)

Plan #: Frdm Metro 30-50/500/NG

This policy is a POS (Point of Service) plan with in & out of network coverage & no referrals needed. There is an out of network deductible of \$3,000 (single) & \$9,000 (family) with a 70% co-insurance. This plan has a \$30 primary & \$50 specialist office visit co-pay. In-patient hospital is \$500 per admission, emergency room visits are a \$150 co-pay. The prescription drug card is 15/30/60 with a \$100 deductible and a \$3,000 maximum.

	Monthly <u>Small Group</u>	Monthly <u>Sole Proprietor</u>	Quarterly <u>Sole Proprietor</u>
Individual	\$498.06	\$572.02	\$1,716.06
Individual + Spouse	\$1,089.73	\$1,252.44	\$3,757.32
Individual + Child(ren)	\$917.17	\$1,054.00	\$3,162.00
Family	\$1,533.49	\$1,762.76	\$5,288.28

Oxford - Freedom Direct (POS)

Plan #: Frdm Dir3 15-25/90/NG

This policy is a POS (Point of Service) plan with in & out of network coverage, & no referrals needed. There is an in-network deductible of \$500 (single) & \$1,000 (family) with a 90% co-insurance. This plan has a \$15 primary & \$25 specialist office visit co-pay. With the in-patient hospital you must meet the deductible & coinsurance and the emergency room co-pay is \$100. The prescription drug card is 10/25/50 with a \$50 deductible.

	Monthly <u>Small Group</u>	Monthly <u>Sole Proprietor</u>	Quarterly <u>Sole Proprietor</u>
Individual	\$556.23	\$638.91	\$1,916.73
Individual + Spouse	\$1,217.70	\$1,399.61	\$4,198.83
Individual + Child(ren)	\$1,024.77	\$1,177.74	\$3,533.22
Family	\$1,713.82	\$1,970.14	\$5,910.42

Oxford - Freedom (POS)

Plan #: 25-40/250/G

This policy is a POS (Point of Service) plan with in & out of network coverage, & referrals are required. There is an out of network deductible of \$1,000 (single) & \$3,000 (family) with a 70% co-insurance. There is a \$25 primary & \$40 specialist office visit co-pay. The in-patient hospital is a \$250 per day (\$1,250 calendar year max), emergency room visits are a \$75 co-pay. The prescription drug card is 10/25/50 with a \$50 deductible.

	Monthly <u>Small Group</u>	Monthly <u>Sole Proprietor</u>	Quarterly <u>Sole Proprietor</u>
Individual	\$560.66	\$644.01	\$1,932.03
Individual + Spouse	\$1,227.46	\$1,410.83	\$4,232.49
Individual + Child(ren)	\$1,032.97	\$1,187.17	\$3,561.51
Family	\$1,727.55	\$1,985.93	\$5,957.79

Oxford - Freedom (POS)

Plan #: Frdm Metro 15-25/100/G

This policy is a POS (Point of Service) plan with in & out of network coverage, & referrals are required. There is an out of network deductible of \$1,000 (single) & \$3,000 (family) with a 70% co-insurance. The plan has a \$15 primary & \$25 specialist office visit co-pay. The in-patient hospital co-pay is \$100 & emergency room visits are a \$75 co-pay. The prescription drug card is 10/25/50 with a \$50 deductible.

	Monthly <u>Small Group</u>	Monthly <u>Sole Proprietor</u>	Quarterly <u>Sole Proprietor</u>
Individual	\$608.05	\$698.51	\$2,095.53
Individual + Spouse	\$1,331.72	\$1,530.73	\$4,592.19
Individual + Child(ren)	\$1,120.65	\$1,288.00	\$3,864.00
Family	\$1,874.45	\$2,154.87	\$6,464.61