



CompreHealth

Community Rated

Group Name	Effective Date	Group Rep
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Network: NY METRO

Rating Structure

2-Tier 4-Tier

Plan Options

	PCP/SPC Copay; \$0 dep included	Hospital Copay	ER Copay	Amb Surg Copay	Prescription Drug Option Circle One				
<input type="checkbox"/>	\$30/50	\$500	\$100	\$75	LN1	LN2	LN3	LN4	LN5
<input type="checkbox"/>	\$30/50	\$1,000	\$150	\$75	LN1	LN2	LN3	LN4	LN5
<input type="checkbox"/>	\$25/40	\$500	\$100	\$50	LN1	LN2	LN3	LN4	LN5
<input type="checkbox"/>	\$15/\$20	\$100	\$50	\$0	LN1	LN2	LN3	LN4	LN5
<input type="checkbox"/>	\$20/\$25	\$200	\$50	\$50	LN1	LN2	LN3	LN4	LN5

Prescription Drug Plan Select From the Options Below

Option	Retail Copay Generic/ Preferred/Non Preferred	Deductible* (retail & mail)	Annual Brand Max	Mail Order Copay for 90 day supply	M/V mail
LN1	\$15 generic only	\$0	none	\$22.50	Voluntary
LN2	\$25/\$35	\$0	none	\$37.50/\$52.50	Voluntary
LN3	\$20/\$30/\$50	\$0	\$1,000	\$30/\$45/\$150	Voluntary
LN4	\$0/\$30/\$50	\$0	\$1,000	\$0/\$45/\$150	Voluntary
LN5	\$0/\$30/\$50	\$0	none	\$0/\$45/\$150	Voluntary