



HealthPass NY 3rd Qtr 2013 CHEATSHEET



For Questions Call Internal Sales Support at 212.252.8010 prompt 2 or visit www.healthpassny.com

Selling Concepts –

Horizontal and Vertical Exchange Model – Through the HealthPass choice platform, employers and eligible employees can enroll with the medical carrier(s) and plan(s) that best fits their needs. In addition, HealthPass offers a range of voluntary ancillary benefits which can be selected in conjunction with any of our medical plan offerings.

Defined Contribution- employer sets a defined dollar amount contribution to cover a portion or the entire cost of one specific plan. This method gives the employee the opportunity to buy up or down into any other plan, as their needs may dictate. This contribution model also allows a company to have a fixed annual health insurance budget.

Medical Products & Eligibility (available to groups in the 5 boroughs of NYC, Long Island, Westchester, Rockland, Orange, Dutchess, Putnam, Ulster and Sullivan Counties)

- **75% Loose Participation** – 75% of eligible employees can take HealthPass OR have other insurance (i.e. spousal, individual, government coverage).
 - o Replacement of direct business on or off renewal is OK, but HealthPass cannot be offered simultaneously alongside one of our 2 carriers.
- Can write down to 1 life when 2+ eligible. **Groups with only 1 employee enrolling** may not enroll that employee into EmblemHealth.
- **Group and Employee Eligibility - Location**
 - o Group is subject to 1 rate structure. 20% of eligible employees can live outside the tri-state area (plus Bucks County, PA).
- **No Class Carve Outs** - Eligibility is determined by # of hours worked. Employer sets minimum anywhere between 20-40 hours.

Dental Products (not a stand-alone product)

- **Guardian Managed DentalGuard** (DMO; \$5 Office Visit copay)
 - **Guardian Managed DentalGuard Plus** (DMO; \$5 Office Visit copay)
 - o Voluntary - No participation requirement. Available to all eligible employees whether they elect or waive medical.
 - o Exam, X-Ray and 2 cleanings covered annually at no added charge – other services (including orthodontic) subject to reduced fee for service.
 - **Guardian DentalGuard Preferred** (Dual Option DMO/PPO; \$1,000 Annual Maximum Benefit)
 - **Guardian DentalGuard Preferred Plus** (Dual Option DMO/PPO; \$1,500 Annual Maximum Benefit)
 - o Only available as part of a Dual Option – at least 1 employee must select the DMO for the PPO plan to be available.
 - o 75% of eligible employees, excluding those with other dental coverage, must participate in either the DMO or PPO.
- Available to all eligible employees whether they elect or waive medical.**

VisionGuard - Vision from Guardian (not a stand-alone product)

24 month contract based on group's effective date. Group coverage can only be cancelled at the completion of 2 years or if all HealthPass coverage is cancelled on a group or employee level. 20% of eligible employees must participate at inception.

Available to all eligible employees whether they elect or waive medical.

EverGuard - Personal Protection from Guardian (not a stand-alone product)

- **EverGuard** – Offers \$1,000 LTD / \$25,000 Term Life / \$75,000 AD&D
 - **EverGuard Plus** – Offers \$1,500 LTD / \$50,000 Term Life / \$100,000 AD&D
- Both products are voluntary - No participation requirement. The employer can choose to offer eligible employees EverGuard, EverGuard Plus or EverGuard Dual Option. Available to all eligible employees whether they elect or waive medical.**

Hospital Only Plan

EmblemHealth HealthEssentials - Annual physical, 2 OB/GYN visits, Preventive Mammography, Pap Smear and Prostate Screening covered in full by a participating physician. Specialists are not covered under this plan.

COBRA/NY State Continuation Billing & Administration

- As part of the core offering, HealthPass administers COBRA/NY State Continuation on behalf of the employer. All HealthPass COBRA/NY State Continuation members are billed directly at home, keeping employers from becoming “collection agencies”.

Simplified Administration

- 1st of the month effective date
- Submission of new group documents to be provided 30 days in advance. (If any members are enrolling in an EmblemHealth plan.)
- Universal Forms - 1 page Employer Application and 1 Employee Form for Enrollments/Waivers/Terminations/COBRA.
- 1 itemized bill - 1 check written to HealthPass.

Broker and Member Services Support

- In-house Member Services Dept. and Renewals Dept. at 888.313.7277 assists w/ ID card, benefits questions & yearly group renewals.
- Billing & Commissions Dept at 888.313.7010.
- Health Advocate 866.695.8622 helps your clients with concerns related to their healthcare and health insurance needs. Assistance with claims, complex medical conditions and eldercare issues is just a call away. All new and renewing groups have access to Health Advocate's services.
- www.healthpassny.com - includes broker on-line review accounts function, adds & terms, easy forms access, proposals and links to web based directories.

Points of Note

• **Networks**

EmblemHealth- National Network, hospital and doctor access

Oxford- Liberty for HMO, EPOs & PPOs; Freedom for EPO & USA
Oxford HMO requires a **referral (gated)**

• **Husband & Wife groups** with no other eligible employee(s) must sign up as 2 separate contracts.

• **Domestic Partner & Age 29** coverage is available through all our carriers (see underwriting guidelines for more details)

Broker Compensation

Medical –

Oxford- 3%

EmblemHealth and CompreHealth - 3%

Ancillary -

Dental – 7%

Vision - 7%

EverGuard – 13%



HEALTHPASS ELIGIBILITY GUIDELINES

Our Carriers



Our Model

Through HealthPass each employee can choose a different carrier and plan design using 1 universal enrollment form. The employer receives only 1 bill from HealthPass and writes only 1 check a month regardless of the number of different plans chosen by the employees.

Group Eligibility

Groups must have 2 to 50 employees, and have an active business address in one of the five Boroughs of NY (Manhattan, Brooklyn, Queens, Bronx or Staten Island), Westchester, Rockland, Orange, Nassau, Suffolk, Putnam, Dutchess, Ulster or Sullivan counties.

75% of the eligible employees must either enroll in HealthPass or have other coverage, either through a spouse, Medicare or Medicaid, individual coverage, or via another employer sponsored plan. All employees waiving coverage must complete the required sections on the Enrollment/Change Form. HealthPass will cover groups with up to 20% of eligible employees residing outside of the coverage area (NY, NJ, CT and Bucks County, PA).

Groups that have only 2 employees, and those employees are husband and wife, may be considered an eligible group provided that:

- The group can provide the appropriate tax documents
- The employees in question meet the employee eligibility requirements
- The employees enroll for coverage separately

Groups with only 1 employee enrolling may not enroll that employee into EmblemHealth, only an Oxford plan option.

Effective Date

- Groups are eligible for medical coverage beginning the 1st of the month.
- Submission of new group documents to be provided 30 days in advance. (If enrolling in an EmblemHealth plan.)

Employee Hours

Full-time employees must work a minimum of 20 hours per week. The employer may choose to raise the minimum standard up to 40 hours per week but must remain consistent for all employees.

Waiting Period

Groups may elect a 0 day, 1 month, 2 month, 3 month or 6 month waiting period (from the date of hire) and must remain consistent for all employees. New hires will become effective on the 1st of the month following the completion of the waiting period. Employees must enroll within 1 month from the effective date. Employees who are terminated will be covered until the last day of the month in which the termination occurred. Employers may change the waiting period **only** at renewal.

Tax Documents

All businesses with 2-50 employees must supply their most recent **Quarterly Wage & Tax Statement (NYS-45)**. If the NYS-45 is not available, a copy of the most recent **Payroll Documents** (including page that states Tax ID #) and reasoning as to why NYS-45 is not available and copies of the employees' **W-4** forms are needed. W4 employees must appear on the NYS-45/Quarterly Wage & Tax Statement within 90 days of full time date of hire. The following documents are required depending on the type of incorporation:

Organization Type	ER Docs	EE Docs
New Corporation	SS4 if NYS-45 is not available	W4s for eligible employees
"C" Corporation	NYS-45 and/or Schedule C, Schedule F (AKA Form 1040,1120 or 1120S, respectively)	1120 group- the Schedule E section must show each officer. The officers may also reflect on the NYS-45
New Partnership, LLC or LLP	Partnership Agreement (SS4 if NYS-45 is not available)	W4s for eligible employees
Existing Partnership	Form 1120, 1120S or 1065	K-1 forms for each partner and/or NYS-45
New Subchapter S	CT-6 (Business Certificate) or SS4 if NYS-45 is not available	W4s for eligible employees and/or Partnership Agreement
"S" Corporation	Form 1120S	K-1 and/or NYS-45
New Proprietorship (must have at least one W2 full-time employee)	Business License (SS4 if NYS-45 is not available)	W4s for eligible employees
Proprietorship (must have at least one W2 full-time employee)	Schedule C (also known as 1040 or 1099) and NYS-45	Schedule C (also known as 1040 or 1099) and NYS 45
Non-Profit (with \$25,000+ annual receipts)	Proof of Tax Exempt Status or any Form of 501C through 501-28	NYS-45 or 941 and payroll documents
Church	Form 941	Payroll document and/or tax exempt Form 4361 or Form 4029
Sole-Proprietorship (no full-time employee)	See HealthPass/Oxford plans and eligibility guidelines.	

Employee Eligibility

An employee must meet the waiting period defined by the group to be eligible.

Dependents

Eligible dependents are defined as a legally married spouse or legally dependent child. HealthPass offers coverage to eligible dependent children to age 26 under the plan of their parent or guardian. The dependent child may extend coverage to an Age 29 Plan and is required to maintain the same plan as their parent or guardian. The Age 29 Plan coverage will be billed directly to the dependent at the full individual premium rate for the corresponding plan.

Domestic Partners

Domestic Partner Definition: A domestic partnership is defined as two people who are 18 years or older and who live together and have been living together on a continuous basis for at least 6 months. The domestic partnership must involve a close and committed personal relationship. Neither you nor your domestic partner may be married or related by blood in a manner that would bar marriage in New York State. Your domestic partner must be chiefly dependent upon you for support and maintenance.

Required proof for Domestic Partner Coverage:

*The Declaration of Cohabitation and Financial Interdependence must be completed.

Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family.

Partners, Owners, and Officers

Please provide tax documentation as indicated under Tax Documents. Owners and partners not appearing on the NYS 45/Quarterly Wage & Tax Statement are required to file a Schedule C or K1 annually.

Exclusions

Groups may not exclude any eligible full-time employee for coverage except:

- Those covered by a collective bargaining agreement
- Those employees residing outside of the service area

Change of residence

Sometimes an employee may be outside of the HealthPass carrier service area due to a change of residence. The employee may apply to choose a different carrier effective the 1st of the month following that change with the approval of HealthPass. Employees may be required to provide satisfactory proof of the residential change.

Rehires

Employees rehired within 12 months are eligible to enroll on the 1st of the month following the date of rehire provided the group treats all rehires consistently.

Medicare

Medicare recipients are eligible so long as they meet the minimum hourly requirement. Medicare primary rates are not available

Special Circumstances at Enrollment

When an employee is away on business or vacation, during enrollment, the employer must submit an application for that employee which includes their name, address, social security number and date of hire. The employer must also note on the Enrollment/Change Form that the employee is currently unavailable to select their plan type. The employee will be able to select their plan and coverage type upon their return, so long as this occurs within 30 days of the effective date. Otherwise, the employee will not be eligible until the next open enrollment period.

Ineligible Employees

The following are excluded from eligibility and coverage:

- 1099 employees
- Domestic workers
- Seasonal workers, consultants and temporary personnel
- Retirees

Waiving Employee Coverage

Employees who are covered under one of the following plans must complete an Enrollment/Change Form with the required information to waive coverage.

- Employer - Sponsored Plan
- Spousal Coverage
- Individual Coverage
- Medicaid or Medicare

Other Employer Sponsored Plans

Other plans written along side HealthPass cannot be an employer-sponsored plan from EmblemHealth or Oxford. However, individual coverage may remain with one of those 2 carriers as long as the employer is not sponsoring that plan.



Guardian Dental

	DMO Options: Managed DentalGuard or Managed DentalGuard Plus	Dual Option DMO/PPO: DentalGuard Preferred or DentalGuard Preferred Plus
Dental Plans	Dental coverage can only be elected by a group enrolling in HealthPass medical coverage. Groups enrolling in dental must begin their dental coverage on the 1st of the month. All dependents age 19 and over the age of 19 must be full-time students and dependent dental coverage terminates at age 25.	
Enrolling Employees	Dental coverage is voluntary. There are no participation requirements. When choosing the dental tier type (i.e. employee, employee/spouse, employee/child(ren), family), an employee can choose a tier type that differs from his/her medical coverage.	With the Dual Option dental program, 75% of eligible employees, excluding dental waivers, must participate. Employees who waive due to dental coverage elsewhere will not be counted toward the eligible number of employees in the group. Of that 75%, at least 1 employee must enroll in the DMO. When choosing the dental tier type (i.e. employee, employee/spouse, employee/child(ren), family), an employee can choose a tier type that differs from medical coverage.
Waiving Employee Coverage	When waiving dental coverage, even if medical coverage has been waived, an employee must indicate via the Enrollment/Change Form that they are waiving dental coverage as well. Eligible employees who waive medical coverage may still elect to participate in the dental plan.	Employees who waive due to dental coverage elsewhere will not be counted toward the eligible number of employees in the group. When waiving dental coverage, even if medical coverage has been waived, an employee must indicate via the Enrollment/Change Form that they are waiving dental coverage as well. Eligible employees who waive medical coverage may still elect to participate in the dental plan.
Virgin Group	N/A	If the group does not currently have employer sponsored dental coverage or has not offered dental coverage within the last 63 days, the group will be considered a virgin group. Virgin groups have a 12 month waiting period from the date of employee eligibility for crowns, bridges, prosthodontic & periodontic services.
Transfer Group	N/A	If the group currently has an employer sponsored dental plan in place or has had dental coverage within the last 63 days, the group will be considered a transfer group. Transfer groups have no waiting period for current eligible employees.
Future Employees	N/A	Whether part of a Virgin or Transfer Group, all future hired employees are subject to a 12 month waiting period for crowns, bridges, prosthodontic & periodontic services.
Domestic Partners	Domestic Partner coverage available. Please see Domestic Partner guidelines. All guidelines apply except: (1) Domestic Partners are not eligible for COBRA or State Continuation of Coverage and (2) Dependents of Domestic Partners may enroll only if Domestic Partners enroll	

Rates for Domestic Partners will be the same rates for Employee/Spouse and Family for groups enrolled in Four Tier; Family for groups enrolled in Two Tier.

 **Guardian VisionGuard**

<p>Group Enrollment</p>	<p>This is a 24 month contract based on your group's effective date. Group coverage can only be cancelled at the completion of 2 years or if all HealthPass coverage is cancelled.</p> <p>Vision coverage will be effective the 1st of the month. Note that if you choose not to offer Vision at this time, current and future employees will be unable to enroll until your next open enrollment.</p>
<p>Enrolling Employees</p>	<p>20% of the eligible employees must participate in the plan at inception. Member and dependent coverage can only be cancelled at the completion of 2 years or if all HealthPass coverage is cancelled.</p>
<p>Waiving Employees Coverage</p>	<p>Eligible employees who waive medical coverage, either because they are enrolled with another medical coverage or do not wish to have coverage, may still elect to participate in the VisionGuard plan.</p>

 **Guardian EverGuard/EverGuard Plus**

<p>Group Enrollment Guidelines</p>	<p>EverGuard, EverGuard <i>Plus</i> or EverGuard Dual Option coverage can only be elected by a group enrolling in HealthPass medical coverage. Groups enrolling in these products must begin their EverGuard coverage on the 1st of the month. The employer must choose on a group level whether to offer EverGuard, EverGuard <i>Plus</i> or EverGuard Dual Option.</p>
<p>Enrolling Employees</p>	<p>EverGuard coverage is voluntary. There is no participation and no medical underwriting at initial enrollment. The monthly premium is based on age brackets (18-39, 40-54, 55+). This plan allows for late enrollment throughout the year if an employee waived at initial enrollment. Late enrollment forms are available at www.healthpassny.com. The employee may elect only the EverGuard coverage type offered by the Employer.</p>
<p>Waiving Employees Coverage</p>	<p>Eligible employees who waive medical coverage, either because they are enrolled with another coverage or do not wish to have coverage, may still elect to participate in the EverGuard plan.</p>





Term & Transfer Groups

Groups

If you wish to terminate your group policy, please send your request in writing on company letterhead signed by an authorized officer of the company within 30 days of your termination date.

Employees

When terminating individual employees, please fill out a HealthPass Enrollment/Change Form with the employees information with an authorized officers signature.

Term & Transfer Groups

Term and transfer occurs when a group is currently enrolled directly with any of HealthPass' carriers but wishes to terminate with that carrier and enroll though HealthPass.

Any term and transfer group must have an account that is in good standing with the carrier and send a letter from the employer requesting termination of direct coverage. This letter must be sent directly to the carrier and a copy submitted to HealthPass as part of the enrollment paperwork. Term and transfer groups must meet these requirements or they cannot be enrolled with HealthPass.



Premium Submission & Collections

Premium must be submitted with the initial applications. Bills are generated on the 10th of the month prior to the due date. Should HealthPass not be in receipt of the premium by the end of the month of the date due, the employee group will be terminated from coverage.

Reinstatement Policy

Group premium payments are due on the 1st of the coverage month. HealthPass allows a 30 day grace period; therefore payment must be received by the last day of the coverage month. Payment received from the 1st - 4th of the following month will incur a late fee. Failure to remit payment by the 5th will result in termination. Your group may request reinstatement from the 5th - 8th subject to carrier approval and a \$250 reinstatement fee. HealthPass can only allow 1 reinstatement per 12 months.



Renewal

Employer

Authorized company representatives will receive their group's renewal package 45 days prior to their renewal date. This is an annual opportunity to make any changes to the overall structure of the plan such as waiting periods and pharmacy options. Once any changes have been made, the affidavit should be reviewed, authorized and sent back to HealthPass with up to date tax documents (see page 2 - Tax Documents list.) HealthPass requests all renewal paperwork be submitted by the 20th of the month prior to the renewal date.

Employee

During this time, employees can use the HealthPass Enrollment/Change Form to make changes to their chosen carrier or benefit design. Employees may also elect coverage for themselves or a dependent not previously on the plan. Those who decline coverage at this time can only enroll at the next open enrollment unless there is a qualifying event. HealthPass must receive all requests for changes and additions by the 20th of the month prior to the renewal date. All forms must be signed by and authorized officer of the company. Any changes and/or additions will go into effect at the group's renewal date.



NETWORK AVAILABILITY CHART

The following chart provides a breakdown of the network access based on carrier and geographic location.

Carrier	New York	New Jersey	Connecticut	Nationwide
EmblemHealth www.emblemhealth.com <i>Plan: EPOcs, HSA, Hospital Based</i>	National Network	National Network (QualCare)	National Network	National Network
Oxford www.oxhp.com <i>Plan: HMO</i>	Liberty	Liberty	Liberty	N/A
<i>Plan: EPO & USA</i>	Freedom	Freedom	Freedom	Choice Plus
<i>Plan: EPOcs & PPOcs</i>	Liberty	Liberty	Liberty	Choice Plus
Guardian Dental www.glic.com Managed DentalGuard - DMO	Managed DentalGuard	Managed DentalGuard	Managed DentalGuard	N/A
DentalGuard Preferred - PPO	DentalGuard Preferred	DentalGuard Preferred	DentalGuard Preferred	DentalGuard Preferred
Guardian Vision www.guardiananytime.com	Davis Vision	Davis Vision	Davis Vision	Davis Vision

FIND YOUR PROVIDER ON THE WEB

To search which network(s) a provider may be participating with, visit www.healthpass.com. Under "HealthPass Member" click on "Find Your Provider" and follow the instructions to perform a provider search.

*Members should verify provider participation with carrier prior to obtaining services.



Employer Notice of Election

HealthPass
61 Broadway, Suite 2705
New York, NY 10006
Member Services: (888) 313-7277
Billing: (888) 313-7010
Fax: (212) 252-7448
Email: forms@healthpassny.com

A Company Information

Full Name of Company/DBA _____ Contact Person (Last, First) Required _____

Federal Tax I.D. Number _____ Date Company Founded _____ / _____ / _____

Street Address (P.O. Box not acceptable) _____ Suite _____

City _____ State _____ Zip _____ County or Borough _____

Billing Street Address (if different) _____ City/State/Zip _____

Business Phone and Ext. (_____) Fax (_____) E-mail Address _____

Do you currently offer group health insurance? Yes No If yes, name of current insurance company. _____

Organizational Type "C" Corp "S" Corp Partnership Non-Profit Sole Proprietorship Church

Employer Industry Health High Tech Legal Mfg. Retail Service Tourism Other _____

B Eligibility Requirements

Desired Effective Date _____ (Must be 1st of the month only)

To be eligible for coverage employees must work _____ hours per week. (Must be between 20 and 40 hours and must be uniformly applied to all employees)

What is your waiting period before employees become eligible for coverage? 0 days 1 Month 2 Months 3 Months 6 Months

Total Number of Employees (full and part-time) _____ Number of Eligible Employees _____

Must attach NYS-45 or applicable tax form from most recent quarter; 75% of eligible employees must participate in either HealthPass or another health plan

Number of Enrollments with HealthPass _____ Number of employees who have other health coverage _____

Number of employees covered by collective bargaining agreement _____

What dollar amount/ if any, are you contributing toward employee-only medical premium? _____ dependent coverage? _____

Are any former employees covered under COBRA/State Continuation? Yes No If yes, how many? _____

Are any former employees covered under COBRA/Federal Continuation? Yes No If yes, how many? _____

Would you like to offer Domestic Partner Coverage to your company? Yes No

C Medical Plan Options

Tier structure: Four Tier (All carriers)

BBMI Rider (applies to Oxford plans only and different rates apply) Yes No

D Dental Plan Options (1st of the month effective date)

Note that if you choose not to offer Dental at this time, current and future employees will be unable to enroll until your next open enrollment.

Would you like to offer Dental coverage? Yes No If yes, have you had group dental coverage in place over the last 63 days? Yes No

Select tier structure: Two Tier (Employee Only, Family) Four Tier (Employee Only, Employee and Spouse, Employee and Child(ren), Family)

Select the desired dental coverage type. If selecting DentalGuard Preferred (Dual Option DMO/PPO), 75% of eligible employees, excluding waivers, must participate and at least one of the eligible employees must enroll in the DMO option.

Managed DentalGuard Number of employees enrolling in DMO _____

DentalGuard Preferred & Managed DentalGuard Number of employees enrolling in DMO _____ PPO _____

Managed DentalGuard Plus Number of employees enrolling in DMO _____

DentalGuard Preferred Plus & Managed DentalGuard Plus Number of employees enrolling in DMO _____ PPO _____

E Vision Plan Option (1st of the month effective date)

Note that if you choose not to offer Vision at this time, current and future employees will be unable to enroll until your next open enrollment.

Would you like to offer Vision coverage? Yes No **This is a 24 month contract based on your group's effective date.** Group and member coverage can only be cancelled at the completion of 2 years or if all HealthPass coverage is cancelled. **20% of eligible employees must participate at inception.** If offering, select tier structure: Two Tier (Employee Only, Family) Four Tier (EE Only, EE and Spouse, EE and Child(ren), Family).

F **EverGuard Options (1st of the month effective date)**
Would you like to offer EverGuard EverGuard Plus EverGuard Dual option

G **COBRA Administration**
As part of the services provided, HealthPass automatically administers COBRA/NY State Continuation (NYSC) for our groups. If you wish to decline this service and administer COBRA/NYSC on your own, please indicate so here: I would like to OPT OUT of COBRA/NYSC services.

H **Broker Information**
Broker commission splits must total 100%.
Pay Commission To: Name _____ HealthPass ID# _____ % _____
Pay Commission To: Name _____ HealthPass ID# _____ % _____
General Agency Name (if applicable) _____ GA # _____
General Agency Representative Name _____ Oxford GA _____

I **Employer Certification — I attest that:**

- My business maintains an active, bona fide business street address in one of the following coverage areas:**
 - One of the 5 Boroughs of NYC (Bronx, Brooklyn, Manhattan, Queens, or Staten Island)
 - Westchester, Rockland, Orange, Nassau, Suffolk, Putnam, Dutchess, Sullivan and Ulster.
- Only full-time employees are eligible for coverage through HealthPass, and:**
 - My business has at least two full-time employees. Full-time is defined by the employer (my business). Full-time employees must work between 20 and 40 hours per week, and this standard must be applied uniformly among all of the employees.
 - My business will offer HealthPass coverage to every full-time employee and my business cannot use age, sex, health status or occupation to determine employee eligibility.
 - I understand that temporary or seasonal employees, consultants, independent contractors, household help, and retirees are not eligible for coverage through HealthPass. Other exclusions may apply.
 - I understand that **75% of eligible employees must participate in either HealthPass or another health plan** (through a spouse's plan, Medicare, Medicaid or an alternate plan offered by the employer).
 - I understand that if the business chooses to pay the full dollar amount of the premium for employee-only coverage (your employees share none of the cost of premium), then all eligible employees must participate. If the business chooses to pay the full dollar premium for employee + dependent coverage, then all dependents must be covered. Note there is no minimum employer dollar contribution requirement.
- My business cannot offer HealthPass coverage to any employee who lives outside of the HealthPass coverage area if more than 20% of eligible employees live outside of the coverage area.** The HealthPass coverage area is New York, New Jersey, Connecticut, and Bucks County, PA. If 20% or less of the eligible employees live outside of the coverage area, then all out-of-coverage area employees can be covered through HealthPass. "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

HEALTHPASS INSURANCE TRUST
The undersigned employer, in order to establish a plan or plans of Group Health Insurance for its employees and their dependents, hereby requests participation in the New York Health Purchasing Alliance, Inc. HealthPass Insurance Trust (the "Trust") which provides health insurance benefits under Group Contracts issued by several health insurers and health maintenance organizations to the Trustee of the HealthPass I Insurance Trust.

If the undersigned employer's participation is approved by the Trustee or the Administrator appointed by the Trustee (the "Administrator"), said employer shall become a Participating Employer (as defined in Trust Agreement) as of the effective date endorsed hereon by the Trustee or the Administrator. The undersigned employer understands and acknowledges that even if it is approved as a Participating Employer in the HealthPass Insurance Trust, its employees and their dependents are not automatically insured, but must each satisfy any eligibility requirements of the Trust and of the applicable Group Contracts. The employer agrees to make the coverage under Group Contracts available to all of its current and future eligible employees.

- The undersigned employer hereby agrees:
- To be bound by all the terms of the Trust Agreement and of the Group Contract(s) (as each are from time to time amended), copies of which are available from the Trust or the Administrator upon request.
 - To furnish any information requested by the Trustee, Administrator or any of the Insurers or Health Maintenance Organizations which is reasonably required for the proper administration of the Trust or of the Group Contract.
 - To distribute to its eligible employees any materials provided by or on behalf of the Trustee, Administrator, Health Insurer or Health Maintenance Organization describing Trust or the Group Contract.
 - That it has no right, title or interest in or to the Trust Fund created under Trust.
 - Coverage under any Contract through the Trust shall only apply to the extent provided in the Group Contract held by Trustee, and all claims for and benefits provided will be made payable to the insurance company or HMO issuing the Group Contract.
 - The Trustee does not have any obligation under any of the Group Contracts.

HEALTH ADVOCATE
All Medical plan options available through HealthPass include access to Health Advocate
HEALTHPASS COBRA ADMINISTRATION SERVICES

- Client must timely and accurately perform all of their responsibilities by providing participant information as outlined in "The ABC's An Administrative Guide to Your Health Insurance Plan".
- HealthPass COBRA Administration Services will terminate if:
 - Client group is mandatory terminated due to non-payment.
 - Client does not comply with "The ABC's An Administrative Guide to Your Health Insurance Plan".
 - Client ceases to offer HealthPass COBRA Administration Services.
 - Client ceases to offer medical insurance via HealthPass.
- Client agrees to indemnify HealthPass and all personnel involved in the provision of COBRA Administration Services.

J **Payment Method — A business check, payable to HealthPass, for the full premium due must accompany this application. Applications submitted with less than the full premium amount due or with personal checks will not be processed.**

After the first payment, how do you prefer to pay for your coverage? _____
 Please bill me monthly. Please electronically transfer funds (EFT) for monthly payment. (Must attach a voided business check) ^{Initials}
 Please electronically transfer funds (EFT) for my initial payment with HealthPass. (Must attach a voided business check)

I hereby authorize HealthPass to initiate electronic funds transfer (EFT) from my account for the payment of my monthly cost of coverage.
I understand the debit transaction will occur the 1st of the month or the first business day following.

In the event that I make changes to my banking arrangements, I understand that I must notify HealthPass to effect the changes for payment collection.
All changes must be reported 20 days prior to the effective date of the change. Notify us by calling 888.313.7010

The physical check may be converted to an electronic payment

Employer Authorization — IN WITNESS hereof, the Employer, by its duly authorized officer, certifies the Employer meets the eligibility requirements and has executed the Trust Participation Agreement under the terms set forth in this form.

K Signature _____ Print Name _____



Enrollment / Change Form

____/____/____

New Groups Effective: 1st of the Month Only

Existing Groups Effective: 1st of the Month Only

HealthPass

61 Broadway, Suite 2705
 New York, NY 10006
 Member Services: (888) 313-7277
 Billing: (888) 313-7010
 Fax: (212) 252-7448
 Email: forms@healthpassny.com

Enrollment / Additions (circle which applies)

- Group Open Enrollment
 - Medical Dental Vision EverGuard
- New Employee
- Status Change (PT to FT) on ____/____/____
- Involuntary loss of coverage ____/____/____
- Add Dependent
 - Birth on ____/____/____
 - Marriage on ____/____/____
 - Adoption (Attach Legal Document)
- Other (describe) _____

Terminations / Changes (circle which applies)

- Voluntary Involuntary
 - Medical Dental Vision EverGuard
- Cancel Dependents listed below in Section D
- Changes: Check off below and fill in sections C&J.
 - New Street Address
 - New Home Phone
 - New Name
- Other _____

Continuation-of-Coverage / COBRA

IMPORTANT! Payment required for activation of COBRA coverage. Remit with form directly to HealthPass.

- Employee Election
- Dependent(s) Election
- Start date ____/____/____
- Qualifying Event & Date**
- Involuntary**
 - Termination/Laid off
- Voluntary**
 - Death of Covered Employee _____
 - Dependent Child Aged Out _____
 - Divorce of Covered Employee _____

A Waiving Coverage (complete Sections A, C, J and K) Check off plan(s) you are waiving:

By waiving coverage, I understand I will not be able to enroll without a qualifying event or until my employer's next open enrollment.

- | | | | |
|--|--|---|----------------------------------|
| <input type="checkbox"/> Health / Reason:
Name of Insurer _____ | <input type="checkbox"/> Covered by other plan
Name of Policyholder _____ | <input type="checkbox"/> Not interested – no other coverage
Policy ID# _____ | Effective Date
____/____/____ |
| <input type="checkbox"/> Dental / Reason: | <input type="checkbox"/> Covered by other plan | <input type="checkbox"/> Not interested – no other coverage | |
| <input type="checkbox"/> Vision / Reason: | <input type="checkbox"/> Covered by other plan | <input type="checkbox"/> Not interested – no other coverage | |

B Prior Coverage Failure to indicate prior coverage may result in claims issues.

Name of Insurer _____	Name of Policyholder _____	Policy ID# _____	Effective Date ____/____/____	Term Date ____/____/____
-----------------------	----------------------------	------------------	----------------------------------	-----------------------------

C Employee Information All information must be provided for enrollment.

Are you an owner of the company? Yes No

Company Name _____	Date of FT Hire _____	Hrs. Worked Per Week _____	<input type="checkbox"/> Actively at Work
			<input type="checkbox"/> Retired
Employee Name (Last, First, Middle Initial – PLEASE PRINT) _____	Social Security # _____		<input type="checkbox"/> Male
			<input type="checkbox"/> Female
Street Address _____	Apt # _____	City _____	State _____ Zip _____
Home/Cell Phone (____) _____	e-mail _____	Birth Date (MM/DD/YY) _____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced

Initial Enrollment Only: If you are selecting the Oxford Liberty HMO plan for the first time, please select a primary care provider. If you are renewing with an Oxford Liberty HMO plan you must contact the carrier directly to update your primary care physician.

Dr. Name: _____ ID# _____

D Dependent Information List all Dependents (Last Name, First, Middle Initial)

Spouse* (Last, First, Middle Initial) _____ M F Birth Date (MM/DD/YY) _____ Social Security # _____

Dr. Name: _____ ID# _____

Dep # 1 (Last, First, Middle Initial) _____ M F Birth Date (MM/DD/YY) _____ Social Security # _____

Dr. Name: _____ ID#: _____ If 19 or over are you a full-time student?* Yes No

Dep # 2 (Last, First, Middle Initial) _____ M F Birth Date (MM/DD/YY) _____ Social Security # _____



Dr. Name: _____ ID#: _____ If 19 or over are you a full-time student?* Yes No

Dep # 3 (Last, First, Middle Initial) _____ M F Birth Date (MM/DD/YY) _____ Social Security # _____


*Spouses enrolling under a different last name must provide a copy of their marriage certificate. Dependents enrolling in dental need to provide a student verification form. All provider changes must be done through the carrier directly. Online form(s) available at www.healthpassny.com

E Type of Medical Coverage: Employee Only Employee and Spouse Employee and Child(ren) Family
 Please check if enrolling a Domestic Partner

F Medical Plan Options


	In-Network Only	Cost-Sharing	HSA	Hospital Based
	<input type="checkbox"/> CompreHealth HMO 30/50-1000 <input type="checkbox"/> CompreHealth HMO 30/50-1000 G (CompreHealth network is only available for residents of 5 Boroughs, LI & West.)	<input type="checkbox"/> EPOcs 40-2500 1K/50% <input type="checkbox"/> EPOcs 50-2500 G	<input type="checkbox"/> HSA EPO 5800	<input type="checkbox"/> HealthEssentials
	<input type="checkbox"/> Freedom EPO 50-500(2500max) <input type="checkbox"/> Liberty HMO 30/50-500(1000max)	<input type="checkbox"/> Liberty EPOcs 25/50-2000 <input type="checkbox"/> Liberty PPOcs 25/40-1000/2000 <input type="checkbox"/> USA PPOcs 25/40-1000/2000	Not Available	Not Available

G Dental Plan Options Note: If your employer is offering Dental coverage, please indicate the coverage(s) desired. Effective date 1st of month only.


 Managed DentalGuard (DMO) DentalGuard Preferred (PPO)
 Managed DentalGuard Plus (DMO) DentalGuard Preferred Plus (PPO)
 Employee Only Employee and Spouse Employee and Child(ren) Family
 Please check if enrolling a Domestic Partner
 Please select Dental Facility ID# at initial enrollment only for DMO Coverage:

Employee: _____ Spouse/Domestic Partner: _____ Dep.#1: _____ Dep.#2: _____ Dep.#3: _____

H Vision Plan Option Note: This is a 24 month contract based on your group's effective date. Coverage can only be cancelled at the completion of 2 years or if all HealthPass coverage is cancelled. Effective date 1st of month.

 I am electing VisionGuard
 Employee Only Employee and Spouse Employee and Child(ren) Family
 Please check if enrolling a Domestic Partner

I EverGuard Plan Options Note: You may only elect the coverage level offered by your employer. If electing coverage, please indicate beneficiary(ies). Available to employees only (no dependents).

 I am electing EverGuard I am electing EverGuard Plus

Select up to two beneficiaries. Indicate the percent of life insurance proceeds for each beneficiary. Must total 100%.

Beneficiary Name	Relation	Percent	Beneficiary Name	Relation	Percent
#1: _____	/	/ %	#2: _____	/	/ %

J Employee Signature Note: Electronic signatures are not valid this form must be signed and dated by the employee.

I hereby apply for the health insurance company and benefit plan selected, understanding all benefits and coverage as specified in the enrollment materials and agreeing to abide by all the rules and regulations therein specified. I certify that I am actively at work a minimum of 20 hours per week and will notify HealthPass if my employment status changes. I elect to enroll myself and the family members indicated on this form with the medical and dental plans and primary care provider as indicated on this form. I certify that all dependents listed on this form are eligible for coverage under the terms of the plan documents. I agree to notify my employer within 30 days when such eligibility ceases. I understand the medical or dental plans have no liability to provide coverage for ineligible dependents. On behalf of myself and all family members, I hereby authorize all physicians, nurses, hospitals and other providers who or which have at any time, either before or after we became covered by the health insurance company, provided any diagnosis, treatment or any other service to any of us, to furnish the insurance companies or their authorized representative all information and records relating thereto. A photocopy or digital image of this authorization shall be considered as valid as the original. I understand that the Participating Providers, if any, do not necessarily include all types of doctors or providers.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. See eligibility guidelines. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. If I am required to contribute premium toward my coverage, I hereby authorize my employer to deduct such contributions in advance from wages due me and remit same to HealthPass. (The subscriber is responsible for the total cost of care received or for drugs purchased which are not authorized by the plan.)

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

I have carefully read this section and certify that all information provided on this form is true and complete to the best of my knowledge.

Employee Signature _____ Date _____

K Employer Signature Note: Electronic signatures are not valid this form must be signed and dated by an authorized company representative.

I certify that the person(s) presented on this form are eligible employees (or dependents) and work for the employer identified on this form.

Signature _____ Date _____ HealthPass Group # _____
 Authorized Company Representative (if enrolled)



HEALTHPASS ENROLLMENT CHECKLIST

Once a policy is in force, plan changes are not permitted for the duration of the contract period. Changes can only be made at the renewal for the next contract period.

Employer Notice of Election

- Federal Tax ID #
- Company Address
- Contact
- Effective Date (1st of the month only)
- Waiting Period
- Definition of Full-Time Employee
- Employer Contribution
- Tier Structures
- Ancillary Options
 - Dental
 - Vision
 - EverGuard
- Employer Signature
- Payment Method
- Broker and GA Name or ID #

Employer's Quarterly Wage & Tax Statement(s) (NYS-45)

- OR: Other Applicable Tax Documentation (See Eligibility Guidelines)
- Most recent NYS45 - must be notated with the status of each employee as follows:
PT - part-time; FT - full-time; T - no longer employed; U - union, S - seasonal.

Check For First Month's Coverage

Must be a company check payable to **HealthPass**.

Employee Enrollment /Waiver Forms

Each eligible employee must fill out this form to enroll in, or waive coverage. Dependents not listed will not be covered.

- Employee Name
- Social Security Number
- Date of Hire
- Signature of Authorized Company Representative
- Correct Form Version - Date on bottom of form to apply to current quarter.
- Hours Worked Per Week
- Employee Date of Birth
- All Dependent Info. (incl. DOB and SS#)
- Employee Plan Selections
- All Listed Data Fields
- Employee's Signature

Additional Forms

- Marriage Certificate - EmblemHealth & Guardian

For Domestic Partners: EmblemHealth & Guardian

- Registration or Affidavit
- Declaration of Cohabitation and Financial Interdependence

Note: If you are submitting a new HealthPass case that had previous employer-sponsored coverage through EmblemHealth or Oxford, enclose a copy of the termination request letter with the application. In addition you **MUST** send that letter to the carrier directly.





BROKER COMMISSION MANDATORY DIRECT DEPOSIT AUTHORIZATION FORM

Please complete this form in order to receive commissions via Direct Deposit. Please allow up to 30 days to process your request.

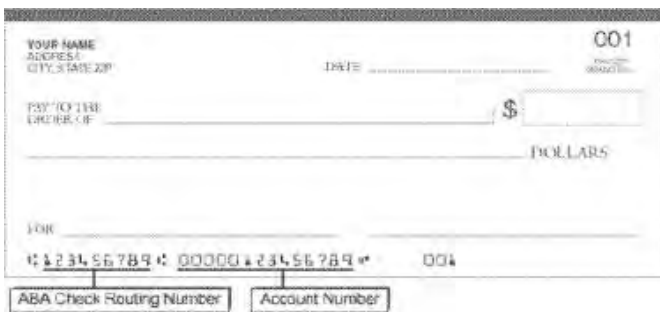
Agency/Broker Name (as it appears on account): _____

Bank Name: _____

ABA Number/ Check Routing Number: _____

Bank Account Number (must be a checking account): _____

Please attach a voided check - form will not be processed without this information.



(Faxed copies acceptable)

I hereby authorize HealthPass to initiate a **Direct Deposit** to my account for payment of my monthly commissions. The account will be credited on or about the 15th of each month. I understand that if I make changes to my banking arrangements the successful completion of the deposit may not occur.

Broker Signature

Title

Date: _____ **HealthPass Broker ID#:** _____

Submit by mail:
HealthPass New York
61 Broadway, Suite 2705
New York, NY 10006

Submit by e-mail or fax:
info@healthpassny.com
212.252.7448



Region 1 Rates - 7.01.13 - 9.01.13
Manhattan, Staten Island, Bronx, Suffolk & Westchester

Four Tier					
In-Network Only Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford Freedom Ease EPO 50-500 (2500max)	\$50 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY: \$500 PER DAY TO A MAX OF \$2,500, Rx: \$15/35/75 (\$100 DED)	\$ 700.21	\$ 1,533.57	\$ 1,296.62	\$ 2,167.54
Oxford Liberty HMO 30/50-500 (1000max)	\$30 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY \$500, PER DAY TO A MAX OF \$1,000, Rx: \$15/35/75 (\$100 DED)	\$ 593.37	\$ 1,298.51	\$ 1,099.27	\$ 1,836.87
Cost Sharing Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth EPOcs+ 40-2500 1K/50%	\$40 PHYSICIAN COPAY, HOSPITAL: DED & COINS, DED \$2,500, COINS: 80/20, MAX OOP \$2,000, RX: \$10/30/50 (\$50 DED, \$1,000 RETAIL THRESHOLD THEN 50% COINS)	\$ 546.50	\$ 1,306.69	\$ 1,013.49	\$ 1,693.86
EmblemHealth EPOcs+ 50-2500 G	\$50 PHYSICIAN COPAY, HOSPITAL: DED & COINS, DED \$2,500, COINS: 70/30, MAX OOP \$2,500, RX: GENERIC ONLY	\$ 434.27	\$ 1,033.62	\$ 806.77	\$ 1,343.12
Oxford Liberty EPOcs 25/50-2000	\$25 PRIMARY/ \$50 SPECIALIST, HOSPITAL DED & COINS, DED \$2,000, COINS: 90/10, MAX OOP \$1,000, Rx: \$15/35/75 (\$100 DED)	\$ 549.11	\$ 1,201.15	\$ 1,017.08	\$ 1,699.13
Oxford Liberty PPOcs 25/40-1000/2000	\$25 PRIMARY/ \$40 SPECIALIST, HOSPITAL DED & COINS, DED \$1,000, COINS: 80/20, MAX OOP \$2,000, Rx: \$15/50%/50% (\$100 DED)	\$ 712.84	\$ 1,561.35	\$ 1,320.14	\$ 2,248.59
HSA Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth HSA EPO 5800	\$5,800 DED, COINS: 100%, Rx: COVERED IN FULL AFTER DED	\$ 354.11	\$ 844.99	\$ 652.15	\$ 1,055.34
Hospital Based Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth HealthEssentials	PREVENTIVE CARE ONLY: COVERED IN FULL, HOSPITAL: \$500 PER DAY TO A MAX OF \$1500, Rx: \$15 GENERIC ONLY. **BENEFITS ARE LIMITED-REFER TO BENEFITS SUMMARY**	\$ 266.90	\$ 631.93	\$ 491.69	\$ 817.24
Out-of-Area Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford USA PPOcs 25/40-1000/2000	\$25 PRIMARY/ \$40 SPECIALIST, HOSPITAL: DED & COINS, DED \$1,000, COINS: 80/20 MAX OOP: \$2,000, Rx: \$15/50%/50% (\$100 DED)	\$ 743.08	\$ 1,627.88	\$ 1,376.08	\$ 2,344.14

All rates includes \$3.50 for HealthPass Program benefits that are not included as a part of normal carrier or agent services. Oxford plans include an additional billing and administrative fee as follows: EE \$14.75, EE/Spouse \$29.75, EE+Child(ren) \$27.50, Family \$43.25. All rates include Health Advocate service. Rates are subject to DOI approval and final verification at time of enrollment. EmblemHealth "*" plans waive physician copays for dependent child(ren). Domestic Partner Coverage through all carriers. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family. The CompreHealth and Oxford HMO plans are gated.



Region 2 Rates - 7.01.13 - 9.01.13

Brooklyn, Queens & Nassau

Four Tier					
In-Network Only Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford Freedom Ease EPO 50-500 (2500max)	\$50 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY: \$500 PER DAY TO A MAX OF \$2,500, Rx: \$15/35/75 (\$100 DED)	\$ 717.55	\$ 1,571.72	\$ 1,328.70	\$ 2,221.30
Oxford Liberty HMO 30/50-500 (1000max)	\$30 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY \$500, PER DAY TO A MAX OF \$1,000. Rx: \$15/35/75 (\$100 DED)	\$ 593.37	\$ 1,298.51	\$ 1,099.27	\$ 1,836.87
Cost Sharing Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth EPOcs+ 40-2500 1K/50%	\$40 PHYSICIAN COPAY, HOSPITAL: DED & COINS, DED \$2,500, COINS: 80/20, MAX OOP \$2,000, Rx: \$10/30/50 (\$50 DED, \$1,000 RETAIL THRESHOLD THEN 50% COINS)	\$ 546.50	\$ 1,306.69	\$ 1,013.49	\$ 1,693.86
EmblemHealth EPOcs+ 50-2500 G	\$50 PHYSICIAN COPAY, HOSPITAL: DED & COINS, DED \$2,500, COINS: 70/30, MAX OOP \$2,500, Rx: GENERIC ONLY	\$ 434.27	\$ 1,033.62	\$ 806.77	\$ 1,343.12
Oxford Liberty EPOcs 25/50-2000	\$25 PRIMARY/ \$50 SPECIALIST, HOSPITAL DED & COINS, DED \$2,000, COINS: 90/10, MAX OOP \$1,000, Rx: \$15/35/75 (\$100 DED)	\$ 561.92	\$ 1,229.33	\$ 1,040.78	\$ 1,738.85
Oxford Liberty PPOcs 25/40-1000/2000	\$25 PRIMARY/ \$40 SPECIALIST, HOSPITAL DED & COINS, DED \$1,000, COINS: 80/20, MAX OOP \$2,000, Rx: \$15/50%/50% (\$100 DED)	\$ 730.27	\$ 1,599.70	\$ 1,352.38	\$ 2,303.66
HSA Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth HSA EPO 5800	\$5,800 DED, COINS: 100%, Rx: COVERED IN FULL AFTER DED	\$ 354.11	\$ 844.99	\$ 652.15	\$ 1,055.34
Hospital Based Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth HealthEssentials	PREVENTIVE CARE ONLY: COVERED IN FULL, HOSPITAL: \$500 PER DAY TO A MAX OF \$1500, Rx: \$15 GENERIC ONLY. **BENEFITS ARE LIMITED-REFER TO BENEFITS SUMMARY**	\$ 266.90	\$ 631.93	\$ 491.69	\$ 817.24
Out-of-Area Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford USA PPOcs 25/40-1000/2000	\$25 PRIMARY/ \$40 SPECIALIST, HOSPITAL: DED & COINS, DED \$1,000, COINS: 80/20 MAX OOP: \$2,000, Rx: \$15/50%/50% (\$100 DED)	\$ 743.08	\$ 1,627.88	\$ 1,376.08	\$ 2,344.14

All rates includes \$3.50 for HealthPass Program benefits that are not included as a part of normal carrier or agent services. Oxford plans include an additional billing and administrative fee as follows: EE \$14.75, EE/Spouse \$29.75, EE+Child(ren) \$27.50, Family \$43.25. All rates include Health Advocate service. Rates are subject to DOI approval and final verification at time of enrollment. EmblemHealth "*" plans waive physician copays for dependent child(ren). Domestic Partner Coverage through all carriers. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family. The CompreHealth and Oxford HMO plans are gated.



Region 3 Rates - 7.01.13 - 9.01.13

Rockland

Four Tier					
In-Network Only Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford Freedom Ease EPO 50-500 (2500max)	\$50 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY: \$500 PER DAY TO A MAX OF \$2,500, Rx: \$15/35/75 (\$100 DED)	\$ 671.30	\$ 1,469.97	\$ 1,243.14	\$ 2,077.92
Oxford Liberty HMO 30/50-500 (1000max)	\$30 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY \$500, PER DAY TO A MAX OF \$1,000. Rx: \$15/35/75 (\$100 DED)	\$ 593.37	\$ 1,298.51	\$ 1,099.27	\$ 1,836.87
Cost Sharing Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth EPOcs+ 40-2500 1K/50%	\$40 PHYSICIAN COPAY, HOSPITAL: DED & COINS, DED \$2,500, COINS: 80/20, MAX OOP \$2,000, RX: \$10/30/50 (\$50 DED, \$1,000 RETAIL THRESHOLD THEN 50% COINS)	\$ 546.50	\$ 1,306.69	\$ 1,013.49	\$ 1,693.86
EmblemHealth EPOcs+ 50-2500 G	\$50 PHYSICIAN COPAY, HOSPITAL: DED & COINS, DED \$2,500, COINS: 70/30, MAX OOP \$2,500, RX: GENERIC ONLY	\$ 434.27	\$ 1,033.62	\$ 806.77	\$ 1,343.12
Oxford Liberty EPOcs 25/50-2000	\$25 PRIMARY/ \$50 SPECIALIST, HOSPITAL DED & COINS, DED \$2,000, COINS: 90/10, MAX OOP \$1,000, Rx: \$15/35/75 (\$100 DED)	\$ 527.76	\$ 1,154.18	\$ 977.59	\$ 1,632.95
Oxford Liberty PPOcs 25/40-1000/2000	\$25 PRIMARY/ \$40 SPECIALIST, HOSPITAL DED & COINS, DED \$1,000, COINS: 80/20, MAX OOP \$2,000, Rx: \$15/50%/50% (\$100 DED)	\$ 683.79	\$ 1,497.44	\$ 1,266.39	\$ 2,156.79
HSA Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth HSA EPO 5800	\$5,800 DED, COINS: 100%, Rx: COVERED IN FULL AFTER DED	\$ 354.11	\$ 844.99	\$ 652.15	\$ 1,055.34
Hospital Based Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth HealthEssentials	PREVENTIVE CARE ONLY: COVERED IN FULL, HOSPITAL: \$500 PER DAY TO A MAX OF \$1500, Rx: \$15 GENERIC ONLY. **BENEFITS ARE LIMITED-REFER TO BENEFITS SUMMARY**	\$ 266.90	\$ 631.93	\$ 491.69	\$ 817.24
Out-of-Area Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford USA PPOcs 25/40-1000/2000	\$25 PRIMARY/ \$40 SPECIALIST, HOSPITAL: DED & COINS, DED \$1,000, COINS: 80/20 MAX OOP: \$2,000, Rx: \$15/50%/50% (\$100 DED)	\$ 743.08	\$ 1,627.88	\$ 1,376.08	\$ 2,344.14

All rates include \$3.50 for HealthPass Program benefits that are not included as a part of normal carrier or agent services. Oxford plans include an additional billing and administrative fee as follows: EE \$14.75, EE/Spouse \$29.75, EE+Child(ren) \$27.50, Family \$43.25. All rates include Health Advocate service. Rates are subject to DOI approval and final verification at time of enrollment. EmblemHealth "*" plans waive physician copays for dependent child(ren). Domestic Partner Coverage through all carriers. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family. The ComprHealth and Oxford HMO plans are gated.



Region 4 Rates - 7.01.13 - 9.01.13
Orange, Putnam & Dutchess

Four Tier					
In-Network Only Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford Freedom Ease EPO 50-500 (2500max)	\$50 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY: \$500 PER DAY TO A MAX OF \$2,500, Rx: \$15/35/75 (\$100 DED)	\$ 584.58	\$ 1,279.18	\$ 1,082.70	\$ 1,809.09
Oxford Liberty HMO 30/50-500 (1000max)	\$30 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY \$500, PER DAY TO A MAX OF \$1,000. Rx: \$15/35/75 (\$100 DED)	\$ 593.37	\$ 1,298.51	\$ 1,099.27	\$ 1,836.87
Cost Sharing Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth EPOcs+ 40-2500 1K/50%	\$40 PHYSICIAN COPAY, HOSPITAL: DED & COINS, DED \$2,500, COINS: 80/20, MAX OOP \$2,000, Rx: \$10/30/50 (\$50 DED, \$1,000 RETAIL THRESHOLD THEN 50% COINS)	\$ 542.23	\$ 1,296.46	\$ 1,005.58	\$ 1,680.60
EmblemHealth EPOcs+ 50-2500 G	\$50 PHYSICIAN COPAY, HOSPITAL: DED & COINS, DED \$2,500, COINS: 70/30, MAX OOP \$2,500, RX: GENERIC ONLY	\$ 430.15	\$ 1,023.75	\$ 799.16	\$ 1,330.37
Oxford Liberty EPOcs 25/50-2000	\$25 PRIMARY/ \$50 SPECIALIST, HOSPITAL DED & COINS, DED \$2,000, COINS: 90/10, MAX OOP \$1,000, Rx: \$15/35/75 (\$100 DED)	\$ 463.70	\$ 1,013.25	\$ 859.08	\$ 1,434.36
Oxford Liberty PPOcs 25/40-1000/2000	\$25 PRIMARY/ \$40 SPECIALIST, HOSPITAL DED & COINS, DED \$1,000, COINS: 80/20, MAX OOP \$2,000, Rx: \$15/50%/50% (\$100 DED)	\$ 596.62	\$ 1,305.67	\$ 1,105.13	\$ 1,881.33
HSA Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth HSA EPO 5800	\$5,800 DED, COINS: 100%, Rx: COVERED IN FULL AFTER DED	\$ 357.66	\$ 853.48	\$ 658.70	\$ 1,065.98
Out-of-Area Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford USA PPOcs 25/40-1000/2000	\$25 PRIMARY/ \$40 SPECIALIST, HOSPITAL: DED & COINS, DED \$1,000, COINS: 80/20 MAX OOP: \$2,000, Rx: \$15/50%/50% (\$100 DED)	\$ 743.08	\$ 1,627.88	\$ 1,376.08	\$ 2,344.14

All rates includes \$3.50 for HealthPass Program benefits that are not included as a part of normal carrier or agent services. Oxford plans include an additional billing and administrative fee as follows: EE \$14.75, EE/Spouse \$29.75, EE+Child(ren) \$27.50, Family \$43.25. All rates include Health Advocate service. Rates are subject to DOI approval and final verification at time of enrollment. EmblemHealth "*" plans waive physician copays for dependent child(ren). Domestic Partner Coverage through all carriers. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family. The ComprHealth and Oxford HMO plans are gated.



Region 5 Rates - 7.01.13 - 9.01.13
Ulster & Sullivan

Four Tier					
In-Network Only Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford Freedom Ease EPO 50-500 (2500max)	\$50 PRIMARY/ \$50 SPECIALIST, HOSPITAL COPAY: \$500 PER DAY TO A MAX OF \$2,500, Rx: \$15/35/75 (\$100 DED)	\$ 584.58	\$ 1,279.18	\$ 1,082.70	\$ 1,809.09
Cost Sharing Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth EPOcs+ 40-2500 1K/50%	\$40 PHYSICIAN COPAY, HOSPITAL: DED & COINS, DED \$2,500, COINS: 80/20, MAX OOP \$2,000, RX: \$10/30/50 (\$50 DED, \$1,000 RETAIL THRESHOLD THEN 50% COINS)	\$ 542.23	\$ 1,296.46	\$ 1,005.58	\$ 1,680.60
EmblemHealth EPOcs+ 50-2500 G	\$50 PHYSICIAN COPAY, HOSPITAL: DED & COINS, DED \$2,500, COINS: 70/30, MAX OOP \$2,500, RX: GENERIC ONLY	\$ 430.15	\$ 1,023.75	\$ 799.16	\$ 1,330.37
HSA Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
EmblemHealth HSA EPO 5800	\$5,800 DED, COINS: 100%, Rx: COVERED IN FULL AFTER DED	\$ 357.66	\$ 853.48	\$ 658.70	\$ 1,065.98
Out-of-Area Plans		Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford USA PPOcs 25/40-1000/2000	\$25 PRIMARY/ \$40 SPECIALIST, HOSPITAL: DED & COINS, DED \$1,000, COINS: 80/20 MAX OOP: \$2,000, Rx: \$15/50%/50% (\$100 DED)	\$ 743.08	\$ 1,627.88	\$ 1,376.08	\$ 2,344.14

All rates include \$3.50 for HealthPass Program benefits that are not included as a part of normal carrier or agent services. Oxford plans include an additional billing and administrative fee as follows: EE \$14.75, EE/Spouse \$29.75, EE+Child(ren) \$27.50, Family \$43.25. All rates include Health Advocate services. Rates are subject to DOI approval and final verification at time of enrollment. EmblemHealth "+" plans waive physician copays for dependent child(ren). Domestic Partner Coverage through all carriers. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family. The ComprHealth and Oxford HMO plans are gated.



PHARMACY OPTIONS

Pharmacy Options Explanations

HealthPass offers many Rx options. The chart below will help you better understand your Rx benefits. For the applicable formulary list visit your carrier's website.



Rx Definitions:

Tier 1: Multi Source Generic - Generic drugs are ones which no longer have, or never had, patent protection and are generally referred to by their chemical names.



Tier 2: Brand and Single Source Generic - Brand name drugs may still have patent protection so they can only be produced by the creating pharmaceutical company or those companies licensed by the creating company.

Tier 3: Non-Formulary - Drugs are generally placed on the non-preferred list only when there is a preferred drug that offers the same therapeutic benefit or there is an approved generic available.

Mail Order - How It Works

	<p>877.866.5798</p> <ol style="list-style-type: none"> 1) Members should go to the Express Scripts website at www.starhomedelivery.com 2) Click "Register Now" or log-in with your username and password 3) After registration, members can access information such as an overview of pharmacy benefits, look up prescriptions and order prescriptions online. <p>Note: For The Speciality Injectable Pharmacy Program contact - ICORE at 866.554.2673 or EmblemHealth at 888.447.0295.</p>
	<p>800.905.0201</p> <ol style="list-style-type: none"> 1) Members should go to the Medco Health website at www.medco.com. 2) Click "Activate Your Account" and register on the website using their assigned ID number located on the identification card. 3) After registration, members can access information such as an overview of pharmacy benefits, look up prescriptions and order prescriptions online.

What's Your Copay?

 <p>When an EmblemHealth member uses the mail order system to order a 90 day supply of a drug, the member will only pay 2 months of copays for Tier 1 and 2.5 months of copays for Tier 2 & 3.</p>	 <p>When an UnitedHealthcare member uses the mail order system to order a 90 day supply of a drug the member will be only pay 2.5 months of copays</p>
---	--



Guardian Managed DentalGuard

Groups of 2-50 employees

Managed DentalGuard Rates (DMO)

Two Tier	Four Tier
\$16.35 <i>Employee only</i>	\$16.35 <i>Employee only</i>
N/A	\$32.82 <i>Employee/Spouse*</i>
N/A	\$33.97 <i>Employee/Child(ren)</i>
\$43.27 <i>Family*</i>	\$50.32 <i>Family*</i>

HealthPass offers Guardian Managed DentalGuard

(In-Network only dental plan)

- Only a \$5.00 copay for each primary care office visit
(1st visit includes a cleaning, checkup and x-ray; 2nd visit includes second cleaning only)
- No annual maximum on the plan
- Most diagnostic and preventive services are provided at no additional cost
- Reasonable and fixed patient charges apply for basic and major services – orthodontia benefits are included at no additional premium cost
- No deductible
- Unlimited ability to change dentists monthly

Affordable Care

With the Guardian Managed DentalGuard pre-paid plan, each member selects a primary dental facility from the directory of participating general dentists. All covered family members may choose different primary care dentists, or the same dentist based on personal preference. The primary care dentist will perform all dental services and coordinate referrals to network specialists when necessary. This process ensures continuity of care and helps keep the plan cost-effective.

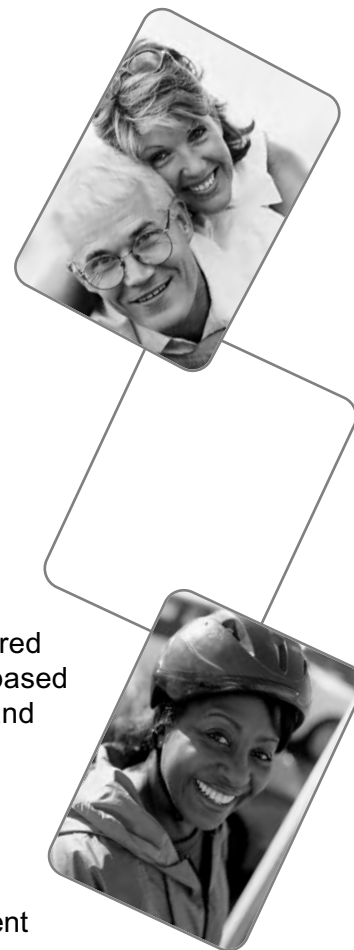
About the Plan

With Guardian Managed DentalGuard, you and your family can count on accessible, concerned care. All covered services are based on a list of fixed patient charges, so you'll always know exactly what your out-of-pocket costs will be. Plus, there are never any claim forms to complete! If you should need a dental specialist, the Managed DentalGuard network includes oral surgeons, periodontists, endodontists, orthodontists and pediatric dental specialists. Your primary care dental office can obtain a specialists referral. If you use a dentist who does not participate with the Managed DentalGuard network or do not obtain a specialists referral, your procedures will not be covered.

Dental coverage can only be elected by a group enrolling in HealthPass medical coverage (1st of the month effective date).

****Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family for groups enrolled in Four Tier; Family for groups enrolled in Two Tier.***

This is a summary of plan information. Please refer to the Eligibility Guidelines for further information.



HealthPass Dental Guardian Managed DentalGuard

<u>Diagnostic</u>		<u>Copayment</u>	<u>Crowns & Fixed Bridges</u>		<u>Copayment</u>	<u>Dentures</u>		<u>Copayment</u>
101	Office Visit,All	\$5	2810	Crown-3/4 cast metallic*	\$395	5410/11	Adjust complete denture-upper or l	\$25
102	Broken Appointment (without 24 h	\$20	2930	Prefab stainless steel crown-prima	\$110	5421/22	Adjust partial denture-upper or low	\$25
0150	Comprehensive Oral Examination	No Charge	2931	Prefab stainless steel crown-perm	\$110	5510	Repair broken complete denture b	\$50
0120	Periodic Oral Exam	No Charge	2932	Prefabricated Resin Crown	\$135	5520	Replace Missing or Broken Teeth	\$45
0140	Limited Problem Focused Exam	No Charge	2950	Core buildup, including any pins	\$100	5610	Repair resin saddle or base	\$55
0210	Intraoral-complete series (incl bite)	No Charge	2951	Pin retention-per tooth, in add'n to	\$22	5630	Repair or relace broken clasp	\$70
0220	Periapical-first film	No Charge	2952	Cast post & core in add'n to crown'	\$155	5640	Replace broken teeth-per tooth	\$45
0230	Periapical-each add'l	No Charge	2954	Prefab post & core in add'n to crow	\$125	5650	Add tooth to existing partial dentur	\$65
0240	Occlusal x-ray	No Charge	6210	Pontic-cast high noble metal*	\$385	5660	Add clasp to existing partial dentur	\$80
0270-74	Bitewing x-rays	No Charge	6211	Pontic-cast predominantly base me	\$385	5710	Rebase Complete Upper Denture	\$200
0330	Panoramic film	No Charge	6212	Pontic-cast noble metal	\$385	5711	Rebase Complete Lower Denture	\$200
0460	Pulp vitality test	No Charge	6240	Pontic-porc fused to high noble me	\$385	5720/21	Rebase Partial Upper or Lower De	\$200
0470	Diagnostic casts	No Charge	6241	Pontic-porc fused to predom base	\$385	5730/31	Reline complete upper/lower (chai	\$110
			6242	Pontic-porc fused to noble metal	\$385	5740/41	Reline upper/lower partial (chairsid	\$110
			6520	Inlay-metallic-2 surfaces*	\$320	5750/51	Reline complete upper/lower dentu	\$150
<u>Preventive</u>			6530	Inlay-metallic-3 or more surfaces*	\$370	5760/61	Reline upper/lower partial denture	\$150
1110/20	Prophylaxis-adult/child	No Charge	6543	Retainer onlay, metallic, three surf	\$380	5820	Interim partial denture (stay plate)	\$175
1201	Tropical Application of Fluoride	No Charge	6544	Retainer onlay, metallic, four or mc	\$395	5821	Interim partial denture (stay plate)	\$175
1203	Topical fl w/o prophy-child/adult	No Charge	6750	Crown-porcelain fused to high nob	\$395	5850/51	Tissue conditioning, upper/lower-p	\$45
1310	Nutritional counseling	No Charge	6751	Crown-porc fused to predom base	\$395			
1330	Oral hygiene instruction	No Charge	6752	Crown-porcelain fused to noble me	\$395	<u>Oral Surgery</u>		
1351	Sealant-per tooth	\$8	6752	Crown-porcelain fused to noble me	\$395	7110	Single tooth extraction	\$22
1510	Space maint-fixed unilateral	\$54	6780	Crown-3/4 cast high noble metal*	\$395	7120	Each additional tooth extraction	\$22
1515	Space maint-fixed bilateral	\$72	6790	Crown-full cast high noble metal*	\$395	7130	Root removal-exposed roots	\$30
1550	Recementation space maint	\$12	6791	Crown-full cast predominantly bas	\$395	7210	Surgical removal erupted tooth w/fl	\$90
			6792	Crown-full cast noble metal	\$395	7220	Removal of impacted tooth-soft tis	\$115
			6970	Cast post & core in add'n to abut*	\$155	7230	Removal of impacted tooth-partial	\$150
			6972	Prefab post & core in add'n to abut	\$125	7240	Removal of impacted tooth-full bor	\$180
			6973	Core buildup for abut, incl any pins	\$100	7241	Removal of impacted tooth-complie	\$225
<u>Minor Restorative</u>						7250	Surgical removal of residual tooth i	\$95
2110	Amalgam-1 surf primary	\$15	<u>Endodontics</u>			7270	Tooth reimplantation and/or stabili	\$210
2120	Amalgam-2 surf primary	\$19	3110	Pulp cap-direct (excl rest)	\$10	7280	Surgical exposure of impacted or u	\$230
2130	Amalgam-3 surf primary	\$23	3120	Pulp cap-indirect (excl rest)	\$10	7281	Surgical exposure to aid eruption	\$195
2131	Amalgam-4 or 4+ surf primary	\$28	3220	Therapeutic pulpotomy (excl rest)	\$25	7285	Biopsy of oral tissue- hard	\$125
2140	Amalgam-1 surf permanent	\$17	3310	Anterior root canal (excl final rest)	\$120	7286	Biopsy of oral tissue- soft	\$85
2150	Amalgam-2 surf permanent	\$22	3320	Bicuspid root canal (excl final rest)	\$145	7310	Alveoplasty in conjunction w/ext-qt	\$105
2160	Amalgam-3 surf permanent	\$26	3330	Molar root canal (excl final restr)	\$370	7320	Alveoplasty w/o extract-quad	\$140
2161	Amalgam-4 or 4+ surf permanent	\$32	3346	Retreatment-anterior, by report	\$315	7450	Removal odont cyst-Lesion up to 1	\$350
2210	Silicate cement- per restoration	\$15	3347	Retreatment-bicuspid, by report	\$370	7451	Removal odont cyst-Lesion over 1.	\$540
2330	Resin-1 surf anterior	\$20	3348	Retreatment-molar, by report	\$445	7470	Removal of exostosis- maxilla or r	\$450
2331	Resin-2 surf anterior	\$26	3410	Apicoectomy/periradicular surg-ant	\$265	7510	Incision/drainage of abscess-intrac	\$105
2332	Resin-3 surf anterior	\$32	3421	Apico/perirad surg-bicuspid (first rc	\$300	7960	Frenulectomy (frenectomy or freno	\$230
2335	Resin-4+ or incisal, anterior	\$38	3425	Apico-perirad surg-molar (first root	\$350			
2336	Composite Resin Crown, Anterior I	\$95	3426	Apico/periradic surg (each add'l ro	\$110	<u>Cosmetic</u>		
2380	Resin - 1 surf Posterior Primary	\$55	3430	Retrograde filling-per root	\$80	2960	Labial veneer (laminate)-chairside	\$295
2381	Resin - 2 surf Posterior Primary	\$65				<u>Orthodontics</u>		
2382	Resin - 3 surf Posterior Primary	\$80	<u>Periodontics</u>			102	Broken appointment (without 24 h	\$20
2385	Resin - 1 Surf Posterior Permanen	\$56	4210	Gingivectomy or gingivoplasty-per	\$235	8601	Orthodontic evaluation and consul	\$100
2386	Resin - 2 Surfs Posterior Permane	\$75	4211	Gingivectomy or gingivoplasty-per	\$60	8602	Orthodontic treatment plan and rec	\$150
2387	Resin - 3 Surf Posterior Permanen	\$95	4240	Gingival Flap Procedure, including	\$275		x-rays, study models and diagnostic photos	
2910	Recement inlay	\$18	4249	Crown lengthening-hard & soft tiss	\$275	8070	Comprehensive orthodontic treatm	\$2,425
2920	Recement crown	\$18	4260	Osseous surg incl flap entry/closur	\$392	8080	fabrication and insertion of fixed be	\$2,425
2940	Sedative filling	\$17	4261	Osseous Surgery Inc.flap entry/clo	\$235	8090	appliance and periodic visits up to	\$2,425
			4270	Pedical soft tissue graft procedure	\$290	8670	Periodic comprehensive orthodonti	\$102
			4271	Free soft tissue graft proc (incl don	\$298	8680	Orthodontic retention	\$425
			4341	Periodontal scaling/root planing-pe	\$40	9430	Office visit for observation, no othe	\$0
			4355	Debridement to Enable Diagnosis	\$24	9440	Emergency office visit after hours	\$20
			4910	Periodontal maintenance procedur	\$22			
			4920	Unscheduled dressing change (otl	\$19	<u>Miscellaneous</u>		
			<u>Dentures</u>			9110	Emergency palliative treatment	\$20
			5110/20	Complete upper or lower denture	\$452	9215	Local anesthesia	No Charge
			5130/40	Immediate upper or lower Denture	\$492	9310	Consultation by other than primary	\$30
			5211	Upper partial-resin base	\$381	9430	Office Visit for Observation	No Charge
			5212	Lower partial-resin base	\$443	9440	Office Visit, after hours	\$20
			5213/14	Upper or lower partial -Chrome ca	\$500	9951	Occlusal adjustment-limited per vis	\$20

* Copayment is exclusive of the price of gold.

A complete description of benefits, limitations and exclusions is included in your subscription certificate.



Guardian DentalGuard Preferred

(Dual Option DMO/PPO)

◆ **DentalGuard Preferred Rates (PPO)**

Two Tier	Four Tier
\$34.70 <i>Employee only</i>	\$34.70 <i>Employee only</i>
N/A	\$74.05 <i>Employee/Spouse*</i>
N/A	\$67.64 <i>Employee/Child(ren)</i>
\$92.02 <i>Family*</i>	\$107.96 <i>Family*</i>

◆ **HealthPass offers Guardian DentalGuard Preferred (In-Network and Out-of-Network dental plan)**

- No referrals are needed to see a specialist
- Unlimited ability to change dentists
- Includes out-of-area emergency coverage
- \$50 deductible for In-Network services
- \$75 deductible for Out-of-Network services
- Annual maximum of \$1,000

◆ **Affordable & Flexible Care**

Guardian DentalGuard Preferred combines the freedom of a PPO dental plan with the economy of managed care. Whenever you or a family member needs dental services, you may visit a carefully screened In-Network dentist or any dentist you wish. If you visit an In-Network dentist, you will typically receive a higher level of benefits and save on out-of-pocket costs.

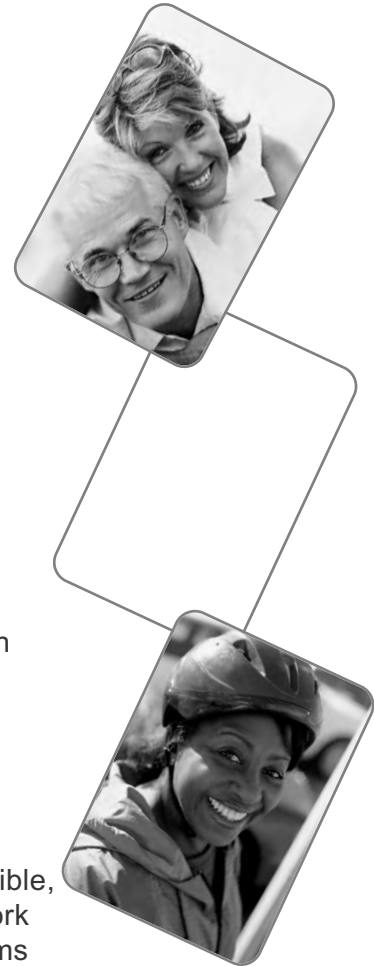
◆ **About the Plan**

With Guardian Preferred DentalGuard, you and your family can count on accessible, concerned care. Plus, there are never any claim forms to complete for In-Network services! If you choose to go Out-of-Network, most dentists will submit your claims directly to Guardian - hassle free. Either an In-Network or Out-of-Network general participating dentist may suggest you see a specialist. No referrals are needed for specialist care. You are always free to see any specialist you would like or choose one from your Guardian provider directory.

Dental coverage can only be elected by a group enrolling in HealthPass medical coverage (1st of the month effective date).

****Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family for groups enrolled in Four Tier; Family for groups enrolled in Two Tier.***

This is a summary of plan information. Please refer to the Eligibility Guidelines for further information.



HealthPass

DentalGuard Preferred

\$1,000 Maximum
 \$50 In-Network deductible / \$75 Out-of-Network deductible
 (waived for Preventive care)

X-rays and Sealants covered as basic

Out-of-Network covered at the 70th percentile

Virgin Groups & Employees: Crowns, Bridges, Prostho-and Periodontic coverage deferred for 12 months

Transfer Groups: Crowns, Bridges, Prostho-and Periodontic deferred 12 months for future hires only

Sample Covered Charges

Coinsurance

Code	Name	In Network	Out of Network
Diagnostic and Preventive			
120	Periodic Examination	100%	80%
1110	Prophylaxis-adult (teeth cleaning)	100%	80%
210	Full mouth x-rays (basic service, subject to deductible)	80%	80%
Restorative			
Fillings (amalgam)			
2140	one surface – permanent	80%	80%
2150	two surfaces – permanent	80%	80%
2160	three surfaces – permanent	80%	80%
Endodontics			
Root Canal therapy			
3310	anterior	50%	50%
3320	bicuspid	50%	50%
3330	molar	50%	50%
Periodontics			
4341	Perio scaling & root planning, per quad.	50%	80%
4210	Gingivectomy, per quadrant	50%	50%
4211	Gingivectomy, per tooth, up to 2 teeth	50%	50%
Crown and Bridge			
2740	Porcelain Crown	50%	50%
2750-52	Porcelain with metal crown*	50%	50%
2790-92	Cast metal crown*	50%	50%
Prosthodontics			
5110-20	Complete denture (upper or lower)	50%	50%
5213	Partial denture	50%	50%
5730	Denture reline (chairside)	50%	50%
5750	Denture reline (laboratory)	50%	50%
Oral Surgery			
7110	Extract single tooth	50%	50%
7510	Incision and drainage of abscess	50%	50%
Impactions			
7220	Extract impacted tooth, soft tissue	50%	50%
7230	Extract impacted tooth, partial bony	50%	50%
7240	Extract impacted tooth, full bony	50%	50%
Orthodontia – Comprehensive Treatment			
	Child to age 18	N/A	N/A
	Member over age 18	N/A	N/A

* If high noble metal is used, there will be an additional patient charge for the actual cost of the high noble metal.

DentalGuard Dental Insurance Plan General Limitations and Exclusions: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under Preventive Services), orthodontic (unless expressly provided for), cosmetic or experimental treatments, any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. GP-1-DG-2000 et al.



Guardian Managed DentalGuard Plus

Groups of 2-50 employees

Managed DentalGuard Plus Rates (DMO)

Two Tier	Four Tier
\$19.31 <i>Employee only</i>	\$19.31 <i>Employee only</i>
N/A	\$38.61 <i>Employee/Spouse*</i>
N/A	\$42.43 <i>Employee/Child(ren)</i>
\$51.11 <i>Family*</i>	\$61.74 <i>Family*</i>

HealthPass offers Guardian Managed DentalGuard Plus

(In-Network only dental plan)

- Only a \$5.00 copay for each primary care office visit
(1st visit includes a cleaning, checkup and x-ray; 2nd visit includes second cleaning only)
- No annual maximum on the plan
- Most diagnostic and preventive services are provided at no additional cost
- Reasonable and fixed patient charges apply for basic and major services – orthodontia benefits are included at no additional premium cost
- No deductible
- Unlimited ability to change dentists monthly

Affordable Care

With the Guardian Managed DentalGuard Plus pre-paid plan, each member selects a primary dental facility from the directory of participating general dentists. All covered family members may choose different primary care dentists, or the same dentist based on personal preference. The primary care dentist will perform all dental services and coordinate referrals to network specialists when necessary. This process ensures continuity of care and helps keep the plan cost-effective.

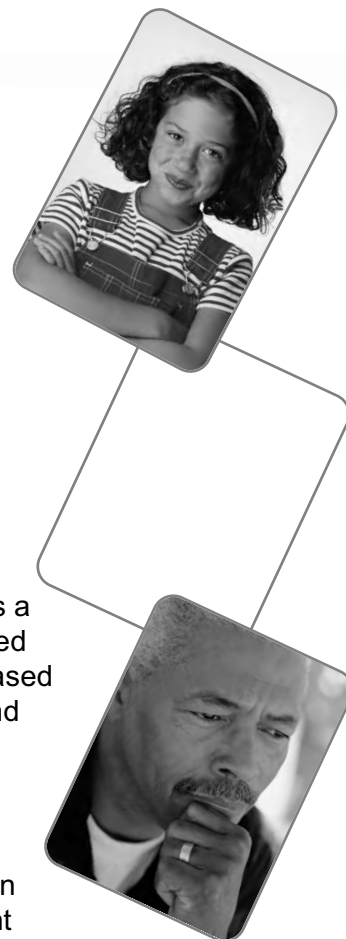
About the Plan

With Guardian Managed DentalGuard Plus, you and your family can count on accessible, concerned care. All covered services are based on a list of fixed patient charges, so you'll always know exactly what your out-of-pocket costs will be. Plus, there are never any claim forms to complete! If you should need a dental specialist, the Managed DentalGuard network includes oral surgeons, periodontists, endodontists, orthodontists and pediatric dental specialists. Your primary care dental office can obtain a specialists referral. If you use a dentist who does not participate with the Managed DentalGuard network or do not obtain a specialists referral, your procedures will not be covered.

Dental coverage can only be elected by a group enrolling in HealthPass medical coverage (1st of the month effective date).

****Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family for groups enrolled in Four Tier; Family for groups enrolled in Two Tier.***

This is a summary of plan information. Please refer to the Eligibility Guidelines for further information.



HealthPass Managed DentalGuard Plus

<u>Diagnostic</u>		<u>Copayment</u>	<u>Crowns & Fixed Bridges</u>		<u>Copayment</u>	<u>Dentures</u>	<u>Copayment</u>	
101	Office Visit/All	\$5	2810	Crown-3/4 cast metallic*	\$275	5410/11	Adjust complete denture-upper or lower	\$20
102	Broken Appointment (without 24 hours no	\$15	2930	Prefab stainless steel crown-primary	\$75	5421/22	Adjust partial denture-upper or lower	\$20
0150	Comprehensive Oral Examination	No Charge	2931	Prefab stainless steel crown-permanent	\$75	5510	Repair broken complete denture base	\$35
0120	Periodic Oral Exam	No Charge	2932	Prefabricated Resin Crown	\$95	5520	Replace Missing or Broken Teeth	\$32
0140	Limited Problem Focused Exam	No Charge	2950	Core buildup, including any pins	\$70	5610	Repair resin saddle or base	\$40
0210	Intraoral-complete series (incl bitewings)	No Charge	2951	Pin retention-per tooth, in add'n to rest	\$15	5630	Repair or relace broken clasp	\$50
0220	Periapical-first film	No Charge	2952	Cast post & core in add'n to crown*	\$110	5640	Replace broken teeth-per tooth	\$32
0230	Periapical-each add'l	No Charge	2954	Prefab post & core in add'n to crown	\$90	5650	Add tooth to existing partial denture	\$45
0240	Occlusal x-ray	No Charge	6210	Pontic-cast high noble metal*	\$270	5660	Add clasp to existing partial denture	\$55
0270-74	Bitewing x-rays	No Charge	6211	Pontic-cast predominantly base metal	\$270	5710	Rebase Complete Upper Denture	\$140
0330	Panoramic film	No Charge	6212	Pontic-cast noble metal	\$270	5711	Rebase Complete Lower Denture	\$140
0460	Pulp vitality test	No Charge	6240	Pontic-porc fused to high noble metal*	\$270	5720/21	Rebase Partial Upper or Lower Denture	\$140
0470	Diagnostic casts	No Charge	6241	Pontic-porc fused to predom base metal	\$270	5730/31	Reline complete upper/lower (chairside)	\$75
			6242	Pontic-porc fused to noble metal	\$270	5740/41	Reline upper/lower partial (chairside)	\$75
			6520	Inlay-metallic-2 surfaces*	\$225	5750/51	Reline complete upper/lower denture (lab)	\$105
<u>Preventive</u>			6530	Inlay-metallic-3 or more surfaces*	\$260	5760/61	Reline upper/lower partial denture (lab)	\$105
1110/20	Prophylaxis-adult/child	No Charge	6543	Retainer onlay, metallic, three surfaces*	\$265	5820	Interim partial denture (stay plate)	\$125
1201	Tropical Application of Fluoride	No Charge	6544	Retainer onlay, metallic, four or more surfaces*	\$275	5821	Interim partial denture (stay plate)	\$125
1203	Topical fl w/o prophy-child/adult	No Charge	6750	Crown-porcelain fused to high noble metal*	\$275	5850/51	Tissue conditioning, upper/lower-per unit	\$33
1310	Nutritional counseling	No Charge	6751	Crown-porc fused to predom base metal	\$275			
1330	Oral hygiene instruction	No Charge	6752	Crown-porcelain fused to noble metal	\$275			
1351	Sealant-per tooth	\$6	6780	Crown-3/4 cast high noble metal*	\$275	<u>Oral Surgery</u>		
1510	Space maint-fixed unilateral	\$41	6790	Crown-full cast high noble metal*	\$275	7110	Single tooth extraction	\$17
1515	Space maint-fixed bilateral	\$54	6791	Crown-full cast predominantly base metal	\$275	7120	Each additional tooth extraction	\$17
1550	Recementation space maint	\$9	6792	Crown-full cast noble metal	\$275	7130	Root removal-exposed roots	\$24
			6793	Crown-full cast predominantly base metal	\$275	7210	Surgical removal erupted tooth w/flap	\$30
			6970	Cast post & core in add'n to abut*	\$110	7220	Removal of impacted tooth-soft tissue	\$37
<u>Minor Restorative</u>			6972	Prefab post & core in add'n to abut	\$90	7230	Removal of impacted tooth-partial bony	\$52
2110	Amalgam-1 surf primary	\$11	6973	Core buildup for abut, incl any pins	\$70	7240	Removal of impacted tooth-full bony	\$60
2120	Amalgam-2 surf primary	\$15				7241	Removal of impacted tooth-complications	\$75
2130	Amalgam-3 surf primary	\$18				7250	Surgical removal of residual tooth roots	\$34
2131	Amalgam-4 or 4+ surf primary	\$21	<u>Endodontics</u>			7270	Tooth reimplantation and/or stabilization	\$70
2140	Amalgam-1 surf permanent	\$13	3110	Pulp cap-direct (excl rest)	\$8		Surgical exposure of impacted or unerupted	
						7280	tooth for orthodontic reasons	\$77
2150	Amalgam-2 surf permanent	\$16	3120	Pulp cap-indirect (excl rest)	\$8	7281	Surgical exposure to aid eruption	\$65
2160	Amalgam-3 surf permanent	\$20	3220	Therapeutic pulpotomy (excl rest)	\$18	7285	Biopsy of oral tissue- hard	\$40
2161	Amalgam-4 or 4+ surf permanent	\$24	3310	Anterior root canal (excl final rest)	\$90	7286	Biopsy of oral tissue- soft	\$28
2210	Silicate cement- per restoration	\$11	3320	Bicuspid root canal (excl final rest)	\$110	7310	Alveoplasty in conjunction w/ext-quad	\$38
2330	Resin-1 surf anterior	\$15	3330	Molar root canal (excl final restr)	\$140	7320	Alveoplasty w/o extract-quad	\$45
2331	Resin-2 surf anterior	\$20	3346	Retreatment-anterior, by report	\$115	7450	Removal odont cyst-Lesion up to 1.25 cm	\$115
2332	Resin-3 surf anterior	\$24	3347	Retreatment-bicuspid, by report	\$130	7470	Removal odont cyst-Lesion over 1.25 cm	\$185
2335	Resin-4+ or incisal, anterior	\$28	3348	Retreatment-molar, by report	\$160	7510	Removal of exostosis- maxilla or mandible	\$142
2336	Composite Resin Crown, Anterior Primary	\$31	3410	Apicoectomy/periradicular surg-anterior	\$90	7960	Incision/drainage of abscess-intraoral	\$35
2380	Resin - 1 surf Posterior Primary	\$18	3421	Apico/periodic surg-bicuspid (first root)	\$100		Frenulectomy (frenectomy or frenotomy)	\$75
2381	Resin - 2 surf Posterior Primary	\$20	3425	Apico-periodic surg-molar (first root)	\$120			
2382	Resin - 3 surf Posterior Primary	\$25	3426	Apico/periodic surg (each add'l root)	\$42			
2385	Resin - 1 Surf Posterior Permanent	\$17	3430	Retrograde filling-per root	\$30	<u>Cosmetic</u>		
2386	Resin - 2 Surfs Posterior Permanent	\$24				2960	Labial veneer (laminate)-chairside	\$225
2387	Resin - 3 Surf Posterior Permanent	\$30	<u>Periodontics</u>					
2910	Recement inlay	\$12	4210	Gingivectomy or gingivoplasty-per quad	\$75	<u>Orthodontics</u>		
2920	Recement crown	\$12	4211	Gingivectomy or gingivoplasty-per tooth	\$20	102	Broken appointment (without 24 hours notice)	\$15
2940	Sedative filling	\$12	4240	Gingival Flap Procedure, including Root Planing	\$90	8601	Orthodontic evaluation and consultation	\$100
			4249	Crown lengthening-hard & soft tissue	\$105	8602	Orthodontic treatment plan and records inc. x-rays, study models and diagnostic photos	\$150
			4260	Osseous surg incl flap entry/closure-quad	\$140			
						8070	Comprehensive orthodontic treatment inc. fabrication and insertion of fixed banding	\$2,425
<u>Crowns & Fixed Bridges</u>			4261	Osseous Surgery Inc.flap entry/closure-quad 1 to 4 teeth	\$85	8080	appliance and periodic visits up to 24 mos	\$2,425
2510	Inlay-metallic-1 surf*	\$197	4270	Periodontal scaling/root planing-per quad	\$30	8670	Periodic comprehensive orthodontic treatment	\$0
2520	Inlay-metallic-2 surf*	\$225	4355	Debridement to Enable Diagnosis	\$18	8680	Orthodontic retention	\$425
2530	Inlay-metallic-3 surf*	\$260	4910	Periodontal maintenance procedure	\$16	9430	Office visit for observation, no other service	\$0
2543	Onlay-metallic-3 Surfaces*	\$265	4920	Unscheduled dressing change (other than treating dentist)	\$14	9440	Emergency office visit after hours	\$15
2544	Onlay-metallic-4 or more Surfaces*	\$275						
2702	Crown supporting existing partial denture	\$125	<u>Dentures</u>					
2703	Multiple crown and bridge unit treatment plan per unit	\$125	5110/2	Complete upper or lower denture	\$330	<u>Miscellaneous</u>		
2740	Crown-porcelain/ceramic substrate	\$275	5130/4	Immediate upper or lower Denture	\$360	9110	Emergency palliative treatment	\$15
2750	Crown-porcelain fused to high noble metal	\$275	5211	Upper partial-resin base	\$275	9215	Local anesthesia	No Charge
2751	Crown-porc to predominantly base metal	\$275	5212	Lower partial-resin base	\$315	9310	Consultation by other than primary provider	\$22
2752	Crown-porcelain fused to noble metal	\$275	5213/1	Upper or lower partial -Chrome cast	\$365	9430	Office Visit for Observation	No Charge
2790	Crown-full cast high noble metal*	\$275				9440	Office Visit, after hours	\$15
2791	Crown-full cast predominantly base metal	\$275				9951	Occlusal adjustment-limited per visit	\$15
2792	Crown-full cast noble metal	\$275						

* Copayment is exclusive of the price of gold.

A complete description of benefits, limitations and exclusions is included in your subscription certificate.



Guardian DentalGuard Preferred Plus

(Dual Option DMO/PPO)

█ **DentalGuard Preferred Plus Rates (PPO)**

Two Tier	Four Tier
\$40.95 <i>Employee only</i>	\$40.95 <i>Employee only</i>
N/A	\$87.38 <i>Employee/Spouse*</i>
N/A	\$79.82 <i>Employee/Child(ren)</i>
\$108.58 <i>Family*</i>	\$127.39 <i>Family*</i>

█ **HealthPass offers Guardian DentalGuard Preferred Plus (In-Network and Out-of-Network dental plan)**

- No referrals are needed to see a specialist
- Unlimited ability to change dentists
- Includes out-of-area emergency coverage
- \$50 deductible for In-Network services
- \$50 deductible for Out-of-Network services
- Annual maximum of \$1,500 In-Network and \$1,000 Out-of-Network

█ **Affordable & Flexible Care**

Guardian DentalGuard Preferred Plus combines the freedom of a PPO dental plan with the economy of managed care. Whenever you or a family member needs dental services, you may visit a carefully screened In-Network dentist or any dentist you wish. If you visit an In-Network dentist, you will typically receive a higher level of benefits and save on out-of-pocket costs.

█ **About the Plan**

With Guardian DentalGuard Plus, you and your family can count on accessible, concerned care. Plus, there are never any claim forms to complete for In-Network services! If you choose to go Out-of-Network, most dentists will submit your claims directly to Guardian - hassle free. Either an In-Network or Out-of-Network general participating dentist may suggest you see a specialist. No referrals are needed for specialist care. You are always free to see any specialist you would like or choose one from your Guardian provider directory.

Dental coverage can only be elected by a group enrolling in HealthPass medical coverage (1st of the month effective date).

***Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family for groups enrolled in Four Tier; Family for groups enrolled in Two Tier.**

This is a summary of plan information. Please refer to the Eligibility Guidelines for further information.



HealthPass DentalGuard Preferred Plus

\$1500 maximum in network,
 \$1000 maximum out of network \$50 deductible in network waived for preventive/\$50 deductible out of network
 Virgin Groups & Employees: Deferred Crowns, Bridges, Prostho & Perio for all Employees 12 months
 Transfer:Deferred Crowns, Bridges, Prostho & Perio for 12 months for future employees Out of network covered at 80th percentile

Sample Covered Charges

Coinsurance

Code	Name	ED	
		In-Network	Out-of-Network
Diagnostic and Preventive			
120	Periodic Examination	100%	80%
1110	Prophylaxis-adult (teeth cleaning)	100%	80%
210	Full mouth x-rays	90%	80%
Restorative			
<i>Fillings (amalgam)</i>			
2140	one surface - permanent	90%	80%
2150	two surfaces - permanent	90%	80%
2160	three surfaces - permanent	90%	80%
Endodontics			
<i>Root Canal therapy</i>			
3310	anterior	60%	50%
3320	bicuspid	60%	50%
3330	molar	60%	50%
Periodontics			
4341	Perio scaling & root planing, per quad.	60%	50%
4210	Gingivectomy, per quadrant	60%	50%
4211	Gingivectomy, per tooth, up to 2 teeth	60%	50%
Crown and Bridge			
2740	Porcelain Crown	60%	50%
2750-52	Porcelain with metal crown**	60%	50%
2790-92	Cast metal crown**	60%	50%
Prostodontics			
5110-20	Complete denture (upper or lower)	60%	50%
5213	Partial denture	60%	50%
5730	Denture reline (chairside)	60%	50%
5750	Denture reline (laboratory)	60%	50%
Oral Surgery			
7110	Extract single tooth	60%	50%
7510	Incision and drainage of abscess	60%	50%
Impactions			
7220	Extract impacted tooth, soft tissue	60%	50%
7230	Extract impacted tooth, partial bony	60%	50%
7240	Extract impacted tooth, full bony	60%	50%
Orthodontia - Comprehensive Treatment*			
	Child to age 18	N/A	N/A
	Member over age 18	N/A	N/A

* The copay listed is for banding only. See the Ortho Schedule of Benefits for a complete listing of all services and copays.

** If high noble metal is used, there will be an additional patient charge for the actual cost of the high noble metal.

DentalGuard Dental Insurance Plan General Limitations and Exclusions: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under Preventive Services), orthodontic (unless expressly provided for), cosmetic or experimental treatments, any treatments to the extent benefits are payable by any other payer or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. GP-1-DG2000 et al.



Guardian VisionGuard

Groups of 2-50 employees

◆ VisionGuard Rates (PPO)

Two Tier	Four Tier
\$5.43 <i>Employee only</i>	\$5.43 <i>Employee only</i>
N/A	\$9.12 <i>Employee/Spouse*</i>
N/A	\$9.30 <i>Employee/Child(ren)</i>
\$11.67 <i>Family*</i>	\$14.73 <i>Family*</i>

◆ About VisionGuard

Regular eye exams can detect diseases like glaucoma, diabetes, and other possible causes of blindness in their early stages. Guardian VisionGuard provides access to the Davis Vision network. Exams and materials are covered, and members can visit any doctor they wish, using both in and out-of-network benefits, although members can save significantly by using an in-network provider.

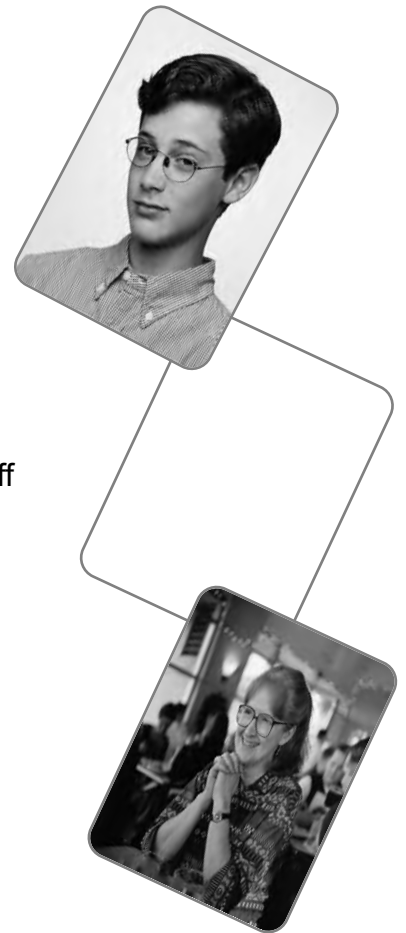
Network Discounts- Generous network discounts include up to 25% off laser vision correction, discounts on additional glasses, and cosmetic enhancements such as tints, special lenses, and scratch-resistant coating.

Contact Lens Benefits- Contact lens benefits allow members to choose contact lenses instead of eyeglasses. A contact lens allowance counts toward contact lenses and the contact lens exam (fitting and evaluation).

Benefits and Lens Upgrades- Optional benefit and lens upgrades are available, including lens tinting, progressive lenses, anti-reflective coating, polycarbonate lenses, safety glasses, and additional glasses.

Vision coverage can only be elected by a group enrolling in HealthPass medical coverage (1st of the month effective date).

***Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family for groups enrolled in Four Tier; Family for groups enrolled in Two Tier.**



VisionGuard Features

Benefits	In-Network	Out-of-Network
Copay	\$10.00 Exam \$25.00 Materials	\$10.00 Exam \$25.00 Materials
Eye Exam: Every 12 months	Covered in full after copay	\$50 Max after copay
Lenses Frequency: Every 24 months Single Vision Lined Bifocal Lined Trifocal Lenticular	Covered in full after copay Covered in full after copay Covered in full after copay Covered in full after copay	\$48.00 Maximum after copay \$67.00 Maximum after copay \$86.00 Maximum after copay \$126.00 Maximum after copay
Contact Lenses* Frequency: Every 24 months Medically Necessary Elective	Covered in full after copay From formulary, \$25 copay Not from formulary max Guardian will pay \$130**	\$210 max after copay \$105 max**
Frames Frequency: Every 24 months	\$130 retail allowance after copay*	\$48 max after copay

*If you choose contact lenses, you will not be eligible to receive lenses for 24 months and a frame for 24 months following the date contacts were obtained.

* Frames from Davis' Fashion or Designer collections are covered in full in excess of this plan's materials copay. Frames from Davis' Premier collection are covered in full in excess of a \$25 copay applied in addition to the plan's materials copay. Frames from a Davis network provider that are not in the collections are covered up to the plan's retail allowance in excess of the plan's materials copay.

** In-network elective contact lenses from Davis Vision's formulary are covered in full in excess of the copay. In-network elective contacts lenses that are not part of the formulary are covered up to the elective contact allowance and the copay is waived.

Two Year Lock-In

- o If you enroll in the plan, you will not be able to drop coverage for yourself or your dependents until the group enrollment of 24 months has been completed or all HealthPass coverage is cancelled.

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage.

This handout is for illustrative purposes. You will receive benefit booklets when your enrollment application is processed. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.



Guardian EverGuard

Guardian's Voluntary Package Provides Comprehensive Coverage:

Term Life Insurance	\$25,000
AD&D	\$75,000
Disability Income	\$1,000 per month

Employee Age	Monthly Premium
18 - 39	\$10.00
40 - 54	\$22.50
55+	\$45.00

◆ Term Life

Coverage Amount	\$25,000 of Term Life insurance on eligible employees. Amount is reduced by 35% upon attainment of age 65 and an additional 25% of the original amount upon attainment of age 70.
Seatbelt & Airbag Supplement	Benefit amounts will be increased if death is a direct result of an automobile accident a. \$10,000 for employee if properly wearing a seatbelt. b. \$15,000 for employee while properly wearing a seatbelt and sitting in a seat with a properly functioning airbag.
Conversion Feature	Allows qualified terminated employees to convert group coverage to a permanent whole life policy.

◆ Accidental Death & Dismemberment (AD&D)

Provides an employee benefit of \$75,000 in the event of a covered accidental death or a percentage of that amount for other losses of hearing or loss of limb. Benefit amounts vary based on loss.

◆ Disability Income

Covered Disabilities	Accidents and sicknesses, disabilities incurred on and off the job, maternity, mental and emotional disorders/alcohol and drug abuse (limitations apply).
Definition of Disability	Two year own occupation, during first 24 months. ADL disabled thereafter when considered critically disabled with zero day residual benefit.
Monthly Benefit	66 2/3% of an employee's salary to a monthly maximum of \$1,000
Minimum Monthly Benefit	\$50/month
Elimination Period	30 day accident/ 90 day sickness
Duration of Benefits	To age 65
Covered Earnings	Standard Including Bonuses and Commissions
Income With Which This Plan Integrates	Payments are directly reduced by any Social Security disability benefits paid to the employee and his or her family. We also integrate disability benefits with other forms of income the employee receives or is eligible to receive.
Pre-Existing Condition Limit	12 months prior/12 months insured exclusion period, continuity of coverage

Important information: We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. We pay no benefits for the insured where death or dismemberment occurs while driving an automobile legally intoxicated; while voluntarily using a non-prescription substance; through intentional self-injury; while participating in a civil disorder or committing a felony; while the member of a flight crew or a trainee in an aircraft; by declared or undeclared war or armed aggression; while a member of any armed force; or as the result of a disease or a bodily infirmity. GP-1-R-ADCL1-00. We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed force); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, and the employee's loss of earnings is not solely due to disability. This policy does not provide "basic hospital," "basic medical," or "major medical" insurance as defined by the New York State Department of Finance. If the plan is new (not transferred): This LTD plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes pregnancy and any condition for which an employee consults with a physician, receives treatment or takes prescribed drugs. Please refer to plan documents for specific time periods. A person is ADL disabled if he or she is: (a) physically unable to perform 2 or more Activities of Daily Living (ADL) without continuous physical assistance or (b) cognitively impaired, and requires verbal cueing to protect himself/herself or others. ADL's are bathing, dressing, toileting, transferring, continence and eating.
Contract #'s GP-1-LT2K-1.0 et al.



Guardian EverGuard *Plus*

Guardian's Voluntary Package Provides Comprehensive Coverage:

Term Life Insurance	\$50,000
AD&D	\$100,000
Disability Income	\$1,500 per month

Employee Age	Monthly Premium
18 - 39	\$18.00
40 - 54	\$36.00
55+	\$72.00

◆ Term Life

Coverage Amount	\$50,000 of Term Life insurance on eligible employees. Amount is reduced by 35% upon attainment of age 65 and an additional 25% of the original amount upon attainment of age 70.
Seatbelt & Airbag Supplement	Benefit amounts will be increased if death is a direct result of an automobile accident: a. \$10,000 for employee if properly wearing a seatbelt. b. \$15,000 for employee while properly wearing a seatbelt and sitting in a seat with a properly functioning airbag.
Conversion Feature	Allows qualified terminated employees to convert group coverage to a permanent whole life policy.

◆ Accidental Death & Dismemberment (AD&D)

Provides an employee benefit of \$100,000 in the event of a covered accidental death or a percentage of that amount for other losses of hearing or loss of limb. Benefit amounts vary based on loss.

◆ Disability Income

Covered Disabilities	Accidents and sicknesses, disabilities incurred on and off the job, maternity, mental and emotional disorders/alcohol and drug abuse (limitations apply).
Definition of Disability	Two year own occupation, during first 24 months. ADL disabled thereafter when considered critically disabled with zero day residual benefit.
Monthly Benefit	66 2/3% of an employee's salary to a monthly maximum of \$1,500.
Minimum Monthly Benefit	\$50/month
Elimination Period	30 day accident/90 day sickness
Duration of Benefits	To age 65
Covered Earnings	Standard Including Bonuses and Commissions
Income With Which This Plan Integrates	Payments are directly reduced by any Social Security disability benefits paid to the employee and his or her family. We also integrate disability benefits with other forms of income the employee receives or is eligible to receive.
Pre-Existing Condition Limit	12 months prior/12 months insured exclusion period, continuity of coverage

Important information: We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. We pay no benefits for the insured where death or dismemberment occurs while driving an automobile legally intoxicated; while voluntarily using a non-prescription substance; through intentional self-injury; while participating in a civil disorder or committing a felony; while the member of a flight crew or a trainee in an aircraft; by declared or undeclared war or armed aggression; while a member of any armed force; or as the result of a disease or a bodily infirmity. GP-1-R-ADCL1-00. We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed force); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, and the employee's loss of earnings is not solely due to disability. This policy does not provide "basic hospital," "basic medical," or "major medical" insurance as defined by the New York State Department of Insurance. If the plan is new (not transferred): This LTD plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes pregnancy and any condition for which an employee consults with a physician, receives treatment or takes prescribed drugs. Please refer to plan documents for specific time periods. A person is ADL disabled if he or she is: (a) physically unable to perform 2 or more Activities of Daily Living (ADL) without continuous physical assistance or (b) cognitively impaired, and requires verbal cueing to protect himself/herself or others. ADL's are bathing, dressing, toileting, transferring, continence and eating. Contract #'s GP-1-LT2K-1.0 et al.





COBRA Administration

What is COBRA & State Continuation of Coverage

COBRA & State Continuation of Coverage is required by federal and state mandates. The mandates require employers that offer group health care plans to employees to also offer employees with a change in employment status the opportunity to temporarily continue their group health coverage. COBRA participants generally pay 100% of their premium plus a 2% administrative fee.

HealthPass COBRA Administration Services

For the employer, administrating COBRA can be a burden. HealthPass eases this burden by offering COBRA Administration Services. With COBRA Administration Services HealthPass will process premiums and terminate coverage at the end of the eligibility period. In addition COBRA members are: billed directly at their home, receive a separate renewal and have access to HealthPass Member Services.

To make COBRA Administration even easier HealthPass will:

- Generate and send COBRA enrollment forms to former employees and/or qualified dependents
- Provide prompt notifications to COBRA enrollees, letters and notices in English or Spanish
- Online payment, auto-debit and manual payments for COBRA enrollees
- Assure COBRA compliance





POP Kit

Section 125

Premium Only Plan (POP) - Is one of the simplest benefits an employer can offer, and it delivers real savings to employees and their company. By allowing employees to pay their portion of premium costs BEFORE taxes, employees typically save 25% or more and the employer benefits from nearly 8% in FICA savings. However, to deduct employee premium costs pre-tax, you MUST have a plan document. Now you can create and download your customized plan document in minutes and have your plan up and running in a few days. This product is available to both HealthPass and non HealthPass groups.

By taking advantage of Section 125 of the Internal Revenue Code, employers can save money for their employees and themselves. HealthPass makes available a Section 125 POP kit online at www.healthpassny.com.

The Pre-Tax Solution - By answering a few basic questions about your business, we'll create a complete self administrative guide for your Premium Only Plan that you can download immediately, print, sign, and implement. The kit includes everything you need to start and maintain your plan:

- Answers to frequently asked questions
- An implementation checklist
- Election waiver form
- Customized plan document
- Signature - ready board resolution
- Employee Summary
- Compliance Guidelines

Employer Benefits and Examples of Savings - Employers can save money on their annual payroll taxes of social security, FUTA and SUTA. By allowing employees to contribute to their health coverage on a pre-tax basis, employers no longer pay these payroll taxes on the pre-tax contribution to the health insurance premium.

	Without Plan	With Plan	Without Plan	With Plan	Without Plan	With Plan
Annual Payroll	\$300,000	\$300,000	\$400,000	\$400,000	\$500,000	\$500,000
Annual Pre-Tax Employee Contribution	\$0	\$21,000	\$0	\$28,000	\$0	\$35,000
Annual Taxable Payroll	\$300,000	\$279,000	\$400,000	\$372,000	\$500,000	\$465,000
Annual FICA Tax (9.93%)	\$29,790	\$27,704	\$39,720	\$36,939.60	\$49,650	\$46,174.50
Annual FICA Savings from Pre-Tax Contribution	\$0	\$2,085	\$0	\$2,780.40	\$0	\$3,475.50

Employee Benefits and Example of Savings - Employees also get to participate in the savings when a Section 125 Plan is put into place. By using pre-tax dollars to pay for their coverage, employees reduce their taxable income, thus limiting the amount of withholding.

	Without Plan	With Plan	Without Plan	With Plan	Without Plan	With Plan
Annual Income	\$30,000	\$30,000	\$40,000	\$40,000	\$50,000	\$50,000
Annual Pre-Tax Employee Contribution	\$0	\$1,500	\$0	\$2,000	\$0	\$2,500
Taxable Income	\$30,000	\$28,500	\$40,000	\$38,000	\$50,000	\$47,500
Estimated Taxes (40.48%)	\$12,144	\$11,536.80	\$16,192	\$15,382.40	\$20,240	\$19,228
Annual After-Tax Employee contribution	\$1,500	\$0	\$2,000	\$0	\$2,500	\$0
Net Take Home Pay	\$16,356	\$16,963.20	\$21,808	\$22,617.60	\$27,260	\$28,272
Annual Employee Savings from Pre-Tax Contribution	\$0	\$607.20	\$0	\$809.60	\$0	\$1,012

Note: While paying for the employee portion of the medical and dental premiums under a Section 125 plan is encouraged, it is suggested that employees do not use pre-tax dollars to pay for EverGuard or EverGuard Plus coverage as it will result in a taxable disability benefit. Consult your accountant or tax-advisor for further clarification.





CompreHealth HMO+ 30/50-1000

HealthPass

CompreHealth HMO+ 30/50-1000

Benefit

In-Network

Drug Card

Prescription Card 15/35/75/Yes/100

Major Medical

Deductible Ind/Fam N/A
 Co-Insurance N/A
 Out-of-Pocket N/A
 Office Co-pay \$30/\$0 dep child
 DXL/Lab Fees \$0 copay
 Specialist Co-pay \$50/\$0 dep child
 Lifetime Maximum Unlimited

Hospital Benefits

Hospital In-Patient \$1,000/admis
 Hospital Out-Patient \$75 copay
 Emergency Room \$150 copay (wavier if admit)
 Private Nursing Not covered

Surgical Benefits

Surgical In-Patient \$1,000/admis
 Surgical Out-Patient \$75 copay

Mental Health

Mental Nervous In-Patient \$1,000/admis
 30 days/cal yr
 Unlimited bio-based
 Substance Abuse In-Patient \$1,000/admis
 Rehab- Not covered
 Detox- 7 days/cal yr
 Mental Nervous Out-Patient \$50 copay/\$0 dep child
 20 visits/cal yr
 Unlimited bio-based
 Substance Abuse Out-Patient \$25 copay/\$0 dep child
 60 visits/cal yr

Other

Well Care(Up to 19) \$0 copay
 Routine Adult Care \$0 copay
 Chiropractic Care \$50 copay/\$0 dep child
 Home Health Care \$0 copay; 40 visits/cal yr
 Non-Authorization Refer to carrier
 Therapy Services In-Patient \$1,000/admis
 30 days/cal yr
 Therapy Services Out-Patient \$50 copay/\$0 dep child
 30 visits/cal yr
 Durable Medical Equipment \$500 ded/cal yr
 Optical (1 exam every 24 months) \$50 copay
 (Eyeglasses) \$45 a pair

CompreHealth HMO - Gated
 1.31.11

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment.
 (d) Non-Formulary / Oral Contraceptive / Deductible



CompreHealth HMO+ 30/50-1000 G

HealthPass	CompreHealth HMO+ 30/50-1000 G
Benefit	In-Network
Drug Card	\$15 Generic Only
Major Medical	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	\$0 copay
Specialist Co-pay	\$50/\$0 dep child
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$75 copay
Emergency Room	\$150 copay (waived if admit)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$75 copay
Mental Health	
Mental Nervous In-Patient	\$1,000/admis 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	\$1,000/admis Rehab- Not covered Detox- 7 days/cal yr
Mental Nervous Out-Patient	\$50 copay/\$0 dep child 20 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	\$25 copay/\$0 dep child 60 visits/cal yr
Other	
Well Care(Up to 19)	\$0 copay
Routine Adult Care	\$0 copay
Chiropractic Care	\$50 copay/\$0 dep child
Home Health Care	\$0 copay; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$1,000/admis 30 days/cal yr
Therapy Services Out-Patient	\$50 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	\$500 ded/cal yr
Optical (1 exam every 24 months) (Eyeglasses)	\$50 copay \$45 a pair

CompreHealth HMO - Gated
1.31.12



Oxford Freedom Ease EPO 50-500(2500max)

HealthPass	Oxford Freedom Ease EPO 50-500(2500max)
Benefit	In-Network
Drug Card	15/35/75/Yes/100
Major Medical	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$50
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max
Specialist Co-pay	\$50
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	\$500/day; \$2,500 max/cal yr
Hospital Out-Patient	\$500 copay
Emergency Room	\$200 copay (waived if admitted)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	No charge
Surgical Out-Patient	\$500 copay
Mental Health	
Mental Nervous In-Patient	\$500/day; \$2,500 max/cal yr 30 days/cal yr
Substance Abuse In-Patient	\$500/day; \$2,500 max/cal yr Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50 copay 30 visits/cal yr
Substance Abuse Out-Patient	No charge 60 visits/cal yr
Other	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$50 copay
Home Health Care	\$50 copay; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$500/day; \$2,500 max/cal yr 60 cons/cond/life
Therapy Services Out-Patient	\$50 copay 60 visits/cond/life
Durable Medical Equipment	No charge; \$1,500 max/cal yr



Oxford Liberty HMO 30/50-500(1000max)

HealthPass	Oxford Liberty HMO 30/50-500
Benefit	In-Network
Drug Card	15/35/75/Yes/100
Major Medical	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30
DXL/Lab Fees	Lab-no charge; DXL-20% CoIns up to \$100/procedure
Specialist Co-pay	\$50
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	\$500/day; \$1,000 max/admis
Hospital Out-Patient	\$150 copay
Emergency Room	\$150 copay (waived if admitted)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	No charge
Surgical Out-Patient	\$150 copay
Mental Health	
Mental Nervous In-Patient	\$500/day; \$1,000 max/admis 30 days/cal yr
Substance Abuse In-Patient	\$500/day; \$1,000 max/admis Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50 copay 30 visits/cal yr
Substance Abuse Out-Patient	\$30 copay 60 visits/cal yr
Other	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$50 copay
Home Health Care	\$30 copay; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$500/day; \$1,000 max/admis 60 cons/cond/life
Therapy Services Out-Patient	\$50 copay 60 visits/cond/life
Durable Medical Equipment	No charge; \$1,500 max/cal yr

Oxford - HMO Gated
7.15.10



EmblemHealth EPOCs+ 40-2500 1K/50%

HealthPass	EH EPOCs+ 40-2500 1K/50%
Benefit	In-Network
Drug Card	10/30/50/Yes/50 thresh 1000 then 50%
Major Medical	
Deductible Ind/Fam	\$2,500/\$7,500 (cal yr)
Co-Insurance	80%
Out-of-Pocket	\$4,500/\$13,500 (incl ded)
Office Co-pay	\$40/\$0 dep child
DXL/Lab Fees	Lab-\$40; DXL-40% Colns; \$150 max/\$0 dep child
Specialist Co-pay	\$40/\$0 dep child
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$200 copay (waived if admit)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns
Mental Health	
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$40/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	\$40/\$0 dep child 60 visits/cal yr Up to 20 family visits
Other	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$40/\$0 dep child
Home Health Care	20% Colns; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	\$40/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	Ded & Colns
Optical (1 exam every 24 months) (hardware only children under age 26 every 24 months)	\$10 Copay/\$0 dep child \$20 Copay



EmblemHealth EPOCs+ 50-2500 G

HealthPass	EmblemHealth EPOCs+ 50-2500 G
------------	-------------------------------

Benefit	In-Network
---------	------------

Drug Card	\$15 Generic Only
------------------	-------------------

Major Medical	
Deductible Ind/Fam	\$2,500/\$7,500
Co-Insurance	70%
Out-of-Pocket	\$5,000/\$15,000 (incl ded)
Office Co-pay	\$50/\$0 dep child
DXL/Lab Fees	Lab-\$50; DXL-40% Colns; \$150 max/\$0 dep child
Specialist Co-pay	\$50/\$0 dep child
Lifetime Maximum	Unlimited

Hospital Benefits	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$200 copay (waived if admit)
Private Nursing	Not covered

Surgical Benefits	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns

Mental Health	
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50/\$0 dep child 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	\$50/\$0 dep child 60 visits/cal yr Up to 20 family visits

Other	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$50/\$0 dep child
Home Health Care	20% Colns; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & Colns 30 days/cal yr
Therapy Services Out-Patient	\$50/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	Ded & Colns
Optical (1 exam every 24 months) (hardware only children under age 26 every 24 months)	\$10 Copay/\$0 dep child \$20 Copay

4.01.12



Oxford Liberty EPOCs 25/50-2000

HealthPass	Oxford Liberty EPOc 25/50-2000
Benefit	In-Network
Drug Card	15/35/75/Yes/100
Major Medical	
Deductible Ind/Fam	\$2,000/\$5,000 (plan yr)
Co-Insurance	90%
Out-of-Pocket	\$3,000/\$7,500 (incl ded)
Office Co-pay	\$25
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max
Specialist Co-pay	\$50
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$200 copay (waived if admitted)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns
Mental Health	
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr
Mental Nervous Out-Patient	\$50 copay 30 visits/cal yr
Substance Abuse Out-Patient	\$50 copay per visit 60 visits/cal yr
Other	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	\$50 copay
Home Health Care	10% Colns; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	Ded & Colns 60 cons/cond/life
Therapy Services Out-Patient	\$50 copay 60 visits/cond/life
Durable Medical Equipment	Ded & Colns; \$1,500 max/cal yr

12.29.10



Oxford Liberty PPOcs 25/40-1000/2000

HealthPass	Oxford Liberty PPOcs 25/40 -1000/2000
-------------------	--

Benefit	In-Network	Out-Network
----------------	-------------------	--------------------

Drug Card	15/50%/50%/Yes/100	
------------------	--------------------	--

Major Medical

Deductible Ind/Fam	\$1,000/\$2,500 (plan yr)	\$2,000/\$5,000 (plan yr)
Co-Insurance	80%	60%*
Out-of-Pocket	\$3,000/\$7,500 (incl ded)	\$6,000/\$15,000 (incl ded)
Office Co-pay	\$25	Ded & Colns
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max	Ded & Colns
Specialist Co-pay	\$40	Ded & Colns
Lifetime Maximum	Unlimited	Unlimited

Hospital Benefits

Hospital In-Patient	Ded & Colns	Ded & Colns
Hospital Out-Patient	Ded & Colns	Ded & Colns
Emergency Room	\$200 copay (waived if admitted)	\$200 copay (waived if admitted)
Private Nursing	Not covered	Not covered

Surgical Benefits

Surgical In-Patient	Ded & Colns	Ded & Colns
Surgical Out-Patient	Ded & Colns	Ded & Colns

Mental Health

Mental Nervous In-Patient	Ded & Colns 30 days/cal yr	Ded & Colns 30 days/cal yr
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr	In-network only
Mental Nervous Out-Patient	\$40 copay 30 visits/cal yr	Ded & Colns 30 visits/cal yr
Substance Abuse Out-Patient	\$40 copay 60 visits/cal yr	Ded & Colns 60 visits/cal yr

Other

Well Care(Up to 19)	No charge	Ded & Colns; \$300 max/cal yr
Routine Adult Care	No charge	In-network only
Chiropractic Care	\$40 copay	Ded & Colns
Home Health Care	20% Colns; 40 visits/cal yr	25% Colns; 40 visits/cal yr
Non-Authorization	Refer to carrier	Refer to carrier
Therapy Services In-Patient	Ded & Colns 60 cons/cond/life	Ded & Colns 60 cons/cond/life
Therapy Services Out-Patient	\$40 copay 60 visits/cond/life	Ded & Colns 60 visits/cond/life
Durable Medical Equipment	Ded & Colns; \$1,500 max/cal yr	Ded & Colns; \$1,500 max/cal yr

*140% of Medicare
12.29.10



EmblemHealth HSA EPO 5800

HealthPass EmblemHealth	EmblemHealth HSA EPO 5800
Benefit	In-Network
Drug Card	
Major Medical	100% after ded
Deductible Ind/Fam	\$5,800/\$11,600 (plan yr)
Co-Insurance	N/A
Out-of-Pocket	\$5,800/\$11,600 (incl ded)
Office Co-pay	No charge after ded
DXL/Lab Fees	No charge after ded
Specialist Co-pay	No charge after ded
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	No charge after ded
Hospital Out-Patient	No charge after ded
Emergency Room	No charge after ded (waived if admitted)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	No charge after ded
Surgical Out-Patient	No charge after ded
Mental Health	
Mental Nervous In-Patient	No charge after ded 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	No charge after ded Rehab-30 days/cal yr Detox-7days/cal yr
Mental Nervous Out-Patient	No charge after ded 30 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	No charge after ded 60 visits/cal yr Up to 20 family visits
Other	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	No charge after ded
Home Health Care	No charge after ded; 200 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	No charge after ded 30 days/cal yr
Therapy Services Out-Patient	No charge after ded 30 visits/cal yr
Durable Medical Equipment	No charge after ded; \$10,000 max/cal yr

4.01.12

EmblemHealth's aggregate deductible: if you are a single member with no dependents you are required to satisfy your plan's individual deductible, once per calendar and/or policy year before benefits begin. If you are a family member with dependents your entire family is required to satisfy your health plan's aggregate deductible. This means there is one family deductible that must be met once per calendar and/or policy year before anyone in the family is covered.

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers.

Final rates must be based on insurance carrier confirmation and final enrollment. (d) Non-Formulary / Oral Contraceptive / Deductible.

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment.

(d) Non-Formulary / Oral Contraceptive / Deductible



EmblemHealth HealthEssentials

HealthPass EmblemHealth	EmblemHealth HealthEssentials
Benefit	In-Network
Drug Card	\$15 Generic Only
Major Medical	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	Not covered
DXL/Lab Fees	Not covered
Specialist Co-pay	Not covered
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	\$500 copay; \$1,500 max/admis
Hospital Out-Patient	\$750 copay
Emergency Room	\$200 copay (waived if admit)
Private Nursing	Not covered
Surgical Benefits	
Surgical In-Patient	\$500 copay; \$1,500 max/admis
Surgical Out-Patient	\$750 copay
Mental Health	
Mental Nervous In-Patient	\$500 copay; \$1,500 max/admis 30 days/cal yr
Substance Abuse In-Patient	\$500 copay; \$1,500 max/admis Rehab- unlimited Detox-7 days/cal yr
Mental Nervous Out-Patient	No charge 30 visits/cal yr
Substance Abuse Out-Patient	No charge 60 visits/cal yr
Other	
Well Care(Up to 19)	No charge
Routine Adult Care	No charge
Chiropractic Care	Not covered
Home Health Care	No charge; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$500 copay; \$1,500/admis 30 days/cal yr
Therapy Services Out-Patient	Not covered
Durable Medical Equipment	Not covered
Advanced Radiology	No charge
Urgent Care	Not covered
Prenatal/Postnatal Care	Not covered
Delivery & Inpatient	Not covered
Habilitation services	Not covered
Annual Maximum	N/A

11.1.12

Please note that this is a hospital based plan. Except for preventive care, medical services that are billed by a physician rather than a network hospital are not covered under this plan.

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment.

(d) Non-Formulary / Oral Contraceptive / Deductible



BROKERS - IMPORTANT CONTACTS

HealthPass Contacts

Quotes & Pre-Sales Support	Member Services or Health Advocate	Billing & Commission Inquiries	Enrollments, Adds, Changes, Terms or COBRA	New Case Submission
212.252.8010 or sales@healthpassny.com Quote at www.healthpassny.com or contact your GA	888.313.7277 (Fax): 212.252.7448 mbrsvcs@healthpassny.com Health Advocate: 866.695.8622	888.313.7010 or billing@healthpassny.com	(Fax): 212.252.7448 or forms@healthpassny.com For COBRA mail to: HealthPass New York P.O. Box 28413 10087-8413	61 Broadway Suite 2705 New York, NY 10006 sales@healthpassny.com

Carrier Contacts

	EmblemHealth www.emblemhealth.com	Oxford www.oxhp.com
Customer Service	877.842.3625	888.201.4216
Mental Health	866.208.1424	800.201.6991
Rx Questions	877.793.6253	800.905.0201
Precertification	877.482.3625	800.444.6222
Broker Services	866.614.6040	888.201.4216

Guardian Phone Numbers

www.glic.com

DMO Customer Service	888.618.2016
PPO Customer Service	800.541.7846
EverGuard LTD	800.538.4583
EverGuard Conversion	888.278.4542
VisionGuard	800.541.7846

Guardian Claims Address

Dental Claims	Guardian Group Dental Claims P.O. Box 2459 Spokane, WA 99210-2459
EverGuard LTD	See Form
EverGuard Term Life/AD&D	See Form



HealthAdvocate™

Your Lifeline for Healthcare Help

Top Reasons to Call Us...
866.695.8622

Find the right doctors

We'll also locate the right hospitals, dentists and other leading healthcare providers anywhere in the country.

Schedule appointments

We can help expedite the earliest appointments with providers including hard-to-reach specialists and arrange treatments and tests.

Help resolve insurance claims

Our experts get to the bottom of your issue to assist with negotiating billing and payment arrangements.

Assist with eldercare

We address senior issues such as Medicare and related healthcare issues facing your parents and parents-in-law.

Get cost estimates

You'll receive estimates of common medical procedures in your area to help you make informed decisions.

Work with insurance companies

Our team works on your behalf to obtain appropriate approvals for needed services.

Answer questions

We help you become informed about test results, treatments and medications prescribed by your physician.

Assist in the transfer of medical records

We'll also handle the details of transferring X-rays and lab results.

...and much more


Help is Only a Phone Call Away

You will be assigned a Personal Health Advocate. You, your spouse, dependent children, parents and parents-in-law are eligible to use our service.

 866.695.8622

 HealthAdvocate.com/members

Independent. Confidential. Convenient. Health Advocate is not affiliated with any insurance or third party provider. Health Advocate does not replace health insurance coverage, provide medical care or recommend treatment.

©2011 Health Advocate, Inc.
HA-CM-1109031-1FLY  4





Oxford USA PPOcs 25/40-1000/2000

HealthPass/Oxford	Oxford USA PPOc 25/40-1000/2000	
Benefit	In-Network	Out-Network
Drug Card	15/50%/50%/Yes/100	
Major Medical		
Deductible Ind/Fam	\$1,000/\$2,500 (plan yr)	\$2,000/\$5,000 (plan yr)
Co-Insurance	80%*	60%*
Out-of-Pocket	\$3,000/\$7,500 (incl ded)	\$6,000/\$15,000 (incl ded)
Office Co-pay	\$25	Ded & Colns
DXL/Lab Fees	Lab-no charge; DXL 50%; \$100 max	Ded & Colns
Specialist Co-pay	\$40	Ded & Colns
Lifetime Maximum	Unlimited	Unlimited
Hospital Benefits		
Hospital In-Patient	Ded & Colns	Ded & Colns
Hospital Out-Patient	Ded & Colns	Ded & Colns
Emergency Room	\$200 copay (waived if admitted)	Ded & Colns (waived if admitted)
Private Nursing	Not covered	
Surgical Benefits		
Surgical In-Patient	Ded & Colns	Ded & Colns
Surgical Out-Patient	Ded & Colns	Ded & Colns
Mental Health		
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr	Ded & Colns 30 days/cal yr
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr	In-network only
Mental Nervous Out-Patient	\$40 copay 30 visits/cal yr	Ded & Colns 30 visits/cal yr
Substance Abuse Out-Patient	\$40 copay 60 visits/cal yr	Ded & Colns 60 visits/cal yr
Other		
Well Care(Up to 19)	No charge	Ded & Colns; \$300 max/cal yr
Routine Adult Care	No charge	In-network only
Chiropractic Care	\$40 copay	Ded & Colns
Home Health Care	20% Colns; 40 visits/cal yr	20% Colns; 40 visits/cal yr
Non-Authorization	Refer to carrier	Refer to carrier
Therapy Services In-Patient	Ded & Colns 60 cons/cond/life	Ded & Colns 60 cons/cond/life
Therapy Services Out-Patient	\$40 copay 90 visits/cond/life	Ded & Colns 90 visits/cond/life
Durable Medical Equipment	Ded & Colns; \$1,500 max/cal yr	Ded & Colns; \$1,500 max/cal yr

*140% of Medicare
12.29.10