



**INSURANCE PLUS**  
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**Rose Gagliardi**  
President

## **INSURANCE OPTIONS**

### **Programs offered for independent contractors, corporations, LLC's, and Partnerships.**

Rates are subject to eligibility and group requirements.  
\*Not all programs are available to Independent Contractors

#### **1. AETNA - NO REFERRALS NEEDED: (Can use AETNA providers or DOCTORS OF CHOICE)**

**When using YOUR OWN doctors, you have a:**

\$7,500/\$22,500 Deductible  
\$10,000/\$30,000 Out of Pocket Maximum  
Mental Health – Subject to Deductible and Coinsurance  
Physical Therapy – Subject to Deductible and Coinsurance  
Preventative Care – Subject to Deductible and Coinsurance  
Emergency - \$150 Copay (waived if admitted)  
Hospitalization – Subject to Deductible and Coinsurance

**When using AETNA providers, you have a:**

\$500/\$1,000 Deductible  
\$500/\$1,000 Out of Pocket Maximum  
Deductible is waived for doctor visits \*\*  
\$25 Office Copay  
Physical Therapy – 60 Visits/\$25 Copay  
Hospitalization – Subject to Deductible and Coinsurance  
Emergency - \$150 (waived if admitted)  
Mental Health – 30 Visits  
Chiropractic - \$25 Copay

**Plan includes a \$10/\$30/\$60 drug card  
Yearly Maximum - \$2,000**

**\*MONTHLY RATES: \$603 Single / \$1,403 Family**

PHYSICIAN DIRECTORY: [AETNA.COM](http://AETNA.COM)

**2. ATLANTIS - NO REFERRALS NEEDED:**

	Office Copay	Hospital Copay	Deductible	Co-Ins. %	RX Copay	Single Monthly	Employee w/Spouse	Employee w/Child(ren)	Family Monthly
A	\$25/\$40	\$500	n/a	n/a	** \$0 generic **	\$359.69	\$719.38	\$723.34	\$922.60
B	\$25/\$40	\$500	n/a	n/a	\$0/\$30/\$50	\$392.19	\$784.38	\$788.69	\$1,005.97
** Brand Prescriptions covered, \$25 copay after \$250 deductible w/ \$2,000 annual max									

When using ATLANTIS doctors, you have a:

- Preventative Care
- Mental Health – 20 Visits
- Physical Therapy – 20 Visits
- Chiropractic

PHYSICIAN DIRECTORY: [.ATLANTISHP.COM](http://ATLANTISHP.COM) (POS or HMO NETWORK)

\*RATES VAILD UNTIL 9/30/10

**3. EMBLEM PPO - HIGH DEDUCTIBLE - NO REFERRALS NEEDED:  
CATASTROPHIC PROGRAM \*\*HSA**

When using YOUR OWN DOCTOR, you have a:

- \$10,000 Deductible\*\*
- 80% coverage up to \$12,000, 100% thereafter
- Preventative Care
- Hospitalization
- Chiropractic

When using EMBLEM providers, you have a:

- \$5,000 Deductible\*\*
- 100% coverage thereafter
- Preventative Care (no deductible required)
- Hospitalization
- Mental Health
- Chiropractic

Plan includes a drug card after deductible:

- Generic Drugs: \$0 Copay
- Brand Drugs: \$0 Copay
- Non-formulary: \$0 Copay

**\*MONTHLY RATES: \$366.82 Single / \$1,063.79 Family**

PHYSICIAN DIRECTORY: [www.emblemhealth.com](http://www.emblemhealth.com)

\* RATES VALID UNTIL 9/30/10

\*\* Plan includes a shared deductible

#### **4. EMPIRE BLUE CROSS BLUE SHIELD – NO REFERRALS NEEDED:**

**When using EMPIRE PRISM providers, you have a:**

\$500/1,250 Deductible  
\$1,500/\$3,750 Out of Pocket Maximum  
\$35 Primary Copay  
\$50 Specialist Copay  
Preventive Care  
Chiropractic  
Mental Health – 20 Visits/\$50 Copay  
Emergency - \$150 Copay  
Hospitalization – Subject to Deductible and Coinsurance

**Express Scripts: Plan includes a \$10/\$25/\$50 drug card AFTER \$50 deductible  
Yearly Maximum - \$5,000**

**\*MONTHLY RATES: \$759 Single / \$1,799 Family**

**\*\*Option: Rayant Dental available for additional \$20 (Single) \$55 (Family)**

PHYSICIAN DIRECTORY: [EMPIREBLUE.COM](http://EMPIREBLUE.COM) (PPO NETWORK)

*\*RATES VAILD UNTIL 12/31/10*

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#### **5. EMPIRE BLUE CROSS BLUE SHIELD – HMO - REFERRALS NEEDED:**

**When using EMPIRE HMO providers, you have a:**

\$30 Primary Copay  
\$50 Specialist Copay  
Preventive Care  
Well-Child  
Chiropractic  
Mental Health - 20 Visits/\$50 Copay  
Physical Therapy – 30 Visits/\$50 Copay  
Emergency - \$150 Copay  
Hospitalization - \$1,000 per admission w/\$2,500 max per calendar year per contract

**Plan includes a \$10/\$35/\$70 drug card  
ANNUAL RX DEDUCTIBLE - \$100**

**\*MONTHLY RATES: \$663 Single/\$1,588 Family**

PHYSICIAN DIRECTORY: [EMPIREBLUE.COM](http://EMPIREBLUE.COM) (HMO NETWORK)

*\* RATES VALID UNTIL 9/30/10*

## **6. EMPIRE PRISM EPO – NO REFERRALS:**

**When using EMPIRE providers, you have a:**

\$45 Office Copay  
Utilization of Empire's largest nationwide network (PPO/EPO network)  
Unlimited Maximum Benefit  
Routine Physical – NO CHARGE

**Drug Card – \$15 Generic Only**

**MONTHLY RATE: \$412.30 Single/\$824.60 Couple/\$742.14 Emp + Ch/\$1,236.90 Family**

**\*\* Rates will be reduced for MEDICARE participants.**

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## **7. HEALTHFLEX+:**

**Plan includes a complete package of hospital coverage through GHI and access to Medical Benefits through the Multiplan Network.**

### **Hospitalization Benefits: (GHI Network)**

Inpatient: 365 Day Hospitalization

Coverage includes: Room and Board, General Nursing, Surgical Operating and Recovery Rooms, X-ray, Laboratory, Radiation and Chemotherapy, Physical Therapy and Rehabilitation, Maternity, In-Patient Mental Health, Emergency Room...and more

(Outpatient facility, mammography, dialysis, hospice and home care are covered as part of your hospital insurance.)

### **Medical Benefits: (Multiplan Network)**

Pay for the services you use at the same reduced schedule of fees that the insurance company would pay. Coverage includes: Office Visits, Surgeon fees, Maternity, Dental, Laboratory fees, Optical...and more.

**Prescription Plan includes: 13% under average wholesale price + \$2.40 dispensing fee.**

**MONTHLY RATES: \$239.00 single/\$489.00 family**

*\*RATES VALID UNTIL 12/31/10*

**8. HEALTHNET POS: (Can use HEALTHNET DOCTORS or DOCTORS OF CHOICE)**

**When using YOUR OWN DOCTOR, you have a:**

\$1,500/\$3,000 Deductible  
70% coverage up to \$4,500/\$9,000, 100% thereafter  
Mental Health - 20 Visits  
Chiropractic  
Acupuncture

**When using HEALTHNET doctors, you have a:**

\$25 Office Copay  
Preventive Care  
Hospitalization - \$250 Deductible  
Mental Health - \$40 Copay  
Chiropractic  
Acupuncture - \$40 Copay

**Express Scripts: Plan includes a \$10/\$25/\$50 drug card AFTER \$50 deductible  
Yearly Maximum - \$5,000**

**\*MONTHLY RATES: \$839 Single / \$2,049 Family**

**\*\*Option: Rayant Dental available for additional \$20 (Single) \$55 (Family)**

PHYSICIAN DIRECTORY: [.HEALTHNET.COM](http://HEALTHNET.COM) - (Advantage Platinum Network)

*\* RATES VALID UNTIL 12/31/10*

## 9. HIP NYSBG:

	Office Co-Pay	Hosp. Copay	In Network Ded.	Co-Ins. %	Out of Network Ded.	Co-Ins %	RX Copay	RX DED	Single Monthly	Emp/Ch. Monthly	Emp/Sp. Monthly	Family Monthly
1	\$30/\$50	\$1,000	n/a	n/a	n/a	n/a	\$10 generic	\$100	\$565.29	\$1,039.40	\$1,116.57	\$1,700.90
2	\$30/\$50	Ded & Co-ins	\$2,000 Ind.	80%	\$4,000 Ind.	60%	\$20/\$30\$50	\$300	\$515.92	\$950.53	\$1,017.82	\$1,549.80
3	\$30/\$50	\$1,000	n/a	n/a	n/a	n/a	\$20/\$30/\$50	\$300	\$611.18	\$1,124.76	\$1,208.36	\$1,841.29
4	\$30/\$50	Ded & Co-ins	\$3,000 Ind.	80%	\$6,000 Ind.	60%	**No RX**	n/a	\$424.22	\$776.99	\$834.44	\$1,269.29

### PRIVATE PRACTICE PHYSICIANS

Preventative Dental  
Hospitalization  
Chiropractic  
Eyeglasses

PHYSICIAN DIRECTORY: [HIPUSA.COM](http://HIPUSA.COM)

\*RATES VALID UNTIL 3/31/11

## 10. HIP PPO: (Can use HIP providers or DOCTORS OF CHOICE)

### When using YOUR OWN doctors, you have a:

\$2,500/\$5,000 Deductible  
\$7,000/\$14,000 Out of Pocket Maximum  
Mental Health – Covered 50% After Deductible  
Physical Therapy – Covered 50% After Deductible  
Preventative Care – Covered 50% After Deductible  
Emergency - \$100 Copay (waived if admitted)  
Hospitalization – Covered 50% After Deductible

### When using HIP providers, you have a:

\$20 Primary Copay  
\$25 Specialist Copay  
Preventative Care  
Physical Therapy – 30 Visits/\$25 Copay  
Hospitalization – \$500 Copay  
Emergency - \$100 (waived if admitted)  
Mental Health – 20 Visits/\$35 Copay  
Chiropractic  
Preventive Dental Care

Plan includes a \$10/\$30 drug card

**\*MONTHLY RATES:** \$652 Single / \$1,299 Emp. + 1 / \$1,489 Family

PHYSICIAN DIRECTORY: [hipusa.com](http://hipusa.com) (HIP PRIME PPO NETWORK)

\*\*Option: Rayant Dental available for additional \$20 (Single) \$55 (Family)

\*RATES VALID UNTIL 08/31/10

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## 11. HORIZON DIRECT ACCESS: (Can use DOCTOR OF CHOICE or PPO Network provider)

### When using YOUR OWN doctor, you have a:

\$3,000/\$6,000 Deductible  
\$6,000/\$12,000 Out of Pocket Maximum  
Chiropractic – 50% After Deductible (\$1,000/\$2,000 benefit max)  
Mental Health- 70% After Deductible  
Physical Therapy – 70% After Deductible (\$1,000/\$2,000 benefit max)  
Emergency - \$100 Copay (Waived if admitted)  
Hospitalization – 70% After Deductible and \$500 copay

### When using PPO Network Providers, you have a:

\$20 Office Visit Copay  
Preventative Care – NO CHARGE  
Laboratory Services – NO CHARGE  
Chiropractic – 25 Visits/\$20 Copay (\$1,000/\$2,000 benefit max)  
Mental Health – 50 Visits per benefit period (150 per lifetime)/\$20 Copay  
Physical Therapy – 30 Visits/\$20 Copay  
Emergency - \$100 Copay (Waived if admitted)  
Hospitalization - \$500 Copay

Plan includes a \$10/\$20/\$35 drug card

**\*MONTHLY RATES:** \$869 Single / \$1,626 Double / \$1,924 Family

PHYSICIAN DIRECTORY: [empireblue.com](http://empireblue.com) (PPO NETWORK)

\*RATES VALID UNTIL 3/31/11

## 12. MVP CIGNA EPO:

**When using MVP providers, you have a:**

\$30 PCP Copay  
\$50 Specialist Copay  
Preventive Care (Covered in Full)  
Chiropractic \$50 Copay  
Physical Therapy – 30 Visits/\$50 Copay  
Mental Health - 20 Visits/\$50 Copay  
Hospitalization – \$500 Copay  
Emergency - \$100 Copay

**Plan includes a \$10/\$30/\$50 drug card**

**\*MONTHLY RATES: \$639 Single / \$1,199 Emp. + 1 / \$1,499 Family**

PHYSICIAN DIRECTORY: [MVPHEALTHCARE.COM](http://MVPHEALTHCARE.COM) (MVP Preferred EPO Network)

*\*RATES VAILD UNTIL 12/31/10*

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## 13. MVP CIGNA EPO Cost-Sharing:

**When using MVP providers, you have a:**

\$1,000/\$2,500 In-Network Deductible  
\$3,000/\$7,500 Out-Of-Pocket Maximum  
\$40 Office Visit  
Preventive Care (Covered in Full)  
Chiropractic \$40 Copay  
Physical Therapy – 30 Visits/\$40 Copay  
Mental Health - 20 Visits/\$40 Copay  
Hospitalization – 80% of allowable charges, after deductible  
Emergency - \$200 Copay

**Plan includes a \$10/\$30/\$50 drug card**

**\*MONTHLY RATES: \$494 Single / \$899 Emp. + 1 / \$1,199 Family**

PHYSICIAN DIRECTORY: [MVPHEALTHCARE.COM](http://MVPHEALTHCARE.COM) (MVP Preferred EPO Network)

*\*RATES VAILD UNTIL 12/31/10*

**14. OXFORD FREEDOM METRO EXCLUSIVE – NO REFERRALS:**

**When using FREEDOM providers, you have a:**

\$25 Primary Copay  
\$50 Specialist Copay  
Unlimited Maximum Benefit  
Laboratory Tests – NO CHARGE  
Routine Physical – NO CHARGE

**Drug Card - \$15/\$30/\$60 AFTER \$100 Annual Deductible  
Deductible waived for Tier 1 drugs  
\$3,000 Maximum Benefit**

**MONTHLY RATE: \$513.95 Single/\$1,130.69 Couple\*\*/\$950.81 Emp + Ch/\$1,593.24 Family\*\***

\*\* Rates may be reduced for a family-owned business.

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**15. OXFORD FREEDOM PLAN – NO REFERRALS NEEDED: (Can use  
FREEDOM provider or DOCTOR OF CHOICE)**

**When using FREEDOM providers, you have a:**

\$30 Primary Copay  
\$50 Specialist Copay  
Preventive Care  
Chiropractic  
Hospitalization \$500 per admission  
Mental Health Care 30 Visits/\$50 Copay  
Physical Therapy 60 Visits/\$50 Copay

**When using YOUR OWN DOCTOR, you have a:**

\$3,000/\$9,000 Deductible  
\$6,000/\$18,000 Out-Of-Pocket-Maximum  
Preventive Care (Adult Physical Exam) – In-Network-Only  
Preventive Care (Routine Pediatric Care) – No charge for preventative care for children through age 19. \$500 annual max payable.  
Hospitalization – Subject to Deductible and Coinsurance  
Chiropractic – Subject to Deductible and Coinsurance  
Mental Health Care – Subject to Deductible and Coinsurance  
Physical Therapy – Subject to Deductible and Coinsurance  
Emergency Room - \$150 Copay, (waived if admitted)  
Exercise Facility

**Drug Card: \$15/\$30/\$60  
Yearly Deductible \$100  
\$3,000 Maximum Benefit**

**\*MONTHLY RATES: \$789 Single / \$1,624 Emp +Sp / \$1,384 Emp +Ch / \$2,245 Family**

Physician Directory: [oxhp.com](http://oxhp.com) (Freedom Network)

\*RATES VAILD UNTIL 12/31/10

**16. OXFORD LIBERTY EPO – NO REFERRALS NEEDED:**

**When using FREEDOM providers, you have:**

\$25 Primary Copay  
\$50 Specialists Copay  
Preventive Care  
Chiropractic  
Hospitalization \$300 per day up to 5 days  
Mental Health Care 30 Visits/\$50 Copay  
Emergency Room - \$75 Copay

**Drug Card: \$10/\$25/\$50  
Yearly Deductible \$100**

**\*MONTHLY RATES: \$695 Single / \$1,424 Emp+Sp / \$1,224 Emp+Ch / \$1,960 Family**

Physician Directory: [oxhp.com](http://oxhp.com) (Freedom Network)

*\*RATES VALID UNTIL 12/31/10*

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**17. OXFORD LIBERTY HMO – REFERRALS REQUIRED:**

**When using LIBERTY providers, you have a:**

\$30 Primary Copay  
\$50 Specialist Copay  
Unlimited Maximum Benefit  
Laboratory Tests – NO CHARGE  
Routine Physical – NO CHARGE

**Drug Card - \$15/\$35/\$75 AFTER \$100 Annual Deductible  
Deductible waived for Tier 1 drugs**

**MONTHLY RATE: \$421.99 Single/\$928.38 Couple\*\*/\$760.68 Emp + Ch/\$1,308.17 Family\*\***

**\*\* Rates may be reduced for a family-owned business.**

**18. OXFORD LIBERTY METRO POS – NO REFERRALS: (CAN USE OXFORD LIBERTY DOCTORS OR DOCTORS OF CHOICE)**

**When using LIBERTY providers, you have a:**

\$30 Primary Copay  
\$50 Specialist Copay  
Unlimited Maximum Benefit  
Laboratory Tests – NO CHARGE  
Routine Physical – NO CHARGE

**When using YOUR OWN DOCTOR, you have a:**

\$3,000/\$9,000 Deductible  
\$6,000/\$18,000 Out of Pocket Maximum  
Unlimited Maximum Benefit

**Drug Card - \$15/\$30/\$60 AFTER \$100 Annual Deductible  
Deductible waved for tier 1 drugs  
\$3,000 Maximum Benefit**

**MONTHLY RATE: \$569.12 Single/\$1,252.06 Couple\*\*/\$1,052.88 Emp + Ch/\$1,764.28 Family\*\***

\*\* Rates may be reduced for a family-owned business.

\*\*\* FREEDOM NETWORK PROGRAM is approx. 12% higher.

**19. OXFORD SOLE-PROPRIETOR PROGRAM - NO REFERRALS NEEDED:**

	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>	<b>Plan 4</b>
	<b>Liberty Plan Direct</b>	<b>Oxford Exclusive Plan Metro</b>	<b>Oxford HSA Direct</b>	<b>Oxford HSA Exclusive</b>
<b>Network</b>	LIBERTY	LIBERTY	FREEDOM	FREEDOM
<b>Office Visit Copayment</b>	\$30/\$50	\$25/\$50	Ded. & Co-ins	Ded. & Co-ins
<b>In-network Deductible</b>	\$2,000/\$4,000	\$2,000/\$4,000	\$2,850/\$5,700	\$2,000/\$4,000
<b>In-network Coinsurance</b>	80% to \$10K	90% to \$10K	90% to \$10K	100%
<b>Out-of-network Ded</b>	\$2,000	In-network only	\$2,850	In-network only
<b>Out-of-network Co-ins</b>	60% to \$10K	In-network only	70% to \$10K	In-network only
<b>Hospital Inpatient</b>	Ded. & Co-ins	Ded. & Co-ins	Ded. & Co-ins	Ded. & Co-ins
<b>Outpatient Surgery</b>	Ded. & Co-ins	Ded. & Co-ins	Ded. & Co-ins	Ded. & Co-ins
<b>Pharmacy</b>	\$15/50% w/\$100 Tier 2 ded	\$15/50% w/\$100 Tier 2 ded	\$15/50%	\$15/50%

**THIRD QUARTER RATES 2010 - MANHATTAN, RICHMOND, BRONX AND SUFFOLK COUNTY**

Single	\$529.06	\$456.55	\$454.01	\$473.11
Parent/Child(ren)	\$978.76	\$844.61	\$839.92	\$875.25
Husband/Wife	\$1,163.94	\$1,004.41	\$998.82	\$1,040.84
Family	\$1,671.82	\$1,415.30	\$1,434.67	\$1,466.64

**Mental Health Rider - Biologically Based Mental Health Services:**  
(30 days inpatient/20 days outpatient per calendar year)

Single	\$4.38	\$2.61	\$3.70	\$2.65
Parent/Child(ren)	\$8.10	\$4.83	\$6.85	\$4.90
Husband/Wife	\$9.64	\$5.74	\$8.14	\$5.83
Family	\$13,84	\$8.09	\$11.69	\$8.22

**RATES VALID: 07/01/10-09/30/10 (Rates are held for one year after enrollment)**

Queens, Brooklyn and Nassau Rates are approximately 3% higher  
PROVIDERS DIRECTORY: [WWW.OXHP.COM](http://WWW.OXHP.COM) (LIBERTY OR FREEDOM NETWORK)

# Dental Options:

## **20. Healthpass GUARDIAN DMO – (Referrals Needed) DENTAL PLAN (Available with Oxford Sole Proprietor and Small Group Plans ONLY)**

**When using a GUARDIAN Managed DentalGuard Network dentist, you have a:**

- \$0 Deductible
- No Annual Maximum
- No Waiting Period
- Office Visit - \$5 (1<sup>st</sup> visit includes a cleaning, checkup and x-ray; 2<sup>nd</sup> visit includes second cleaning only)
- In-Network Fee Schedule
- Diagnostic/Preventive Services
- Basic Restorative/Periodontal Services
- Endodontic Services/Oral Surgery Services
- Prosthetics Repairs
- Crown and Bridges/Dentures
- Major Periodontal Services
- Orthodontic

**\*MONTHLY RATES: \$17.17 Single / \$34.46 Emp + SP / \$35.67 Emp + Ch / \$78.00 Family**

PROVIDERS DIRECTORY: [WWW.GUARDIANLIFE.COM](http://WWW.GUARDIANLIFE.COM) (MANAGED DENTALGUARD NETWORK)

*\*RATES VALID UNTIL 09/30/10*

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## **21. RAYANT – DENTAL PLAN:**

**When using a RAYANT dentist, you have a:**

- \$0 Deductible
- No Annual Max
- 100% In-Network Coverage for Cleanings, X-rays, Preventative
- In-network fee schedule
- Diagnostic/Preventive Services
- Basic Restorative/Periodontal Services
- Endodontic Services/Oral Surgery Services
- Prosthetics Repairs
- Crown and Bridges/Dentures
- Major Periodontal Services
- No Waiting Period

**\*MONTHLY RATES: \$33 Single / \$55 Emp. + 1 / \$69 Family**

PROVIDERS DIRECTORY: [WWW.RAYANT.COM](http://WWW.RAYANT.COM) (RAYANT DENTAL PPO ACCESS NETWORK)

*\*RATES VALID UNTIL 12/31/10*

## **22. UNITED CONCORDIA – DENTAL PLAN:**

**When using a UNITED CONCORDIA DENTIST OR DENTIST OF YOUR CHOICE, you have a:**

No Waiting Period on Basic and Major Services  
No Pre-Existing Condition Limitations  
\$1,500 Annual Maximum

**When using a UNITED CONCORDIA provider, you have a:**

\$0 Deductible on Basic Procedures  
\$50/\$150 Deductible on Restorative and Inlays  
90% Coverage after Deductible for Basic Restorative  
60% Coverage after Deductible for Inlays

**When using YOUR OWN DOCTOR, you have a:**

100% Coverage after Deductible for Cleanings, X-rays, & Preventative  
80% Coverage after Deductible for Basic Restorative  
60% Coverage after Deductible for Inlays

**\*MONTHLY RATES: \$56 Single / \$124 Emp + Sp / \$117 Emp + Ch / \$157 Family**

PROVIDERS DIRECTORY: [WWW.UNITEDCONCORDIA.COM](http://WWW.UNITEDCONCORDIA.COM) (ADVANTAGE PLUS NETWORK)

*\*RATES VALID UNTIL 12/31/10*

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### **Also Available:**

#### **MEDICARE SUPPLEMENTS**

Long-Term Care Programs

Disability/Life Insurance

Healthy New York

and

AFLAC