



INSURANCE PLUS

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President

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INSURANCE OPTIONS

INDEPENDENT CONTRACTORS

EMBLEM EPO HDHP:

When using EMBLEM providers, you have a:

\$5,800/\$11,600 Deductible
100% Coinsurance After Deductible
Annual Checkup – Not Subject to Deductible
Immunizations and Well Baby Care – Not Subject to Deductible
Lifetime Maximum – UNLIMITED

Plan includes a \$0/\$0/\$0 drug card (AFTER SATISFYING DEDUCTIBLE)

***MONTHLY RATES: \$335 Single/ \$971 Family**

Eff. 1/1/12 - \$10,000 deductible: \$231 Single/ \$671 Family

PHYSICIAN DIRECTORY: WWW.EMBLEMHEALTH.COM (EPO NETWORK)

**RATES VALID UNTIL 03/31/12*

EMBLEM EPO :

When using EMBLEM providers, you have a:

\$30 Office Co pay / \$0 Co pay for Children under 19
Preventive Care
Well-Child – No Charge
MRI – \$150
Chiropractic
Mental Health – Biologically Based - \$30/Unlimited Visits
Mental Health - \$30/30 Visits
Physical Therapy – 30 Visits/\$25 Co pay
Emergency - \$200 Co pay
Hospitalization - \$500 per day w/\$1,500 max per admission
NO REFERRALS REQUIRED

\$15 generic only drug card

***MONTHLY RATES: \$595 Single/ \$1,530 Family**

PHYSICIAN DIRECTORY: WWW.EMBLEMHEALTH.COM (EPO NETWORK)

****HEALTHY NEW YORK – EMPIRE BCBS:**

When using HEALTHY NEW YORK providers, you have a:

\$20 Office Visit Copay
\$1,200/\$2,400 Deductible (shared Hospital, Medical, Rx)
\$5,250/\$10,500 Out of Pocket Maximum
Surgical Services – 20% or \$200, (whichever is smaller)
Prenatal Services - \$10 Copay
Emergency - \$50 Copay
Hospitalization – \$500 Copay
Preventive Services – NO CHARGE
Well-Child Visits (including immunizations) – NO CHARGE

Plan offers an optional prescription benefit of the following:

\$10 generic

\$20 brand *plus* the difference in cost between brand and generic, *if* generic exists

PHYSICIAN DIRECTORY: www.empireblue.com

Monthly Rates		
Plan Type	w/ drugs	w/o drugs
Individual	\$322.51	\$242.24
Two Adult	\$645.02	\$484.48
Parent & Child(ren)	\$580.52	\$436.03
Family	\$967.53	\$726.72

***** HEALTHY NEW YORK – OXFORD:**

When using HEALTHY NEW YORK providers, you have a:

- \$20 Office Visit Copay
- Surgical Services – 20% or \$200, (whichever is smaller)
- Prenatal Services - \$10 Copay
- Emergency - \$50 Copay
- Hospitalization – \$500 Copay
- Preventive Services – NO CHARGE
- Well-Child Visits (including immunizations) – NO CHARGE

Plan offers an optional prescription benefit of the following:

- \$10 generic
- \$20 brand *plus* the difference in cost between brand and generic, *if* generic exists

PHYSICIAN DIRECTORY: www.oxhp.com

Monthly Rates		
Plan Type	w/ drugs	w/o drugs
Individual	\$320.28	\$268.97
Two Adult	\$704.62	\$591.73
Parent & Child(ren)	\$627.75	\$527.18
Family	\$1,040.91	\$874.15

***Plan's eligibility is based on NYS income requirements

Easy Choice NY (formerly Atlantis): (HMO - In-Network-Only)

When using Easy Choice providers, you have a:

- \$25 Primary Copay
- \$40 Specialist Copay

- Preventive Care
- Chiropractic
- Physical Therapy – 20 Visits/\$40 Copay
- Mental Health – 20 Visits/\$40 Copay
- Emergency - \$50 Copay
- Hospitalization - \$500 Copay

Plan includes a \$10 Generic Only drug card

***MONTHLY RATES: \$498 Single / \$997 Couple / \$1,002 Single Parent / \$1,533 Family**

PHYSICIAN DIRECTORY: WWW.EASYCHOICENY.COM (HMO NETWORK)

OXFORD SOLE-PROPRIETOR PROGRAM - NO REFERRALS NEEDED:

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

First QUARTER RATES 2012 - MANHATTAN, RICHMOND, BRONX AND SUFFOLK COUNTY

Single	\$627.62	\$506.47	\$532.65	\$536.59
Parent/Child(ren)	\$1,165.32	\$940.94	\$989.62	\$996.66
Husband/Wife	\$1,380.76	\$1,114.23	\$1,171.83	\$1,180.50
Family	\$1,990.35	\$1,576.71	\$1,690.24	\$1,670.08

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

Single	\$5.22	\$2.90	\$4.33	\$3.00
Parent/Child(ren)	\$9.67	\$5.36	\$8.02	\$5.53
Husband/Wife	\$11.49	\$6.39	\$9.54	\$6.57
Family	\$16.50	\$8.99	\$13.69	\$9.28

RATES VALID:1/01/12-3/31/12 (Rates are held for one year after enrollment)

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

SAMPLE PROGRAMS FOR A

CORPORATION/LLC

AETNA NYC COMMUNITY PLAN – REFERRALS REQUIRED:

When using AETNA HMO providers, you have a:

\$30 Office/\$50 Specialist co pay
\$0 co pay for dependent child
Unlimited Maximum Benefit
Routine Physical – NO CHARGE

Drug Card - \$15/50%

MONTHLY RATE: \$338 Single/ \$720 Couple/ \$633 Single Parent/ \$1,030 Family

PHYSICIAN DIRECTORY: WWW.AETNA.COM (HMO NETWORK)

EMBLEM COMPREHEALTH HMO – REFERRALS REQUIRED:

When using EMBLEM HMO providers, you have a:

\$30 Office/\$50 Specialist co pay
\$0 co pay for dependent child
Unlimited Maximum Benefit
Routine Physical – NO CHARGE

Drug Card – \$15 Generic Only

MONTHLY RATE: \$317 Single/ \$745 Couple/ \$609 Single Parent/ \$987 Family

***RATES ARE SUBJECT TO CHANGE**

PHYSICIAN DIRECTORY: WWW.EMBLEMHEALTH.COM

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OXFORD FREEDOM METRO EXCLUSIVE – NO REFERRALS:

When using FREEDOM providers, you have a:

\$25 Primary co pay
\$50 Specialist co pay
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: \$613 Single/ \$1,351 Couple**/ \$1,139 Single Parent / \$1,909 Family*

*RATES ARE SUBJECT TO CHANGE

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

PHYSICIAN DIRECTORY: www.oxhp.com

OXFORD LIBERTY HMO – REFERRALS REQUIRED:

When using LIBERTY providers, you have a:

\$30 Primary co pay
\$50 Specialist co pay
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: \$469 Single/ \$1,030 Couple**/\$870 Single Parent/ \$1,457 Family*

*RATES ARE SUBJECT TO CHANGE

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

PHYSICIAN DIRECTORY: www.oxhp.com

**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 doctors, you have a:

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

Drug Card - \$15/50% AFTER \$100 Annual Deductible
Deductible waved for tier 1 drugs

MONTHLY RATE: \$675 Single/ \$1,485 Couple**/ \$1,252 Single Parent /\$2,099 Family*

*RATES ARE SUBJECT TO CHANGE

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

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

PHYSICIAN DIRECTORY: www.oxhp.com

ADDITIONAL PROGRAMS OFFERED

**AETNA
EASY CHOICE
EMBLEM
EMPIRE BLUE CROSS/BLUE SHIELD
HIP
OXFORD**

Dental Options

(Additional programs are available for corporations/LLC. Rates are based on group census information).

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 (1st visit includes a cleaning, checkup and x-ray; 2nd 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 Single / \$34 Couple / \$356 Single Parent / \$78 Family***

PROVIDERS DIRECTORY: WWW.GUARDIANLIFE.COM (MANAGED DENTALGUARD NETWORK)

**RATES VALID UNTIL 03/31/12*

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

****SEMI-ANNUAL RATES: \$198 Single / \$330 Emp. + 1 / \$414 Family***

PROVIDERS DIRECTORY: WWW.RAYANT.COM (RAYANT DENTAL PPO ACCESS NETWORK)

**RATES VALID UNTIL 12/31/12*

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 Couple / \$117 Single Parent / \$157 Family**

PROVIDERS DIRECTORY: WWW.UNITEDCONCORDIA.COM (ADVANTAGE PLUS NETWORK)

**RATES VALID UNTIL 12/31/12*

**All rates are subject to underwriting and final enrollment dates. Rates are subject to change.*

INSURANCE PROGRAMS

**COMMERCIAL BUSINESS
SPECIALTY BUSINESS
HOMEOWNERS
AUTO
ERRORS & OMISSIONS**

HEALTH INSURANCE

**MEDICARE SUPPLEMENTS
MEDICARE ADVANTAGE**

**LONG-TERM CARE
DISABILITY
LIFE INSURANCE**

