



**2nd Quarter HRA New Business Rates for 2009
Small Group (2-50 EE's) - Diamond Network**

	BENEFITS	RATES	Manhattan	Boros	Nassau / Suffolk	Westchester	Upstate	
Plan 3	Deductible (single)	\$5,000						
	Aggregate Deductible (family)	\$10,000						
	Coinsurance (In Ntwk) (Out Ntwk)	(100% / 0%) (70% / 30%)	Employee	274.96	274.96	262.17	259.88	259.88
	Coinsurance maximum (single)	\$0 / \$3000	Employee + Spouse	549.91	549.91	524.34	519.77	519.77
	Aggregate Coinsurance maximum (family)	\$0 / \$3000	Employee + Child	482.82	482.82	460.37	456.36	456.36
	Provider/Hospital	Diamond Network	Family 3 to 6 members	757.78	757.78	722.54	716.24	716.24
	Prescriptions	After the annual ded. is met, paid at 70% up to the OON coinsur max, then paid at 100%						
Plan 5	Deductible (single)	\$2,500						
	Aggregate Deductible (family)	\$5,000						
	Coinsurance (In Ntwk) (Out Ntwk)	(80% / 20%) (70% / 30%)	Employee	345.50	345.50	332.72	330.43	330.43
	Coinsurance maximum (single)	\$1000 / \$2400	Employee + Spouse	691.01	691.01	665.43	660.87	660.87
	Aggregate Coinsurance maximum (family)	\$1000 / \$2400	Employee + Child	606.71	606.71	584.25	580.24	580.24
	Provider/Hospital	Diamond Network	Family 3 to 6 members	952.21	952.21	916.96	910.67	910.67
	Prescriptions	After the annual ded. is met, paid at 70% up to the OON coinsur max, then paid at 100%						
Plan 9	Deductible (single)	\$2,000						
	Aggregate Deductible (family)	\$4,000						
	Coinsurance (In Ntwk) (Out Ntwk)	(80% / 20%) (70% / 30%)	Employee	369.21	369.21	356.42	354.14	354.14
	Coinsurance maximum (single)	\$1000 / \$2100	Employee + Spouse	738.42	738.42	712.84	708.27	708.27
	Aggregate Coinsurance maximum (family)	\$1000 / \$2100	Employee + Child	648.33	648.33	625.87	621.86	621.86
	Provider/Hospital	Diamond Network	Family 3 to 6 members	1,017.54	1,017.54	982.29	976.00	976.00
	Prescriptions	After the annual ded. is met, paid at 70% up to the OON coinsur max, then paid at 100%						
Plan 22	Deductible (single)	\$2,500						
	Aggregate Deductible (family)	\$5,000						
	Coinsurance (In Ntwk) (Out Ntwk)	(100% / 0%) (70% / 30%)	Employee	368.08	368.08	355.29	353.01	353.01
	Coinsurance maximum (single)	\$0 / \$3000	Employee + Spouse	736.16	736.16	710.58	706.02	706.02
	Aggregate Coinsurance maximum (family)	\$0 / \$3000	Employee + Child	646.35	646.35	623.89	619.88	619.88
	Provider/Hospital	Diamond Network	Family 3 to 6 members	1,014.43	1,014.43	979.18	972.89	972.89
	Prescriptions	After the annual ded. is met, paid at 70% up to the OON coinsur max, then paid at 100%						

All Rates are Pending Approval by The New York State Insurance Department and The PerfectHealth Insurance Company.

If you are interested in any of these plans please contact The PerfectHealth Insurance Company Sales Dept. at 1-866-HRA-9447 or visit us on line at www.perfectny.com