



**2nd Quarter HRA New Business Rates for 2009
Small Group (2-50 EE's) EPO Plans 89 & 90**

	Benefits	Rates	Manhattan	Boros	Nassau / Suffolk	Westchester	Upstate	
Plan 89 Dia	Deductible (single)	\$2,500						
	Aggregate Deductible (family)	\$5,000						
	Coinsurance (In Ntwk) (Out Ntwk)	(100% / 0%) (0% / 0%)	Employee	300.20	300.20	287.41	285.13	285.13
	Coinsurance maximum (single)	\$0 / \$0	Employee + Spouse	600.40	600.40	574.82	570.26	570.26
	Aggregate Coinsurance maximum (family)	\$0 / \$0	Employee + Child	527.15	527.15	504.70	500.69	500.69
	Provider/Hospital	MultiPlan/GHI	Family 3 to 6 members	827.35	827.35	792.11	785.82	785.82
	Prescriptions	70% / 30% Coin. after the DED; \$1000 OOM, then 100%	Family 6+ members	1,287.86	1,287.86	1,233.00	1,223.20	1,223.20
Plan 90 Dia	Deductible (single)	\$5,000						
	Aggregate Deductible (family)	\$10,000						
	Coinsurance (In Ntwk) (Out Ntwk)	(100% / 0%) (0% / 0%)	Employee	224.94	224.94	212.15	209.87	209.87
	Coinsurance maximum (single)	\$0 / \$0	Employee + Spouse	449.88	449.88	424.30	419.74	419.74
	Aggregate Coinsurance maximum (family)	\$0 / \$0	Employee + Child	395.00	395.00	372.54	368.53	368.53
	Provider/Hospital	MultiPlan/GHI	Family 3 to 6 members	619.94	619.94	584.69	578.40	578.40
	Prescriptions	70% / 30% Coin. after the DED; \$1000 OOM, then 100%	Family 6+ members	965.00	965.00	910.13	900.34	900.34

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