

**New York Small Group  
October, 2001**



<b>In-Network</b>	<b>Choice Plus **</b>									
	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Physician Office Copay	\$10	\$10	\$10	\$10	\$15	\$15	\$15	\$15	\$20	\$20
ER Copay	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Hospital Copay	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100/500	\$0	\$0

<b>Out-of-Network</b>	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Deductible - Individual	\$500	\$750	\$750	\$1,000	\$500	\$750	\$1,000	\$1,000	\$500	\$1,000
Deductible - Family	\$1,000	\$1,500	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000	\$2,000	\$1,000	\$2,000
Coinsurance	70%	70%	80%	70%	70%	70%	70%	70%	70%	70%
Out-of-Pocket - Ind.	\$2,000	\$3,000	\$3,000	\$5,000	\$2,000	\$3,000	\$5,000	\$3,000	\$2,000	\$5,000
Out-of-Pocket - Family	\$4,000	\$6,000	\$6,000	\$10,000	\$4,000	\$6,000	\$10,000	\$6,000	\$4,000	\$10,000

**Prescription Drug Rates**

**New York, Bronx, Brooklyn, Staten Island, Rockland, Suffolk**

<b>Four-Tier</b>	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Single	\$320.32	\$301.24	\$308.06	\$283.86	\$317.60	\$298.17	\$280.80	\$276.71	\$312.49	\$275.68
Employee + Spouse	\$640.65	\$602.48	\$616.11	\$567.72	\$635.20	\$596.35	\$561.59	\$553.41	\$624.97	\$551.37
Employee & Child(ren)	\$586.19	\$551.27	\$563.74	\$519.47	\$581.20	\$545.66	\$513.85	\$506.70	\$571.85	\$504.50
Full Family	\$960.97	\$903.73	\$924.17	\$851.59	\$952.80	\$894.52	\$842.39	\$830.12	\$937.46	\$827.05

<b>10/15/25</b>	<b>10/30/50</b>
\$37.56	\$22.55
\$75.11	\$45.10
\$68.75	\$41.28
\$112.69	\$67.66

**Westchester**

<b>Four-Tier</b>	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Single	\$304.31	\$286.18	\$292.65	\$269.67	\$301.72	\$283.27	\$266.76	\$262.87	\$296.86	\$261.90
Employee + Spouse	\$608.62	\$572.36	\$585.31	\$539.34	\$603.44	\$566.53	\$533.51	\$525.74	\$593.73	\$523.80
Employee & Child(ren)	\$556.89	\$523.71	\$535.56	\$493.50	\$552.15	\$518.38	\$488.17	\$481.06	\$543.26	\$479.28
Full Family	\$912.93	\$858.54	\$877.96	\$809.01	\$905.16	\$849.80	\$800.27	\$788.61	\$890.59	\$785.70

<b>10/15/25</b>	<b>10/30/50</b>
\$35.69	\$21.43
\$71.36	\$42.84
\$65.30	\$39.21
\$107.04	\$64.27

**Dutchess, Putnam, Orange, Ulster**

<b>Four-Tier</b>	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Single	\$288.29	\$271.12	\$277.25	\$255.48	\$285.84	\$268.36	\$252.72	\$249.04	\$281.24	\$248.12
Employee + Spouse	\$576.58	\$542.24	\$554.50	\$510.95	\$571.68	\$536.71	\$505.43	\$498.07	\$562.48	\$496.23
Employee & Child(ren)	\$527.56	\$496.13	\$507.36	\$467.51	\$523.07	\$491.08	\$462.46	\$455.72	\$514.65	\$454.04
Full Family	\$864.88	\$813.35	\$831.75	\$766.43	\$857.52	\$805.07	\$758.15	\$747.11	\$843.72	\$744.35

<b>10/15/25</b>	<b>10/30/50</b>
\$33.80	\$20.29
\$67.62	\$40.60
\$61.87	\$37.15
\$101.42	\$60.89

**Queens, Nassau**

<b>Four-Tier</b>	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Single	\$364.01	\$342.32	\$350.06	\$322.57	\$360.91	\$338.34	\$319.09	\$314.44	\$355.10	\$313.28
Employee + Spouse	\$728.01	\$684.64	\$700.13	\$645.14	\$721.82	\$677.67	\$638.17	\$628.88	\$710.20	\$626.55
Employee & Child(ren)	\$666.13	\$626.45	\$640.62	\$590.30	\$660.46	\$620.07	\$583.93	\$575.42	\$649.83	\$573.30
Full Family	\$1,092.02	\$1,026.96	\$1,050.19	\$967.71	\$1,082.72	\$1,016.51	\$957.26	\$943.32	\$1,065.30	\$939.83

<b>10/15/25</b>	<b>10/30/50</b>
\$42.68	\$25.63
\$85.36	\$51.25
\$78.12	\$46.90
\$128.05	\$76.88

\*\* Deductible Will Not Count Towards Out-Of-Pocket Maximum

**Note:** Rates indicated above may differ slightly from rates generated by the Home Office system. If this is the case, system rates will prevail. All Plans must have an Rx Benefit.

**New York Small Group  
November, 2001**



<b>In-Network</b>	<b>Choice Plus **</b>									
<b>Plan Code</b>	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Physician Office Copay	\$10	\$10	\$10	\$10	\$15	\$15	\$15	\$15	\$20	\$20
ER Copay	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Hospital Copay	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100/500	\$0	\$0

<b>Out-of-Network</b>										
Deductible - Individual	\$500	\$750	\$750	\$1,000	\$500	\$750	\$1,000	\$1,000	\$500	\$1,000
Deductible - Family	\$1,000	\$1,500	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000	\$2,000	\$1,000	\$2,000
Coinsurance	70%	70%	80%	70%	70%	70%	70%	70%	70%	70%
Out-of-Pocket - Ind.	\$2,000	\$3,000	\$3,000	\$5,000	\$2,000	\$3,000	\$5,000	\$3,000	\$2,000	\$5,000
Out-of-Pocket - Family	\$4,000	\$6,000	\$6,000	\$10,000	\$4,000	\$6,000	\$10,000	\$6,000	\$4,000	\$10,000

**New York, Bronx, Brooklyn, Staten Island, Rockland, Suffolk**

<b>Four-Tier</b>	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Single	\$324.03	\$304.73	\$311.62	\$287.15	\$321.27	\$301.62	\$284.04	\$279.91	\$316.10	\$278.87
Employee + Spouse	\$648.06	\$609.45	\$623.24	\$574.29	\$642.55	\$603.25	\$568.09	\$559.81	\$632.20	\$557.75
Employee & Child(ren)	\$592.97	\$557.65	\$570.26	\$525.48	\$587.93	\$551.97	\$519.80	\$512.23	\$578.46	\$510.34
Full Family	\$972.09	\$914.18	\$934.86	\$861.44	\$963.82	\$904.87	\$852.13	\$839.72	\$948.31	\$836.62

**Prescription Drug Rates**

	<b>10/15/25</b>	<b>10/30/50</b>
Single	\$38.18	\$22.92
Employee + Spouse	\$76.36	\$45.85
Employee & Child(ren)	\$69.90	\$41.97
Full Family	\$114.57	\$68.78

**Westchester**

<b>Four-Tier</b>	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Single	\$307.83	\$289.49	\$296.04	\$272.79	\$305.21	\$286.54	\$269.84	\$265.91	\$300.30	\$264.93
Employee + Spouse	\$615.66	\$578.98	\$592.08	\$545.58	\$610.42	\$573.09	\$539.68	\$531.82	\$600.59	\$529.86
Employee & Child(ren)	\$563.33	\$529.77	\$541.76	\$499.21	\$558.54	\$524.38	\$493.81	\$486.62	\$549.55	\$484.83
Full Family	\$923.49	\$868.47	\$888.12	\$818.37	\$915.63	\$859.63	\$809.53	\$797.74	\$900.89	\$794.79

	<b>10/15/25</b>	<b>10/30/50</b>
Single	\$36.28	\$21.78
Employee + Spouse	\$72.54	\$43.55
Employee & Child(ren)	\$66.39	\$39.86
Full Family	\$108.83	\$65.34

**Dutchess, Putnam, Orange, Ulster**

<b>Four-Tier</b>	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Single	\$291.63	\$274.25	\$280.46	\$258.43	\$289.15	\$271.46	\$255.64	\$251.92	\$284.49	\$250.99
Employee + Spouse	\$583.26	\$548.51	\$560.92	\$516.86	\$578.29	\$542.92	\$511.28	\$503.83	\$568.98	\$501.97
Employee & Child(ren)	\$533.66	\$501.87	\$513.23	\$472.92	\$529.12	\$496.76	\$467.81	\$461.00	\$520.61	\$459.29
Full Family	\$874.88	\$822.76	\$841.38	\$775.30	\$867.44	\$814.39	\$766.92	\$755.75	\$853.48	\$752.96

	<b>10/15/25</b>	<b>10/30/50</b>
Single	\$34.36	\$20.63
Employee + Spouse	\$68.74	\$41.27
Employee & Child(ren)	\$62.91	\$37.77
Full Family	\$103.11	\$61.90

**Queens, Nassau**

<b>Four-Tier</b>	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Single	\$368.22	\$346.28	\$354.11	\$326.30	\$365.08	\$342.76	\$322.78	\$318.08	\$359.21	\$316.90
Employee + Spouse	\$736.43	\$692.56	\$708.23	\$652.61	\$730.17	\$685.51	\$645.55	\$636.15	\$718.41	\$633.80
Employee & Child(ren)	\$673.84	\$633.69	\$648.03	\$597.13	\$668.10	\$627.24	\$590.68	\$582.08	\$657.35	\$579.93
Full Family	\$1,104.65	\$1,038.84	\$1,062.34	\$978.91	\$1,095.25	\$1,028.27	\$968.33	\$954.23	\$1,077.62	\$950.70

	<b>10/15/25</b>	<b>10/30/50</b>
Single	\$43.39	\$26.05
Employee + Spouse	\$86.79	\$52.11
Employee & Child(ren)	\$79.42	\$47.68
Full Family	\$130.18	\$78.16

\*\* Deductible Will Not Count Towards Out-Of-Pocket Maximum

**Note:** Rates indicated above may differ slightly from rates generated by the Home Office system. If this is the case, system rates will prevail. All Plans must have an Rx Benefit.

**New York Small Group  
December, 2001**



<b>In-Network</b>	<b>Choice Plus **</b>									
	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Physician Office Copay	\$10	\$10	\$10	\$10	\$15	\$15	\$15	\$15	\$20	\$20
ER Copay	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Hospital Copay	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100/500	\$0	\$0

<b>Out-of-Network</b>										
Deductible - Individual	\$500	\$750	\$750	\$1,000	\$500	\$750	\$1,000	\$1,000	\$500	\$1,000
Deductible - Family	\$1,000	\$1,500	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000	\$2,000	\$1,000	\$2,000
Coinsurance	70%	70%	80%	70%	70%	70%	70%	70%	70%	70%
Out-of-Pocket - Ind.	\$2,000	\$3,000	\$3,000	\$5,000	\$2,000	\$3,000	\$5,000	\$3,000	\$2,000	\$5,000
Out-of-Pocket - Family	\$4,000	\$6,000	\$6,000	\$10,000	\$4,000	\$6,000	\$10,000	\$6,000	\$4,000	\$10,000

**New York, Bronx, Brooklyn, Staten Island, Rockland, Suffolk**

<b>Four-Tier</b>	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Single	\$327.74	\$308.21	\$315.19	\$290.43	\$324.95	\$305.07	\$287.29	\$283.11	\$319.72	\$282.06
Employee + Spouse	\$655.47	\$616.42	\$630.37	\$580.86	\$649.89	\$610.15	\$574.59	\$566.22	\$639.44	\$564.13
Employee & Child(ren)	\$599.76	\$564.03	\$576.79	\$531.49	\$594.65	\$558.28	\$525.74	\$518.09	\$585.08	\$516.17
Full Family	\$983.21	\$924.64	\$945.56	\$871.29	\$974.84	\$915.22	\$861.88	\$849.33	\$959.15	\$846.19

**Prescription Drug Rates**

	<b>10/15/25</b>	<b>10/30/50</b>
Single	\$38.83	\$23.31
Employee + Spouse	\$77.66	\$46.62
Employee & Child(ren)	\$71.08	\$42.68
Full Family	\$116.51	\$69.95

**Westchester**

<b>Four-Tier</b>	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Single	\$311.35	\$292.80	\$299.43	\$275.91	\$308.70	\$289.82	\$272.93	\$268.95	\$303.73	\$267.96
Employee + Spouse	\$622.70	\$585.60	\$598.85	\$551.82	\$617.40	\$579.64	\$545.86	\$537.91	\$607.46	\$535.92
Employee & Child(ren)	\$569.77	\$535.83	\$547.95	\$504.92	\$564.93	\$530.38	\$499.46	\$492.19	\$555.83	\$490.37
Full Family	\$934.05	\$878.40	\$898.28	\$827.73	\$926.10	\$869.46	\$818.78	\$806.86	\$911.20	\$803.88

	<b>10/15/25</b>	<b>10/30/50</b>
Single	\$36.90	\$22.15
Employee + Spouse	\$73.77	\$44.29
Employee & Child(ren)	\$67.52	\$40.54
Full Family	\$110.67	\$66.54

**Dutchess, Putnam, Orange, Ulster**

<b>Four-Tier</b>	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Single	\$294.96	\$277.39	\$283.67	\$261.39	\$292.45	\$274.57	\$258.56	\$254.80	\$287.75	\$253.86
Employee + Spouse	\$589.93	\$554.78	\$567.33	\$522.77	\$584.91	\$549.13	\$517.13	\$509.60	\$575.49	\$507.71
Employee & Child(ren)	\$539.77	\$507.61	\$519.10	\$478.33	\$535.17	\$502.44	\$473.16	\$466.27	\$526.56	\$464.54
Full Family	\$884.89	\$832.17	\$851.00	\$784.16	\$877.36	\$823.70	\$775.69	\$764.39	\$863.24	\$761.57

	<b>10/15/25</b>	<b>10/30/50</b>
Single	\$34.94	\$20.98
Employee + Spouse	\$69.91	\$41.97
Employee & Child(ren)	\$63.97	\$38.41
Full Family	\$104.85	\$62.95

**Queens, Nassau**

<b>Four-Tier</b>	<b>SI-A</b>	<b>SI-C</b>	<b>SI-D</b>	<b>SI-E</b>	<b>SI-F</b>	<b>SI-H</b>	<b>SI-I</b>	<b>SI-J</b>	<b>SI-K</b>	<b>SI-M</b>
Single	\$372.43	\$350.24	\$358.16	\$330.03	\$369.26	\$346.68	\$326.47	\$321.71	\$363.32	\$320.53
Employee + Spouse	\$744.86	\$700.48	\$716.33	\$660.07	\$738.52	\$693.35	\$652.94	\$643.43	\$726.63	\$641.05
Employee & Child(ren)	\$681.54	\$640.94	\$655.44	\$603.96	\$675.74	\$634.42	\$597.44	\$588.74	\$664.87	\$586.56
Full Family	\$1,117.28	\$1,050.72	\$1,074.49	\$990.10	\$1,107.78	\$1,040.03	\$979.41	\$965.14	\$1,089.95	\$961.58

	<b>10/15/25</b>	<b>10/30/50</b>
Single	\$44.13	\$26.49
Employee + Spouse	\$88.26	\$52.99
Employee & Child(ren)	\$80.76	\$48.49
Full Family	\$132.38	\$79.48

\*\* Deductible Will Not Count Towards Out-Of-Pocket Maximum

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