



Brooklyn Chamber
of Commerce

Atlantis Health Plan Options Rates for 01/01/2011-03/31/2011

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Plan Type	HMO L25/40	HMO GL20	HMO 20	HMO 15E	HMO 20E	HMO 10E
Referral Required	NO	NO	NO	NO	NO	NO
Type of Network	In Network	In Network	In Network	In Network	In Network	In Network
In Network Deductible	N/A	N/A	N/A	N/A	N/A	N/A
In Network Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A
Office Copay	\$25	\$20	\$20	\$15	\$20	\$10
Specialist Copay	\$40	\$20	\$20	\$15	\$20	\$10
Inpatient Hospital Copay	\$500 per admission	\$500 per admission	\$250 per admission	\$0	\$0	\$0
Outpatient/Surgical Copay	\$75	\$75	\$0	\$0	\$0	\$0
ER Copay	\$50	\$50	\$50	\$50	\$50	\$50
PRESCRIPTION BENEFITS						
Pharmacy Benefit	Sign \$0 Generic	\$0/30/50	\$0/30/50	\$20/30/40	\$10/20/30	\$0/20/30
Pharmacy Deductible & Rx Max	N/A	N/A	N/A	N/A	N/A	N/A
RATES						
Employee Only	\$380.63	\$432.60	\$484.28	\$490.46	\$526.76	\$538.74
EE with Spouse/DP	\$761.26	\$865.20	\$968.56	\$980.92	\$1,053.52	\$1,077.48
EE with Child(ren)	\$765.45	\$869.96	\$973.89	\$986.32	\$1,059.31	\$1,083.41
Family	\$1,171.58	\$1,331.54	\$1,490.61	\$1,509.64	\$1,621.37	\$1,658.24

* This rider only covers generic prescription drugs.

