



**Health Insurance Offerings 2011 for Small Group & Sole Proprietors**

The Westchester Business Council is pleased to offer the insurance plans listed below. You will find them listed in order from least expensive to most expensive. Please feel free to any of the following Marc Neuburger (914) 953-1750, Norman Michaels (914) 273-4723, or Michael Welling (914) 332-7500 x 15 who are available to assist you in selecting the plan that best fits your need and budget. You may contact us at (914) 948-2110.

For a more detailed plan description please see our Microsoft Excel Spreadsheet

**Oxford - Freedom (HSA)**

Plan #: 6

This policy is an HSA (Health Saving Account) with no out of network coverage, no referrals needed. There is a \$2,850 (single) and a \$5,700 (family) in-network deductible with a 100% coinsurance. Primary office visits, specialist office visits, in-patient hospital, & emergency room visits are all covered 100% after meeting the deductible. There is a 10/30/60 prescription drug card that is subject to the deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$421.53	\$481.76	\$1445.28
Individual + Spouse	\$903.36	\$1035.86	\$3107.58
Individual + Child(ren)	\$764.47	\$876.14	\$2628.42
Family	\$1266.93	\$1453.97	\$4361.91

**Oxford - Liberty (HMO)**

Plan # 3

This policy is an HMO (Health Maintenance Organization) plan with in network coverage only, & referrals are required. It has a \$30 primary & \$50 specialist office visit co-pay. The inpatient hospital is a \$500 co-pay(\$1000 max per confinement) and \$150 co-pay for emergency room visit. The prescription coverage is 15/35/75 with a \$100 Deductible

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$449.92	\$514.41	\$1543.23
Individual + Spouse	\$965.82	\$1107.69	\$3323.07
Individual + Child(ren)	\$816.94	\$936.48	\$2809.44
Family	\$1354.86	\$1555.09	\$4665.27

### Aetna - (EPOc)

This policy is an EPO with an in-network deductible \$1000(single) & \$3000 (family) with no out of network coverage, & no referrals needed. There is a \$25 primary & a \$50 specialist office visit co-pay. The hospital co-pay is subject to the deductible and co-insurance(90%). The prescription drug card is 15/35/70 with no deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$517.00	N/A	N/A
Individual + Spouse	\$1237.00	N/A	N/A
Individual + Child(ren)	\$1087.00	N/A	N/A
Family	\$1682.00	N/A	N/A

### Emblem –CompreHealth (HMO)

This plan is an HMO (Health Maintenance Organization) with no out of network coverage & referrals needed. It has a \$30 primary & \$50 specialist office visit co-pay. The inpatient hospital is a \$500 co-pay for an emergency room visit is a \$100 co-pay. The prescription coverage is 15/35/75 with a \$100 annual deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$347.29	N/A	N/A
Individual + Spouse	\$819.54	N/A	N/A
Individual + Child(ren)	\$666.89	N/A	N/A
Family	\$1081.46	N/A	N/A

### Emblem (EPO)

. This plan is an EPO (Exclusive Provider Organization) with no out of network coverage & referrals needed. It has a \$40 primary & \$40 specialist office visit co-pay. The inpatient hospital is a \$1,000 co-pay for an emergency room visit is a \$100 co-pay. The prescription coverage is 0/30/50/0

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$543.87	N/A	N/A
Individual + Spouse	\$1305.28	N/A	N/A
Individual + Child(ren)	\$1010.47	N/A	N/A
Family	\$1637.30	N/A	N/A

### Empire BCBS Prism - (EPO)

This policy is an EPO (Exclusive Provider Organization) with no out of network coverage & no referrals needed. There is a \$35 Primary & a \$50 specialist office visit co-pay. The Hospital co-pay for this plan is \$500/day;3 day/admission & a \$150 co-pay for an emergency room visits. The prescription coverage is 10/35/70 with a \$100 deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$504.49	N/A	N/A
Individual + Spouse	\$1007.02	N/A	N/A
Individual + Child(ren)	\$906.43	N/A	N/A
Family	\$1509.95	N/A	N/A

### Empire BCBS Value - (EPOc)

This policy is an EPO with an in-network deductible \$500(single) & \$1250 (family) with no out of network coverage, & no referrals needed. There is a \$30 primary & a \$50 specialist office visit co-pay. The hospital co-pay is subject to the deductible and co-insurance(90%). The prescription drug card is 10/35/70 with a \$100 deductible

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$470.28	N/A	N/A
Individual + Spouse	\$939.40	N/A	N/A
Individual + Child(ren)	\$845.57	N/A	N/A
Family	\$1408.52	N/A	N/A

### Oxford - Freedom (HSA)

Plan # 1

This policy is an HSA (Health Savings Account) with no out of network coverage, referrals needed. There is a \$1250(single) & a \$2500(family) in network deductible with a 100% coinsurance. Primary office visits, specialist office visits, in-patient hospital, & emergency room visits are all covered 100% after meeting the deductible. There is a 10/30/60 prescription drug card that is subject to the deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$565.60	\$647.44	\$1942.32
Individual + Spouse	\$1220.32	\$1400.37	\$4201.11
Individual + Child(ren)	\$1031.00	\$1182.65	\$3547.95
Family	\$1713.55	\$1967.58	\$5902.74

## Oxford - Liberty (EPO)

Plan #: 4

This policy is an EPO (Exclusive Provider Organization) with no out of network coverage, no referrals needed. There is a \$25 primary & a \$50 specialist office visit co-pay. The In-patient hospital is a \$300 co-pay per day 5 days max per calendar year. There's a 10/30/60 prescription drug card with a \$100 deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$590.41	\$675.97	\$2027.91
Individual + Spouse	\$1274.90	\$1463.14	\$4389.42
Individual + Child(ren)	\$1076.89	\$1235.42	\$3706.26
Family	\$1790.48	\$2056.05	\$6168.15

## Oxford - Liberty Direct (POSc)

Plan #7

This policy is a POS (Point of Service) cost share plan (with in & out of network deductibles). The plan has in & out of network coverage, & no referrals needed. There is an in-network deductible \$500 (single) & \$1,250 (family) with a 80% co-insurance. A primary & specialist office visits are \$25/40(in-net) In-patient hospital stays & emergency room visits are all covered at 80% after deductible for in-network doctors. The prescription drug card is 10/30/60 with a \$100 deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$651.36	\$746.06	\$2238.18
Individual + Spouse	\$1408.99	\$1617.34	\$4852.02
Individual + Child(ren)	\$1189.66	\$1365.11	\$4095.33
Family	\$2017.28	\$2316.87	\$6950.61

## Oxford - Freedom Metro (EPO)

Plan # 8

This policy is an EPO (Exclusive Provider Organization) with no out of network coverage, & no referrals needed. This plan has a \$25 primary & a \$50 specialist office visit co-pay. The Hospital co-pay is a \$300 co-pay per day up to 5 days with a \$200 emergency room co-pay. The prescription drug card is 10/30/60 with a \$100 deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$633.94	\$726.03	\$2178.09
Individual + Spouse	\$1370.67	1573.27	\$4719.81
Individual + Child(ren)	\$1157.43	\$1328.04	\$3984.12
Family	\$1925.42	\$2211.23	\$6633.69

## Oxford - Freedom (POS)

Plan # 5

This policy is a POS (Point of Service) plan with in & out of network coverage & no referrals needed. There is an out of network deductible of \$3,000 (single) & \$9,000 (family) with a 70% co-insurance. This plan has a \$30 primary & \$50 specialist office visit co-pay. In-patient hospital is \$500 per admission, emergency room visits are a \$200 co-pay. The prescription drug card is 10/30/60 with a \$100 deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$733.72	\$840.78	\$2522.34
Individual + Spouse	\$1590.18	\$1825.71	\$5477.13
Individual + Child(ren)	\$1396.30	\$1602.75	\$4808.25
Family	\$2294.46	\$2635.63	\$7906.89

## Oxford - Freedom (POS)

Plan # 2

This policy is a POS (Point of Service) plan with in & out of network coverage, & referrals are required. There is an out of network deductible of \$2,000 (single) & \$6,000 (family) with a 70% co-insurance. There is a \$25 primary & \$40 specialist office visit co-pay(in-net). The in-patient hospital is a \$500 per day (\$2,500 calendar year max), emergency room visits are a \$200 co-pay. The prescription drug card is 10/30/60 with a \$100 deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$736.16	\$843.58	\$2530.74
Individual + Spouse	\$1595.55	\$1831.88	\$5495.64
Individual + Child(ren)	\$1346.54	\$1545.52	\$4636.56
Family	\$2242.28	\$2575.62	\$7726.86