

## Health Insurance Options for the Sole Proprietor

12/6/11

Walczak Associates, Inc.

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### OXFORD: Manhattan, Bronx, Staten Island, Suffolk (1st Qtr 2012)

<u>Single</u>	<u>2-Party</u>	<u>Parent +</u>		<u>Type</u>	<u>IN NETWORK</u>						<u>RX</u>	<u>OUT OF NETWORK</u> <sup>/5</sup>					
		<u>Children</u>	<u>Family</u>		<u>PCP</u>	<u>Specialist</u>	<u>Hospital</u>	<u>Deductible</u>		<u>Co-ins.</u>		<u>OOP</u>	<u>Deductible</u>		<u>Co-ins.</u>	<u>OOP</u>	<u>UCR</u>
								<u>Individual/Family</u>					<u>Individual/Family</u>				
\$532.65	\$1,171.83	\$989.62	\$1,690.24	Freedom POS HSA 3	D&C <sup>/1</sup>	D&C <sup>/1</sup>	D&C <sup>/1</sup>	\$2,850 / \$5,700 <sup>/2</sup>		90/10	\$1k	\$15/50%/50% <sup>/3</sup>	\$2,850 / \$5,700 <sup>/2</sup>		70/30	\$3k	140% <sup>/4</sup>
\$536.59	\$1,180.50	\$996.66	\$1,670.08	Freedom EPO HSA 4	D&C <sup>/1</sup>	D&C <sup>/1</sup>	D&C <sup>/1</sup>	\$2,000 / \$4,000 <sup>/2</sup>		100%	--	\$15/50%/50% <sup>/3</sup>	--	--	--	--	--
\$506.47	\$1,114.23	\$940.94	\$1,576.71	Liberty Metro EPO 2	\$25	\$50	D&C <sup>/1</sup>	\$2,000 / \$5,000		90/10	\$1k	\$15/50%50%-100 ded <sup>/3</sup>	--	--	--	--	--
\$627.62	\$1,380.76	\$1,165.32	\$1,990.35	Liberty Direct POS 1	\$30	\$50	D&C <sup>/1</sup>	\$2,000 / \$5,000		80/20	\$2k	\$15/50%50%-100 ded <sup>/3</sup>	\$2,000 / 5,000	60/40	\$4k	140% <sup>/4</sup>	

RIDERS AVAILABLE: (1) Dependent coverage to age 29, (2) Unlimited biological prescriptions

<sup>/1</sup> Deductible and co-insurance. No coverage until deductible is met.  
<sup>/2</sup> Enrollment as anything other than a "single," the family deductible applies  
<sup>/3</sup> Uses Oxford's Traditional Three-Tier Prescription Drug List. If a deductible is shown, it does not apply to Tier One \$15.  
<sup>/4</sup> 140% of Standard Medicare Rate  
<sup>/5</sup> Out-of-network deductible is not combined with in-network deductible.

### OXFORD: Brooklyn, Queens, Nassau (1st Qtr 2012)

<u>Single</u>	<u>2-Party</u>	<u>Parent +</u>		<u>Type</u>	<u>IN NETWORK</u>						<u>RX</u>	<u>OUT OF NETWORK</u> <sup>/5</sup>					
		<u>Children</u>	<u>Family</u>		<u>PCP</u>	<u>Specialist</u>	<u>Hospital</u>	<u>Deductible</u>		<u>Co-ins.</u>		<u>OOP</u>	<u>Deductible</u>		<u>Co-ins.</u>	<u>OOP</u>	<u>UCR</u>
								<u>Individual/Family</u>					<u>Individual/Family</u>				
\$548.63	\$1,206.99	\$1,019.19	\$1,740.74	Freedom POS HSA 3	D&C <sup>/1</sup>	D&C <sup>/1</sup>	D&C <sup>/1</sup>	\$2,850 / \$5,700 <sup>/2</sup>		90/10	\$1k	\$15/50%/50% <sup>/3</sup>	\$2,850 / \$5,700 <sup>/2</sup>		70/30	\$3k	140% <sup>/4</sup>
\$552.69	\$1,215.92	\$1,026.45	\$1,719.99	Freedom EPO HSA 4	D&C <sup>/1</sup>	D&C <sup>/1</sup>	D&C <sup>/1</sup>	\$2,000 / \$4,000 <sup>/2</sup>		100%	--	\$15/50%/50% <sup>/3</sup>	--	--	--	--	--
\$518.94	\$1,141.67	\$964.01	\$1,615.36	Liberty Metro EPO 2	\$25	\$50	D&C <sup>/1</sup>	\$2,000 / \$5,000		90/10	\$1k	\$15/50%50%-100 ded <sup>/3</sup>	--	--	--	--	--
\$643.03	\$1,414.67	\$1,193.83	\$2,039.04	Liberty Direct POS 1	\$30	\$50	D&C <sup>/1</sup>	\$2,000 / \$5,000		80/20	\$2k	\$15/50%50%-100 ded <sup>/3</sup>	\$2,000 / \$5,000	60/40	\$4k	140% <sup>/4</sup>	

RIDERS AVAILABLE: (1) Dependent coverage to age 29, (2) Unlimited biological prescriptions

<sup>/1</sup> Deductible and co-insurance. No coverage until deductible is met.  
<sup>/2</sup> Enrollment as anything other than a "single," the family deductible applies  
<sup>/3</sup> Uses Oxford's Traditional Three-Tier Prescription Drug List. If a deductible is shown, it does not apply to Tier One \$15.  
<sup>/4</sup> 140% of Standard Medicare Rate  
<sup>/5</sup> Out-of-network deductible is not combined with in-network deductible.

PCP = Primary Care Physician which includes Internist, Family Practice, Pediatrician

IN NETWORK = In-network coverage using participating providers

OUT OF NETWORK = Out-of-network coverage using non-participating provider.

OOP = Out of pocket maximum

UCR = Usual and Customary Reimbursement

MG = Mandatory generic

These plans and benefits are for discussion purposes only and are not valid without confirmation and approval of the insurance carrier.

Insurance coverage does not become effective until paperwork is received and approved by the insurance carrier.

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### HIP - IRBA Manhattan, Bronx, Brooklyn, Queens, Staten Island, Nassau, Suffolk, Westchester, Rockland and Orange (4/1/11 to Plan Renewal 4/1/12)

Association Fee of \$57 Annually					IN NETWORK						RX	OUT OF NETWORK			
<u>Single</u>	<u>2-Party</u>	<u>Parent + Children</u>	<u>Family</u>	<u>Type</u>	<u>PCP</u>	<u>Specialist</u>	<u>Hospital</u>	<u>Deductible Individual/Family</u>	<u>Co-ins.</u>	<u>OOP</u>		<u>Deductible Individual/Family</u>	<u>Co-ins.</u>	<u>OOP</u>	<u>UCR</u>
\$484.54	\$996.96	\$916.09	\$1,476.09	HIP/PPO A <sup>17</sup>	\$30	\$50	D&C <sup>16</sup>	\$3,000 / \$6,000	80/20	\$10k	NONE	\$6,000 / \$12,000	60/40	\$20k	70
\$537.56	\$1,108.29	\$1,017.90	\$1,641.98	HIP/PPO C <sup>17</sup>	\$30	\$50	D&C <sup>16</sup>	\$2,000 / \$4,000	80/20	\$5k	\$10 GenericOnly-100 ded	\$4,000 / \$8,000	60/40	\$10k	70
\$591.93	\$1,222.48	\$1,122.32	\$1,811.29	HIP/PPO B <sup>17</sup>	\$30	\$50	D&C <sup>16</sup>	\$2,000 / \$4,000	80/20	\$5k	\$20/30/50 w/\$300 ded	\$4,000 / \$8,000	60/40	\$10k	70
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<sup>16</sup> Deductible and co-insurance.

<sup>17</sup> Durable Medical Equipment and Private Duty Nursing not covered.

### ATLANTIS - IRBA: Work or Live in 5 Boroughs--Manhattan, Brooklyn, Queens, Bronx, Staten Island (Plan Renews 8/1/12)

Association Fee of \$57 Annually					IN NETWORK						RX	OUT OF NETWORK			
<u>Single</u>	<u>2-Party</u>	<u>Parent + Children</u>	<u>Family</u>	<u>Type</u>	<u>PCP</u>	<u>Specialist</u>	<u>Hospital</u>	<u>Deductible Individual/Family</u>	<u>Co-ins.</u>	<u>OOP</u>		<u>Deductible Individual/Family</u>	<u>Co-ins.</u>	<u>OOP</u>	<u>UCR</u>
\$447.46	\$884.92	-	\$1,275.70	HMO Option B	\$25	\$40	\$500	-	-	-	NONE	n/a	n/a	n/a	n/a
\$473.53	\$937.06	-	\$1,351.13	HMO Option A	\$25	\$40	\$500	-	-	-	\$0 Copay Generic Only	n/a	n/a	n/a	n/a
\$493.82	\$977.64	-	\$1,409.84	HMO Option D	\$20	\$20	\$500	-	-	-	\$10/25 - \$250 ded /9	n/a	n/a	n/a	n/a
\$507.84	\$1,005.28	-	\$1,449.82	HMO Option C	\$25	\$40	\$500	-	-	-	\$20/30/40	n/a	n/a	n/a	n/a

<sup>19</sup> Mandatory generic and annual max benefit of \$500 per member for covered brand name drugs.

### EMBLEM - IRBA (1st Qtr 2012)

Association Fee of \$57 Annually					IN NETWORK						RX	OUT OF NETWORK			
<u>Single</u>	<u>2-Party</u>	<u>Parent + Children</u>	<u>Family</u>	<u>Type</u>	<u>PCP</u>	<u>Specialist</u>	<u>Hospital</u>	<u>Deductible Individual/Family</u>	<u>Co-ins.</u>	<u>OOP</u>		<u>Deductible Individual/Family</u>	<u>Co-ins.</u>	<u>OOP</u>	<u>UCR</u>
\$345.00	-	-	\$981.50	H.S.A. EPO	D&C/6	D&C/6	D&C/6	\$5,800/\$11,600	100%	/8	D&C/6	n/a	n/a	n/a	n/a

<sup>16</sup> Deductible and co-insurance.

<sup>18</sup> \$5,800 individual and \$11,600 family.

### MVP - Emerson Reid: YOU MUST BELONG TO ONE OF THESE ASSOCIATIONS: NYSBA, NYSAR, NYSAPLS, NYPTA, NYSSO, NYSPMA, NYLA, NYSGA (details below)

Sole Proprietors and Independent Contractors who belong to designated NYS Professional Associations may be eligible for MVP plans.

Plan design/rates depend on Association but are typically EPO plans. To qualify, enrollees must meet a minimum income of \$15,000/yr or work a min of 20 hrs/week. Tax documentation is required.

NYSBA = New York State Bar Association

NYSAR = New York State Association of Realtors

NYSAPLS = New York State Association of Professional Land Surveyors

NYPTA = New York Physical Therapy Association

NYSSO = New York State Society of Opticians

NYSPMA = New York State Podiatric Medical Associations

NYLA = New York Library Association

NYSGA = New York State Golf Association

Please contact us for rates and plan designs.

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