

# **PERFECT HEALTH INSURANCE COMPANY – HSA PLANS**

Through the Long Island Association – Enterprise Membership  
Downstate New York Rates Effective 4/1/2007 to 7/31/2007

## **EPO HSA PLAN 53G**

Provider Network	HIP Prime	Hospital Network	HIP
Deductible	\$2,500/\$5,000	Office Copay	Deductible + coinsurance
Coinsurance	80%	Hosp. admission	Deductible + coinsurance
Maximum out-of-pocket (inc. ded)	\$4,500/\$9,000	Emergency room	Deductible + coinsurance
Lifetime Max	\$2,000,000	Prescriptions	70% after deductible
Single \$307.31	Emp + Spouse \$632.94	Emp + Children \$533.84	Family* \$887.78

## **EPO HSA PLAN 54P**

Provider Network	Multiplan	Hospital Network	HIP
Deductible	\$2,500/\$5,000	Office Copay	Deductible + coinsurance
Coinsurance	80%	Hosp. admission	Deductible + coinsurance
Maximum out-of-pocket (inc. ded)	\$4,500/\$9,000	Emergency room	Deductible + coinsurance
Lifetime Max	\$2,000,000	Prescriptions	70%
Single \$320.12	Emp + Spouse \$659.77	Emp + Children \$556.40	Family* \$925.59

## **EPO HSA PLAN 55G**

Provider Network	HIP Prime	Hospital Network	HIP
Deductible	\$5,000/\$10,000	Office Copay	Deductible + coinsurance
Coinsurance	100%	Hosp. admission	Deductible + coinsurance
Maximum out-of-pocket (inc. ded)	\$5,000/\$10,000	Emergency room	Deductible + coinsurance
Lifetime Max	\$2,000,000	Prescriptions	70%
Single \$272.83	Emp + Spouse \$560.68	Emp + Children \$473.07	Family* \$785.96

## **EPO HSA PLAN 56P**

Provider Network	Multiplan	Hospital Network	HIP
Deductible	\$5,000/\$10,000	Office Copay	Deductible + coinsurance
Coinsurance	100%	Hosp. admission	Deductible + coinsurance
Maximum out-of-pocket (inc. ded)	\$5,000/\$10,000	Emergency room	Deductible + coinsurance
Lifetime Max	\$2,000,000	Prescriptions	70%
Single \$284.15	Emp + Spouse \$584.40	Emp + Children \$493.02	Family* \$819.38

For broker use only. \* Family rates are for 6 family members or less. Those with 7 or more members will be charged a significantly higher rate. Please call for specific rates. Rates are subject to final NYS Department of Insurance approval. This is a brief summary of benefits and should only be used as a guide. You must refer to Perfect Health's' subscriber agreement for a complete description of requirements for coverage, covered services, limitations and exclusions.

- There is an annual membership fee of \$35.
- All applicants must work and reside in the lower –counties of New York State only.
- Plans are for sole proprietors.
- Above rates include a \$10 monthly billing fee.
- All plans allow for direct access to specialists.



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