



# FEDERATION OF PROTESTANT WELFARE AGENCIES

## ATLANTIS HEALTH PLAN

Plan Options for Effective Dates: 10/1/11 - 12/1/11

	Plan One	Plan Two	Plan Three
Plan Type	HMO	HMO	HMO
Referral Required	NO	NO	NO
Type of Network	In Network	In Network	In Network
In Network Deductible	N/A	N/A	N/A
In Network Coinsurance	N/A	N/A	N/A
Office Copay	\$25	\$25	\$20
Specialist Copay	\$40	\$40	\$20
Inpatient Hospital Copay	\$500	\$0	\$250 per admission
Outpatient/Surgical Copay	\$75	\$75	\$0
ER Copay	\$50	\$50	\$50
Type of Network	Out of Network	Out of Network	Out of Network
Deductible	N/A	N/A	N/A
Coinsurance Max	N/A	N/A	N/A
	<b>PRESCRIPTION BENEFITS</b>		
Pharmacy Benefit	*\$0 Generic	\$0/30/50	\$0/30/50
Pharmacy Deductible & Rx Max	N/A	N/A	N/A
	<b>RATES</b>		
Employee Only	\$423.90	\$525.28	\$548.30
Family	\$1,087.30	\$1,347.34	\$1,406.40

\* This rider only covers generic prescription drugs only.

\* Rates include PPACA rider

**Note:** Rates contained in this document are regulated by the NYS Department of Insurance and may be subject to change.

Spreadsheet is for illustration purposes only.

