

30-50 Whitestone Expressway Suite 202 Flushing, NY 11354  
 Tel: (718) 886- 5525 Fax: (888) 336-8868  
 www.bqny.net

Plans from all major carries  
 are available upon request

**Health Insurance Rates**  
**for 2-50 group**

<b>Oxford Healthy NY 20/500/50</b>			
With RX \$10/\$20/\$100ded \$3000 Max			
\$20 Office Co-Pay, \$500 Hospital , \$50 ER,			
\$0 Preventive care, Referral needed			
\$20 MRI, CT Scan			
单人	夫妻	單親/孩子	家庭
<b>\$294.19</b>	<b>\$647.22</b>	<b>\$558.96</b>	<b>\$932.58</b>

<b>Aetna NYC Community Plan 20/40//150</b>			
Generic RX Only \$15			
\$20/\$40 Office Co-Pay, \$150 ER , \$250 hospital			
up to 3 days, \$0 Preventive Care ,			
Referral needed			
单人	夫妻	單親/孩子	家庭
<b>\$281.00</b>	<b>\$599.00</b>	<b>\$506.00</b>	<b>\$824.00</b>

<b>Health Net Outlook EPO 30/50//300//100</b>			
With RX \$10 Generic/\$30 Brand/100 Ded			
\$30/\$50 Office Co-Pay, \$100 ER Co-Pay			
\$300 Hospital per day up to \$1500 per admission,			
\$0 Surgical In-Patient			
单人	夫妻	單親/孩子	家庭
<b>\$338.06</b>	<b>\$752.88</b>	<b>\$625.44</b>	<b>\$1,006.38</b>

<b>Health Net Outlook EPO 25/25//0 //100</b>			
Generic RX Only \$15			
\$25/\$25 Office Co-Pay, \$0 Hospital In-Patient,			
\$100 ER Co-Pay, \$0 Surgical In-Patient			
Employee	EE/Wife	EE/Child(ren)	Family
<b>\$368.07</b>	<b>\$819.73</b>	<b>\$680.97</b>	<b>\$1,095.74</b>

<b>International Medical Plan (Gold) PPO</b>	
看診Co-pay \$0 after ded, 急診Emergency \$250,	
意外事故 accident \$300; In- Network ded \$125	
Annual check-up after 12 months of coverage	
無須綠卡 全球保險 --適合在美或工作生活在美以外的人士	
價格舉例: 9歲以下孩子可隨父母同保免費	
男性Male (age 30-34)	女性 Female (age 40-44)
<b>\$100.40</b>	<b>\$134.3</b>

<b>Oxford BM Dental PPO 90%/70%/50%</b>			
洗牙, x-ray 光 Preventive care 100%			
補牙, 根管治療 Basic care 80%			
牙套, 牙橋 Major care 50%			
Annual ded \$50/\$150;不用等待No Waiting period			
全年可用福利 Annual maximum \$1500			
单人	夫妻	單親/孩子	家庭
<b>\$ 60.70</b>	<b>113.71</b>	<b>118.41</b>	<b>178.26</b>

Plan 1: No coverage for past 12 months, employer pays at least 50%, at least 2 eligible employees, at least 30 % employees earn less than \$38,000 annually ,no ambulance coverage

Plan 2: For NYC five boroughs only, at least 2 eligible employees and 1 enrollment, limited network

Plan 3 & 4: At least 60% participation , other drug choices, promotion rates ends 6/1/2009

Plan 5: Rates go by Individual ages, please call for detail. 20% co-insurance will be charged for first \$5000 Out of network.

Plan6: for 2-50 group only. Oxford Benefit Management plan use United Healthcare dental network..

Rates are subject to change without notice. Products are not available in all states. This page is for comparative purpose only, you must contact your broker for full and detailed benefits.