

## SUMMARY OF HEALTH PLANS AVAILABLE THRU ARA LTD.

	BLUE CROSS HMO DIRECT CONNECT NO GATEKEEPER	AETNA POS DIRECT CONNECT NO GATEKEEPER	HIP SELECT PPO PLAN NON REFERRAL	OXFORD EPO NO REFERRAL
Plan Anniversary	02/28/08	06/30/07	3/31/08	10/31/07
Deductible	N/A	In Network N/A Out Network \$1000Ind \$2000Fam	In Network \$1000 Out Network \$2000	N/A
Co-Insurance	N/A	In Network N/A Out Network 70/30	In 90/10 Out 70/30	N/A
Out-of-Pocket	N/A	\$4000 Ind \$8000 Fam	In \$2500 Out \$5000	N/A
Office Co-Pay	\$25 - Office Co-Pay \$40 - Specialists	\$20	\$15	Primary - \$25 Specialist - \$40
Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Drug Card	\$10/\$25/\$50 Co-Pay Unlimited	\$10/\$30/\$50 Co-Pay Unlimited	7/30/50 Contraceptives Included	\$10 Generic \$25 Preferred Brand \$50 Brand
Dependents	19/23 Student Ver. Required	19/23 Student Ver. Required	19/23 Student Ver Required	19/23 Full Time Student Ver. Required
Hospital Co-Pay	\$500 Per Admission	\$250 Per Admission	Deductible & Co Insurance	\$500
ER Co-Pay	\$50	\$50	\$50	\$75
	Rates for Lower NY Only	New York and New Jersey	www.hipusa.com	NY & NJ
SINGLE	\$595	\$597	Single \$476	\$524
EMPLOYEE +1	N/A	N/A	EE/SP \$897	N/A
FAMILY	\$1,304	\$1,325	EE/CH \$806	\$1,205
	<a href="http://www.EMPIREBLUE.com">www.EMPIREBLUE.com</a>	<a href="http://www.aetna.com">www.aetna.com</a>	FAMILY \$1339	<a href="http://www.oxfordhealth.com">www.oxfordhealth.com</a>

**PLEASE MAIL ALL APPLICATIONS TO:**  
 Bronx-Manhattan North Association of Realtors  
 1867 Williamsbridge Road ♦ Bronx, NY 10461

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<i>1099'S ACCEPTED</i>	OPEN ACCESS ATLANTIS HMO ASSOCIATION PLAN 5 BOROUGHES ONLY www.atlantishp.com	OPEN ACCESS ATLANTIS POS ASSOCIATION PLAN 5 BOROUGHES ONLY www.atlantishp.com
Plan Anniversary	04/01/08	04/01/08
Deductible	N/A	\$2,000 INDIVIDUAL \$4,000 FAMILY IN – N/A
Co-Insurance	N/A	70/30 IN – N/A
Out-of-Pocket	N/A	\$5,000 INDIVIDUAL \$10,000 FAMILY IN – N/A
Office Co-Pay	\$20	IN - \$20 OUT – DED. & CO-INSURANCE
Maximum Benefit	UNLIMITED	IN – UNLIMITED OUT - \$1,000,000
Drug Card ASSOCIATION TRIPLE RX WALK IN & MAIL AWAY	Atlantis \$10 Co-payGeneric – Unlimited \$25 Co-Pay Brand with \$250 Ded/ \$2,000 Maximum Cap	Atlantis \$10 Co-payGeneric – Unlimited \$25 Co-Pay Brand with \$250 Ded/ \$2,000 Maximum Cap
Dependents Status	19/23 STUDENT VERIFICATION REQUIRED	19/23 STUDENT VERIFICATION REQUIRED
Hospital Co-Pay	\$500 FOR CONTINUOUS CONFINEMENT	IN - \$500 COPAY OUT – DEDUCTIBLE & CO-INSURANCE
ER Co-Pay	\$50.00	\$50.00
ASSOCIATION DUES	\$45.00 MONTHLY	\$45.00 MONTHLY
SINGLE	\$272.44	\$294.70
HUSBAND & WIFE	\$544.88	\$589.40
PARENT & CHILD	\$547.88	\$592.64
FAMILY	\$838.57	\$907.09

**NOTE: PLEASE ADD A \$45.00 ASSOCIATION DUES TO MONTHLY PREMIUM**

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