

**REHAB PROGRAMS, INC.**

70 Overocker Rd.  
Poughkeepsie NY 12603

**HEALTH RATES 7/1/08-6/30/09**

Plan	Monthly Agency Cost		Twice A Month (24 pays per year) Employee Cost			Overage Bi-Pay
			25%	20%	15%	
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PERCENTAGE OF BI-PAY CONTRIBUTION INCLUDES AMT OVER CAP						
MVP HMO	Ind.	435.99	81.87	72.80	63.72	36.50
	2 Tier	871.98	141.62	121.99	102.37	43.49
	Fam.	1,161.91	184.58	158.16	131.73	52.46

Co-Pay \$25/40; Prescriptions: \$10/30/50 retail or mail order \$20/60/100 (up to 90 day supply); Mental Health up to 20 visits; IP co-pay \$500.

GHI-EPO	Ind.	356.74	44.59	35.67	26.76	xxxxx
	P/Child	680.66	85.08	68.07	51.05	xxxxx
	Couple	784.79	98.10	78.48	58.86	xxxxx
	Fam.	1,056.21	132.03	105.62	79.22	xxxxx

Co-Pay \$30/30; Prescriptions \$0/30/50 (up to 30 day supply) \$1,000 p/p max (retail only) or mail order \$0/60/100 (up to 90 day supply); Combined annual deductible of \$50 per individual that covers both retail and mail order for preferred and non-preferred drugs.; Mental Health up to 30 visits; IP co-pay \$500.00.

Delta Dental:	Ind.	16.55	2.07	1.66	1.24	xxxxx
	Fam.	41.71	5.21	4.17	3.13	xxxxx

Cap:	Ind.	363.00				
	2-Tier	785.00				
	Family	1,057.00				

REMINDER: The amount you have deducted from your pay for health and dental coverage will be taken out before taxes, as that amount is tax-free. Please let us know if you want that amount to be taxed.

Under COBRA, employees will be required to pay the fully insured equivalent rate plus an administration fee when they sever employment.

5/15/08