



2009/2010

**HIP SOLE PROPRIETOR
NEW BUSINESS RATES**

Effective 4/1/09 through 3/31/10

Plan #1

HIP Prime HMO 30/50 1000

Rx \$300 Ded 20/30/50

Tier

Individual Rate	516.59
Two Person Rate	986.75
Family Rate	1563.34

Benefit

Product	HIP Prime HMO
Primary Care Physician Copay	\$30
Specialist Copay	\$50
In Patient Hospital Copay	\$1,000
Ambulatory Surgery Copay	\$150
ER Copay	\$150
Prescription Drug	\$300 Ded, \$20/\$30/\$50
Lab	Included in office visit copay
Durable Medical Equipment	Not Covered
Out Patient Therapies - Physical, Occupational, Speech, Respiratory	30 Visits, \$50 copay
In Patient Mental Health	30 days, \$1,000 copay
Out Patient Mental Health	20 visits, \$50 copay
Vision	Eye Exam \$25 Copay/Glasses \$45 Copay (every 24 months)
Preventative Dental	Oral Exam \$5 Copay/Cleaning \$10 Copay (every 6 months)
Dependent Children covered to	End of Month in which they turn 19
Student Dependents covered to	End of Year in which they turn 23

NOTES:

\$10 monthly billing fee has been added to your premium.

Additional HIP summary benefit plan information is available on line at www.LIAHealthAlliance.com and by clicking Enterprise Section.

DATED: 2/3/09