

RELEASED: 12/3/09

1st QUARTER 2010



**CONSUMER DRIVEN
NEW BUSINESS RATES**

DATED: 11/9/09

Please visit our web site, www.LIAHealthAlliance.com, and read the benefit summaries before finalizing your selections.

RATE SHEET PLAN #	Monthly Four Tier Rates								
	COPAY		Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
	ATLANTIS								
1	POS 20/2000 HRA Option #1								
	<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$10 Generic Brand Name \$250 ded. \$25 Copay, Max. \$2000	Atlantis	404.92	809.84	814.29	1246.34
2	POS 20/2000 HRA Option #2								
	<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$250 Deductible \$7/30/50	Atlantis	421.11	842.22	846.85	1296.18
3	POS 20/2000 HRA Option #3								
	<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$100 Deductible \$7/30/50	Atlantis	428.36	856.72	861.43	1318.49
4	POS 20/2000 HRA Option #4								
	<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$7/30/50	Atlantis	435.11	870.22	875.01	1339.27

Note: The Rates contained in this document have been filed with the NYS Insurance Department but have not received final approval and therefore are subject to change.