

**CONSUMER DRIVEN  
NEW BUSINESS RATES**

DATED: 12/3/09 11/18/09

Please visit our web site, [www.LIAHealthAlliance.com](http://www.LIAHealthAlliance.com), and read the benefit summaries before finalizing your selections.

RATE SHEET PLAN #	<b>EMBLEM HEALTH</b>				MONTHLY TWO TIER RATES		MONTHLY FOUR TIER RATES				
	COPAY	Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY	
<b>HSA HIGH DEDUCTIBLE EPO PLANS</b>											
1	<b>EPO 3000 100% INDEXED*</b>										
	In Network Deductible \$3,000/\$5,950 100%	No Referral	Covered in full after deductible	National	242.09	617.33	242.09	532.6	460.00	714.18	
2	<b>EPO 5800 100% INDEXED*</b>										
	In Network Deductible \$5,800/\$11,600 100%	No Referral	Covered in full after deductible	National	177.55	452.73	177.55	390.57	337.31	523.73	
3	<b>EPO 1500 100% INDEXED*</b>										
	In Network Deductible \$1500/\$3000 100%	No Referral	Covered in full after deductible	National	319.99	815.97	319.99	703.97	607.98	943.96	
<b>NON HSA HIGH DEDUCTIBLE EPO PLAN</b>											
4	<b>EPO 10,000 100%</b>										
	In Network EPO \$10,000-Non HSA Deductible \$10,000/\$20,000 100%	No Referral	Covered in full after deductible	National	122.67	312.82	122.67	269.88	233.08	361.88	
<b>HSA HIGH DEDUCTIBLE PPO PLANS WITH SHARED DEDUCTIBLES</b>											
5	<b>PPO 2500/100%</b>										
	In Network Deductible \$2500/\$5000 100%	Out of Network Deductible \$5000/\$10000 80% Coinsurance \$7000/\$14000 OOP	No Referral	Covered in full after deductible	National	335.31	855.07	335.31	737.71	637.1	989.18
6	<b>PPO 5000/100%</b>										
	In Network Deductible \$5000/\$10000 100%	Out of Network Deductible \$10000/\$20000 80% to \$12000/\$24000 OOP	No Referral	Covered in full after deductible	National	245.23	625.34	245.23	539.51	465.93	723.43

Rates are subject to NYS Insurance Department Approval.

**NOTES:**

EMBLEM PPO requires 50% participation in GHI products (class carve-outs allowed).

All EMBLEM prescriptions are Voluntary Home Delivery and are NO LONGER mandatory generic

\* INDEXED - deductible and out of pocket max will increase in January according to IRS guidelines.