



**2010/2011**  
**HIP SOLE PROPRIETOR RATES**  
 Effective 4/1/10 through 3/31/11

Plan #1  
 HIP Prime HMO 30/50 1000  
 Rx \$300 Ded 20/30/50

**Tier**

Individual Rate	<b>\$611.18</b>
Two Person Rate	<b>\$1,164.97</b>
Family Rate	<b>\$1,844.42</b>

**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:**

\$14 monthly billing fee has been added to your premium.  
 Additional HIP summary benefit plan information is available on line at [www.LIAHealthAlliance.com](http://www.LIAHealthAlliance.com) and by clicking Enterprise Section.

DATED: 2/3/10