



A UnitedHealthcare Company

Sole Proprietors



2010 3rd Quarter Rates

	Oxford PLAN 1 Direct	Oxford PLAN 2 Exclusive Metro EPO	Oxford PLAN 3 Direct HSA	Oxford PLAN 4 Exclusive EPO HSA
NETWORK	LIBERTY	LIBERTY	FREEDOM	FREEDOM
Office Visit Copayment	\$30/\$50	\$25/\$50	D&C	D&C
In-network Deductible	\$2,000/\$4,000	\$2,000/\$4,000	\$2,850/\$5,700	\$2,000/\$4,000
In-network Coinsurance	80% to \$10K	90% to \$10K	90% to \$10K	100%
Out-of-network Deductible	\$2,000	In-network Only	\$2,850	In-network Only
Out-of-network Coinsurance	60% to \$10K	In-network Only	70% to \$10K	In-network Only
Hospital Inpatient	Ded. & Coinsurance	Ded. & Coinsurance	Ded. & Coinsurance	Ded. & Coinsurance
Outpatient Surgery	Ded. & Coinsurance	Ded. & Coinsurance	Ded. & Coinsurance	Ded. & Coinsurance
Pharmacy	\$15/50% w/\$100 Tier 2 deductible	\$15/50% w/\$100 Tier 2 deductible	\$15/50%	\$15/50%
RATES FOR COUNTIES: Manhattan, Richmond, Bronx & Suffolk Counties				
Single	543.06	470.55	468.01	487.11
Parent / Child(ren)	992.76	858.61	853.92	889.25
Husband / Wife	1,177.94	1,018.41	1,012.82	1,054.84
Family	1,685.82	1,429.30	1,448.67	1,480.64
MENTAL HEALTH RIDER Unlimited Biologically Based Mental Health Services				
Single	4.38	2.61	3.70	2.65
Parent / Child(ren)	8.10	4.83	6.85	4.90
Husband / Wife	9.64	5.74	8.14	5.83
Family	13.84	8.09	11.69	8.22
RATES FOR COUNTIES: Kings, Queens & Nassau Counties				
Single	555.95	481.72	481.63	501.30
Parent / Child(ren)	1,016.61	879.28	879.12	915.51
Husband / Wife	1,206.29	1,042.98	1,042.79	1,086.06
Family	1,726.56	1,463.93	1,491.71	1,524.63
MENTAL HEALTH RIDER Unlimited Biologically Based Mental Health Services				
Single	4.51	2.69	3.81	2.73
Parent / Child(ren)	8.34	4.98	7.05	5.05
Husband / Wife	9.92	5.92	8.38	6.01
Family	14.25	8.34	12.04	8.46

"LIA has added a charge of \$14 that is in addition to your monthly premium and is charged as compensation to LIA for administrative services it provides on your behalf in accordance with the terms of your LIA Membership Enrollment Agreement."