

**TRADITIONAL  
NEW BUSINESS RATES**

DATED: 11/23/09

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

| RATE SHEET PLAN #   | HIP   | COPAY | Referral No Ref | RX                  | NET WORK     | Monthly Two Tier Rates |          | Monthly Three Tier Rates |                |         | Monthly Four Tier Rates |                  |                      |         |
|---------------------|---|-------|-----------------|---------------------|--------------|------------------------|----------|--------------------------|----------------|---------|-------------------------|------------------|----------------------|---------|
|                     |   |       |                 |                     |              | EMPLOYEE ONLY          | FAMILY   | EMPLOYEE ONLY            | EMPLOYEE + ONE | FAMILY  | EMPLOYEE ONLY           | EMPLOYEE +SPOUSE | EMPLOYEE +CHILD(ren) | FAMILY  |
| <b>COST SHARING</b> |   |       |                 |                     |              |                        |          |                          |                |         |                         |                  |                      |         |
| 1                   | <b>EPO 25 SMART START (Limited Hospital Based Network)</b><br>\$25 Copay<br>Hospital Copay \$250 1st two days, then \$100 per day. Max \$1400 per stay;<br>Annual Benefit Max \$100,000 per individual<br>Lifetime Max \$500,000 per individual |       | No Referral     | NONE                | Smart Start  |                        |          | 349.83                   | 734.64         | 944.54  |                         |                  |                      |         |
| 2                   | <b>EPO 30/50 1000A Select</b><br>\$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services.<br>90% coin, \$1000 coin max.   |       | No Referral     | \$15 (Generic Only) | SELECT PRIME | 312.74                 | 807.13   | 312.74                   | 602.86         | 958.67  | 312.74                  | 625.57           | 581.78               | 957.15  |
| 3                   | <b>EPO 30/50 1000 Select</b><br>\$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services.<br>90% coin, \$1000 coin max.  |       | No Referral     | \$20/30/50          | SELECT PRIME | 364.31                 | 933.49   | 364.31                   | 697.04         | 1108.61 | 364.31                  | 728.72           | 677.71               | 1114.92 |
| 4                   | <b>EPO 25/1000 Select</b><br>\$25 Copay, \$1000 ded. hospital based services.<br>90% coin, \$500 coin max.  |       | No Referral     | \$20/30/50          | SELECT PRIME | 390.19                 | 997.04   | 390.19                   | 744.49         | 1184.07 | 390.19                  | 780.37           | 725.73               | 1193.93 |
| 5                   | <b>PPO 15/1000 Select</b><br><b>In Network</b><br>\$15 Copay, \$1000 ded. hospital based services<br>90% coin, \$500 coin max.<br><b>Out of Network</b><br>\$1000/2000 Deductible<br>80% to \$3000/6000 coin max.                               |       | No Referral     | \$15/30/50          | SELECT PRIME | 576.21                 | 1473.16  | 576.21                   | 1100.12        | 1749.56 | 576.21                  | 1152.42          | 1071.72              | 1763.14 |
| <b>POS PLANS</b>    |   |       |                 |                     |              |                        |          |                          |                |         |                         |                  |                      |         |
| 6                   | <b>POS 20/1000</b><br><b>In Network</b><br>\$20 Copay<br>\$250 Hospital Copay<br><b>Out of Network</b><br>\$1000/2000 Deductible<br>70% to \$2000/\$4000 OOP  |       | Referral        | \$7/30/50           | PRIME        | 716.87                 | 1,858.50 | 716.87                   | 1387.88        | 2207.21 | 716.87                  | 1433.73          | 1333.36              | 2193.50 |

Rates are subject to NYS Insurance Department Approval