

RELEASE DATE: 11/23/09



TRADITIONAL  
RENEWAL RATES

1st QUARTER 2010

DATED: 12/29/09 (11/9/09)

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

RATE SHEET PLAN #	ATLANTIS										
	COPAY		Referral No Ref	RX	Net Work	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
<b>HMO PLANS</b>											
1	HMO 25/40A \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay		No Referral	\$0 Generic Brand Name \$250 Ded \$25 Copay, Max \$2000	Atlantis	342.36	878.15	342.36	684.72	688.49	1053.78
2	HMO 20A \$20 Copay \$500 Hospital Copay		No Referral	\$0 Generic Brand Name \$250 Ded \$25 Copay, Max \$2000	Atlantis	357.97	918.19	357.97	715.94	719.88	1101.83
3	HMO 25/40 \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay		No Referral	\$0/30/50	Atlantis	373.30	957.51	373.30	746.60	750.71	1149.02
4	HMO 20 \$20 Copay \$500 Hospital Copay		No Referral	\$20/30/40	Atlantis	382.16	980.24	382.16	764.32	768.52	1176.29
5	HMO 25/40 Plus \$25 PCP / \$40 Specialist Copay No Hospital Copay		No Referral	\$0/30/50	Atlantis	425.34	1091.00	425.34	850.68	855.36	1309.20
6	HMO 20 Plus \$20 Copay No Hospital Copay		No Referral	\$20/30/40	Atlantis	437.44	1122.03	437.44	874.88	879.69	1346.44
<b>POS PLANS</b>											
7	POS 25/40 2000A In Network \$25 PCP/\$40 Spec Copay \$500 Hospital Copay	Out of Network \$2000/4000 Deductible 70% to \$5,000/\$10,000 Max OOP	No Referral	\$0 Generic Brand Name \$250 Ded \$25 Copay, Max \$2000	Atlantis	391.90	1005.22	391.90	783.80	788.11	1206.27
8	POS 20/2000 In Network \$20 Copay \$500 Hospital Copay	Out of Network \$2000/4000 Deductible 70% to \$5,000/\$10,000 Max OOP	No Referral	\$0 Generic Brand Name \$250 Ded \$25 Copay, Max \$2000	Atlantis	405.43	1039.93	405.43	810.86	815.32	1247.91
9	POS 25/40 2000 In Network \$25 PCP/\$40 Spec Copay \$500 Hospital Copay	Out of Network \$2000/4000 Deductible 70% to \$5,000/\$10,000 Max OOP	No Referral	\$20/30/40	Atlantis	416.09	1067.27	416.09	832.18	836.76	1280.73
10	POS 20/1000 In Network \$20 Copay \$0 Hospital Copay	Out of Network \$1000/2500 Deductible 70% to \$3,000/\$7,500 Max OOP	No Referral	\$0/30/50	Atlantis	513.55	1317.26	513.55	1027.10	1032.75	1580.71
11	POS 25/40 1000 Plus In Network \$25 PCP/\$40 Spec Copay \$0 Hospital Copay	Out of Network \$1000/2500 Deductible 70% to \$3,000/\$7,500 Max OOP	No Referral	\$0/\$30/\$50	Atlantis	488.66	1253.41	488.66	977.32	982.70	1504.10
12	POS 20/500 In Network \$20 Copay \$0 Hospital Copay	Out of Network \$500/1250 Deductible 70% to \$3,000/\$7,500 Max OOP	No Referral	\$20/30/40	Atlantis	563.16	1444.51	563.16	1126.32	1132.51	1733.41

**TRADITIONAL  
RENEWAL RATES**

**1st QUARTER 2010**

DATED: 11/9/09

RATE SHEET PLAN #	ATLANTIS Signature									
	COPAY	Referral No Ref	RX	Net Work	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
<b>Signature HMO PLANS</b>										
13	HMO 30/50/1000* \$30 PCP / \$50 Specialist Copay \$1000 Hospital Copay	No Referral	\$0 Generic Brand Name \$250 Ded \$25 Copay, Max \$2000	Atlantis Signature	271.73	696.99	271.73	543.46	546.45	836.38
14	HMO 30/50/750* \$30 PCP / \$50 Specialist Copay \$750 Hospital Copay	No Referral	\$0 Generic Brand Name \$250 Ded \$25 Copay, Max \$2000	Atlantis Signature	275.23	705.96	275.23	550.46	553.49	825.69
15	HMO 25/40/1000* \$25 PCP / \$40 Specialist Copay \$1000 Hospital Copay	No Referral	\$0 Generic Brand Name \$250 Ded \$25 Copay, Max \$2000	Atlantis Signature	276.73	709.81	276.73	553.46	556.50	851.77
16	HMO 0/50/1000* \$0 PCP / \$50 Specialist Copay \$1000 Hospital Copay	No Referral	\$0 Generic Brand Name \$250 Ded \$25 Copay, Max \$2000	Atlantis Signature	281.73	722.64	281.73	563.46	566.56	867.16
17	HMO 0/30/500* \$0 PCP / \$30 Specialist Copay \$500 Hospital Copay	No Referral	\$0 Generic Brand Name \$250 Ded \$25 Copay, Max \$2000	Atlantis Signature	325.73	835.50	325.73	651.46	655.04	1002.60
18	HMO 30/50/1000A* \$30 PCP / \$50 Specialist Copay \$1000 Hospital Copay	No Referral	\$0/\$30/\$50	Atlantis Signature	302.67	776.35	302.67	605.34	608.67	931.62
19	HMO 30/50/750A* \$30 PCP / \$50 Specialist Copay \$750 Hospital Copay	No Referral	\$0/\$30/\$50	Atlantis Signature	306.17	785.33	306.17	612.34	615.71	918.51
20	HMO 25/40/1000A* \$25 PCP / \$40 Specialist Copay \$1000 Hospital Copay	No Referral	\$0/\$30/\$50	Atlantis Signature	307.67	789.17	307.67	615.34	618.72	947.01
21	HMO 0/50/1000A* \$0 PCP / \$50 Specialist Copay \$1000 Hospital Copay	No Referral	\$0/\$30/\$50	Atlantis Signature	312.67	802.00	312.67	625.34	628.78	962.40
22	HMO 0/30/500A* \$0 PCP / \$30 Specialist Copay \$500 Hospital Copay	No Referral	\$0/\$30/\$50	Atlantis Signature	356.67	914.86	356.67	713.34	717.26	1097.83

\*Plans and rates above have not met final approval of the NY Department of Insurance. Benefits and Rates are subject to change without notice.