

TRADITIONAL  
RENEWAL RATES (existing groups)

DATED: 11/23/09

Please visit our web site, www.LIAHealthAlliance.com, and read the benefit summaries before finalizing your selections.

RATE SHEET PLAN #	HIP	COPAY	Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	FAMILY	Monthly Two Tier Rates			Monthly Three Tier Rates			Monthly Four Tier Rates		
								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>	\$25 Copay Hospital Copay \$250 1st two days, then \$100 per day, Max \$1400 per stay Annual Benefit Max \$100,000 per individual Lifetime Max \$500,000 per individual	No Referral	NONE	SmartStart						349.83	734.64	944.54			
2	<b>EPO 30/50 1000A Select</b>	\$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 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>	\$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services 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>	\$25 Copay, \$1000 ded. hospital based services. 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>EPO 15/1000 Select</b>	\$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	406.41	1036.79	406.41	774.20	1231.29	406.41	812.83	755.92	1243.59		
6*	<b>PPO 15/1000 Select</b>	<b>In Network</b> \$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 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>Out of Network</b> \$1000/2000 Deductible 80% to \$3000/6000 coin max.														
7*	<b>PPO 30/50 1000 Select</b>	<b>In Network</b> PCP \$30 / \$50 Specialist Copay, \$1000 ded hospital based services 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	521.93	1340.18	521.93	1000.80	1591.64	521.93	1043.86	970.76	1597.05		
		<b>Out of Network</b> \$1000/2000 Ded. 80% to \$3000/6000 coin max.														
8*	<b>PPO 25/1000 Select</b>	<b>In Network</b> \$25 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	549.90	1408.71	549.90	1051.98	1673.03	549.90	1099.79	1022.78	1682.63		
		<b>Out of Network</b> \$1000/2000 Deductible 80% to \$3000/6000														
<b>HMO PLANS</b>																
9*	<b>HMO SUPER VALUE</b>	\$20 Copay \$500 Hospital Copay	Referral	\$100 Deductible \$10 (Generic Only) Name Brand Discount	PRIME	523.95	1350.95	523.95	1009.00	1604.55	523.95	1047.89	974.53	1603.26		
10*	<b>HMO 25/40A</b>	\$25 PCP / \$40 Specialist Copay \$500 Hospital Copay	Referral	\$50 Deductible \$20/\$30/\$50	PRIME	549.79	1414.28	549.79	1056.17	1679.65	549.79	1099.59	1022.63	1682.32		
11*	<b>HMO VALUE</b>	\$20 Copay \$500 Hospital Copay	Referral	\$50 Deductible \$7/30/50	PRIME	585.37	1501.42	585.37	1121.15	1783.09	585.37	1170.71	1088.77	1791.13		
12*	<b>HMO 20</b>	\$20 Copay \$250 Hospital Copay	Referral	\$50 Deductible \$7/30/50	PRIME	602.81	1544.14	602.81	1153.08	1833.86	602.81	1205.60	1121.20	1844.50		
13*	<b>HMO 5</b>	\$5 Copay No Hospital Copay	Referral	\$7/30/50	PRIME	629.67	1609.98	629.67	1202.23	1912.01	629.67	1259.34	1171.17	1926.70		
14*	<b>HMO 15</b>	\$15 Copay No Hospital Copay	Referral	\$7/30/50	PRIME	617.23	1579.47	617.23	1179.47	1875.80	617.23	1234.45	1148.02	1888.63		
15*	<b>HMO 10</b>	\$10 Copay No Hospital Copay	Referral	\$7/30/50	PRIME	624.87	1598.18	624.87	1193.45	1898.03	624.87	1249.72	1162.23	1912.00		
<b>POS PLANS</b>																
16	<b>POS 20/1000</b>	<b>In Network</b> \$20 Copay \$250 Hospital Copay	Referral	\$7/30/50	PRIME	716.87	1,858.50	716.87	1387.88	2207.21	716.87	1433.73	1333.36	2193.50		
		<b>Out of Network</b> \$1000/2000 Deductible 70% to \$2000/\$4000 OOP														

Rates are subject to NYS Insurance Department Approval

NOTE: Super Value HMO/EPO Prescription benefit is \$10 Mandatory Generic with a value added feature - Discount for Brand Name Drugs through participating pharmacies.

\* THE 10 PLANS ABOVE WITH AN \* ARE ONLY AVAILABLE FOR GROUPS WHO CURRENTLY HAVE EMPLOYEES ENROLLED IN HIP.