

**CONSUMER DRIVEN
NEW BUSINESS RATES**

DATED: 2/17/10

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

| RATE SHEET PLAN # | EMBLEM HEALTH | | | | MONTHLY TWO TIER RATES | | MONTHLY FOUR TIER RATES | | | | |
|--|--|---|----------------------------------|----------------------------------|------------------------|---------|-------------------------|---------------------|-------------------------|---------|---------|
| | COPAY | Referral No Ref | RX | NET WORK | EMPLOYEE ONLY | FAMILY | EMPLOYEE ONLY | EMPLOYEE +SPOUSE | EMPLOYEE +CHILD(ren) | FAMILY | |
| HSA HIGH DEDUCTIBLE EPO PLANS | | | | | | | | | | | |
| 1 | EPO 3000 100% INDEXED* | | | | | | | | | | |
| | In Network Deductible \$3,000/\$5,950 100% | No Referral | Covered in full after deductible | National | 288.81 | 794.24 | 288.81 | 635.39 | 548.78 | 852.02 | |
| 2 | EPO 5800 100% INDEXED* | | | | | | | | | | |
| | In Network Deductible \$5,800/\$11,600 100% | No Referral | Covered in full after deductible | National | 211.82 | 582.49 | 211.82 | 465.95 | 402.41 | 624.81 | |
| 3 | EPO 1500 100% INDEXED* | | | | | | | | | | |
| | In Network Deductible \$1500/\$3000 100% | No Referral | Covered in full after deductible | National | 440.63 | 1211.72 | 440.63 | 969.37 | 837.19 | 1299.83 | |
| NON HSA HIGH DEDUCTIBLE EPO PLAN | | | | | | | | | | | |
| 4 | EPO 10,000 100% | | | | | | | | | | |
| | In Network EPO \$10,000-Non HSA Deductible \$10,000/\$20,000 100% | No Referral | Covered in full after deductible | National | 146.35 | 402.45 | 146.35 | 321.97 | 278.06 | 431.72 | |
| HSA HIGH DEDUCTIBLE PPO PLANS WITH SHARED DEDUCTIBLES | | | | | | | | | | | |
| 5 | PPO 2500/100% | | | | | | | | | | |
| | In Network Deductible \$2500/\$5000 100% | Out of Network Deductible \$5000/\$10000 80% Coinsurance \$7000/\$14000 OOP | No Referral | Covered in full after deductible | National | 422.49 | 1161.85 | 422.49 | 929.51 | 802.75 | 1246.37 |
| 6 | PPO 5000/100% | | | | | | | | | | |
| | In Network Deductible \$5000/\$10000 100% | Out of Network Deductible \$10000/\$20000 80% to \$12000/\$24000 OOP | No Referral | Covered in full after deductible | National | 286.92 | 789.02 | 286.92 | 631.23 | 545.14 | 846.41 |

Rates are subject to NYS Insurance Department Approval.

NOTES:

- 1) EH PPO & EPO requires 50% participation in EH products (class carve-outs allowed). The 50% participation requirement can include participation in HIP and Comprehealth.
- 2) All EMBLEM prescriptions are Voluntary Home Delivery and are NO LONGER mandatory generic

* INDEXED - deductible and out of pocket max will increase in January according to IRS guidelines.