

RELEASE DATE: 5/14/10



3rd QUARTER 2010

**CONSUMER DRIVEN
NEW BUSINESS RATES**

DATED: 5/11/10

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	321.11	931.23	321.11	770.66	594.06	963.34
2	EPO 5800 100% INDEXED*									
	In Network Deductible \$5,800/\$11,600 100%	No Referral	Covered in full after deductible	National	235.51	682.98	235.51	565.23	435.70	706.53
3	EPO 1500 100% INDEXED*									
	In Network Deductible \$1500/\$3000 100%	No Referral	Covered in full after deductible	National	468.11	1357.53	468.11	1123.47	866.01	1404.34
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	162.72	471.89	162.72	390.52	301.03	488.16
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	481.22	1395.55	481.22	1154.93	890.27
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	319.01	925.13	319.01	765.63	590.17

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.