

**CONSUMER DRIVEN
RENEWAL RATES**

DATED: 5/19/10

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

SHEET PLAN #	ATLANTIS				MONTHLY 4 TIER RATES				
	COPAY		Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
1	POS 20/2000 HRA Option #1								
	<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$10 Generic Brand Name \$250 ded. \$25 Copay, Max. \$2000	Atlantis	429.38	858.76	863.48	1321.63
2	POS 20/2000 HRA Option #2								
	<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$250 Deductible \$7/30/50	Atlantis	446.38	892.76	897.67	1373.96
3	POS 20/2000 HRA Option #3								
	<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$100 Deductible \$7/30/50	Atlantis	454.00	908.00	912.99	1397.41
4	POS 20/2000 HRA Option #4								
	<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$7/30/50	Atlantis	461.09	922.18	927.25	1419.24

Note:

The Rates contained in this document have been filed with the NYS Insurance Department but have not received final approval and therefore are subject to change.

Atlantis POS Rates are available for Renewals Only.