

**CONSUMER DRIVEN
RENEWAL RATES**

DATED: 9/9/10

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 1200 90% INDEXED*										
	In Network Deductible \$1200/\$2400 90% Coinsurance \$5800/\$11600 OOP	No Referral	Subject to plan deductible RX \$0/\$20/\$40 Retail \$0/\$40/\$80 Mail Order	National	452.63	1312.59	452.63	1086.28	837.35	1357.85	
2	EPO 2500 70%										
	In Network Deductible \$2500/\$5000 70% Coinsurance \$4750/\$9500 OOP	No Referral	Subject to plan deductible RX \$0/\$20/\$40 Retail \$0/\$40/\$80 Mail Order	National	326.70	947.44	326.70	784.09	604.40	980.12	
3	EPO 3000 100% INDEXED*										
	In Network Deductible \$3,000/\$5,950 100%	No Referral	Covered in full after deductible	National	339.89	985.71	339.89	815.74	628.81	1019.70	
4	EPO 5800 100% INDEXED*										
	In Network Deductible \$5,800/\$11,600 100%	No Referral	Covered in full after deductible	National	249.29	722.93	249.29	598.30	461.19	747.86	
5	EPO 1500 100% INDEXED*										
	In Network Deductible \$1500/\$3000 100%	No Referral	Covered in full after deductible	National	495.49	1436.95	495.49	1189.19	916.67	1486.49	
NON HSA HIGH DEDUCTIBLE EPO PLAN											
6	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	172.24	499.500	172.24	413.37	318.64	516.72	
HSA HIGH DEDUCTIBLE PPO PLANS WITH SHARED DEDUCTIBLES											
7	PPO 1200 80% INDEXED*										
	In Network Deductible \$1200/\$2400 80% Coinsurance \$3150/\$6300 OOP	Out of Network Deductible \$2200/\$4400 60% Coinsurance \$6200/\$12400 OOP	No Referral	Subject to plan deductible \$0/\$20/\$40 Retail \$0/\$40/\$80 Mail Order (voluntary)	National	579.05	1679.28	579.05	1389.75	1071.25	1737.17
8	PPO 2500 100%										
	In Network Deductible \$2500/\$5000 100%	Out of Network Deductible \$2,500/\$5,000 70% Coinsurance \$5500/\$8000 OOP Max	No Referral	Covered in full after deductible	National	496.29	1439.26	496.29	1191.11	918.14	1488.88
9	PPO 2500 80%										
	In Network Deductible \$2500/\$5000 80% Coinsurance \$4500/\$9000 OOP	Out of Network Deductible \$5000/\$10000 60% Coinsurance \$9000/\$18000 OOP	No Referral	Covered in full after deductible	National	455.28	1320.31	455.28	1092.66	842.26	1365.82
10	PPO 5000 100%										
	In Network Deductible \$5000/\$10000 100%	Out of Network Deductible \$5,000/\$10,000 70% to \$8,000/\$13,000 OOP Max	No Referral	Covered in full after deductible	National	324.55	941.20	324.55	778.93	600.42	973.66

Rates are subject to NYS Insurance Department Approval.

NOTES:

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

Plan #8 - PPO 2500 100% - out of network benefit has been changed from \$5,000/\$10,000 ded to \$2,500/\$5,000 ded with 70% coinsurance to \$5,500/\$8,000 OOP max.

Plan #10 - PPO 5000 100% - out of network benefit has been changed from from \$10,000/\$20,000 ded to \$5,000/\$10,000 ded with 70% coinsurance to \$8,000/\$13,000 OOP max.