

RELEASE DATE: 12/3/10



**CONSUMER DRIVEN
NEW BUSINESS RATES**

**4th QUARTER 2010
DECEMBER**

DATED: 12/3/10 (11/22/10) (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 3000 100% INDEXED*									
	In Network Deductible \$3,000/\$5,950 100%	No Referral	Covered in full after deductible	National	336.97	977.23	336.97	808.72	623.4	1010.91
2	EPO 5800 100% INDEXED*									
	In Network Deductible \$5,800/\$11,600 100%	No Referral	Covered in full after deductible	National	247.14	716.71	247.14	593.15	457.22	741.42
3	EPO 1500 100% INDEXED*									
	In Network Deductible \$1500/\$3000 100%	No Referral	Covered in full after deductible	National	491.23	1424.58	491.23	1178.95	908.78	1473.69
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	170.76	495.200	170.76	409.8	315.89	512.27
HSA HIGH DEDUCTIBLE PPO PLANS WITH SHARED DEDUCTIBLES										
5	PPO 2500 100%									
	In Network Deductible \$2500/\$5000 100%	Out of Network Deductible \$5,000/\$10,000 80% Coinsurance \$7,000/\$14,000 OOP Max	No Referral	Covered in full after deductible	National	504.99	1464.48	504.99	1211.97	934.24 1514.97
6	PPO 5000 100%									
	In Network Deductible \$5000/\$10000 100% to \$5000/\$10,000 oop Max	Out of Network Deductible \$10,000/\$20,000 80% to \$12,000/\$24,000 OOP Max	No Referral	Covered in full after deductible	National	334.77	970.82	334.77	803.44	619.32 1004.31

Rates are subject to NYS Insurance Department Approval.

NOTES:

EH PPO & EPO requires 50% participation in EH products (class carve-outs allowed) and a minimum of 2 participating employees. Participation requirements can include participation in HIP and Comprehealth.

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