

DATED: 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(rn)	FAMILY	
HSA HIGH DEDUCTIBLE EPO PLANS											
1	EPO 1200 90% INDEXED*										
	<u>In Network</u> 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	448.73	1301.29	448.73	1076.93	830.14	1346.16	
2	EPO 2500 70%										
	<u>In Network</u> 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	323.88	939.28	323.88	777.35	599.20	971.68	
3	EPO 3000 100% INDEXED*										
	<u>In Network</u> 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	
4	EPO 5800 100% INDEXED*										
	<u>In Network</u> 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	
5	EPO 1500 100% INDEXED*										
	<u>In Network</u> 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											
6	EPO 10,000 100%										
	<u>In Network</u> 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											
7	PPO 1200 80% INDEXED*										
	<u>In Network</u> Deductible \$1200/\$2400 80% Coinsurance \$3150/\$6300 OOP	<u>Out of Network</u> 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	574.07	1664.83	574.07	1377.79	1062.04	1722.21
8	PPO 2500 100%										
	<u>In Network</u> Deductible \$2500/\$5000 100%	<u>Out of Network</u> Deductible \$2,500/\$5,000 70% Coinsurance \$5500/\$8000 OOP Max	No Referral	Covered in full after deductible	National	492.02	1426.87	492.02	1180.86	910.24	1476.06
9	PPO 2500 80%										
	<u>In Network</u> Deductible \$2500/\$5000 80% Coinsurance \$4500/\$9000 OOP	<u>Out of Network</u> Deductible \$5000/\$10000 60% Coinsurance \$9000/\$18000 OOP	No Referral	Covered in full after deductible	National	451.37	1308.94	451.37	1083.25	835.01	1354.07
10	PPO 5000 100%										
	<u>In Network</u> Deductible \$5000/\$10000 100%	<u>Out of Network</u> Deductible \$5,000/\$10,000 70% to \$8,000/\$13,000 OOP Max	No Referral	Covered in full after deductible	National	321.75	933.10	321.75	772.22	595.25	965.28

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.