

TRADITIONAL
NEW BUSINESS RATES

DATED: 2/23/10

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

RATE SHEET PLAN #	HIP	COPAY	Referral No Ref	RX	NET WORK	Monthly Two Tier Rates		Monthly Three Tier Rates			Monthly Four Tier Rates			
						EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE + ONE	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
COST SHARING														
1	EPO 25 SMART START (Limited Hospital Based Network) \$25 Copay Hospital Copay \$250 1st two days, then \$100 per day, Max \$1400 per stay; Annual Benefit Max \$100,000 per individual Lifetime Max \$500,000 per individual		No Referral	NONE	Smart Start			356.83	749.34	963.44				
2	EPO 30/50 1000A Select \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.		No Referral	\$15 (Generic Only)	SELECT PRIME	320.27	826.43	320.27	617.27	981.58	320.27	640.66	595.80	980.21
3	EPO 30/50 1000 Select \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.		No Referral	\$20/30/50	SELECT PRIME	373.14	955.96	373.14	713.80	1135.27	373.14	746.39	694.13	1141.93
4	EPO 25/1000 Select \$25 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max.		No Referral	\$20/30/50	SELECT PRIME	399.07	1019.63	399.07	761.34	1210.87	399.07	798.13	742.24	1221.09
5	PPO 15/1000 Select In Network \$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max. Out of Network \$1000/2000 Deductible 80% to \$3000/6000 coin max.		No Referral	\$15/30/50	SELECT PRIME	588.39	1504.25	588.39	1123.31	1786.45	588.39	1176.78	1094.37	1800.41
POS PLANS														
6	POS 20/1000 In Network \$20 Copay \$250 Hospital Copay Out of Network \$1000/2000 Deductible 70% to \$2000/\$4000 OOP		Referral	\$7/30/50	PRIME	735.48	1,906.16	735.48	1423.46	2263.80	735.48	1470.95	1368.00	2250.47

Rates are subject to NYS Insurance Department Approval