

RELEASE DATE: 3/10/10



TRADITIONAL
RENEWAL RATES

2nd QUARTER 2010

DATED: 2/12/10

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

| RATE SHEET PLAN # | ATLANTIS | | | | | | | | | | |
|-------------------|---|---|-----------------|---|----------|---------------|---------|---------------|------------------|----------------------|---------|
| | COPAY | | Referral No Ref | RX | Net Work | EMPLOYEE ONLY | FAMILY | EMPLOYEE ONLY | EMPLOYEE +SPOUSE | EMPLOYEE +CHILD(ren) | FAMILY |
| HMO PLANS | | | | | | | | | | | |
| 1 | HMO 25/40A \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay | | No Referral | \$0 Generic Brand Name \$250 Ded \$25 Copay, Max \$2000 | Atlantis | 350.92 | 900.11 | 350.92 | 701.84 | 705.70 | 1080.13 |
| 2 | HMO 20A \$20 Copay \$500 Hospital Copay | | No Referral | \$0 Generic Brand Name \$250 Ded \$25 Copay, Max \$2000 | Atlantis | 366.92 | 941.15 | 366.92 | 733.84 | 737.88 | 1129.38 |
| 3 | HMO 25/40 \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay | | No Referral | \$0/30/50 | Atlantis | 382.63 | 981.45 | 382.63 | 765.26 | 769.47 | 1177.74 |
| 4 | HMO 20 \$20 Copay \$500 Hospital Copay | | No Referral | \$20/30/40 | Atlantis | 391.72 | 1004.76 | 391.72 | 783.44 | 787.75 | 1205.71 |
| 5 | HMO 25/40 Plus \$25 PCP / \$40 Specialist Copay No Hospital Copay | | No Referral | \$0/30/50 | Atlantis | 435.97 | 1118.26 | 435.97 | 871.94 | 876.74 | 1341.92 |
| 6 | HMO 20 Plus \$20 Copay No Hospital Copay | | No Referral | \$20/30/40 | Atlantis | 448.38 | 1150.09 | 448.38 | 896.76 | 901.69 | 1380.11 |
| POS PLANS | | | | | | | | | | | |
| 7 | POS 25/40 2000A In Network \$25 PCP/\$40 Spec Copay \$500 Hospital Copay | Out of Network \$2000/4000 Deductible 70% to \$5,000/\$10,000 Max OOP | No Referral | \$0 Generic Brand Name \$250 Ded \$25 Copay, Max \$2000 | Atlantis | 403.56 | 1035.13 | 403.56 | 807.12 | 811.56 | 1242.16 |
| 8 | POS 20/2000 In Network \$20 Copay \$500 Hospital Copay | Out of Network \$2000/4000 Deductible 70% to \$5,000/\$10,000 Max OOP | No Referral | \$0 Generic Brand Name \$250 Ded \$25 Copay, Max \$2000 | Atlantis | 417.49 | 1070.86 | 417.49 | 834.98 | 839.57 | 1285.03 |
| 9 | POS 25/40 2000 In Network \$25 PCP/\$40 Spec Copay \$500 Hospital Copay | Out of Network \$2000/4000 Deductible 70% to \$5,000/\$10,000 Max OOP | No Referral | \$20/30/40 | Atlantis | 428.36 | 1098.74 | 428.36 | 856.72 | 861.43 | 1318.49 |
| 10 | POS 20/1000 In Network \$20 Copay \$0 Hospital Copay | Out of Network \$1000/2500 Deductible 70% to \$3,000/\$7,500 Max OOP | No Referral | \$0/30/50 | Atlantis | 528.70 | 1356.12 | 528.70 | 1057.40 | 1063.22 | 1627.34 |
| 11 | POS 25/40 1000 Plus In Network \$25 PCP/\$40 Spec Copay \$0 Hospital Copay | Out of Network \$1000/2500 Deductible 70% to \$3,000/\$7,500 Max OOP | No Referral | \$0/\$30/\$50 | Atlantis | 503.06 | 1290.35 | 503.06 | 1006.12 | 1011.65 | 1548.42 |
| 12 | POS 20/500 In Network \$20 Copay \$0 Hospital Copay | Out of Network \$500/1250 Deductible 70% to \$3,000/\$7,500 Max OOP | No Referral | \$20/30/40 | Atlantis | 579.84 | 1487.29 | 579.84 | 1159.68 | 1166.06 | 1784.75 |