

**TRADITIONAL
RENEWAL RATES**

2nd QUARTER 2010

REVISED: 3/10/10 (2/17/10)

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

RATE SHEET	Monthly									
	Two Tier Rates					Four Tier Rates				
PLAN #	EMBLEM HEALTH									
	COPAY	Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
COST SHARING										
1	CS EPO 40/1000A									
	\$40 Copay \$0 Copay Children	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP	No Referral	None	National	318.53	880.03	318.53	700.68	608.74 944.38
2	CS EPO 40/2000									
	\$40 Copay \$0 Copay Children	\$2000/6000 Annual Deductible for hospital based services with 80% to \$3,000/9,000 OOP	No Referral	\$0 Generic \$50 Ded, Brand \$30, Non Pref \$50 Annual Retail Max \$1,000 Mail Order Unlimited	National	340.76	941.16	340.76	749.69	651.02 1010.08
3	CS EPO 40/1000									
	\$40 Copay \$0 Copay Children	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP	No Referral	\$0 Generic \$50 Ded, Brand \$30, Non Pref \$50 Annual Retail Max \$1,000 Mail Order Unlimited	National	388.09	1071.31	388.09	853.72	740.90 1149.60
4	CS EPO 30/1000									
	\$30 Copay \$0 Copay Children	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP	No Referral	\$0 Generic \$50 Ded, Brand \$30, Non Pref \$50 Annual Retail Max \$1,000 Mail Order Unlimited	National	404.40	1116.19	404.40	889.63	771.92 1197.77
5	CS EPO 30/500									
	\$30 Copay \$0 Copay Children	\$500/1500 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP	No Referral	\$0 Generic \$50 Ded, Brand \$30, Non Pref \$50 Annual Retail Max \$3,000 Mail Order Unlimited	National	446.94	1233.20	446.94	983.18	852.70 1,323.20
6	CS PPO 40/2000									
	<u>In Network</u> \$40 Copay - Annual Ded for hospital based services \$1000/3000 80% to \$3000/9000 OOP \$0 Copay Children	<u>Out of Network</u> \$2000/6000 Annual Deductible 60% to \$6,000/18,000 OOP	No Referral	\$0 Generic \$50 Ded, Brand \$25, Non Pref \$50 Annual Retail Max \$750 Mail Order Unlimited	National	555.66	1532.17	555.66	1222.42	1059.30 1,644.02
7	CS PPO 40/2000A									
	<u>In Network</u> \$40 Copay - Annual Ded for hospital based services \$1000/3000 80% to \$3000/9000 OOP \$0 Copay Children	<u>Out of Network</u> \$2000/6000 Annual Deductible 60% to \$6,000/18,000 OOP	No Referral	\$0 Generic \$50 Ded, Brand \$25, Non Pref \$50 Annual Retail Max \$3,000 Mail Order Unlimited	National	586.40	1616.71	586.40	1290.04	1117.71 1,734.67
NON COST SHARING										
8	EPO 40/1000									
	\$40 Copay \$0 Copay Children	\$1000 Hospital Copay	No Referral	\$0 Generic \$50 Ded, Brand \$30, Non Pref \$50 Annual Retail Max \$1000 Mail Order Unlimited	National	415.69	1147.23	415.69	914.46	793.35 1231.08
9	EPO 30/1000A									
	\$30 Copay \$0 Copay Children	\$1000 Hospital Copay	No Referral	\$0 Generic \$50 Ded, Brand \$30, Non Pref \$50 Annual Retail Max \$1,000 Mail Order Unlimited	National	449.35	1239.78	449.35	988.47	857.30 1330.33
10	EPO 30/1000									
	\$30 Copay \$0 Copay Children	\$1000 Hospital Copay	No Referral	\$0 Generic \$50 Ded, Brand \$30, Non Pref \$50 Annual Retail Max \$3,000 Mail Order Unlimited	National	470.56	1298.13	470.56	1035.12	897.60 1392.87
11	EPO 30/500									
	\$30 Copay \$0 Copay Children	\$500 Hospital Copay	No Referral	\$0 Generic \$50 Ded, Brand \$30, Non Pref \$50 Annual Retail Max \$3,000 Mail Order Unlimited	National	511.92	1411.91	511.92	1126.15	976.17 1514.90

**TRADITIONAL
RENEWAL RATES (continued)**

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RATE SHEET	EMBLEM HEALTH										
	COPAY		Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
	NON COST SHARING (continued)										
12	EPO 20A (existing enrollees only)		No Referral	\$0 Generic \$50 Ded, Brand \$30, Non Pref \$50 Annual Retail Max \$3,000 Mail Order Unlimited	National	677.54	1867.35	677.54	1490.49	1290.82	2003.42
	\$20 Copay	\$0 Hospital Copay									
	\$0 Copay Children										
13	EPO 20 (existing enrollees only)		No Referral	\$0/30/50	National	705.60	1944.51	705.60	1552.22	1344.13	2086.19
	\$20 Copay	\$0 Hospital Copay									
	\$0 Copay Children										
14	PPO 25/1000 (2 tier available for existing enrollees only)		No Referral	\$0/25/40	National	993.38	2735.89	993.38	2185.28	1890.94	2935.16
	<u>In Network</u>	<u>Out of Network</u>									
	\$25 Copay	\$1000/3000 Annual Deductible									
	\$0 Copay Children										
	\$500 Hospital Copay										
15	PPO 30/1000 (2 tier available for existing enrollees only)		No Referral	\$0 Generic \$50 Ded, Brand 25, Non Pref \$50 Annual Retail Max \$1000 Mail Order Unlimited	National	698.69	1925.5	698.69	1537.06	1331.05	2065.89
	<u>In Network</u>	<u>Out of Network</u>									
	\$30 Copay	\$1000/3000 Annual Deductible									
	\$0 Copay Children										
	\$500 Hospital Copay										
16	PPO 30/1000A (2 tier available for existing enrollees only)		No Referral	\$0 Generic \$50 Ded, Brand 25, Non Pref \$50 Annual Retail Max \$3000 Mail Order Unlimited	National	723.19	1992.87	723.19	1590.96	1377.61	2138.17
	<u>In Network</u>	<u>Out of Network</u>									
	\$30 Copay	\$1000/3000 Annual Deductible									
	\$0 Copay Children										
	\$500 Hospital Copay										
	HMO- COMPREHEALTH										
17	HMO-30/50/1000		Referral	\$15 Generic Only	Comprehealth	273.44	700.01	273.44	601.56	522.25	809.36
	\$30 PCP / \$50 Specialist Copay	\$1000 Hospital Copay									
	\$0 Copay Children										
18	HMO-30/50/500		Referral	\$15 Generic Only	Comprehealth	292.13	747.85	292.13	642.68	557.95	864.68
	\$30 PCP / \$50 Specialist Copay	\$500 Hospital Copay									
	\$0 Copay Children										
19	HMO-25/40/500A		Referral	\$25 Generic/\$35 Brand	Comprehealth	330.46	845.97	330.46	727.02	631.18	978.16
	\$25 PCP / \$40 Specialist Copay	\$500 Hospital Copay									
	\$0 Copay Children										
20	HMO-25/40/500		Referral	\$0 Generic \$30 Brand	Comprehealth	398.46	1020.05	398.46	876.62	761.06	1179.44
	\$25 PCP / \$40 Specialist Copay	\$500 Hospital Copay									
	\$0 Copay Children										
21	HMO-20/25/200		Referral	\$15 Generic Only	Comprehealth	347.84	890.47	347.84	765.23	664.36	1029.59
	\$20 PCP / \$25 Specialist Copay	\$200 Hospital Copay									
	\$0 Copay Children										

Rates are subject to NYS Insurance Department approval.

NOTES:

- 1) All EH prescriptions are Voluntary Home Delivery and are NO LONGER mandatory generic.
- 2) NY Metro is a limited network.
- 3) Existing enrollees ONLY can renew into Plans (#12 EPO 20A and #13 EPO 20).
- 4) Non Cost Sharing PPO Plans (#14 PPO 25/1000, #15 PPO 30/1000 and #16 PPO 30/1000A) are no longer available with 2-Tier rates EXCEPT for existing enrollees.