

TRADITIONAL  
RENEWAL RATES (existing groups)

DATED: 2/5/10

Please visit our web site, [www.LIAHealthAlliance.com](http://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
<b>COST SHARING</b>														
1	<b>EPO 25 SMART START (Limited Hospital Based Network)</b>	\$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	SmartStart				356.83	749.34	963.44			
2	<b>EPO 30/50 1000A Select</b>	\$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	<b>EPO 30/50 1000 Select</b>	\$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	713.8	1135.27	373.14	746.39	694.13	1141.93
4	<b>EPO 25/1000 Select</b>	\$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	<b>EPO 15/1000 Select</b>	\$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	415.30	1059.37	415.30	791.05	1258.08	415.30	830.58	772.42	1270.75
6*	<b>PPO 15/1000 Select</b>	<b>In Network</b> \$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 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
		<b>Out of Network</b> \$1000/2000 Deductible 80% to \$3000/6000 coin max.												
7*	<b>PPO 30/50 1000 Select</b>	<b>In Network</b> PCP \$30 / \$50 Specialist Copay, \$1000 ded hospital based services 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	533.93	1370.81	533.93	1023.67	1628.00	533.93	1067.85	993.07	1633.74
		<b>Out of Network</b> \$1000/2000 Ded. 80% to \$3000/6000 coin max.												
8*	<b>PPO 25/1000 Select</b>	<b>In Network</b> \$25 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	561.90	1439.34	561.90	1074.84	1709.38	561.90	1123.78	1045.09	1719.33
		<b>Out of Network</b> \$1000/2000 Deductible 80% to \$3000/6000												
<b>HMO PLANS</b>														
9*	<b>HMO SUPER VALUE</b>	\$20 Copay \$500 Hospital Copay	Referral	\$100 Deductible \$10 (Generic Only) Name Brand Discount	PRIME	535.29	1380.09	535.29	1030.18	1639.17	535.29	1070.58	995.63	1637.98
10*	<b>HMO 25/40A</b>	\$25 PCP / \$40 Specialist Copay \$500 Hospital Copay	Referral	\$50 Deductible \$20/\$30/\$50	PRIME	562.19	1445.99	562.19	1079.85	1717.31	562.19	1124.37	1045.66	1720.23
11*	<b>HMO VALUE</b>	\$20 Copay \$500 Hospital Copay	Referral	\$50 Deductible \$7/30/50	PRIME	598.23	1534.30	598.23	1145.70	1822.14	598.23	1196.46	1112.70	1830.51
12*	<b>HMO 20</b>	\$20 Copay \$250 Hospital Copay	Referral	\$50 Deductible \$7/30/50	PRIME	615.68	1577.02	615.68	1177.63	1872.90	615.68	1231.34	1145.13	1883.88
13*	<b>HMO 5</b>	\$5 Copay No Hospital Copay	Referral	\$7/30/50	PRIME	642.59	1642.99	642.59	1226.88	1951.21	642.59	1285.18	1195.19	1966.23
14*	<b>HMO 15</b>	\$15 Copay No Hospital Copay	Referral	\$7/30/50	PRIME	630.15	1612.48	630.15	1204.11	1915.00	630.15	1260.29	1172.04	1928.16
15*	<b>HMO 10</b>	\$10 Copay No Hospital Copay	Referral	\$7/30/50	PRIME	637.78	1631.19	637.78	1218.09	1937.23	637.78	1275.56	1186.26	1951.53
<b>POS PLANS</b>														
16	<b>POS 20/1000</b>	<b>In Network</b> \$20 Copay \$250 Hospital Copay	Referral	\$7/30/50	PRIME	735.48	1,906.16	735.48	1423.46	2263.80	735.48	1470.95	1368.00	2250.47
		<b>Out of Network</b> \$1000/2000 Deductible 70% to \$2000/\$4000 OOP												

Rates are subject to NYS Insurance Department Approval

NOTE: Super Value HMO/EPO Prescription benefit is \$10 Mandatory Generic with a value added feature - Discount for Brand Name Drugs through participating pharmacies.

\* THE 10 PLANS ABOVE WITH AN \* ARE ONLY AVAILABLE FOR GROUPS WHO CURRENTLY HAVE EMPLOYEES ENROLLED IN HIP.