

TRADITIONAL
NEW BUSINESS RATES

DATED: 5/11/10

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

RATE SHEET PLAN #	HIP	Monthly Two Tier Rates				Monthly Four Tier Rates					
		COPAY	Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	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			366.69	880.06	678.38	1100.07	
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	318.25	911.29	318.25	753.47	588.99	956.28	
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	372.44	1068.46	372.44	883.54	689.26	1118.87	
4	EPO 25/1000 Select \$25 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	399.55	1147.10	399.55	948.62	739.42	1200.22	
5	PPO 15/1000 Select	No Referral	\$15/30/50	SELECT PRIME	645.10	1859.18	645.10	1537.93	1193.69	1936.83	
	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.
POS PLANS											
6	POS 20/1000	Referral	\$7/30/50	PRIME	710.96	1,982.53	710.96	1706.30	1340.24	2173.41	
	In Network \$20 Copay \$250 Hospital Copay										Out of Network \$1000/2000 Deductible 70% to \$2000/\$4000 OOP

Rates are subject to NYS Insurance Department Approval