

RELEASE DATE: 5/19/10



TRADITIONAL  
RENEWAL RATES

3rd QUARTER 2010

DATED: 5/19/10

Please visit our web site, [www.LIAHealthAlliance.com](http://www.LIAHealthAlliance.com), and read the benefit summaries before finalizing your selections.

RATE SHEET PLAN #	<b>ATLANTIS</b>									
	COPAY		Referral No Ref	RX	Net Work	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)
<b>HMO PLANS</b>										
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	359.69	922.60	359.69	719.38	723.34	1107.13
2	HMO 20A \$20 Copay \$500 Hospital Copay	No Referral	\$0 Generic Brand Name \$250 Ded \$25 Copay, Max \$2000	Atlantis	376.09	964.67	376.09	752.18	756.32	1157.61
3	HMO 25/40 \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay	No Referral	\$0/30/50	Atlantis	392.19	1005.97	392.19	784.38	788.69	1207.16
4	HMO 20 \$20 Copay \$500 Hospital Copay	No Referral	\$20/30/40	Atlantis	401.51	1029.87	401.51	803.02	807.44	1235.85
5	HMO 25/40 Plus \$25 PCP / \$40 Specialist Copay No Hospital Copay	No Referral	\$0/30/50	Atlantis	446.87	1146.22	446.87	893.74	898.66	1375.47
6	HMO 20 Plus \$20 Copay No Hospital Copay	No Referral	\$20/30/40	Atlantis	459.59	1178.85	459.59	919.18	924.24	1414.62
<b>POS PLANS</b>										
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	415.56	1065.91	415.56	831.12	835.69	1279.09
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	429.91	1102.72	429.91	859.82	864.55	1323.26
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	440.98	1131.11	440.98	881.96	886.81	1357.34
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	544.29	1396.10	544.29	1088.58	1094.57	1675.32
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	517.88	1328.36	517.88	1035.76	1041.46	1594.03
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	597.00	1531.31	597.00	1194.00	1200.57	1837.57

Rates are subject to NYS Insurance Department Approval

NOTE: Atlantis POS plans are available for Renewals only.