

TRADITIONAL
RENEWAL RATES (existing groups)

3rd QUARTER 2010

DATED: 5/12/10

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

RATE SHEET PLAN #	EMBLEM HEALTH (formerly GHI renewals)		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)
COST SHARING											
1	CS PPO 30/2000		No Referral	\$0 Generic \$50 Ded, Brand \$30, Non Pref \$50 Annual Retail Max \$1,000 Mail Order Unlimited	National	656.44	1907.87	656.44	1575.47	1218.21	1974.32
	<u>In Network</u> \$30 Copay - Annual Ded for hospital based services \$1000/3000 90% to \$500/1500 OOP \$0 Copay Children	<u>Out of Network</u> \$2000/6000 Annual Deductible 70% to \$1500/4500 OOP									
2	CS PPO 30/2000A		No Referral	\$0 Generic \$50 Ded, Brand \$30, Non Pref \$50 Annual Retail Max \$3,000 Mail Order Unlimited	National	678.17	1970.89	678.17	1627.63	1258.40	2039.52
	<u>In Network</u> \$30 Copay - Annual Ded for hospital based services \$1000/3000 90% to \$500/1500 OOP \$0 Copay Children	<u>Out of Network</u> \$2000/6000 Annual Deductible 70% to \$1500/4500 OOP									
NON COST SHARING											
3	PPO 30/1000G (2 tier available for existing enrollees only)		No Referral	\$0 Generic \$50 Ded, Brand \$25, Non Pref \$40 Annual Retail Max \$3,000 Mail Order Unlimited	National	869.88	2526.84	868.88	2087.72	1613.06	2522.89
	<u>In Network</u> \$30 Copay \$0 Copay Children \$500 Hospital Copay	<u>Out of Network</u> \$1000/3000 Annual Deductible 70% to \$3000/9000 OOP									
4	PPO 20/500 (2 tier available for existing enrollees only)		No Referral	\$0/25/40	National	1297.25	3766.23	1297.25	3113.40	2403.68	3896.74
	<u>In Network</u> \$20 Copay \$0 Copay Children No Hospital Copay	<u>Out of Network</u> \$500/1500 Annual Deductible 80% to \$2000/6000 OOP									

Rates are subject to NYS Insurance Department approval.

NOTES:

All GHI prescriptions are Voluntary Home Delivery and are NO LONGER mandatory generic.