

**TRADITIONAL
RENEWAL RATES (existing groups)**

DATED: 5/11/10

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 #	HIP Plans with VYTRA Premium Network										
	COPAY		Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
HMO PLANS											
DIRECT ACCESS HMO PLANS											
1	HMO 20 \$20 Copay \$250 Hospital Copay		No Referral	\$10/20/50	Vytra Premium	751.69	2091.97	751.69	1804.06	1411.47	2288.92
2	HMO 15 \$15 Copay \$250 Hospital Copay		No Referral	\$10/20/50	Vytra Premium	762.75	2122.76	762.75	1830.62	1432.26	2322.60
3	HMO 10 \$10 Copay No Hospital Copay		No Referral	\$10/20/50	Vytra Premium	778.07	2165.40	778.07	1867.38	1461.03	2369.23
POS PLANS											
4	POS 20/1000		Referral	\$10/20/40 Covered only at participating pharmacies	Vytra Premium	770.28	2143.71	770.28	1848.67	1446.37	2345.50
	In Network \$20 Copay Hospital Copay \$250										
5	POS 15/500		Referral	\$7/15/35 Covered only at participating pharmacies	Vytra Premium	846.05	2354.59	846.05	2030.53	1588.65	2576.22
	In Network \$15 Copay No Hospital Copay										
6	POS 10/250		Referral	\$5/10/35 Covered only at participating pharmacies	Vytra Premium	976.53	2717.68	976.53	2343.69	1833.69	2973.52
	In Network \$10 Copay No Hospital Copay										

Rates are subject to NYS Insurance Department Approval

The PPO Plans utilize the PHCS network providers ONLY OUTSIDE the 10 county service area which includes: Nassau, Suffolk, Brooklyn, Bronx, Queens, Manhattan, Staten Island, Westchester, Rockland and Orange counties.

THESE BENEFIT PLANS ARE ONLY AVAILABLE FOR GROUPS WHO CURRENTLY HAVE EMPLOYEES ENROLLED IN HIP.