

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 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	SmartStart				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	EPO 15/1000 Select \$15 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	416.74	1196.95	416.74	989.88	771.23	1251.78				
6*	PPO 15/1000 Select <table border="0"> <tr> <td>In Network</td> <td>Out of Network</td> </tr> <tr> <td>\$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.</td> <td>\$1000/2000 Deductible 80% to \$3000/6000 coin max.</td> </tr> </table>	In Network	Out of Network	\$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.	\$1000/2000 Deductible 80% to \$3000/6000 coin max.	No Referral	\$15/30/50	SELECT PRIME	645.10	1859.18	645.10	1537.93	1193.69	1936.83
In Network	Out of Network													
\$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.	\$1000/2000 Deductible 80% to \$3000/6000 coin max.													
7*	PPO 30/50 1000 Select <table border="0"> <tr> <td>In Network</td> <td>Out of Network</td> </tr> <tr> <td>PCP \$30 / \$50 Specialist Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.</td> <td>\$1000/2000 Ded. 80% to \$3000/6000 coin max.</td> </tr> </table>	In Network	Out of Network	PCP \$30 / \$50 Specialist Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.	\$1000/2000 Ded. 80% to \$3000/6000 coin max.	No Referral	\$20/30/50	SELECT PRIME	582.34	1677.18	582.34	1387.31	1077.58	1748.58
In Network	Out of Network													
PCP \$30 / \$50 Specialist Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.	\$1000/2000 Ded. 80% to \$3000/6000 coin max.													
8*	PPO 25/1000 Select <table border="0"> <tr> <td>In Network</td> <td>Out of Network</td> </tr> <tr> <td>\$25 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.</td> <td>\$1000/2000 Deductible 80% to \$3000/6000</td> </tr> </table>	In Network	Out of Network	\$25 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.	\$1000/2000 Deductible 80% to \$3000/6000	No Referral	\$20/30/50	SELECT PRIME	615.06	1772.09	615.06	1465.85	1138.13	1846.75
In Network	Out of Network													
\$25 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.	\$1000/2000 Deductible 80% to \$3000/6000													
HMO PLANS														
9*	HMO SUPER VALUE \$20 Copay \$500 Hospital Copay	Referral	\$100 Deductible \$10 (Generic Only) Name Brand Discount	PRIME	528.18	1472.82	528.18	1267.64	995.71	1614.66				
10*	HMO 25/40A \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay	Referral	\$50 Deductible \$20/\$30/\$50	PRIME	550.08	1533.90	550.08	1320.21	1036.99	1681.61				
11*	HMO VALUE \$20 Copay \$500 Hospital Copay	Referral	\$50 Deductible \$7/30/50	PRIME	592.06	1650.94	592.06	1420.95	1116.13	1809.94				
12*	HMO 20 \$20 Copay \$250 Hospital Copay	Referral	\$50 Deductible \$7/30/50	PRIME	613.13	1709.72	613.13	1471.51	1155.86	1874.35				
13*	HMO 5 \$5 Copay No Hospital Copay	Referral	\$7/30/50	PRIME	644.05	1795.92	644.05	1545.71	1214.12	1968.86				
14*	HMO 15 \$15 Copay No Hospital Copay	Referral	\$7/30/50	PRIME	630.50	1758.14	630.50	1513.19	1188.59	1927.44				
15*	HMO 10 \$10 Copay No Hospital Copay	Referral	\$7/30/50	PRIME	638.82	1781.36	638.82	1533.16	1204.26	1952.87				
POS PLANS														
16	POS 20/1000 <table border="0"> <tr> <td>In Network</td> <td>Out of Network</td> </tr> <tr> <td>\$20 Copay \$250 Hospital Copay</td> <td>\$1000/2000 Deductible 70% to \$2000/\$4000 OOP</td> </tr> </table>	In Network	Out of Network	\$20 Copay \$250 Hospital Copay	\$1000/2000 Deductible 70% to \$2000/\$4000 OOP	Referral	\$7/30/50	PRIME	710.96	1982.53	710.96	1706.30	1340.24	2173.41
In Network	Out of Network													
\$20 Copay \$250 Hospital Copay	\$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.