

REVISED RELEASE DATE: 11/19/10



**TRADITIONAL
NEW BUSINESS RATES**

**4th QUARTER 2010
DECEMBER**

DATED: 8/16/10

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

RATE SHEET PLAN #	ATLANTIS									
	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
HMO PLANS										
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	375.91	964.21	375.91	751.82	755.96	1157.05
2	HMO 20A \$20 Copay \$500 Hospital Copay	No Referral	\$0 Generic Brand Name \$250 Ded \$25 Copay, Max \$2000	Atlantis	393.05	1008.17	393.05	786.10	790.42	1209.81
3	HMO 25/40 \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay	No Referral	\$0/30/50	Atlantis	409.88	1051.34	409.88	819.76	824.27	1261.61
4	HMO 20 \$20 Copay \$500 Hospital Copay	No Referral	\$20/30/40	Atlantis	419.62	1076.33	419.62	839.24	843.86	1291.59
5	HMO 25/40 Plus \$25 PCP / \$40 Specialist Copay No Hospital Copay	No Referral	\$0/30/50	Atlantis	467.02	1197.91	467.02	934.04	939.18	1437.49
6	HMO 20 Plus \$20 Copay No Hospital Copay	No Referral	\$20/30/40	Atlantis	480.32	1232.02	480.32	960.64	965.92	1478.42

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REVISED: 11/22/10 (10/13/10)

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RATE SHEET	Monthly Two Tier Rates										Monthly Four Tier Rates				
	EMBLEM HEALTH										EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)
PLAN #	COPAY		Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY				
COST SHARING															
1	CS EPO 40/1000A		No Referral	None	National	341.17	993.79	341.17	818.86	635.13	1028.74				
	\$40 Copay \$0 Copay Children	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP													
2	CS EPO 40/2000		No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	416.98	1213.16	416.98	1000.75	775.38	1256.16				
	\$40 Copay \$0 Copay Children	\$2000/6000 Annual Deductible for hospital based services with 80% to \$3,000/9,000 OOP													
3	CS EPO 40/2000A		No Referral	\$15 GENERIC ONLY	National	303.35	882.17	303.35	725.52	565.84	914.67				
	\$40 Copay \$0 Copay Children	\$2000/6000 Annual Deductible for hospital based services with 80% to \$3,000/9,000 OOP													
4	CS EPO 40/1000		No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	467.67	1360.62	467.67	1122.43	869.15	1408.22				
	\$40 Copay \$0 Copay Children	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP													
5	CS EPO 40/1000B		No Referral	\$15 GENERIC ONLY	National	354.04	1029.19	354.04	847.20	659.61	1066.73				
	\$40 Copay \$0 Copay Children	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP													
6	CS PPO 40/2000A		No Referral	\$0 Generic \$100 Ded, Brand \$25, Non Pref \$50	National	660.60	1920.06	660.60	1585.42	1226.04	1986.97				
	In Network \$40 Copay - Annual Ded for hospital based services \$1000/3000 80% to \$3000/9000 OOP \$0 Copay Children	Out of Network \$2000/6000 Annual Deductible 60% to \$6,000/18,000 OOP													
NON COST SHARING															
7	EPO 40/1000		No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	498.96	1451.38	498.96	1197.51	927.04	1502.11				
	\$40 Copay \$0 Copay Children	\$1000 Hospital Copay													
8	EPO 40/1000A		No Referral	\$15 GENERIC ONLY	National	385.33	1119.95	385.33	922.28	717.50	1160.62				
	\$40 Copay \$0 Copay Children	\$1000 Hospital Copay													
HMO- COMPREHEALTH															
9	HMO-30/50/1000		Referral	\$15 Generic Only	Comprehealth	267.83	824.07	267.83	642.77	535.11	867.76				
	\$30 PCP / \$50 Specialist Copay \$0 Copay Children	\$1000 Hospital Copay													
10	HMO-30/50/500		Referral	\$15 Generic Only	Comprehealth	297.66	915.85	297.66	714.36	594.70	964.41				
	\$30 PCP / \$50 Specialist Copay \$0 Copay Children	\$500 Hospital Copay													
11	HMO-25/40/500A		Referral	\$25 Generic/\$35 Brand	Comprehealth	338.95	1042.93	338.95	813.49	677.22	1098.21				
	\$25 PCP / \$40 Specialist Copay \$0 Copay Children	\$500 Hospital Copay													
12	HMO-25/40/500		Referral	\$0 Generic \$30 Brand	Comprehealth	410.39	1262.73	410.39	984.93	819.95	1329.67				
	\$25 PCP / \$40 Specialist Copay \$0 Copay Children	\$500 Hospital Copay													
13	HMO-20/25/200		Referral	\$15 Generic Only	Comprehealth	362.67	1115.88	362.67	870.40	724.59	1175.04				
	\$20 PCP / \$25 Specialist Copay \$0 Copay Children	\$200 Hospital Copay													

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NOTES:

- 1) EH PPO & EPO requires 50% participation in EH products (class carve-outs allowed) and a minimum of 2 participants. Participation requirement can include participation in HIP and Comprehealth.
- 2) NY Metro (Comprehealth) is a limited network.



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					EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
HIP										
COST SHARING										
1	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	331.12	1006.52	331.12	784.37	661.85	1074.51
2	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	386.67	1177.43	386.67	917.69	772.83	1254.48
3	EPO 25/1000 Select \$25 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	414.44	1262.88	414.44	984.34	828.31	1344.45
4	PPO 15/1000 Select 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.	No Referral	\$15/30/50	SELECT PRIME	666.11	2037.27	666.11	1588.38	1331.17	2159.89
POS PLANS										
5	POS 20/1000 In Network \$20 Copay \$250 Hospital Copay Out of Network \$1000/2000 Deductible 70% to \$2000/\$4000 OOP	Referral	\$7/30/50	PRIME	739.32	2,157.17	739.32	1774.35	1477.14	2395.40

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