

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 # | COPAY | Referral No Ref | RX | NET WORK | Monthly Two Tier Rates | | Monthly Four Tier Rates | | | |
|---------------------|---|-----------------|----------------------------|--------------|------------------------|----------|-------------------------|------------------|----------------------|---------|
| | | | | | 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 |

Rates are subject to NYS Insurance Department Approval