

REVISED: 11/22/10 (9/9/10)

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

RATE SHEET	EMBLEM HEALTH											
	COPAY		Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILDREN	FAMILY	
	COST SHARING											
1	CS EPO 40/1000A	\$40 Copay \$0 Copay Children	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP	No Referral	None	National	341.17	993.79	341.17	818.86	635.13	1028.74
2	CS EPO 40/2000	\$40 Copay \$0 Copay Children	\$2000/6000 Annual Deductible for hospital based services with 80% to \$3,000/9,000 OOP	No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	416.98	1213.16	416.98	1000.75	775.38	1256.16
3	CS EPO 40/2000A	\$40 Copay \$0 Copay Children	\$2000/6000 Annual Deductible for hospital based services with 80% to \$3,000/9,000 OOP	No Referral	\$15 GENERIC ONLY	National	303.35	882.17	303.35	725.52	565.84	914.67
4	CS EPO 40/1000	\$40 Copay \$0 Copay Children	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP	No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	467.67	1360.62	467.67	1122.43	869.15	1408.22
5	CS EPO 40/1000B	\$40 Copay \$0 Copay Children	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP	No Referral	\$15 GENERIC ONLY	National	354.04	1029.19	354.04	847.20	659.61	1066.73
6	CS EPO 30/500	\$30 Copay \$0 Copay Children	\$500/1500 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP	No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	508.00	1476.92	508.00	1219.17	943.73	1529.17
7	CS PPO 40/2000A	<u>In Network</u> \$40 Copay - Annual Ded for hospital based services \$1000/3000 80% to \$3000/9000 OOP \$0 Copay Children	<u>Out of Network</u> \$2000/6000 Annual Deductible 60% to \$6,000/18,000 OOP	No Referral	\$0 Generic \$100 Ded, Brand \$25, Non Pref \$50	National	660.60	1920.06	660.60	1585.42	1226.04	1986.97
	NON COST SHARING											
8	EPO 40/1000	\$40 Copay \$0 Copay Children	\$1000 Hospital Copay	No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	498.96	1451.38	498.96	1197.51	927.04	1502.11
9	EPO 40/1000A	\$40 Copay \$0 Copay Children	\$1000 Hospital Copay	No Referral	\$15 GENERIC ONLY	National	385.33	1119.95	385.33	922.28	717.50	1160.62
10	EPO 30/500	\$30 Copay \$0 Copay Children	\$500 Hospital Copay	No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	579.70	1685.50	579.70	1391.27	1076.38	1744.31

TRADITIONAL
NEW BUSINESS RATES (continued)

RATE SHEET PLAN #	EMBLEM HEALTH										
	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	
HMO- COMPREHEALTH											
11	HMO-30/50/1000										
	\$30 PCP / \$50 Specialist Copay \$0 Copay Children	\$1000 Hospital Copay	Referral	\$15 Generic Only	Comprehealth	267.83	824.07	267.83	642.77	535.11	867.76
12	HMO-30/50/500										
	\$30 PCP / \$50 Specialist Copay \$0 Copay Children	\$500 Hospital Copay	Referral	\$15 Generic Only	Comprehealth	297.66	915.85	297.66	714.36	594.70	964.41
13	HMO-25/40/500A										
	\$25 PCP / \$40 Specialist Copay \$0 Copay Children	\$500 Hospital Copay	Referral	\$25 Generic/\$35 Brand	Comprehealth	338.95	1042.93	338.95	813.49	677.22	1098.21
14	HMO-25/40/500										
	\$25 PCP / \$40 Specialist Copay \$0 Copay Children	\$500 Hospital Copay	Referral	\$0 Generic \$30 Brand	Comprehealth	410.39	1262.73	410.39	984.93	819.95	1329.67
15	HMO-20/25/200										
	\$20 PCP / \$25 Specialist Copay \$0 Copay Children	\$200 Hospital Copay	Referral	\$15 Generic Only	Comprehealth	362.67	1115.88	362.67	870.40	724.59	1175.04

Rates are subject to NYS Insurance Department approval.

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.