

**TRADITIONAL
NEW BUSINESS RATES**

**4th QUARTER 2010
OCTOBER & NOVEMBER**

DATED: 8/16/10

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

RATE SHEET PLAN #	HIP										
	COPAY		Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
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		No Referral	\$15/30/50	SELECT PRIME	666.11	2037.27	666.11	1588.38	1331.17	2159.89
	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.									
POS PLANS											
5	POS 20/1000		Referral	\$7/30/50	PRIME	739.32	2,157.17	739.32	1774.35	1477.14	2395.40
	In Network \$20 Copay \$250 Hospital Copay	Out of Network \$1000/2000 Deductible 70% to \$2000/\$4000 OOP									

Rates are subject to NYS Insurance Department Approval