

**TRADITIONAL
RENEWAL RATES**

4th QUARTER 2010

**DECEMBER
REVISED**

DATED: 12/3/10 (11/22/10) (10/13/10) (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 +CHILD(ren)	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 Mail Order Unlimited	National	354.04	1029.19	354.04	847.20	659.61	1066.73
6	CS EPO 30/1000		\$30 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	485.15	1411.22	485.15	1164.35	904.46	1460.63
7	CS EPO 30/500 (Available for existing enrollees only)		\$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
8	CS PPO 40/2000		<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 Brand \$25, Non Pref \$50	National	669.59	1946.18	669.59	1607.04	1242.70	2013.99
9	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													
10	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
11	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
12	EPO 30/1000A		\$30 Copay \$0 Copay Children	\$1000 Hospital Copay	No Referral	\$15 GENERIC ONLY	National	421.56	1224.98	421.56	1009.21	784.51	1269.30

TRADITIONAL
RENEWAL RATES (continued)

4th QUARTER 2010
DECEMBER
REVISED

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	
NON COST SHARING (continued)											
13	EPO 30/1000		No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	535.19	1556.41	535.19	1284.44	994.05	1610.79
	\$30 Copay	\$1000 Hospital Copay									
	\$0 Copay Children										
14	EPO 30/500 (Available for existing enrollees)		No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	579.70	1685.50	579.70	1391.27	1076.38	1744.31
	\$30 Copay	\$500 Hospital Copay									
	\$0 Copay Children										
15	EPO 20 (existing enrollees only)		No Referral	\$0/30/50	National	769.83	2236.83	769.83	1847.56	1428.11	2314.67
	\$20 Copay	\$0 Hospital Copay									
	\$0 Copay Children										
16	PPO 25/1000 (2 tier available for existing enrollees only)		No Referral	\$0/25/40	National	1034.11	3003.30	1034.11	2481.90	1916.86	3107.57
	In Network \$25 Copay	Out of Network \$1000/3000 Annual Deductible 70% to \$3000/9000 OOP									
	\$0 Copay Children										
	\$500 Hospital Copay										
17	PPO 30/1000 (2 tier available for existing enrollees only)		No Referral	\$0 Generic \$100 Ded, Brand 25, Non Pref \$50	National	815.43	2369.07	815.43	1957.00	1512.45	2451.46
	In Network \$30 Copay	Out of Network \$1000/3000 Annual Deductible 70% to \$3000/9000 OOP									
	\$0 Copay Children										
	\$500 Hospital, \$250 Amb										
HMO- COMPREHEALTH											
18	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	\$1000 Hospital Copay									
	\$0 Copay Children										
19	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	\$500 Hospital Copay									
	\$0 Copay Children										
20	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	\$500 Hospital Copay									
	\$0 Copay Children										
21	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	\$500 Hospital Copay									
	\$0 Copay Children										
22	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	\$200 Hospital Copay									
	\$0 Copay Children										

Rates are subject to NYS Insurance Department approval.

NOTES:

- 1) EH plans with prescription retail maximums are no longer available and have been replaced with corresponding plans without retail maximums.
- 2) NY Metro (Comprehealth) is a limited network.
- 3) Existing enrollees ONLY can renew into Plan (#15 EPO 20).
- 4) Non Cost Sharing PPO Plans (#16 PPO 25/1000 and #17 PPO 30/1000A) are no longer available with 2-Tier rates EXCEPT for existing enrollees.