

RENEWAL RATES (existing groups)

DATED: 8/17/10

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

| RATE SHEET PLAN # | HIP | 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 | |
| COST SHARING | | | | | | | | | | | | |
| 1 | EPO 25 SMART START (Limited Hospital Based Network) \$25 Copay Hospital Copay \$250 1st two days, then \$100 per day, Max \$1400 per stay; Annual Benefit Max \$100,000 per individual Lifetime Max \$500,000 per individual | No Referral | NONE | SmartStart | | | 395.06 | 948.14 | 789.33 | 1280.00 | | |
| 2 | 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 | | |
| 3 | 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 | | |
| 4 | 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 | | |
| 5 | EPO 15/1000 Select \$15 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max. | No Referral | \$20/30/50 | SELECT PRIME | 431.99 | 1316.88 | 431.99 | 1026.46 | 863.38 | 1401.31 | | |
| 6* | PPO 15/1000 Select <table border="0"> <tr> <td>In Network \$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.</td> <td>Out of Network \$1000/2000 Deductible 80% to \$3000/6000 coin max.</td> </tr> </table> | 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 |
| 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. | | | | | | | | | | | |
| 7* | PPO 30/50 1000 Select <table border="0"> <tr> <td>In Network PCP \$30 / \$50 Specialist Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.</td> <td>Out of Network \$1000/2000 Ded. 80% to \$3000/6000 coin max.</td> </tr> </table> | In Network PCP \$30 / \$50 Specialist Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max. | Out of Network \$1000/2000 Ded. 80% to \$3000/6000 coin max. | No Referral | \$20/30/50 | SELECT PRIME | 603.15 | 1843.53 | 603.15 | 1437.26 | 1205.36 | 1955.88 |
| In Network PCP \$30 / \$50 Specialist Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max. | Out of Network \$1000/2000 Ded. 80% to \$3000/6000 coin max. | | | | | | | | | | | |
| 8* | PPO 25/1000 Select <table border="0"> <tr> <td>In Network \$25 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.</td> <td>Out of Network \$1000/2000 Deductible 80% to \$3000/6000</td> </tr> </table> | In Network \$25 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max. | Out of Network \$1000/2000 Deductible 80% to \$3000/6000 | No Referral | \$20/30/50 | SELECT PRIME | 635.50 | 1943.06 | 635.50 | 1514.90 | 1269.99 | 2060.69 |
| In Network \$25 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max. | Out of Network \$1000/2000 Deductible 80% to \$3000/6000 | | | | | | | | | | | |
| HMO PLANS | | | | | | | | | | | | |
| 9* | HMO SUPER VALUE \$20 Copay \$500 Hospital Copay | Referral | \$100 Deductible \$10 (Generic Only) Name Brand Discount | PRIME | 548.44 | 1600.19 | 548.44 | 1316.25 | 1095.79 | 1776.95 | | |
| 10* | HMO 25/40A \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay | Referral | \$50 Deductible \$20/\$30/\$50 | PRIME | 570.89 | 1665.69 | 570.89 | 1370.12 | 1140.62 | 1849.67 | | |
| 11* | HMO VALUE \$20 Copay \$500 Hospital Copay | Referral | \$50 Deductible \$7/30/50 | PRIME | 613.93 | 1791.25 | 613.93 | 1473.42 | 1226.63 | 1989.12 | | |
| 12* | HMO 20 \$20 Copay \$250 Hospital Copay | Referral | \$50 Deductible \$7/30/50 | PRIME | 635.00 | 1852.75 | 635.00 | 1523.98 | 1268.74 | 2057.39 | | |
| 13* | HMO 5 \$5 Copay No Hospital Copay | Referral | \$7/30/50 | PRIME | 666.72 | 1945.30 | 666.72 | 1600.11 | 1332.09 | 2160.17 | | |
| 14* | HMO 15 \$15 Copay No Hospital Copay | Referral | \$7/30/50 | PRIME | 652.63 | 1904.20 | 652.63 | 1566.30 | 1303.96 | 2114.52 | | |
| 15* | HMO 10 \$10 Copay No Hospital Copay | Referral | \$7/30/50 | PRIME | 661.19 | 1929.18 | 661.19 | 1586.84 | 1321.06 | 2142.26 | | |
| POS PLANS | | | | | | | | | | | | |
| 16 | POS 20/1000 <table border="0"> <tr> <td>In Network \$20 Copay \$250 Hospital Copay</td> <td>Out of Network \$1000/2000 Deductible 70% to \$2000/\$4000 OOP</td> </tr> </table> | 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 | 2157.17 | 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

NOTE: Super Value HMO/EPO Prescription benefit is \$10 Mandatory Generic with a value added feature - Discount for Brand Name Drugs through participating pharmacies.

* THE 10 PLANS ABOVE WITH AN * ARE ONLY AVAILABLE FOR GROUPS WHO CURRENTLY HAVE EMPLOYEES ENROLLED IN HIP.