

TRADITIONAL
RENEWAL RATES (existing groups)

4th QUARTER 2010
OCTOBER & NOVEMBER
REVISED

DATED: 11/2210 (9/3/10)

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

RATE SHEET PLAN #	EMBLEM HEALTH (formerly GHI renewals)										
	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	CS PPO 30/2000 <u>In Network</u> \$30 Copay - Annual Ded for hospital based services \$1000/3000 90% to \$500/1500 OOP \$0 Copay Children <u>Out of Network</u> \$2000/6000 Annual Deductible 70% to \$1500/4500 OOP	No Referral	\$0 Generic \$100 Ded, Brand \$25, Non Pref \$50	National	750.35	2180.34	750.35	1800.83	1392.07	2256.22	
2	CS PPO 30/2000A <u>In Network</u> \$30 Copay - Annual Ded for hospital based services \$1000/3000 90% to \$500/1500 OOP \$0 Copay Children <u>Out of Network</u> \$2000/6000 Annual Deductible 70% to \$1500/4500 OOP	No Referral	\$0 Generic Brand \$25, Non Pref \$50	National	759.34	2206.46	759.34	1822.45	1408.73	2283.24	
NON COST SHARING											
3	PPO 30/1000G (2 tier available for existing enrollees only) <u>In Network</u> \$30 Copay \$0 Copay Children \$500 Hospital Copay <u>Out of Network</u> \$1000/3000 Annual Deductible 70% to \$3000/9000 OOP	No Referral	\$0 Generic \$100 Ded, Brand \$25, Non Pref \$50	National	888.64	2581.38	888.64	2132.72	1647.91	2671.10	
4	PPO 20/500 (2 tier available for existing enrollees only) <u>In Network</u> \$20 Copay \$0 Copay Children No Hospital Copay <u>Out of Network</u> \$500/1500 Annual Deductible 80% to \$2000/6000 OOP	No Referral	\$0/25/40	National	1359.32	3946.42	1359.32	3262.37	2518.66	4083.18	

Rates are subject to NYS Insurance Department approval.

NOTES:

EH plans with prescription retail maximums are no longer available and have been replaced with corresponding plans without retail maximums.