LIA Health Alliance
New York's Health Insurance Exchange

TRADITIONAL

RENEWAL RATES

REVISED
4th QUARTER 2010

OCTOBER & NOVEMBER

DATED: **REVISED 12/3/10** (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 PLAN #					Monthly Two Tier Rates		Monthly Four Tier Rates			
	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** / **$1000/3000 Annual Deductible** **$0 Copay Children** / **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** / **$2000/6000 Annual Deductible** **$0 Copay Children** / **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** / **$2000/6000 Annual Deductible** **$0 Copay Children** / **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** / **$1000/3000 Annual Deductible** **$0 Copay Children** / **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** / **$1000/3000 Annual Deductible** **$0 Copay Children** / **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 30/1000** **$30 Copay** / **$1000/3000 Annual Deductible** **$0 Copay Children** / **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** **$30 Copay** / **$500/1500 Annual Deductible** **$0 Copay Children** / **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** **In Network** / **Out of Network** **$40 Copay - Annual Ded** / **$2000/6000 Annual Deductible** **for hospital based services** / **60% to $6,000/18,000 OOP** **$1000/3000 80% to $3000/9000 OOP** **$0 Copay Children**	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** **In Network** / **Out of Network** **$40 Copay - Annual Ded** / **$2000/6000 Annual Deductible** **for hospital based services** / **60% to $6,000/18,000 OOP** **$1000/3000 80% to $3000/9000 OOP** **$0 Copay Children**	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** / **$1000 Hospital Copay** **$0 Copay Children**	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** / **$1000 Hospital Copay** **$0 Copay Children**	No Referral	**$15 GENERIC ONLY**	National	385.33	1119.95	385.33	922.28	717.50	1160.62
12	**EPO 30/1000A** **$30 Copay** / **$1000 Hospital Copay** **$0 Copay Children**	No Referral	**$15 GENERIC ONLY**	National	421.56	1224.98	421.56	1009.21	784.51	1269.30

RATE SHEET PLAN #	EMBLEM HEALTH					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
	NON COST SHARING (continued)									
13	**EPO 30/1000** **$30 Copay** **$1000 Hospital Copay** **$0 Copay Children**	No Referral	**$0 Generic** **Brand $30, Non Pref $50**	National	535.19	1556.41	535.19	1284.44	994.05	1610.79
14	**EPO 30/500** **$30 Copay** **$500 Hospital Copay** **$0 Copay Children**	No Referral	**$0 Generic** **Brand $30, Non Pref $50**	National	579.70	1685.50	579.70	1391.27	1076.38	1744.31
15	**EPO 20 (existing enrollees only)** **$20 Copay** **$0 Hospital Copay** **$0 Copay Children**	No Referral	**$0/30/50**	National	769.83	2236.83	769.83	1847.56	1428.11	2314.67
16	**PPO 25/1000 (2 tier available for existing enrollees only)** **In Network** **Out of Network** **$25 Copay** **$1000/3000 Annual Deductible** **$0 Copay Children** **70% to $3000/9000 OOP** **$500 Hospital Copay**	No Referral	**$0/25/40**	National	1034.11	3003.3	1034.11	2481.90	1916.86	3107.57
17	**PPO 30/1000 * (2 tier available for existing enrollees only)** **In Network** **Out of Network** **$30 Copay** **$1000/3000 Annual Deductible** **$0 Copay Children** **70% to $3000/9000 OOP** **$500 Hospital, $250 Amb.**	No Referral	**$0 Generic** **$100 Ded, Brand 25, Non Pref $50**	National	815.43	2369.07	815.43	1957.00	1512.45	2451.46
	HMO- COMPREHEALTH									
18	**HMO-30/50/1000** **$30 PCP / $50 Specialist Copay** **$1000 Hospital Copay** **$0 Copay Children**	Referral	**$15 Generic Only**	Comprehealth	267.83	824.07	267.83	642.77	535.11	867.76
19	**HMO-30/50/500** **$30 PCP / $50 Specialist Copay** **$500 Hospital Copay** **$0 Copay Children**	Referral	**$15 Generic Only**	Comprehealth	297.66	915.85	297.66	714.36	594.70	964.41
20	**HMO-25/40/500A** **$25 PCP / $40 Specialist Copay** **$500 Hospital Copay** **$0 Copay Children**	Referral	**$25 Generic/$35 Brand**	Comprehealth	338.95	1042.93	338.95	813.49	677.22	1098.21
21	**HMO-25/40/500** **$25 PCP / $40 Specialist Copay** **$500 Hospital Copay** **$0 Copay Children**	Referral	**$0 Generic** **$30 Brand**	Comprehealth	410.39	1262.73	410.39	984.93	819.95	1329.67
22	**HMO-20/25/200** **$20 PCP / $25 Specialist Copay** **$200 Hospital Copay** **$0 Copay Children**	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 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.**