

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.											
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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.