

TRADITIONAL  
NEW BUSINESS RATES

DATED: 8/16/10

Please visit our web site, [www.LIAHealthAlliance.com](http://www.LIAHealthAlliance.com), and read the benefit summaries before finalizing your selections.

RATE SHEET PLAN #	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
<b>HIP</b>										
<b>COST SHARING</b>										
1	<b>EPO 30/50 1000A Select</b> \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services 90% coin, \$1000 coin max.	No Referral	<b>\$15 (Generic Only)</b>	SELECT PRIME	331.12	1006.52	331.12	784.37	661.85	1074.51
2	<b>EPO 30/50 1000 Select</b> \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services 90% coin, \$1000 coin max.	No Referral	<b>\$20/30/50</b>	SELECT PRIME	386.67	1177.43	386.67	917.69	772.83	1254.48
3	<b>EPO 25/1000 Select</b> \$25 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max.	No Referral	<b>\$20/30/50</b>	SELECT PRIME	414.44	1262.88	414.44	984.34	828.31	1344.45
4	<b>PPO 15/1000 Select</b> <b>In Network</b> \$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max. <b>Out of Network</b> \$1000/2000 Deductible 80% to \$3000/6000 coin max.	No Referral	<b>\$15/30/50</b>	SELECT PRIME	666.11	2037.27	666.11	1588.38	1331.17	2159.89
<b>POS PLANS</b>										
5	<b>POS 20/1000</b> <b>In Network</b> \$20 Copay \$250 Hospital Copay <b>Out of Network</b> \$1000/2000 Deductible 70% to \$2000/\$4000 OOP	Referral	<b>\$7/30/50</b>	PRIME	739.32	2,157.17	739.32	1774.35	1477.14	2395.40

Rates are subject to NYS Insurance Department Approval