

TRADITIONAL  
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			
<b>COST SHARING</b>														
1	<b>EPO 25 SMART START (Limited Hospital Based Network)</b> \$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	<b>EPO 30/50 1000A Select</b> \$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	<b>EPO 30/50 1000 Select</b> \$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	<b>EPO 25/1000 Select</b> \$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	<b>EPO 15/1000 Select</b> \$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*	<b>PPO 15/1000 Select</b> <table border="0"> <tr> <td><b>In Network</b></td> <td><b>Out of Network</b></td> </tr> <tr> <td>\$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.</td> <td>\$1000/2000 Deductible 80% to \$3000/6000 coin max.</td> </tr> </table>	<b>In Network</b>	<b>Out of Network</b>	\$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.	\$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
<b>In Network</b>	<b>Out of Network</b>													
\$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.	\$1000/2000 Deductible 80% to \$3000/6000 coin max.													
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<b>In Network</b>	<b>Out of Network</b>													
PCP \$30 / \$50 Specialist Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.	\$1000/2000 Ded. 80% to \$3000/6000 coin max.													
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<b>In Network</b>	<b>Out of Network</b>													
\$25 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max.	\$1000/2000 Deductible 80% to \$3000/6000													
<b>HMO PLANS</b>														
9*	<b>HMO SUPER VALUE</b> \$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*	<b>HMO 25/40A</b> \$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*	<b>HMO VALUE</b> \$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*	<b>HMO 20</b> \$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*	<b>HMO 5</b> \$5 Copay No Hospital Copay	Referral	\$7/30/50	PRIME	666.72	1945.30	666.72	1600.11	1332.09	2160.17				
14*	<b>HMO 15</b> \$15 Copay No Hospital Copay	Referral	\$7/30/50	PRIME	652.63	1904.20	652.63	1566.30	1303.96	2114.52				
15*	<b>HMO 10</b> \$10 Copay No Hospital Copay	Referral	\$7/30/50	PRIME	661.19	1929.18	661.19	1586.84	1321.06	2142.26				
<b>POS PLANS</b>														
16	<b>POS 20/1000</b> <table border="0"> <tr> <td><b>In Network</b></td> <td><b>Out of Network</b></td> </tr> <tr> <td>\$20 Copay \$250 Hospital Copay</td> <td>\$1000/2000 Deductible 70% to \$2000/\$4000 OOP</td> </tr> </table>	<b>In Network</b>	<b>Out of Network</b>	\$20 Copay \$250 Hospital Copay	\$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
<b>In Network</b>	<b>Out of Network</b>													
\$20 Copay \$250 Hospital Copay	\$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.