



A UnitedHealthcare Company

## Sole Proprietors



## 2011 4th Quarter Rates

	Oxford PLAN 1 Direct	Oxford PLAN 2 Exclusive Metro EPO	Oxford PLAN 3 Direct HSA	Oxford PLAN 4 Exclusive EPO HSA
<b>NETWORK</b>	<b>LIBERTY</b>	<b>LIBERTY</b>	<b>FREEDOM</b>	<b>FREEDOM</b>
Office Visit Copayment	\$30/\$50	\$25/\$50	D&C	D&C
In-network Deductible	\$2,000/\$5,000	\$2,000/\$5,000	\$2,850/\$5,700	\$2,000/\$4,000
In-network Coinsurance	20% to \$10K	10% to \$10K	10% to \$10K	100%
Out-of-network Deductible	\$2000/\$5,000	In-network Only	\$2850/\$5,700	In-network Only
Out-of-network Coinsurance	40% to \$10K	In-network Only	30% to \$10K	In-network Only
Hospital Inpatient	Ded. & Coinsurance	Ded. & Coinsurance	Ded. & Coinsurance	Ded. & Coinsurance
Outpatient Surgery	Ded. & Coinsurance	Ded. & Coinsurance	Ded. & Coinsurance	Ded. & Coinsurance
Pharmacy	\$15/50% w/\$100 Tier 2 deductible	\$15/50% w/\$100 Tier 2 deductible	\$15/50%	\$15/50%
<b>RATES FOR COUNTIES:</b> Manhattan, Richmond, Bronx & Suffolk Counties				
Single	629.11	514.96	536.18	544.70
Parent / Child(ren)	1,155.24	943.85	983.31	998.87
Husband / Wife	1,366.04	1,114.92	1,161.60	1,180.34
Family	1,962.51	1,571.46	1,668.85	1,663.64
<b>MENTAL HEALTH RIDER</b> Unlimited Biologically Based Mental Health Services				
Single	5.11	2.86	4.24	2.96
Parent / Child(ren)	9.46	5.29	7.85	5.46
Husband / Wife	11.24	6.31	9.33	649
Family	16.14	8.87	13.40	9.16
<b>DEPENDENT AGE 29 RIDER</b>				
Parent / Child(ren)	64.96	52.92	64.96	52.92
Family	69.61	53.64	69.61	53.64
<b>RATES FOR COUNTIES:</b> Kings, Queens & Nassau Counties				
Single	644.19	527.27	551.82	560.59
Parent / Child(ren)	1,183.13	966.62	1,012.25	1,028.28
Husband / Wife	1,399.21	1,141.99	1,196.00	1,215.31
Family	2,010.16	1,609.61	1,718.27	1,712.91
<b>MENTAL HEALTH RIDER</b> Unlimited Biologically Based Mental Health Services				
Single	5.27	2.94	4.38	3.04
Parent / Child(ren)	9.74	5.46	8.09	5.63
Husband / Wife	11.00	6.48	9.62	6.69
Family	16.65	9.14	13.82	9.42
<b>DEPENDENT AGE 29 RIDER</b>				
Parent / Child(ren)	64.96	52.92	64.96	52.92
Family	69.61	53.64	69.61	53.64

"LIAHA has added a charge of \$15 that is in addition to your monthly premium and is charged as compensation to LIAHA for administrative services it provides on your behalf in accordance with the terms of your LIAHA Membership Enrollment Agreement."

Dated: 8/31/11