



CONSUMER DRIVEN  
NEW BUSINESS RATES

DATED: 11/22/10

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

RATE SHEET PLAN #	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
<b>HSA HIGH DEDUCTIBLE EPO PLANS</b>											
1	<b>EPO 3000 100% INDEXED*</b>										
	<u>In Network</u> Deductible \$3,000/\$5,950 100%	No Referral	Covered in full after deductible	National		336.97	977.23	336.97	808.72	623.4	1010.91
2	<b>EPO 5800 100% INDEXED*</b>										
	<u>In Network</u> Deductible \$5,800/\$11,600 100%	No Referral	Covered in full after deductible	National		247.14	716.71	247.14	593.15	457.22	741.42
<b>HSA HIGH DEDUCTIBLE PPO PLANS WITH SHARED DEDUCTIBLES</b>											
5	<b>PPO 2500/100%</b>										
	<u>In Network</u> Deductible \$2500/\$5000 100%	<u>Out of Network</u> Deductible \$5,000/\$10,000 80% Coinsurance \$7,000/\$14,000 OOP Max	No Referral	Covered in full after deductible	National	504.99	1464.48	504.99	1211.97	934.24	1514.97

Rates are subject to NYS Insurance Department Approval.

**NOTES:**

EH PPO & EPO requires 50% participation in EH products (class carve-outs allowed) and a minimum of 2 participating employees. Participation requirements can include participation in HIP and Comprehealth.

\* INDEXED - deductible and out of pocket max will increase in January according to IRS guidelines.