

**CONSUMER DRIVEN
RENEWAL RATES**

DATED: 12/15/10 (12/13/10)

Please visit our web site, 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	
HSA HIGH DEDUCTIBLE EPO PLANS											
1	EPO 1200 80% INDEXED* <u>In Network</u> Deductible \$1200/\$2400 80% Coinsurance \$3,700/7400 OOP	No Referral	Subject to plan deductible RX \$0/\$20/\$40 Retail \$0/\$40/\$80 Mail Order	National	459.39	1332.50	459.49	1102.75	850.05	1378.44	
2	EPO 2500 70% <u>In Network</u> Deductible \$2500/\$5000 70% Coinsurance \$4750/\$9500 OOP	No Referral	Subject to plan deductible RX \$0/\$20/\$40 Retail \$0/\$40/\$80 Mail Order	National	323.88	939.28	323.88	777.35	599.20	971.68	
3	EPO 3000 100% INDEXED* <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	623.40	1010.91	
4	EPO 5800 100% INDEXED* <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	
5	EPO 1500 100% INDEXED* <u>In Network</u> Deductible \$1500/\$3000 100%	No Referral	Covered in full after deductible	National	491.23	1424.58	491.23	1178.95	908.78	1473.69	
NON HSA HIGH DEDUCTIBLE EPO PLAN											
6	EPO 10,000 100% <u>In Network</u> EPO \$10,000-Non HSA Deductible \$10,000/\$20,000 100%	No Referral	Covered in full after deductible	National	170.76	495.200	170.76	409.80	315.89	512.27	
HSA HIGH DEDUCTIBLE PPO PLANS WITH SHARED DEDUCTIBLES											
7	PPO 1200 80% INDEXED* <u>In Network</u> Deductible \$1200/\$2400 80% Coinsurance \$3150/\$6300 OOP	<u>Out of Network</u> Deductible \$2200/\$4400 60% Coinsurance \$,200/\$12,400 OOP	No Referral	Subject to plan deductible \$0/\$20/\$40 Retail \$0/\$40/\$80 Mail Order (voluntary)	National	574.07	1664.83	574.07	1377.79	1062.04	1722.21
8	PPO 2500 100% <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
9	PPO 2500 80% <u>In Network</u> Deductible \$2500/\$5000 80% Coinsurance \$4500/\$9000 OOP	<u>Out of Network</u> Deductible \$5,000/\$10,000 60% Coinsurance \$9,000/\$18,000 OOP	No Referral	Covered in full after deductible	National	451.37	1308.94	451.37	1083.25	835.01	1354.07
10	PPO 5000 100% <u>In Network</u> Deductible \$5000/\$10000 100% to \$5000/\$10,000 oop Max	<u>Out of Network</u> Deductible \$10,000/\$20,000 80% to \$12,000/\$24,000 OOP Max	No Referral	Covered in full after deductible	National	334.77	970.82	334.77	803.44	619.32	1004.31

Rates are subject to NYS Insurance Department Approval.

NOTES:

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

Plan #1 EPO 1200 80% available for existing enrollees only.