



CONSUMER DRIVEN
NEW BUSINESS RATES

DATED: 3/1/11

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 3000 100% INDEXED*										
	<u>In Network</u> Deductible \$3,000/\$5,950 100%	No Referral	Covered in full after deductible	National		367.30	1065.18	367.3	881.5	679.51	1101.89
2	EPO 5800 100% INDEXED*										
	<u>In Network</u> Deductible \$5,800/\$11,600 100%	No Referral	Covered in full after deductible	National		269.38	781.21	269.38	646.53	498.37	808.15
HSA HIGH DEDUCTIBLE PPO PLANS WITH SHARED DEDUCTIBLES											
5	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	550.44	1596.28	550.44	1321.05	1018.32	1651.32

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.