

RELEASE DATE: 3/4/11



2nd QUARTER 2011

CONSUMER DRIVEN
RENEWAL RATES

DATED: 2/10/11

Please visit our web site, www.LIAHealthAlliance.com, and read the benefit summaries before finalizing your selections.

SHEET PLAN #		ATLANTIS			MONTHLY 4 TIER RATES					
		COPAY	Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY	
1		POS 20/2000 HRA Option #1								
		<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$0 Generic Only	Atlantis	485.98	971.96	977.31	1495.85
2		POS 20/2000 HRA Option #2								
		<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$250 Deductible \$7/30/50	Atlantis	505.72	1011.44	1017.00	1556.61
3		POS 20/2000 HRA Option #3								
		<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$100 Deductible \$7/30/50	Atlantis	514.17	1028.34	1034.00	1582.62
4		POS 20/2000 HRA Option #4								
		<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$7/30/50	Atlantis	522.03	1044.06	1049.80	1606.81

Note:

The Rates contained in this document have been filed with the NYS Insurance Department but have not received final approval and therefore are subject to change.

Atlantis POS Rates are available for Renewals Only.

The above rates include adjustments for Health Care Reform (PPACA).