

**CONSUMER DRIVEN
RENEWAL 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 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	489.12	1418.41	489.12	1173.85	904.85	1467.31
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	353.03	1023.82	353.03	847.31	653.13	1059.13
3	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	881.50	679.51	1101.89
4	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
5	EPO 1500 100% INDEXED* <u>In Network</u> Deductible \$1500/\$3000 100%	No Referral	Covered in full after deductible	National	535.44	1552.79	535.44	1285.06	990.57	1606.32
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	186.13	539.770	186.13	446.68	344.32	558.37
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 RX \$0/\$20/\$40 Retail \$0/\$40/\$80 Mail Order (voluntary)	National	625.74	1814.66	625.74	1501.79	1157.62 1877.21
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	550.44	1596.28	550.44	1321.05	1018.32 1651.32
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	491.99	1426.74	491.99	1180.74	910.16 1475.94
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	364.90	1058.19	364.90	875.75	675.06 1094.70

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.