

RELEASE DATE: 7/8/11



**3rd QUARTER 2011**  
**July - August - September**

**CONSUMER DRIVEN  
 RENEWAL RATES**

DATED: 5/5/11

Please visit our web site, [www.LIAHealthAlliance.com](http://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
1	<b>POS 20/2000 HRA Option #1</b>								
	<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	<b>\$0 Generic Only</b>	Atlantis	485.98	971.96	977.31	1495.85
2	<b>POS 20/2000 HRA Option #2</b>								
	<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	<b>\$250 Deductible \$7/30/50</b>	Atlantis	505.72	1011.44	1017.00	1556.61
3	<b>POS 20/2000 HRA Option #3</b>								
	<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	<b>\$100 Deductible \$7/30/50</b>	Atlantis	514.17	1028.34	1034.00	1582.62
4	<b>POS 20/2000 HRA Option #4</b>								
	<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	<b>\$7/30/50</b>	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).