

**CONSUMER DRIVEN
RENEWAL RATES**

DATED: 12/1/11

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

RATE SHEET PLAN #					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	397.27	1,152.10	397.27	953.43	734.96	1,191.81	
2	EPO 5800 100% INDEXED*										
	<u>In Network</u> Deductible \$5,800/\$11,600 100%	No Referral	Covered in full after deductible	National	291.37	844.96	291.37	699.29	539.03	874.10	

Rates are subject to NYS Insurance Department Approval.

NOTES:

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