

RELEASE DATE: 1/24/11



**TRADITIONAL
NEW BUSINESS RATES**

1st QUARTER 2011

DATED: 1/24/11

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

RATE SHEET PLAN #	ATLANTIS									
	COPAY	Referral No Ref	RX	Net Work	Monthly Two Tier Rates		Monthly Four Tier Rates			
					EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
HMO PLANS										
1	HMO 25/40A \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay	No Referral	\$0 Generic	Atlantis	380.63	976.32	380.63	761.26	765.45	1171.58
2	HMO 20A \$20 Copay \$500 Hospital Copay	No Referral	\$0 Generic	Atlantis	397.77	1020.28	397.77	795.54	799.92	1224.34
3	HMO 25/40 \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay	No Referral	\$0/30/50	Atlantis	415.46	1065.65	415.46	830.92	835.49	1278.79
4	HMO 20 \$20 Copay \$500 Hospital Copay	No Referral	\$20/30/40	Atlantis	425.20	1090.64	425.20	850.40	855.08	1308.77
5	HMO 25/40 Plus \$25 PCP / \$40 Specialist Copay No Hospital Copay	No Referral	\$0/30/50	Atlantis	472.60	1212.22	472.60	945.20	950.40	1454.66
6	HMO 20 Plus \$20 Copay No Hospital Copay	No Referral	\$20/30/40	Atlantis	485.90	1246.33	485.90	971.80	977.14	1495.60

Rates are subject to NYS Insurance Department approval.