



1st QUARTER 2011

TRADITIONAL  
NEW BUSINESS RATES

REVISED: 1/24/11 (11/3/2010 )

Please visit our web site, [www.LIAHealthAlliance.com](http://www.LIAHealthAlliance.com), and read the benefit summaries before finalizing your selections

RATE SHEET PLAN #	HIP										
	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	
<b>COST SHARING</b>											
1	<b>EPO 30/50 1000A Select</b> PESLT2253 \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	No Referral	\$15 (Generic Only)	SELECT PRIME	331.12	976.16	331.12	784.37	636.11	1032.72	
2	<b>EPO 30/50 1000 Select</b> PESLT2254 \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	No Referral	\$20/30/50	SELECT PRIME	386.67	1141.92	386.67	917.69	742.78	1205.70	
3	<b>EPO 25/1000 Select</b> PESLT2051 \$25 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	414.44	1224.79	414.44	984.34	796.10	1292.17	
4	<b>PPO 15/1000 Select</b> PFLST5026 <b>In Network</b> \$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max. <b>Out of Network</b> \$1000/2000 Deductible 80% to \$3000/6000 coin max.	No Referral	\$15/30/50	SELECT PRIME	666.11	1975.82	666.11	1588.38	1279.40	2075.89	
5	<b>PPO 30/50 2000 Select</b> PFSLT6107 <b>In Network</b> \$30 PCP/\$50 Specialist Copay, \$2000 ded hospital based services 80% coin, \$5,000 coin max. <b>Out of Network</b> \$4000/8000 Deductible 60% coins to \$10,000/20,000 coins max.	No Referral	Not Covered	SELECT PRIME			445.36	1058.29	885.50	1388.52	
<b>POS PLANS</b>											
6	<b>POS 20/1000</b> PPSTD2363 <b>In Network</b> \$20 Copay \$250 Hospital Copay <b>Out of Network</b> \$1000/2000 Deductible 70% to \$2000/\$4000 OOP	Referral	\$7/30/50	PRIME	754.45	2,097.95	754.45	1779.30	1448.77	2349.39	

Rates are subject to NYS Insurance Department Approval