



TRADITIONAL  
RENEWAL RATES

1st QUARTER 2011

REVISED: 1/21/11 (12/3/10) (12/2/10)

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

RATE SHEET	EMBLEM HEALTH										
	COPAY		Referral No Ref	RX	NET WORK	Monthly Two Tier Rates			Monthly Four Tier Rates		
PLAN #					EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY	
<b>COST SHARING</b>											
1	<b>CS EPO 40/1000A*</b>										
	\$40 Copay \$0 Copay Children	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP	No Referral	None	National	341.17	993.79	341.17	818.86	635.13	1028.74
2	<b>CS EPO 40/1000C</b>										
	\$40 Copay \$0 Copay Children	\$1000/3000 Annual Deductible for hospital based services with 80% to \$3,000/9,000 OOP	No Referral	\$0 Generic, \$50 ded Brand \$30, Non Pref \$50 \$1,000 threshold; 50% thereafter Mail Order Unlimited	National	393.51	1145.50	393.51	944.41	731.91	1185.70
3	<b>CS EPO 40/2000B</b>										
	\$40 Copay \$0 Copay Children	\$2000/6000 Annual Deductible for hospital based services with 80% to \$3,000/9,000 OOP	No Referral	\$0 Generic, \$50 ded Brand \$30, Non Pref \$50 \$3,000 threshold; 50% thereafter Mail Order Unlimited	National	387.11	1126.98	387.11	929.09	720.11	1166.56
4	<b>CS EPO 40/2000</b>										
	\$40 Copay \$0 Copay Children	\$2000/6000 Annual Deductible for hospital based services with 80% to \$3,000/9,000 OOP	No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	416.98	1213.16	416.98	1000.75	775.38	1256.16
5	<b>CS EPO 40/2000A</b>										
	\$40 Copay \$0 Copay Children	\$2000/6000 Annual Deductible for hospital based services with 80% to \$3,000/9,000 OOP	No Referral	\$15 GENERIC ONLY	National	303.35	882.17	303.35	725.52	565.84	914.67
6	<b>CS EPO 40/1000*</b>										
	\$40 Copay \$0 Copay Children	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP	No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	467.67	1360.62	467.67	1122.43	869.15	1408.22
7	<b>CS EPO 40/1000B*</b>										
	\$40 Copay \$0 Copay Children	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP	No Referral	\$15 GENERIC ONLY	National	354.04	1029.19	354.04	847.20	659.61	1066.73
8	<b>CS EPO 30/1000*</b>										
	\$30 Copay \$0 Copay Children	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP	No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	485.15	1411.22	485.15	1164.35	904.46	1460.63
9	<b>CS EPO 30/500* (Available for existing enrollees only)</b>										
	\$30 Copay \$0 Copay Children	\$500/1500 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP	No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	508.00	1476.92	508.00	1219.17	943.73	1529.17



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RENEWAL RATES (continued)

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
<b>COST SHARING (continued)</b>										
<b>NON COST SHARING</b>										
10	EPO 40/1000 \$40 Copay \$0 Copay Children \$1000 Hospital Copay	No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	498.96	1451.38	498.96	1197.51	927.04	1502.11
11	EPO 40/1000A \$40 Copay \$0 Copay Children \$1000 Hospital Copay	No Referral	\$15 GENERIC ONLY	National	385.33	1119.95	385.33	922.28	717.50	1160.62
12	EPO 40/1000B \$40 Copay \$0 Copay Children \$1000 Hospital Copay	No Referral	\$0 Generic, \$50 ded Brand \$30, Non Pref \$50 \$1,000 threshold; 50% thereafter Mail Order Unlimited	National	446.51	1299.28	446.51	1071.65	830.01	1344.77
13	EPO 30/1000B \$30 Copay \$0 Copay Children \$1000 Hospital Copay	No Referral	\$15 GENERIC ONLY	National	421.56	1224.98	421.56	1009.21	784.51	1269.30
14	EPO 30/1000 \$30 Copay \$0 Copay Children \$1000 Hospital Copay	No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	535.19	1556.41	535.19	1284.44	994.05	1610.79
15	EPO 30/500* (Available for existing enrollees) \$30 Copay \$0 Copay Children \$500 Hospital Copay	No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	579.70	1685.50	579.70	1391.27	1076.38	1744.31
16	EPO 20* (existing enrollees only) \$20 Copay \$0 Copay Children \$0 Hospital Copay	No Referral	\$0/30/50	National	769.83	2236.83	769.83	1847.56	1428.11	2314.67
17	PPO 40/500/3000 <u>In Network</u> \$40 Copay \$0 Copay Children \$500 x 3 Hospital Copay; \$500 Amb. <u>Out of Network</u> \$3000/9000 Annual Deductible 70% to \$3,000/9,000 OOP 70th percentile UCR	No Referral	\$0 Generic, \$50 ded Brand \$25, Non Pref \$50 \$1,000 threshold; 50% thereafter Mail Order Unlimited	National			682.19	1637.26	1265.99	2051.78
18	PPO 30/300/2000 <u>In Network</u> \$30 Copay \$0 Copay Children \$300 x 5 Hospital Copay; \$250 Amb. <u>Out of Network</u> \$2000/6000 Annual Deductible 70% to \$3,000/9,000 OOP 70th percentile UCR	No Referral	\$0 Generic \$100 Ded, Brand \$25, Non Pref \$50	National			791.98	1900.75	1469.10	2381.15
19	PPO 30/300/2000A <u>In Network</u> \$30 Copay \$0 Copay Children \$300 x 5 Hospital Copay; \$250 Amb. <u>Out of Network</u> \$2000/6000 Annual Deductible 70% to \$3,000/9,000 OOP 70th percentile UCR	No Referral	\$0 Generic, \$50 ded Brand \$25, Non Pref \$50 \$1,000 threshold; 50% thereafter Mail Order Unlimited	National			740.06	1776.17	1373.08	2225.43



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	COPAY		Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(REN)	FAMILY
<b>NON COST SHARING (continued)</b>											
20	<b>PPO 25/1000* (2 tier available for existing enrollees only)</b>		No Referral	\$0/25/40	National	1034.11	3003.30	1034.1	2481.90	1916.9	3107.57
	<u>In Network</u> \$25 Copay \$0 Copay Children \$500 Hospital Copay	<u>Out of Network</u> \$1000/3000 Annual Deductible 70% to \$3000/9000 OOP									
21	<b>PPO 30/1000* (2 tier available for existing enrollees only)</b>		No Referral	\$0 Generic \$100 Ded, Brand 25, Non Pref \$50	National	815.43	2369.07	815.43	1957.00	1512.5	2451.46
	<u>In Network</u> \$30 Copay \$0 Copay Children \$500 Hospital, \$250 Amb	<u>Out of Network</u> \$1000/3000 Annual Deductible 70% to \$3000/9000 OOP									
<b>HMO- COMPREHEALTH</b>											
22	<b>HMO-30/50/1000</b> \$30 PCP / \$50 Specialist Copay \$0 Copay Children		Referral	\$15 Generic Only	Comprehealth	273.20	799.68	273.20	643.14	524.60	850.72
23	<b>HMO-30/50/500</b> \$30 PCP / \$50 Specialist Copay \$0 Copay Children		Referral	\$15 Generic Only	Comprehealth	303.62	888.69	303.62	714.73	583.02	945.47
24	<b>HMO-25/40/500A</b> \$25 PCP / \$40 Specialist Copay \$0 Copay Children		Referral	\$25 Generic/\$35 Brand	Comprehealth	345.82	1013.11	345.82	814.81	664.08	1076.88
25	<b>HMO-25/40/500</b> \$25 PCP / \$40 Specialist Copay \$0 Copay Children		Referral	\$0 Generic \$30 Brand	Comprehealth	419.05	1231.62	419.05	990.53	804.69	1304.89
26	<b>HMO-20/25/200</b> \$20 PCP / \$25 Specialist Copay \$0 Copay Children		Referral	\$15 Generic Only	Comprehealth	369.96	1082.69	369.96	870.77	710.37	1151.98

Rates are subject to NYS Insurance Department approval.

**NOTES:**

- 1) EH plans with prescription retail maximums are no longer available and have been replaced with corresponding plans without retail maximums. Additional plans with RX thresholds may also be selected.
- 2) NY Metro (Comprehealth) is a limited network.
- 3) Existing enrollees ONLY can renew into Plan (#16 EPO 20).
- 4) Non Cost Sharing PPO Plans (#20 PPO 25/1000 and #21 PPO 30/1000 ) are no longer available with 2-Tier rates EXCEPT for existing enrollees.

\*THESE BENEFIT PLANS ARE ONLY AVAILABLE FOR GROUPS WHO CURRENTLY HAVE EMPLOYEES ENROLLED IN THEM.