

RELEASE DATE: 3/7/11



**TRADITIONAL  
NEW BUSINESS RATES**

**2nd QUARTER 2011**

DATED: 2/10/11

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

| RATE SHEET PLAN # | ATLANTIS  |                 |             |          |               |                         |               |                  |                      |         |
|-------------------|---|-----------------|-------------|----------|---------------|-------------------------|---------------|------------------|----------------------|---------|
|                   | 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>HMO PLANS</b>  |   |                 |             |          |               |                         |               |                  |                      |         |
| 1                 | HMO 25/40A<br>\$25 PCP / \$40 Specialist Copay<br>\$500 Hospital Copay  | No Referral     | \$0 Generic | Atlantis | 403.06        | 1033.85                 | 403.06        | 806.12           | 810.55               | 1240.62 |
| 2                 | HMO 20A<br>\$20 Copay<br>\$500 Hospital Copay                           | No Referral     | \$0 Generic | Atlantis | 421.25        | 1080.51                 | 421.25        | 842.50           | 847.13               | 1296.61 |
| 3                 | HMO 25/40<br>\$25 PCP / \$40 Specialist Copay<br>\$500 Hospital Copay   | No Referral     | \$0/30/50   | Atlantis | 440.57        | 1130.06                 | 440.57        | 881.14           | 885.99               | 1356.07 |
| 4                 | HMO 20<br>\$20 Copay<br>\$500 Hospital Copay                            | No Referral     | \$20/30/40  | Atlantis | 450.91        | 1156.58                 | 450.91        | 901.82           | 906.78               | 1387.90 |
| 5                 | HMO 25/40 Plus<br>\$25 PCP / \$40 Specialist Copay<br>No Hospital Copay | No Referral     | \$0/30/50   | Atlantis | 501.20        | 1285.58                 | 501.20        | 1002.40          | 1007.91              | 1542.69 |
| 6                 | HMO 20 Plus<br>\$20 Copay<br>No Hospital Copay                          | No Referral     | \$20/30/40  | Atlantis | 515.31        | 1321.77                 | 515.31        | 1030.62          | 1036.29              | 1586.12 |

Rates are subject to NYS Insurance Department approval.