

TRADITIONAL  
NEW BUSINESS RATES

DATED: 3/7/11

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

RATE SHEET PLAN #	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> \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	PESLT2253	No Referral	\$15 (Generic Only)	SELECT PRIME	361.82	988.23	361.82	757.24	695.11	1128.32
2	<b>EPO 30/50 1000 Select</b> \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	PESLT2254	No Referral	\$20/30/50	SELECT PRIME	424.46	1160.33	424.46	888.78	815.39	1323.38
3	<b>EPO 25/1000 Select</b> \$25 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max.	PESLT2051	No Referral	\$20/30/50	SELECT PRIME	455.00	1244.24	455.00	952.91	874.03	1418.49
4	<b>PPO 15/1000 Select</b> <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.	PFLST5026	No Referral	\$15/30/50	SELECT PRIME	680.35	1863.38	680.35	1426.14	1306.78	2120.21
5	<b>PPO 30/50 2000 Select</b> <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.	PFLST6107	No Referral	Not Covered	SELECT PRIME			436.39	913.83	838.30	1360.52
<b>POS PLANS</b>											
6	<b>POS 20/1000</b> <b>In Network</b> \$20 Copay \$250 Hospital Copay <b>Out of Network</b> \$1000/2000 Deductible 70% to \$2000/\$4000 OOP	PPSTD2363	Referral	\$7/30/50	PRIME	785.40	2182.07	785.40	1649.33	1508.20	2445.74

Rates are subject to NYS Insurance Department Approval