

RELEASE DATE: 4/15/11



TRADITIONAL
RENEWAL RATES

2nd QUARTER 2011

DATED: 2/10/11

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	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 Only	Atlantis	403.06	1033.85	403.06	806.12	810.55	1240.62
2	HMO 20A \$20 Copay \$500 Hospital Copay		No Referral	\$0 Generic Only	Atlantis	421.25	1080.51	421.25	842.50	847.13	1296.61
3	HMO 25/40 \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay		No Referral	\$0/30/50	Atlantis	440.57	1130.06	440.57	881.14	885.99	1356.07
4	HMO 20 \$20 Copay \$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 \$25 PCP / \$40 Specialist Copay 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 \$20 Copay No Hospital Copay		No Referral	\$20/30/40	Atlantis	515.31	1321.77	515.31	1030.62	1036.29	1586.12
POS PLANS											
7	POS 25/40 2000A In Network: \$25 PCP/\$40 Spec Copay, \$500 Hospital Copay Out of Network: \$2000/4000 Deductible, 70% to \$5,000/\$10,000 Max OOP		No Referral	\$0 Generic Only	Atlantis	469.99	1205.52	469.99	939.98	945.15	1446.63
8	POS 20/2000 In Network: \$20 Copay, \$500 Hospital Copay Out of Network: \$2000/4000 Deductible, 70% to \$5,000/\$10,000 Max OOP		No Referral	\$0 Generic Only	Atlantis	485.98	1246.54	485.98	971.96	977.31	1495.85
9	POS 25/40 2000 In Network: \$25 PCP/\$40 Spec Copay, \$500 Hospital Copay Out of Network: \$2000/4000 Deductible, 70% to \$5,000/\$10,000 Max OOP		No Referral	\$20/30/40	Atlantis	499.65	1281.60	499.65	999.30	1004.80	1537.92
10	POS 20/1000 In Network: \$20 Copay, \$0 Hospital Copay Out of Network: \$1000/2500 Deductible, 70% to \$3,000/\$7,500 Max OOP		No Referral	\$0/30/50	Atlantis	614.70	1576.71	614.70	1229.40	1236.16	1892.05
11	POS 25/40 1000 Plus In Network: \$25 PCP/\$40 Spec Copay, \$0 Hospital Copay Out of Network: \$1000/2500 Deductible, 70% to \$3,000/\$7,500 Max OOP		No Referral	\$0/\$30/\$50	Atlantis	585.28	1501.24	585.28	1170.56	1177.00	1801.49
12	POS 20/500 In Network: \$20 Copay, \$0 Hospital Copay Out of Network: \$500/1250 Deductible, 70% to \$3,000/\$7,500 Max OOP		No Referral	\$20/30/40	Atlantis	673.47	1727.45	673.47	1346.94	1354.35	2072.94

Rates are subject to NYS Insurance Department Approval

NOTE: Atlantis POS plans are available for existing enrollees only.

The above rates include adjustments for Health Care Reform (PPACA).