



TRADITIONAL
RENEWAL RATES (existing groups)

2nd QUARTER 2011

DATED: 3/7/11

Please visit our web site, www.LIAHealthAlliance.com, and read the benefit summaries before finalizing your selections.

RATE SHEET PLAN #	EMBLEM HEALTH (formerly GHI renewals)		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	
NON COST SHARING											
3	PPO 30/1000G (2 tier available for existing enrollees only)		No Referral	\$0 Generic \$100 Ded, Brand \$25, Non Pref \$50	National	968.62	2813.71	968.62	2324.67	1796.22	2911.50
	<u>In Network</u> \$30 Copay \$0 Copay Children \$500 Hospital Copay	<u>Out of Network</u> \$1000/3000 Annual Deductible 70% to \$3000/9000 OOP									
4	PPO 20/500 (2 tier available for existing enrollees only)		No Referral	\$0/25/40	National	1481.66	4301.6	1481.66	3555.98	2745.34	4450.67
	<u>In Network</u> \$20 Copay \$0 Copay Children No Hospital Copay	<u>Out of Network</u> \$500/1500 Annual Deductible 80% to \$2000/6000 OOP									

Rates are subject to NYS Insurance Department approval.

NOTES:

EH plans with prescription retail maximums are no longer available and have been replaced with corresponding plans without retail maximums.