



TRADITIONAL
RENEWAL RATES

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	EMBLEM HEALTH											
	COPAY		Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILDREN	FAMILY	
PLAN #	COST SHARING				Monthly Two Tier Rates			Monthly Four Tier Rates				
1	CS EPO 40/1000A*	\$40 Copay \$0 Copay Children	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP	No Referral	None	National	371.88	1083.23	371.88	892.56	692.29	1121.33
2	CS EPO 40/1000C	\$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	428.92	1248.60	428.92	1029.41	797.78	1292.41
3	CS EPO 40/2000B	\$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	421.96	1228.41	421.96	1012.71	784.92	1271.55
4	CS EPO 40/2000	\$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	454.52	1322.82	454.52	1090.82	845.16	1396.21
5	CS EPO 40/2000A	\$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	330.66	961.57	330.66	790.82	616.76	996.99
6	CS EPO 40/1000*	\$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	509.77	1483.07	509.77	1223.45	947.37	1534.96
7	CS EPO 40/1000B*	\$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	385.91	1121.82	385.91	923.45	718.97	1162.74
8	CS EPO 30/2000*	\$30 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	473.60	1378.17	473.60	1136.63	880.46	1426.45
9	CS EPO 30/1000*	\$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	528.82	1538.28	528.82	1269.14	982.59	1592.08
10	CS EPO 30/500* (Available for existing enrollees only)	\$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	553.73	1610.49	553.73	1328.90	1028.67	1666.79

RENEWAL RATES (continued)

RATE SHEET PLAN #	EMBLEM HEALTH		Referral No Ref	RX	NET WORK	Monthly Two Tier Rates		Monthly Four Tier Rates			
						EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
NON COST SHARING											
11	EPO 40/1000		No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	543.87	1582.01	543.87	1305.28	1010.47	1637.30
	\$40 Copay \$0 Copay Children	\$1000 Hospital Copay									
12	EPO 40/1000A		No Referral	\$15 GENERIC ONLY	National	420.01	1220.76	420.01	1005.28	782.07	1265.08
	\$40 Copay \$0 Copay Children	\$1000 Hospital Copay									
13	EPO 40/1000B		No Referral	\$0 Generic, \$50 ded Brand \$30, Non Pref \$50 \$1,000 threshold; 50% thereafter Mail Order Unlimited	National	486.69	1416.23	486.69	1168.09	904.71	1465.80
	\$40 Copay \$0 Copay Children	\$1000 Hospital Copay									
14	EPO 30/1000B		No Referral	\$15 GENERIC ONLY	National	459.50	1335.24	459.50	1100.04	855.11	1383.54
	\$30 Copay \$0 Copay Children	\$1000 Hospital Copay									
15	EPO 30/1000		No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	583.36	1696.49	583.36	1400.04	1083.51	1755.76
	\$30 Copay \$0 Copay Children	\$1000 Hospital Copay									
16	EPO 30/500* (Available for existing enrollees)		No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	631.88	1837.20	631.88	1516.48	1173.25	1901.30
	\$30 Copay \$0 Copay Children	\$500 Hospital Copay									
17	EPO 20* (existing enrollees only)		No Referral	\$0/30/50	National	839.12	2348.15	839.12	2013.84	1556.64	2522.99
	\$20 Copay \$0 Copay Children	\$0 Hospital Copay									
18	PPO 40/500/3000		No Referral	\$0 Generic, \$50 ded Brand \$25, Non Pref \$50 \$1,000 threshold; 50% thereafter Mail Order Unlimited	National			743.58	1748.61	1379.93	2236.44
	<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									
19	PPO 30/300/2000		No Referral	\$0 Generic \$100 Ded, Brand \$25, Non Pref \$50	National			863.26	2071.82	1601.32	2595.45
	<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									
20	PPO 30/300/2000A		No Referral	\$0 Generic, \$50 ded Brand \$25, Non Pref \$50 \$1,000 threshold; 50% thereafter Mail Order Unlimited	National			806.66	1936.02	1496.66	2425.72
	<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									

RENEWAL RATES (continued)

RATE SHEET	EMBLEM HEALTH										
	COPAY		Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(REN)	FAMILY
NON COST SHARING (continued)											
21	PPO 25/1000* (2 tier available for existing enrollees only)		No Referral	\$0/25/40	National	1182.84	3434.99	1182.8	2838.82	2192.5	3554.20
	In Network \$25 Copay \$0 Copay Children \$500 Hospital Copay	Out of Network \$1000/3000 Annual Deductible 70% to \$3000/9000 OOP									
22	PPO 30/1000* (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	1796.2	2911.50
	In Network \$30 Copay \$0 Copay Children \$500 Hospital, \$250 Amb	Out of Network \$1000/3000 Annual Deductible 70% to \$3000/9000 OOP									
HMO- COMPREHEALTH											
23	HMO-30/50/1000 \$30 PCP / \$50 Specialist Copay \$0 Copay Children		Referral	\$15 Generic Only	Comprehealth	284.43	790.23	284.43	597.30	546.18	885.72
24	HMO-30/50/500 \$30 PCP / \$50 Specialist Copay \$0 Copay Children		Referral	\$15 Generic Only	Comprehealth	316.10	878.22	316.10	663.81	606.99	984.34
25	HMO-25/40/500A \$25 PCP / \$40 Specialist Copay \$0 Copay Children		Referral	\$25 Generic/\$35 Brand	Comprehealth	360.04	1000.31	360.04	756.10	691.37	1121.16
26	HMO-25/40/500 \$25 PCP / \$40 Specialist Copay \$0 Copay Children		Referral	\$0 Generic \$30 Brand	Comprehealth	436.27	1212.10	436.27	916.18	837.76	1358.54
27	HMO-20/25/200 \$20 PCP / \$25 Specialist Copay \$0 Copay Children		Referral	\$15 Generic Only	Comprehealth	385.14	1070.04	385.14	808.80	739.58	1199.93

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 (#17 EPO 21).
- 4) Non Cost Sharing PPO Plans (#21 PPO 25/1000 and #22 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.